

# Principal Chief, Choctaw Nation

Durant, Oklahoma

HARRY J. W. BELVIN  
PRINCIPAL CHIEF

April 2, 1973

*Will send  
one get on  
this I see  
if it can be  
done.  
C*

Honorable Carl Albert  
Speaker, U.S. House of  
Representatives  
The Speaker's Rooms  
Washington, D.C. 20515

Dear Mr. Speaker:

Thank you for your letter of March 29 with reference to the study that you are making regarding an add-on appropriation for the construction of three additional Indian health clinics in the Choctaw Nation.

I believe that I asked that this appropriation be included in the Interior Department appropriation; however, I am sure it should be added to the HEW appropriation, inasmuch as this deals with Indian health.

Incidentally, I am still working on assistance for the Pocahontas Arts and Crafts Center at McAlester, and as soon as I have something firmed up, I will let you know.

With kindest personal regards,

Sincerely yours,

*Harry J. W. Belvin*

Harry J. W. Belvin  
Principal Chief,  
Choctaw Nation

HJWB:ms

March 29, 1973

The Honorable J. W. Belvin  
Principal Chief  
Choctaw Nation  
Executive Offices  
Durant, Oklahoma

Dear Chief Belvin:

Thank you for your recent letter concerning your proposal for the construction of three different buildings by the Choctaw Nation Enterprises, Inc. and your request for the inclusion of money in the Interior Department appropriation to cover the project.

I am carefully studying this proposal with the view of forwarding it to the Appropriations Committee for their possible action. As you know, I want to do all I can to help the Choctaw Tribe in its efforts to develop Southeastern Oklahoma. I will be back in touch with you soon to report the progress of our action.

Very best wishes.

Sincerely,

The Speaker

CA/Jjl

~~cc.~~ Mr. Don White

(405) 231-4747

*Joel*  
The Speaker's Rooms  
U.S. House of Representatives  
Washington, D.C. 20515

Charlie —  
Sorry I'm so late  
on this — it is difficult  
to understand exactly  
what he wants — should  
we get in touch with  
the okla. Director of GSA  
for help?

*Head of  
OKLA GSA*  
Yes — call —  
Don White —  
Did you send  
him a copy  
of this  
reply

Roll

Joel -  
look this over &  
then let's talk -  
Perhaps we can submit  
with a cover letter to the Interior  
appropriations subcommittee office -  
we may need to call Calvin Heath  
Blames D.C. - the Indian Health  
service directors -

Joel:

Did you ever get a chance to do something about the letter from Chief

Jimmy Belvin of the Choctaws about the possible funding of Indian

Health clinics at Hugo and the other place in our district?

We ought to get a letter off to the Chief telling him we're checking or

something. As I recall, this would have required some legislative action.

clw

3-20



# Principal Chief, Choctaw Nation

Durant, Oklahoma

HARRY J. W. BELVIN  
PRINCIPAL CHIEF

March 13, 1973

Honorable Carl Albert  
Speaker of the House of  
Representatives  
The Speaker's Rooms  
Washington, D.C. 20515

Dear Mr. Speaker:

Enclosed are some materials compiled by the United States Public Health Service, Division of Indian Health, at the request of the Choctaw representatives and the Principal Chief of the Choctaw Nation. This material has reference to three different buildings to be constructed, two in the Choctaw Nation, as follows: one at Hugo in Choctaw County and one at McAlester in Pittsburg County. The other is proposed to be constructed at Eufaula in McIntosh County, all of which buildings are to serve as health clinics for Indian people.

Recently there has been formed a corporation known as the Choctaw Nation Enterprises, Inc., duly chartered by the state of Oklahoma. Since the formation of this organization, it has centered its interest on developing the economy of especially southeastern Oklahoma, which it hopes to include in the construction of public buildings, the development of tourism, the development of different phases of industry for both Indians and non-Indians, and is able to point to an already completed \$90,000 building near Talihina which houses a garment factory with some sixty full-time employees, mostly women, with a payroll that is very commendable toward bolstering the economy in this area of the Choctaw Nation. In addition, it has underway the construction of a health clinic at Broken Bow which will soon be completed.

The buildings mentioned regarding Hugo and McAlester, we hope, will be built by this enterprise and will be handled in the same manner as the Broken Bow building is being handled: that is, through a GSA contract. The Public Health Service, Division of Indian Health, has agreed to rent this building at a very substantial rate of rent, which should amortize the cost of the Broken Bow clinic within a few years, after which the clinic will be rented, possibly to the Public Health Service, which rents will be paid to the credit of the Choctaw Tribe. Plans were included in this project for an additional approximately 650 square feet to be available as office space, possibly three rooms and a waiting room which, it is hoped and planned, that the Bureau of Indian Affairs will rent to house some of its field force which is now housed in the basement of the post office building in Idabel.

March 13, 1973

The Eufaula clinic will no doubt be handled by the Creek people in much the same way as the Choctaws plan to handle their building.

The enclosed material will give you the breakdown on the costs, which we sincerely recommend that you give your most profound attention to, with the view of taking the total amount of the three proposed buildings and including it in your present Interior Department appropriation bill as an add-on.

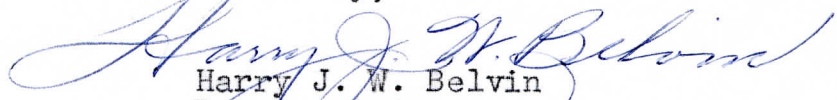
I do not feel that I need to try to sell you on the great need that the Indian people have for these buildings at this time. The mortality tables as well as health charts, educational statistics, and numerous other factors relating to the Indians of Oklahoma, give ample testimony to the need for these buildings as suggested. The construction of these buildings, as well as the future revenue that they will produce in this area of needy people, helps to a great extent to justify our plea to you that you add on the present appropriation bill the amount as reflected for the combined total of the three suggested buildings.

As Principal Chief of the Choctaw Nation, I certainly agree with the contents of the three compilations which are herewith enclosed as made by the United States Public Health Service, and wish to say that I could not overemphasize the good that such buildings could bring about to the health and happiness and prosperity of a very disadvantaged segment of our population.

Since 1955, when the United States Public Health Service took over the management and supervision of the health program of the Indians of the United States, statistics will reveal that several years have already been added to the longevity of the American Indian. Tuberculosis has almost been wiped out, and many of the other diseases that have been so prevalent have been reduced most substantially among these people. The school dropout rate has lessened, and statistics show that more Indians are being educated today than ever before--which to me means that the good health program being promulgated by the Division of Indian Health has had much to do with this situation.

Please help us, if at all possible, and be assured that we Indians of eastern Oklahoma will certainly appreciate this great consideration, as we feel that it is well justified and is sorely needed.

Sincerely,

  
Harry J. W. Belvin  
Principal Chief,  
Choctaw Nation

HJWB:ms

Enclosures

cc: Mr. Tom Coleman, President, Choctaw Nation Enterprises, Inc.,  
Talihina, Oklahoma  
Mr. Nat Marshall, Vice President, Choctaw Nation Enterprises,  
Inc., Talihina, Oklahoma



# McAlester Health Center - Service Area

The McAlester Health Center will provide care to an estimated Indian population of 2,204 persons in a 30-mile radius of McAlester.

At present, this population must travel to the Talihina Hospital for adequate full-time health care which is 50 miles away. No direct care is presently available in McAlester.

This planned facility would permit good quality of ambulatory care to the total Indian population in the McAlester service area when they need it within a reasonable driving distance.

It is estimated that services will increase after a full year of operation as follows:

1. Total Ambulatory Care Service Required	-	Estimated Ambulatory Care Service Provided FY-1972	=	Increase in Ambulatory Care Service after Health Center in operation one year
8,592	-	3,000	=	5,592

(Now being provided at Talihina)

## 2. Increase in Public Health Nursing Services:

Individual care to = 1,100 patients 1/  
Group services to = 144 groups

3. Direct patient care services and preventive mental health activities will be provided by a professionally trained mental health consultant.

4. Direct Nutritional services can be provided the total Service Area population.

5. Total Environmental Health services can be provided the Service Area population.

6. Dental Service expected to be provided	-	Dental Service provided FY-1972	=	Increase in Dental Service
5,200	-	0	=	5,200

7. Health Education services will be available on a part-time basis.

1/The 1,100 patient service represents the additional PHN services with the remainder of service being through the State Contracts.

RESOURCES REQUIRED  
McALESTER HEALTH CENTER  
LONG RANGE PLAN

Total Annual Recurring Cost, All Object Classes - 279,629

Total Non-Recurring Cost to Open Clinic - 100,500

Object Class

11.00

12.00 Personnel

Category	Needed to Provide Care	Available FY-1973	Additional Staff Requirements	Additional Cost Personnel Serv and Benefits
<u>Clinical Staff:</u>				
Physicians	1	0	1	17,328
R.N.	1	0	1	10,955
LPN	1	0	1	7,918
Lab/X-ray Tech.	1	0	1	8,856
Pharmacist	1	0	1	14,652
Medical Record Clerk	1	0	1	7,918
Clerk	1	0	1	7,918
Supply Clk/Custodian/ Driver	1	0	1	7,689
SUB-TOTAL	8	0	8	83,234
<u>Dental Staff:</u>				
Dental Officer	1	0	1	17,328
Dental Assistant	2	0	2	15,836
	3	0	3	33,164
<u>Community Health:</u>				
PHN	1	0	1	13,365
LPN	1	1*	0	0
Mental Health	1	0	1	19,198
Social Service	1	0	1	8,856
Nutrition Technician	1	0	1	14,652
Sanitarian	1	0	1	15,836
Clerks	2	0	2	15,836
	7	1	6	71,907
GRAND TOTAL-PERSONNEL	18	1	17	188,305

\*Services provided through State Contract.

Object ClassRecurring Cost  
Annually21.00 Travel and Training

Field Medical	8,000
PHN	1,700
Mental Health	4,500
OEH	2,500
Dental	1,000
SUB-TOTAL	<u>17,700</u>

23.00 Rent and Utilities

6,032 Sq. Ft. @ \$7.00	42,224
Xerox	1,000
Communication	7,000
SUB-TOTAL	<u>50,224</u>

25.00 Check Charge, repairs to equipt. etc.	<u>3,200</u>
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26.00 Supplies and Drugs

Field Medical	14,000
Dental	2,500
OEH	1,000
SUB-TOTAL	<u>17,500</u>

21.00

22.00 Change of Station

Field Medical	4,000
Dental	1,000
OEH	1,000
SUB-TOTAL	<u>6,000</u>

TOTAL OTHER OBJECTS

94,624

Non-Recurring Costs:

Object Class

26.00	Supplies and Drugs Inventory	4,600
31.00	<u>Equipment - Capitalized</u>	
	Field Medical	41,400
	Dental	39,000
	OEH*	1,000
	SUB-TOTAL	81,400
31.00	<u>Equipment - Non-Capitalized</u>	
	Medical (\$1,000 per room for clinical X 9 rooms + \$1,000 total offices)	10,000
	Dental	4,500
	SUB-TOTAL	14,500
TOTAL NON-RECURRING COSTS		100,500

\*Excludes office equipment, office equipment included in Field Medical.

*HUGO*  
~~Antlers~~ Health Center - Service Area

*HUGO*  
 This ~~Antlers~~ Health Center will provide care to an estimated Indian population of 2,963 persons in a 30-mile radius of ~~Antlers~~. *Hugo*

At present this population must travel to the Taliaina Hospital for adequate full time health care which is 80 miles away. There are presently health stations at Antlers and Hugo which are open two days per week with staff being provided out of the Taliaina Hospital. Both the present staff and the facilities are completely inadequate to provide good medical care. In FY 1972 we met 52% of the expected demand for services. With the opening of this proposed health center we would expect to close the existing health stations at Antlers and Hugo.

This planned facility would permit good quality of ambulatory care to the total Indian population when they need it within a reasonable driving distance.

It is estimated that services will increase after a full year of operation as follows:

- |  |   |   |   |  |
|--|---|---|---|--|
| 1. Total ambulatory care services required | - | Ambulatory care services provided FY 1972 | = | Increase in ambulatory care services after new health center in operation one year |
| 7,617                                      | - | 3,990                                     | = | 3,627  |
2. Increase in Public Health Nursing Services:
- Individual care to - 1,100 patients <sup>1/</sup>
- Group services to - 144 groups
3. Direct patient care services and preventive mental health activities will be provided by a professionally trained mental health consultant.
4. Direct Nutritional services can be provided the total Service Area population
5. Total environmental health services can be provided the total Service Area population.
- |   |   |                                 |   |                            |
|---|---|---------------------------------|---|----------------------------|
| 6. Dental service expected to be provided | - | Dental service provided FY 1972 | = | Increase in Dental Service |
| 5,200                                     | - | 0                               | = | 5,200                      |
7. Health Education services will be available on a part-time basis.

<sup>1/</sup> The 1,100 patient service represents the additional PHS services with the remainder of service being provided through the state contracts.



RESOURCES REQUIRED  
ANTLERS HEALTH CENTER  
LONG RANGE PLAN

Total Annual Recurring Cost, All Object Classes - 292,588

Total Non-Recurring Cost to Open Clinic - 100,100

Object Class

11.00

12.00 Personnel

Category	Needed to Provide Care	Available FY-1973	Additional Staff Requirements	Additional Cost Personnel Service and Benefits
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Clinical Staff:

Physicians	1	0	1	18,540
R.N.	1	0	1	11,518
LPN	1	0	1	8,326
Nursing Asst.	0	0	0	0
Lab/X-ray Tech.	1	0	1	9,312
Pharmacist	1	0	1	15,678
Medical Record Clerk	1	0	1	8,326
Clerk	1	0	1	8,326
Supply Clk/Custodian/ Driver	1	0	1	9,312
SUB-TOTAL	8	0	8	89,338

Dental Staff:

Dental Officer	1	0	1	18,540
Dental Assistant	2	0	2	16,652
	3	0	3	35,192

Community Health:

PHN	1	0	1	14,052
LPN	1	1*	0	0
Mental Health ) Social Service)	1	0	1	20,185
Nutrition Technician	1	0	1	9,312
Sanitarian	1	0	1	16,933
Clerks	2	0	2	16,652
	7	1	6	77,134

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GRAND TOTAL-PERSONNEL	18	1	17	201,664
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\*Services provided through State Contract.

Object Class21.00 Travel and TrainingRecurring Cost  
Annually

Field Medical

8,000

PHN

1,700

Mental Health

4,500

OEH

2,500

Dental

1,500

SUB-TOTAL

18,20023.00 Rent and Utilities

6,032 Sq. Ft. @ \$7.00

42,224

Xerox

1,000

Communication

7,000

SUB-TOTAL

50,224

## 25.00 Check Charge, repairs to equipt. etc.

3,400

26.00 Supplies and Drugs

Field Medical

9,100

Dental

2,500

OEH

1,000

SUB-TOTAL

12,600

21.00

22.00 Change of Station

Field Medical

4,000

Dental

1,500

OEH

1,000

SUB-TOTAL

6,500

TOTAL OTHER OBJECTS

90,924

Non-Recurring Costs:

Object Class

26.00 Supplies and Drugs Inventory

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4,200

31.00 Equipment - Capitalized

Field Medical

41,400

Dental

39,000

OEH\*

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1,000

SUB-TOTAL

---

81,400

31.00 Equipment - Non-Capitalized

Medical (\$1,000 per room for clinical  
X 9 rooms + \$1,000 total offices)

10,000

Dental

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4,500

SUB-TOTAL

---

14,500

TOTAL NON-RECURRING COSTS

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100,100

\*Excludes office equipment, office equipment included in Field Medical.

## Eufaula Health Center - Service Area

The Eufaula Health Center will provide care to an estimated Indian population of 2,441 persons in a 30-mile radius of Eufaula plus 70 students of the Eufaula Boarding School.

At present this population must travel to the Tahlequah Hospital for adequate full time health care which is 65 miles away. There is presently a health station at Eufaula which is open one day per week with staff being provided out of Tahlequah. Both the present staff and the facility are completely inadequate to provide good medical care. Presently we are providing about 20 % of the expected demand for services.

This planned facility would permit good quality of ambulatory care to the total Indian population when they need it within a reasonable driving distance.

It is estimated that services will increase after a full year of operation as follows:

1. Total ambulatory care services required	Estimated ambulatory care services provided FY-1972	Increase in ambulatory care services after new health center in operation one year
9,517	- 1,900	= 7,617

2. Increase in Public Health Nursing Services:

Individual care to	= 1,100 patients <sup>1/</sup>
Group services to	= 144 groups

3. Direct patient care services and preventive mental health activities will be provided by a professionally trained mental health consultant.

4. Direct Nutritional services can be provided the total Service Area population.

5. Total environmental health services can be provided the Service Area population.

6. Dental service expected to be provided	-	Dental service provided FY-1972	=	Increase in Dental Service
5,200	-	0	=	5,200

7. Health Education services will be available on a part-time basis.

<sup>1/</sup> The 1,100 patient service represents the additional PHN services with the remainder of service being through the state contracts.

RESOURCES REQUIRED  
EUFULA HEALTH CENTER  
LONG RANGE PLAN

Total Annual Recurring Cost, All Object Classes - 284,529

Total Non-Recurring Cost to Open Clinic - 102,200

Object Class

11.00

12.00 Personnel

Category	Needed to Provide Care	Available FY-1973	Additional Staff Requirements	Additional Cost Personnel Service and Benefits
<u>Clinical Staff:</u>				
Physicians	1	0	1	17,328
R.N.	1	0	1	10,955
LPN	1	0	1	7,918
Lab/X-ray Tech.	1	0	1	8,856
Pharmacist	1	0	1	14,652
Medical Record Clerk	1	0	1	7,918
Clerk	1	0	1	7,918
Supply Clk/Custodian/ Driver	1	0	1	7,689
SUB-TOTAL	8	0	8	83,234
<u>Dental Staff:</u>				
Dental Officer	1	0	1	17,328
Dental Assistant	2	0	2	15,836
	3	0	3	33,164
<u>Community Health:</u>				
PHN	1	0	1	13,365
LPN	1	1*	0	0
Mental Health	1	0	1	19,198
Social Service	1	0	1	8,856
Nutrition Technician	1	0	1	14,652
Sanitarian	2	0	2	15,836
Clerks	7	1	6	71,907
GRAND TOTAL-PERSONNEL	18	1	17	188,305

\*Services provided through State Contract.



Object ClassRecurring Cost  
Annually21.00 Travel and Training

Field Medical	8,000
PHN	1,700
Mental Health	4,500
OEH	2,500
Dental	1,000
SUB-TOTAL	<u>17,700</u>

23.00 Rent and Utilities

6,032 Sq. Ft. @ \$7.00	42,224
Xerox	1,000
Communication	7,000
SUB-TOTAL	<u>50,224</u>

25.00 Check Charge, repairs to equipt. etc.	<u>3,200</u>
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26.00 Supplies and Drugs

Field Medical	18,900
Dental	2,500
OEH	1,000
SUB-TOTAL	<u>22,400</u>

21.00

22.00 Change of Station

Field Medical	4,000
Dental	1,000
OEH	1,000
SUB-TOTAL	<u>6,000</u>

TOTAL OTHER OBJECTS

99,524

Non-Recurring Costs:

Object Class

26.00	Supplies and Drugs Inventory	6,300
31.00	<u>Equipment - Capitalized</u>	
	Field Medical	41,400
	Dental	39,000
	OEH*	1,000
	SUB-TOTAL	81,400
31.00	<u>Equipment - Non-Capitalized</u>	
	Medical (\$1,000 per room for clinical X 9 rooms + \$1,000 total offices)	10,000
	Dental	4,500
	SUB-TOTAL	14,500
TOTAL NON-RECURRING COSTS		102,200

\*Excludes office equipment, office equipment included in Field Medical.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

OKLAHOMA CITY AREA  
INDIAN HEALTH SERVICE  
388 OLD POST OFFICE & COURT HOUSE BUILDING  
OKLAHOMA CITY, OKLAHOMA 73102

March 6, 1973

Mr. Tom Coleman, Chairman  
Choctaw Tribal Enterprises  
Talihina, Oklahoma 74571

Dear Mr. Coleman:

I want to express my sincere gratitude to you and the Choctaw Tribal Enterprises for the expeditious and productive action expended to construct an efficient and functional facility to house our clinic activity at Broken Bow, Oklahoma.

The proficiency and dedication, which has been demonstrated through the planning coordination and construction has been outstanding. This, in addition to the reasonable lease cost to Indian Health, is certainly indicative of your interest in the health of the Indian people.

The initiative taken by the Choctaw Tribal Enterprises, should certainly motivate and provide an incentive to other Indian organizations and groups to become more involved in the health care of the Indian.

The time expended from initial negotiations through the current construction, which is well ahead of schedule, has far exceeded our expectations and similar lease transactions of the past. As a result, we will be able to provide expanded services much sooner than expected, and in a high quality facility.

Sincerely yours,

*Calvin G. Beames*  
Calvin G. Beames  
Area Director