

PHS - Indian Health

STATUS REPORTS
OF ALL
PENDING PROJECTS
AS OF
AUGUST 30, 1967

WATER AND SEWAGE PROJECTS

SANITATION PROJECTS PROPOSED FOR TALIHINA SERVICE UNIT IN 1968

Pontotoc County:

50 homes \$ 75,000

This project to start by the end of December 1967.

Latimer & Leflore Counties:

60 homes \$ 75,000

Memorandum of Agreement to be signed in December 1967; construction to start in spring of 1968.

PROJECTS IN PROGRESS

Pushmataha & Leflore Counties:

50 homes \$ 65,000

FIVE PROJECTS HAVE BEEN COMPLETED IN McCURTAIN COUNTY

236 homes \$ 260,326.70

Progress is being made in the Talihina Service Unit, and they are providing individual-type sanitation facilities for Indians under Public Law 86-121.

At this time five projects have been completed in McCurtain County and the facilities transferred to the participants. The five projects amount to a total of 236 homes at a cost of \$260,326.70.

At this time a project is in progress in the Honobia district in Pushmataha and Leflore Counties. This project involves 50 homes at a cost of \$65,000. It is scheduled for completion the latter part of September 1967.

Projects proposed for Fiscal Year 1968 include Latimer and Leflore counties and Pontotoc County. The Latimer and Leflore Counties project will involve 60 homes at a cost of \$75,000. Memorandum of Agreement is to be signed in December 1967. The Pontotoc County project will involve 50 homes at a cost of \$75,000. This project is scheduled to start before the end of this calendar year.

The survey for sanitation facilities for Indians in Johnson County has been completed. However, a proposal has not been submitted to date for the project.

The Division of Indian Health will participate in providing services for mutual help and low-rent housing projects for the Indian people. No requests for these services have been received to date.

McCURTAIN COUNTY, OKLAHOMA

CHOCTAW NATION

PROJECTS: 62-630, 63-637, 64-6443, 65-649, 66-655.

TYPE OF INSTALLATION	NO. OF SYSTEMS
Well/Hand Pump	130
Well/Pressure Pump	67
Community Water System	2
Privies	169
Septic Tanks	62
Garbage Pits	200
Kitchen Sinks	195
Bathtub or Shower	52
Water Closets	57
Wash Basins	51
Hot Water Heaters	51

Total Federal Contribution	\$260,326.70
Total Number of Participating Homes	236
Cost/Home	\$1,103.08
Total Population Served	1053
Total Indian Rural Population	1834
Percentage of Population Served	57%

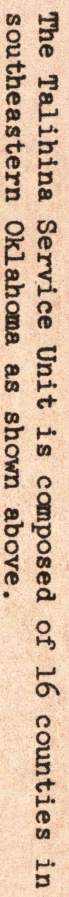
PUSHMATAHA, LE FLORE COUNTIES, OKLAHOMA

CHOCTAW NATION

PROJECTS: 67-662

TYPE OF INSTALLATION	NO. OF SYSTEMS
Well/Hand Pump	23
Well/Electric Pump	19
Septic Tank	17
Water Closet	17
Kitchen Sink	42
Garbage Pit	50
Privy	23

Total Participating Families	50
Total Federal Contribution	\$65,000.00
Cost/Family	\$1300
Total Population Served	202
Total Rural Indian Population	1458
Percentage of Rural Indian Population Served	14%



MEDICAL SERVICES

It is the direct responsibility of the Division of Indian Health to ascertain that needed health services are in fact available to persons who are recognized as within the scope of the Indian Health program. The Division is therefore primarily responsible for:

1. Providing all services available at a Division of Indian Health facility, to any person within the scope of the Indian Health program who presents himself at the facility.
2. Assuring that necessary comprehensive health services are in fact available, from one source or another, to all persons within the scope of the Indian Health program.
3. Identifying alternate resources for which the persons within the scope of the Indian Health program may be eligible.
4. Determining whether those resource agencies will, in fact, provide necessary assistance to that Indian. Alternate resources may be county, state, or Federal programs, such as county welfare, Medic-aid, Crippled Children's Program, Medicare, Veterans Administration, etc.; official or voluntary health agencies; employees' health insurance; accident insurance, etc.

If the alternate resources cannot or will not provide the necessary assistance, the Division will provide it based on the relative medical urgency of the case and current availability of Division resources, particularly CMC funds.

Persons determined to be within the scope of the Indian Health program in one area will be provided available services by any other area in which he may require health services.

In April 1967 some important changes in policy in the Oklahoma area, enacted by the Division, made medical services available to Indian people who had, in the past, been turned away. These changes were:

1. The required blood quantum of the Five Civilized Tribes was reduced from $1/2$ to $1/4$.
2. An Indian lady married to a non-Indian and her children can receive medical services.

3. Income is no longer considered a basis for establishing priority.
4. Residence is no longer a factor in making a determination for medical services.

Indians living in Oklahoma City and Tulsa were considered outside the scope of the Indian Health program before April 1967. Since that time they have been considered within the scope of the Indian Health program, and services will be provided when they present themselves at a Division of Indian Health facility.

Shawnee Service Unit is considered the service unit for the Indians living in Oklahoma City, and Claremore is considered as the service unit for the Indians living in Tulsa. However, Indians living in Oklahoma City and Tulsa may present themselves at any service unit of their choice and services will be provided. This is also true for all Indians regardless of residence. They may present themselves at any service unit for medical services.

In case of emergency (sudden illness or accident) the patient should go to the nearest doctor and/or hospital for care. The Service Unit Director should then be notified so payment from CMC funds can be authorized. The patient will be transferred to a Division of Indian Health facility as soon as the attending physician recommends that the transfer can be made.

It is the responsibility of Division of Indian Health personnel to work with the patient in obtaining medical services from other agencies.

PRIORITIES FOR DENTAL SERVICES

The correction of gross dental defects requires much time and material cost. The rehabilitation of long-standing disease and disease sequelae requires great amounts of time and material cost. The manpower and material available can have the greatest effect on the most people for the longest period of time if used to prevent the occurrence of disease and to erase the initial stages of disease. Therefore, the major emphasis in the Indian Health dental program is toward the prevention and early treatment of dental disease. Since the most common and eventually the most debilitating diseases of the oral cavity begin among the young, the primary program emphasis is there. Educational efforts are also directed toward the young and toward those who influence the actions of the young.

Priorities are as follows:

1. Emergencies
2. Children - Pre-schoolers, elementary, then older students
3. Patients whose illness is contributed to by dental problems

Eyeglasses are provided within the limitation of funds on the following priorities:

1. Students who are having eye problems
2. The breadwinner of the household
3. Others as recommended by the physician, usually related to a co-existing medical problem

In addition to the Indian hospital at Talihina, medical services are provided at Division of Indian Health clinics located at Tishomingo, Coalgate, Antlers, Idabel, Broken Bow, and Hartshorne.

10/67

The following information concerning the Talihina Service Unit Area was taken from the report submitted to your office on May 4, 1967. The ~~right~~ ^{Left} hand column shows what was being provided and/or planned at the time. The ~~left~~ ^{Right} hand column shows the present status.

TALIHINA SERVICE UNIT

- | | |
|--|--|
| <p>1. Talihina Hospital
(a) General Clinic
 Diabetic Clinic
 Pediatric Clinic
 Pre-natal and Post-natal Clinics
 Dental Clinic</p> | <p>1. Continuing all clinics and hospital services along with additional medical specialty clinics.</p> |
| <p>2. Tishomingo Health Station
(a) General Clinic</p> | <p>2. Now established as a Health Center with a full time physician, a pharmacist is assigned, a clerk is being recruited, and a Public Health Nurse is currently operating two 1/2 days per week and will be expected to operate five 1/2 days as soon as staffing is completed. The Tishomingo Staff also operates a clinic for 1/2 day twice a week at Coalgate, Oklahoma.
<u>Plan:</u> Increased services in and around Tishomingo, Ultimately, Tishomingo may be a separate service unit with full administrative responsibility.</p> |
| <p>3. Antlers Health Station
(a) General Clinic
 Child Health Clinic</p> | <p>3. Continuing to operate as before with staff provided by the Talihina Hospital, except that Public Health Nursing is provided through contract with Oklahoma State Welfare ^{Health} Department.</p> |
| <p>4. Coalgate Health Station
(a) General Clinic</p> | <p>4. Tishomingo Clinic staff now operating a clinic 1/2 days twice a week. Which is provided by the staff of the Tishomingo Health Center. Clinic located in the County Health Department; probably will be moved to a new facility this year.</p> |

5. Idabel Health Station
(a) General Clinic
Diabetic Clinic

- about Oct. 1st will*
5. ~~Continuing to~~ operate clinics twice weekly. Clinics are staffed by the Talihina Hospital. Currently located in the County Health Department, ~~probably~~ will be moved to other facilities ~~this~~ *by* ~~year~~ *Oct. 1.*

Clinics not shown on Progress Report

6. Broken Bow Health Station
(a) General Clinic

- about Oct. 1, will begin*
6. ~~Now~~ operating a general medical clinic 1/2 day twice a week. Clinics are staffed by the Talihina Hospital.

7. Hartshorne (Jones Academy)

7. Operating a school health center with a nurse on full time duty (when school is in operation).

8. Carter Seminary

- periodic visits by Tishomingo Health*
8. ~~Operating a school health center with a full time nurse.~~ Other medical services by contract.

Center staff-