

Speech - H. V. Chadwick
Creek Meeting, Oklahoma

*DDH Executive Officer
Holdenville, Oct. 8, 1967*

Governor James, Chief McIntosh, members of the Creek Tribe and guests.

It is a great pleasure for me to be here today, as the guest of your great Chief and such wonderful people. Since the first of April it has been my privilege to spend much time in the Oklahoma Area and to meet with many of you on frequent occasions, both here and in Washington. I feel assured that by getting to know each other and working together we are moving ahead in achieving our mutual objectives: providing a health program that is responsive to your needs and desires, and raising health levels to the highest possible point in the shortest possible time.

The Federal Indian Health program is your program, and will be carried out in accordance with your wishes and your requirements. The Division of Indian Health is merely the instrument for providing services which are planned, conducted and evaluated in cooperation with you as individuals and as organized tribal and community groups.

I think that events of recent months bear out these statements in no uncertain terms. I regret that the program we had been conducting in the Oklahoma Area in many ways was not responsive to your wishes and requirements. I want to express my gratitude as well as that of Dr. Rabeau for the time and energy many of you expended in bringing these matters to our attention. It was your thoughtful explanation of the problems and your suggestions for solutions that enabled us to undertake various actions that have considerably strengthened the health program in Oklahoma and expanded the quantity and quality of services to Oklahoma Indian people.

There have been a number of changes, and highly significant ones, in the Oklahoma Area Indian Health operation, in the past few months. A new Area Director has been appointed - Dr. Jack Robertson - one of the most competent, best trained and hardest working physician-managers in the Public Health Services,

Dr. Robertson has many years of experience in working with Indian people in the middle west, southwest and northwest parts of the country. The new Deputy Area Director, Dr. Robert Brutsche has just completed his Master's Degree in Public Health at the University of California. His career in the Public Health Service has been spent almost entirely with the Division of Indian Health. We know him also to be a superb clinical doctor, for he was for several years in charge of the 200-bed hospital at Gallup, New Mexico. We are also proud of the new Executive Officer - Calvin Beames - who certainly needs no introduction to you. Mr. Beames' executive ability coupled with his Indian heritage make him an ideal selection for the position. His performance to date has been outstanding.

Most significant have been the sweeping policy changes enacted in the Oklahoma Area. First, the blood quantum requirement of members of the Five Civilized Tribes was reduced from one-half to one-fourth; second, the residency requirement as a qualification for services at

Division hospitals and clinics was dropped; third, wives of non-Indian husbands and their children were declared eligible for services the same as other Indians; and fourth, income is no longer considered the basis for establishing priorities for services in facilities operated by the Division of Indian Health.

In Fiscal Year 1967, the Division trained 24 Indian girls as dental assistants at three Division training centers located at Haskell Institute in Lawrence, Kansas, Intermountain School at Brigham City, Utah and the Public Health Service Alaska Native Hospital at Mount Edgecumbe. These trained dental assistants are of great benefit to the Indian Dental Health program in increasing the quantity and quality of services provided by the dentist. We estimate that a dental assistant can increase the dentist's production by 30 percent by performing various chairside, technical and administration functions.

Let us digress for a moment to visualize some of the accomplishments that have been made over the past ten years since the health program was transferred to the Public Health Service.

For example during the period 1955 to 1966:

1. Infant death rates are down 38 percent
2. Tuberculosis death rates down 57 percent
3. Deaths from gastroenteric diseases down 63 percent
4. In Alaska native population infant death rates down 33 percent
5. Tuberculosis death rates down 89 percent
6. New active tuberculosis case rates down 68 percent
7. We are particularly happy to report that there have been no deaths from tuberculosis among Alaska Natives since January 1, 1965. This is in contrast to nine in 1964 and 100 in 1954.

One of the most significant factors in the improvement of the health of the Indian people was the enactment of P. L. 86-121 on July 31, 1959.

This legislation made provision for Water and Waste disposal facilities to Indian homes, lands, and communities.

Through Fiscal Year 1967 a total of \$36,205,000 was appropriated for this purpose. In addition the Indian people contributed the equivalent of forty cents per dollar in terms of cash, labor, and/or materials toward the construction of 430 projects that benefited 36,600 families.

Since 1965 the Public Health Service by mutual agreement has been coordinating its sanitation facilities construction efforts with the Public Housing Administration, the Bureau of Indian Affairs, the Office of Economic Opportunity, and Tribal groups to complete new Indian housing construction. During this period the Public Health Service has participated in housing projects which will provide 1,700 units of construction that will accommodate approximately 10,500 Indian people.

Additional projects involving 2,400 housing units are currently in the planning stage.

Now lets take a close look at the program as it relates to the Oklahoma Area. As I previously indicated, unfortunately the program in this Area was not responsive to the health needs of the Indian people.

Since April 1, 1967 many measures have been instituted to improve this condition. Due to these changes we were able to treat a 14% increase of patients in our own facilities in the Oklahoma Area in July and August of 1967 over the same period in 1966. In addition we have increased the number of individuals treated in outpatient clinics in terms of thousands.

Prior to April 1967, medical facilities available to Creek Tribal members in the Creek community were located at Shawnee, Okemah, Claremore and Tahlequah. In April satellite clinics were established at Wewoka and Wetumka. We plan to establish in the near future, clinics at Sapulpa, Hanna and Eufaula. At the present time a building has been selected in Sapulpa.

It is estimated that thirty days remodeling time will be required to get the building in shape to hold a clinic. This means that the clinic in Sapulpa will be ready to open around November 1. We are actively seeking suitable space for a clinic in Eufaula. We will make every effort to open this clinic no later than November 15, 1967. We are concurrently seeking suitable space for a clinic at Hanna. If we are unable to do so in the immediate future then a trailer will be used in Hanna as an interim measure. We plan to open this clinic no later than November 1, 1967. Hence, we hope to operate these three new clinics no later than the middle of November. We will also seek permanent space either in BIA schools or otherwise for the future at these locations.

We are also mindful of the need for hospital beds for the Creek Tribal members. Dr. Robertson and his staff will be working with you in the future to determine the extent of this need and the most appropriate means of meeting this need.

In regard to sanitation facilities, to date there have been projects for Okmulgee and McIntosh Counties. The Okmulgee County project involves 81 homes with a Federal contribution in the amount of \$122,482.00. This project served 361 of the 789 population or 46% of the need.

The McIntosh County project involves 91 homes with a Federal contribution of \$150,000. This project served 406 of the total population of 1,207 or approximately one-third of the need.

There is a project scheduled for the Pierce District involving \$50,000 federal funds for Fiscal Year 1968 that will serve 35 additional families and will also complete the requirements in McIntosh County.

The Creek Nation is on the proposed FY 1969 Project Priority List for five (5) projects totaling \$360,000.00. If this money is approved by Congress, approximately 240 Creek families will receive a safe water supply and waste disposal facilities. In addition the Creek Nation may have some housing projects which PHS could also provide the sanitation facilities. The projects proposed for FY -69 are as follows:

<u>COMMUNITY & COUNTY</u>	<u>NO. OF HOMES</u>	<u>NO. OF PERSONS</u>	<u>EST. COST</u>
Weleetka, Okfuskee Co.	50	230	75,000
Okemah, Okfuskee Co.	50	230	75,000
Yeager, Hughes Co.	50	230	75,000
Kellyville, Creek Co.	50	230	75,000
Okmulgee, Okmulgee Co.	40	180	60,000

It is estimated there would still be future projects required to serve over 300 other Indian families who have not had a chance to participate plus clean up projects in areas where we have had past projects.

In addition to the Projects for individual sanitation facilities discussed so far, there are numerous requests by the tribes for Public Housing under the Low Rent, Mutual Help and BIA housing plans. A report

on Public Housing issued January 31, 1967, indicates there are requests for 625 housing units in Oklahoma, 50 in North Carolina; 60 in Mississippi, and 22 in Florida. There are no definite dates for most of these projects; however, site inspections have recently been held for 16 housing units in Adair County, 10 in Cherokee County, 30 in McCurtain County, 30 in Latimer County, 20 in McIntosh County and 30 in Kay County and there is a current request for 60 in Mississippi. For housing projects the Public Health Service provides the sewer and water facilities to the curb line or to five feet from the house depending on the type of Public Housing involved and whether community or individual facilities are installed.

Housing project money is available upon acceptance of the Project Summary so that the work can begin almost immediately.

On construction of health facilities, three new hospitals are in the mill for Oklahoma at Talihina, Tahlequah, and Claremore. We are actively developing the requirements for all other locations and expect to eventually replace most all of area existing hospitals.

We know that it is impossible ever to have the resources - men, money, and material - sufficient to enable us to do everything we would like in the health program. But by wise and careful planning and use of the most modern techniques in medicine and management, we believe we can therefore expect to make continuing improvements.

We have made inroads on some of the most glaring problems that existed. We know of at least one problem, however, that you have voiced, as have many Indian people in other parts of the country, that so far we have not been able to do much about. This is transportation to clinics and hospitals. It is a serious problem, of great concern, which we have been striving to resolve in a number of ways. Although we have not had

much success, we want you to know that we will not stop trying.

We welcome and appreciate your advice in our cooperative efforts.

This is your health program, and it should be one that will be operated in accordance with your wishes. We hope you will continue to personally acquaint the Indian health staff with your problems and your thoughts concerning health services. By expending our efforts together, with mutual respect and understanding, we should reach our common goal - achievement of the best possible state of health.

Again I wish to express my personal thanks for the invitation to be with you today. I assure that while our resources may not permit us to fully accomplish all we may need in response to your health needs, there will never be a shortage in our efforts to serve you to the fullest extent.