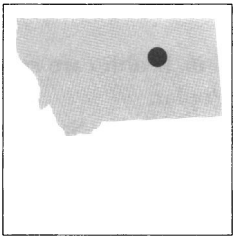

Fort Peck Reservation, Montana

DANIEL RAPOPORT



The Indian Health Service provides free health care to the Indians on and around the Fort Peck Reservation in northeastern Montana. Headquarters for these services is the health center in Poplar. The center, which includes an outpatient clinic and administrative offices, is a new facility opened in 1978. Its predecessor was a ramshackle wooden building that dated back to 1916. A branch of the clinic at nearby Wolf Point serves the Indians living in that community.

Adjacent to the Poplar center and the Wolf Point clinic are community hospitals. Indian patients requiring hospitalization are sent to them or to more specialized facilities in the region.

Three NHSC physicians and a dentist work at the Poplar facility. A fourth physician runs the Wolf Point clinic, and the dentist visits there weekly. All five were recipients of Public Health Service scholarships. The four physicians who were there in 1978

had arrived at Fort Peck in July 1977; the dentist came a year later.

The number of outpatient visits to the two clinics is running close to 50,000 a year. The health center's staff totaled 54 at the close of 1978, not counting 21 paraprofessionals who are called community health representatives.

The regular staff includes an optometrist, two pharmacists, a medical technologist in charge of a laboratory, an X-ray technician, nurses, dental assistant, field health personnel, a health educator, and mental health and social workers.

The Indian Health Service staff can provide, without referral, emergency services and medical, obstetrical, pediatric and minor surgical care. The physicians often assist a local surgeon who is called in to perform major operations.

Daniel Rapoport, a former United Press International correspondent on Capitol Hill, is author of "Inside the House."



Main Street of Poplar, Mont., one of several towns on the Fort Peck Reservation

A 3-YEAR OLD INDIAN GIRL had been hit by a truck. They had brought her to the town of Poplar, Mont., and Dan Martin, an Indian Health Service (IHS) physician, saw her. "I honestly thought she was going to die," he says.

Treating the child was beyond Poplar's capability, so Martin called a hospital in Billings, Montana's largest city, 225 miles away. The surgeons told Martin to send the girl to Billings by plane as soon as she became stabilized. She was stabilized that night, but the area's two commercial air ambulances were occupied, so more calls were made. Finally, the Civil Air Patrol located a small plane and a pilot.

Martin and a nurse went along with the child, monitoring her during the more than 2-hour flight. The pilot needed darkness to read his instruments, so they worked out an arrangement. The pilot would turn the lights on briefly while Martin and the nurse tended to the little girl and then turned them off again.

The child survived the flight and underwent surgery. "She pulled through," says Martin who, in telling the story tries not to overdramatize the tale, but it is apparent that he regards the event with some wonder.

Distance can be a critical factor when practicing medicine in Poplar.

The Reservation

The town, population 2,100, lies in the northeast corner of the State, tucked into the right angle formed by the Canadian border and the Montana-North Dakota State lines. Poplar is one of several towns on the Fort Peck Indian Reservation, a 2-million acre stretch of rolling prairie that is home to about 4,500 members of the Sioux and Assiniboine tribes. Poplar is also local headquarters for the Bureau of Indian Affairs and the seat of the Tribal Government. The Indian Health Service is responsible for providing health care to registered members of the



Some 4,500 members of the Sioux and Assiniboine tribes live on the 2-million acre reservation in northeast Montana

tribes living in the area. The hub of its health care services is a large outpatient clinic in Poplar.

The natural landscape in this part of the State is austere. The hills that encircle the community are brown and usually bare, with occasional cottonwood trees breaking the vast expanses of farmland and the range grass. The prairie predominates. Under dark snow clouds the browns of the prairie and hills take on a Wyeth-like quality.

A visit to Poplar provides a series of revelations.

You discover, for instance, that remoteness is a relative concept. On the map, Poplar looks remote, as does Wolf Point, the slightly larger town 25 miles to the west, which has an airport.

The terminal building at the Wolf Point airport is a small wooden structure. The woman who oversees it helps her husband run a charter service and doubles as an agent for Frontier Airlines. As such, she loads and unloads baggage and wheels the auxiliary power unit and plugs it into the plane during a layover.

Compared with the terrain beneath the plane on the flight from Billings, Wolf Point is a gateway to civilization. Not long after leaving Billings, the landscape turns hilly and barren, and there is a 20-minute stretch when the land below is totally devoid of any structure or paved road. A passenger can easily imagine himself flying over the surface of the moon.

The wife of an Indian Health Service physician in Poplar, who had been in Montana about 18 months, told me that one of the few aspects of her new life that she had never gotten used to was driving alone from one town to another — especially at night. You could drive for miles, she said, without seeing another human being.



Wolf Point health station serves sizable Indian population in the town. Trinity Hospital is a few blocks away

Preconceived ideas fall by the wayside on a visit to Poplar. For instance:

- Indian reservations are not fenced enclosures dotted with tepees. There are no entrances and exits. Indians live in ordinary houses, dress in ordinary clothes, are farmers and ranchers.
- Non-Indians live on reservations and own land sold to them by Indians. In some locations, they have established towns that have become political subdivisions of the State of Montana. Their status can create unique legal situations. In Poplar and Wolf Point, for example, there are both local town police and tribal police, with each force limiting its jurisdiction to people of the community it serves. In other areas of the State, however, some tribes have begun to try to assert jurisdiction over all people living on their reservations.
- Just because a community is remote does not mean it isn't bustling. In certain sections of Poplar, such as around the complex of government agencies, homes and buildings are squeezed together and cars are parked in almost all available spaces. The prairie, and solitude, of course, are only minutes away.

Health Services

Headquarters of the Fort Peck Service Unit — an Indian Health Service designation for the reservation and the surrounding area where live tribal members who qualify for free medical care — is the health center in Poplar. The modern, one-story facility of modular design was opened in 1978, replacing a wooden structure dating from 1916. The new center contains the outpatient clinic and administrative offices of the Service Unit. Adjacent to it is Poplar Community Hospital, a 22-bed facility that serves Indian as well as non-Indian patients.

The clinic offers tribal members a wide array of outpatient services, including general medicine and pediatrics, pre- and post-natal care, and minor surgery. A dentist and an optometrist are full-time members of the staff. A

comprehensive pharmacy dispenses drugs; the laboratory is equal in sophistication to that found in most medium-sized hospitals.

A smaller, branch health center in Wolf Point serves the sizable Indian population living in and around that town. Its staff is headed by a Indian Health Service physician. Wolf Point patients requiring hospitalization can be treated a few blocks away at Trinity Hospital, a 44-bed facility that offers more specialized services than the Poplar hospital.

Both hospitals provide inpatient services to Indians through a contractual arrangement with the Indian Health Service. The hospital in Poplar probably would not be able to survive without the Indian patients; but benefits work both ways. Hospitalization is readily available for tribal members around Poplar, and the physicians are within walking distance of most of their hospitalized patients.

Indian patients requiring treatment or diagnostic services unavailable locally are sent at Indian Health Service expense to Billings, Great Falls, Williston, N.Dak., or Minot, N. Dak. If contract funds are running short — as often happens at the end of the year — patients can be sent to the Public Health Service Hospital in Seattle.

An active outreach program complements the clinic's operations. John Browne, a physician's assistant hired and paid by the Tribal Government, makes weekly trips to outlying communities where he treats minor ailments, listens to complaints, and advises some patients to come into Poplar or Wolf Point for further diagnosis or treatment. Outreach personnel financed by IHS include public health nurses, sanitarians, a social services-mental health team, and 21 community health representatives.

The community health representatives are paraprofessionals recruited from the tribes and trained in such selected skills as care of the elderly, assisting with the use of hearing aids, maternal and child care, and control of upper respiratory infection. They also are available to transport patients to the clinic or the hospital.

But what the community health representatives bring to the job is probably as valuable as what they are trained to do, namely familiarity and identification with the tribes. This is particularly important in providing cross-cultural medical care. They serve as links between the largely non-Indian providers and the Indian recipients of the care.

Corps Personnel

The four Indian Health Service physicians working on the Fort Peck Reservation are quite different in background and personality. As might be expected, they do share some characteristics. All are from the eastern part of the United States and, prior to their arrival in Montana, had little or no acquaintance with Indian culture.

All four are Public Health Service scholarship recipients, and all began at Fort Peck immediately upon completing 1-year internships.

Dan Martin, clinical director at Poplar, is from a small town in Alabama. He was graduated from Samford University in Birmingham and attended medical school at Vanderbilt University in Nashville, Tenn.

Dr. Dan — the name tagged on him by staff and patients to distinguish him from Dr. Bob Martin — is polite and sensitive. He doesn't volunteer it, but it is apparent that he views medicine as a means of serving others. He is deeply religious but not moralistic.

The other Dr. Martin — Dr. Bob — is from Memphis, Tenn. He received his undergraduate degree from Brown University and went to medical school at the University of Tennessee. Bob Martin is black. He was the first black some children in Poplar had ever seen. Initially, he knew kids were talking about him when he passed by, but he chalked it off to curiosity. Some adults, he says with a smile, "regard me as a brother." All in all, he doesn't think his blackness has affected his experience at Poplar.

Jim McCann is from Philadelphia, a graduate of Jefferson Medical College. McCann is vocal, opinionated, and expressive. Although clearly the most urban-oriented of the group, he came to Poplar, according to his wife, because he was looking for an assignment in a wilderness area and there were no openings in Alaska.

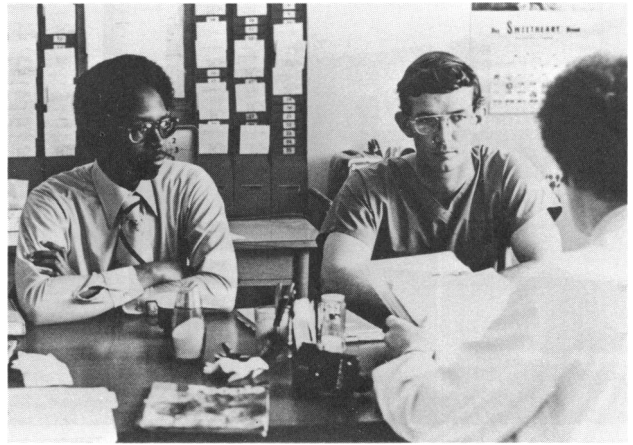
Dick Herklots, the physician at the Wolf Point Clinic, is the only bachelor of the four. Originally from Connecticut, he attended medical school at Tulane University. He is gregarious, the hippest-looking of the four, and conveys the image of a free spirit. The surface contradiction is that he is a "born-again Christian."

From the physicians' viewpoints, the experience at Poplar has been professionally satisfying, even exhilarating. "It's been tremendous," says Jim McCann. "I've just gotten so much confidence in how to handle things. Somebody comes in bleeding like hell at three o'clock in the morning and it's up to me to do something or he's going to die. There's no one to back you up."

Dan Martin says that some of his former medical school classmates are amazed at what he has been doing. "I was in a big, academically oriented medical center, but I just didn't have exposure to this kind of medicine. It's been a real education."

He also says without hesitation, "I have no regrets" about the decision to come to Poplar. When the time comes for prospective replacements to visit the reservation, he adds, "I won't have to try to sell them on working in Poplar. If I were to do it over again, I sure hope I could get back here."

Gary Pitts, the dentist at Fort Peck, is cheerful, enthusiastic and blond. He is also an Indian. A member



Dr. Bob Martin (left) and Dr. Dan Martin (right) at morning conference in the Poplar hospital. The Corps physicians had little knowledge of Indian cultures before coming to Montana in July 1977

of the Kootni tribe, Pitts is from the Flathead Reservation about 500 miles from Poplar in Dixon, Mont. Pitts obviously feels strongly about working among his people, but he simply tells a visitor that, from the beginning, he always knew he would come back.

Like the physicians at Fort Peck, Pitts was a scholarship recipient, but unlike them, he intends to remain in the Indian Health Service beyond his period of obligation. Pitts is thrilled with the professional experience he has gained since arriving at Fort Peck in the summer of 1978. At the University of Minnesota dental school he saw two patients a day.

"I'm just amazing myself," he says. "Here I average about 20 patients a day. My record is 29. If I had a private practice like that I would only have to open 2 days a week."

With careful scheduling and the aid of three assistants, Pitts is able to keep three dental chairs occupied at a time. But he does keep his work day limited to 8 hours.

Pitts believes that the knowledge and experience he has gained here in 6 months would, in another setting, take several years to acquire. "The Indian Health Service used to be band-aid dentistry," he adds. "But the nice thing about it now is that a person can delve into several specialties. I doubt if I would be doing it at this point in private practice. But you've got to do it here. You've got to perform."

He does not practice orthodontics, but if Pitts determines that a Fort Peck child has a serious need for braces, the tribe will send the youngster to Williston, 70 miles away, for treatment and pay for it with tribal funds.

Pitts's wife, a speech pathologist, is working on her master's degree at the University of Montana in Missoula, more than 400 miles from Poplar. They meet every other weekend, and he says they are both able to handle the separation because it is temporary.



Poplar playground. Indians and non-Indians live in the towns on the Fort Peck Reservation

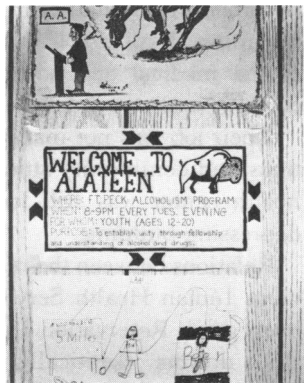


The prairie predominates in northeastern Montana. Most Fort Peck Indians are ranchers or farmers



Downtown Poplar. The prairie is only minutes away

Alcoholism treatment center at Wolf Point. NHSC physicians make full use of social services to deal with problems affecting patients and their families



Indian Culture

“Just as the health care professional can be awed by the surface beauty of the Indian culture, so can he be shocked and disenchanted by the extensive cultural disintegration in most reservation communities, another manifestation of the surface structure. After a brief time in residence he will become aware of the prevalence of social problems related to alcohol abuse, divorce, juvenile delinquency, and increasingly, rising drug abuse.”

The words are those of John L. Schultz, professor of anthropology at Colorado State University and an expert on Indian reservation life. Schultz’s warning is contained in a candid booklet that the Indian Health Service distributes to physicians and other health care professionals who are considering service on a reservation in the Montana-Wyoming region.

The booklet attempts to explain the political and social causes of the behavior in hope that this perception will lead the health professionals to a more sympathetic understanding of Indian problems. Clearly, the Fort Peck doctors are understanding. It shows in the courtesy, compassion, and interest they extend to their patients. Nevertheless, they are very much aware of Schultz’s assessment.

“Everything seems so alcohol-related,” says Bob Martin. Even on a brief visit, a visitor understands what Martin means. In my case it happened almost immediately.

I had just been ushered into the office the three Poplar physicians share. Dan Martin and I had been talking only moments when he heard a groan and a thump. Martin looked up apprehensively and waited. There was no further sound, so he went on talking. Seconds later a woman cried out, “Dr. Dan.” Martin jumped out of his chair, excused himself, and flew out of the room.

In 10 minutes he returned. A young man in the waiting room had suffered a seizure. Martin thought it was related to alcoholism and withdrawal. A nurse in the doorway told Martin, “he’s the one whose brother was killed last week.”

In the next 2 days I made hospital rounds with the physicians and listened to them discuss cases. Many patients were being treated for alcoholism or an injury or illness brought on by alcohol.

Alcoholism is so prevalent that physicians have to guard against falling into what Dan Martin calls the trap of assuming that all of the alcoholic’s ailments are related to alcoholism. By comparison, drug abuse is a lesser problem on the reservation. It is making inroads, but the prevalence falls far short of alcoholism.

On his hospital rounds Dan Martin visits Richard, a thin, weak, spiritless man I take to be about 40 years old. Martin informed me later he was 23. Richard had been in the hospital for nearly a month, recuperating from empyema secondary to pneumonia. Additionally, he suffered from organic brain disease brought about by paint and solvent sniffing. He had left the hospital against orders before he had recovered from the pneumonia.

“We sent people to his house to try to get him to come back,” Martin says. “We did everything but arrest him. Finally, he got so sick he had to come in.”

Because of the nature of their caseload, the physicians at Fort Peck make full use of available social services.

Above the desk of one physician I noticed a list of telephone numbers — the local detoxification center, mental health counselors, the Tribal jail, and a host of other Tribal, State, and Federal agencies dealing with everything from child abuse and neglect to long-term alcoholism treatment.

While eating lunch at home, Martin receives a call about a young patient. It began when a teacher from the Poplar elementary school sent over a 12-year-old child who had been constantly falling asleep in class. Martin examined the boy and found nothing organically wrong; he did some checking and learned that the boy could not stay awake in class because he was staying awake most of the night.

The boy was the middle of five children. Their mother had died 6 months earlier, the father was an alcoholic, and no one was caring for the children. Neighbors were feeding them, but otherwise they were on their own. Martin was so upset by his findings that he took the initiative in getting the tribal bureaucracy involved. The telephone call was to inform him that a hearing had been set at which a tribal judge would consider placing the children under custody.

The cultural disintegration that reservation Indians are experiencing can be traced, at least in part, to the longstanding, complex, and often unsatisfactory relationship between them and the U.S. Government. "They're a conquered people and they look upon the Federal Government as the conqueror," said a physician-administrator at the Indian Health Service regional office in Billings.

It is hardly surprising, therefore, that representatives of the Government are sometimes less than warmly regarded by Indians. Moreover, Indians know that they have a treaty right to free health care from the Government and feel no obligation to be appreciative for that care. At the same time, as the official put it, "Some Indians may hate the white man, but they know they need him."

All in all, that can make for difficult relationships between Government physicians and Indian patients. However, this situation, despite its deep-seated causes, can be appreciably improved, as the health professionals and the Indians at Fort Peck have demonstrated.

Improving Relations

The three Indian Health Service doctors at Poplar all arrived in July 1977.

Bob Martin, after completing his internship, came first, on July 5. He had visited Poplar the previous winter, but he was unprepared for what greeted him: no physician was on hand. The last regular IHS doctor had completed his term 2 months earlier, and a substitute physician had been brought in to serve until the new team took



Wife Elizabeth Martin gives music lessons, jogs, takes bead making class, and gardens. She wanted freedom to do what she liked

over. During the Independence Day weekend a nasty traffic accident occurred on the reservation, and several badly injured people had been brought to the hospital.

The emergency room was overwhelmed — as was the temporary physician. He departed before Martin reached Poplar.

Thus no Indian Health Service physicians were available to help orient the new team. No memos or instructions had been left on the operation of the clinic, the hospital, or the relationship between the two. The three incoming physicians learned by asking lots of questions of the medical and administrative staff of the health center.

Their job was not made easier by the physical conditions and community attitudes that they inherited. The health center was still located in the old, inefficient, depressing building.

Relations between the reservation community and previous Indian Health Service physicians had not always been good. Reservation Indians tend to regard scholarship doctors skeptically, realizing they are young, relatively inexperienced, and probably will be on hand for only a few years. Some Indians refer to them as "not real doctors."

Nor is the Indian view of the physician enhanced if the physician's appearance does not fit the Indians' generally conservative image of a doctor. Thus, many reservation Indians were put off by the shaggy, bearded look of some young physicians who came during the 1960s and early 1970s.



Corps physician Jim McCann came to Fort Peck looking for an assignment in a wilderness area. "It's been tremendous," he says, describing professional experience in Poplar

By 1979, it could be said with objectivity, that the state of health care at Fort Peck had improved measurably, both from the point of view of the community and the professionals who delivered it.

The four physicians and one dentist who have come to the reservation since the summer of 1977 have worked hard. They have also treated patients with courtesy, respect, and friendly good humor. Their dress and appearance meet community criteria; indeed, two of the physicians wear ties to work regularly, a rare sight in the region.

Medically the physicians have attempted to do more than their predecessors. "I think we're a little more aggressive than the usual group of doctors who have been here," is the way Jim McCann puts it. He means that if at all possible, patients are kept at Wolf Point or Poplar for treatment instead of being sent hundreds of miles away for specialized care. The physicians have found that by consulting specialists on the phone and by fully utilizing the services of the local surgeon, they can often safely keep a seriously ill patient on the reservation, close to family and friends.

There are also pragmatic reasons why the atmosphere at Poplar is better now. One is the opening of the new clinic building. It is a pleasant place in which to work and to be treated. Patients look comfortable; staff morale seems high.

Another important factor is the appointment in 1978 of Vernon Gibbs as Indian Health Service Unit director for Fort Peck. The job, roughly equivalent to that of a hospital administrator, entails administrative responsibility for health care on the reservation.

Gibbs, one of the first Indians to fill the position, has

been a smashing success. Previously he had held a tribal legislative post and dealt with health care issues.

Happily, Gibbs brought to the job qualities that were more important than administrative experience. He was part of the tribal political establishment at Fort Peck, which is run along the lines of a big city political machine, and he is a man who knows how to get along with people.

Both the physicians and the tribe credit Gibbs with serving as effective middleman, mediator, and buffer. "People feel they have a man they can talk to," says Norman Hollow, tribal chairman and the chief political figure on the reservation.

Another booster is Caleb Shields, the reservation's leading activist. Shields considers health care the tribe's number one priority. He and Hollow see room for continued improvement in delivery of health care services, but Shields says that with the opening of the new clinic "most members of the tribe feel they are getting professional treatment."

The relationship between the clinic staff and the community is "far better than it had been," adds Shields. He feels that Gibbs, through his performance, has demonstrated that the job of service unit director should always be filled by an Indian.

Wives' Assessments

The wives of the three Poplar physicians offer three different assessments of their experience at Fort Peck. The homes provided by the Federal Government are plain but comfortable and, by Poplar standards, luxurious. Shopping requires more planning than it would back East, but there are few items that are not available in Poplar or Wolf Point.

Socializing is not as broadening as might be expected; although there is no overt antagonism or tension, there is little mixing between the Indian and non-Indian communities. Whether barriers are class or cultural, they exist between the white permanent residents in the area and the Indians. The Public Health Service personnel and their families tend to develop friendships largely among themselves.

All three physician families have joined churches. The four Martins were active churchgoers back home, but for the McCanns it was a case of returning to organized religion after little contact with it since childhood.

For Jenny Martin, Bob's wife, coming to Poplar produced a culture shock from which she had not entirely recovered. The Martins are from Memphis and felt comfortable in an urban setting.

"I'm so used to seeing and being around people," she says. "Here you never see crowds of people."

But it is more than city streets that Jenny Martin misses. She worked in Memphis as a cytologist. But there

are no positions available, and she says government regulations prevent her from informally moving into an allied field.

As a result, she finds that, even with caring for their baby, born shortly after arriving in Poplar, she does not have enough to keep her busy. "I'm the kind of person who needs to work," she says. "I worked part time when I was going to school and I had a full-time job afterwards." She has tried crocheting and has dabbled in other hobbies. She reads and watches television. She and her husband — both Sunday school teachers in Memphis — joined the Baptist church. Still, she has more free time than she likes.

There are bright spots. The weather is better than she expected. Weekend trips have been fun. Local people she has gotten to know are pleasant and friendly. "Back in Tennessee we would call them 'down home, country people.'" Like her husband, she doesn't feel singled out as the only black family in the community. Altogether, she seems to take her stay in Poplar with humor and equanimity.

Like Jenny Martin, Chris McCann also had a baby after she came to Poplar. (Jenny went home to have hers; Chris stayed in Poplar, where Dan Martin delivered the child.) Although the McCanns are also from an urban environment, Philadelphia, she and her husband are attracted to rural life and want to settle in a small town when he starts private practice.

She misses her family, the colors and variety of the eastern landscape, and the cultural opportunities of a big city. But she feels the Poplar stay has been worthwhile and enjoyable. "It's been a good experience," she says. "It's a different way of living. It's kind of nice to see how other people live — what they do with their time.

"I'm pursuing hobbies, I'm doing a lot of stuff at home, like baking and canning and jelly-making. There's reading and piano-playing. We listen to a lot more music on the stereo. In fact we go crazy with classical music. And we visit.

"The calendar fills up. But it's all much more relaxed. It's not a case of having to do this or having to do that."

Elizabeth and Dan Martin have not yet started the family they plan to have. Thus Elizabeth has more free time than the other two wives. But she has found a great deal to do and is obviously the most pleased of the three with Poplar.

She had been a school teacher in Birmingham but decided not to take a job in Poplar. She wanted the freedom to do just what she liked. She and Dan bought an old piano, and Elizabeth started giving lessons. Now, she has 10 young pupils. She became director of the choir at the Baptist church she and Dan joined, the same one that the other Martins belong to.

Elizabeth jogs, she and Dan have taken to cross-coun-

try skiing, and they hike in the summer. She attends a class in Indian bead-making and raises a garden. In short, she is thriving.

The Surgeon-Teacher

"I'm short, bald, and I'll be the fattest guy there," he said on the phone as we arranged to meet for lunch.

Both the description and the prediction were accurate. Dr. Mark Listerud, in his mid-50s, is a contradiction of the advice he gives patients. Besides being overweight, he is overworked. As the only board-certified surgeon in the Wolf Point-Poplar area, his services are constantly in demand. A workaholic, he flourishes on those demands for his skills, which are said to be considerable.

Listerud is active in medical society affairs and, when he takes time off, it is frequently to attend American Medical Association meetings in Billings or Washington, D.C.

He is forever trying to lure young physicians into the region, which is badly underserved, but firmly believes that the only kind of doctor who should practice there is one who loves medicine as much as he does. "If a guy wants to talk about what the fishing is like or the hunting is like and where the theaters are, then he shouldn't stop here."

Mark Listerud, one of the townspeople told me, is blunt: "If you've got cancer and you're dying, he'll come right out and tell you." His praise of the Poplar trio therefore carries special significance. "They're the best we've seen," he said.

This group, he went on, had plunged wholeheartedly into the practice of medicine and had joined the local medical society. They had also taken advantage of Listerud's willingness to teach surgery.

When Listerud goes from Wolf Point to Poplar to operate, the Indian Health Service doctors are on hand to assist and observe. Both sides appreciate the interest of the other.

"When you get an eager group of guys like this," he admitted, "you sort of get turned on by teaching."

Their stint at Fort Peck, including their work with Listerud, has influenced the career plans of two of the three Poplar physicians. Bob Martin still intends to pursue a residency in obstetrics and practice in an urban area. Dan Martin and Jim McCann, who once planned to take residencies in family medicine, feel that 2 years at Poplar will have given them far more training than a residency.

Life at Poplar has reconfirmed Dan Martin's intention to settle in a small town. Jim McCann, the Philadelphian, was attracted to small-town life before coming to Montana but he's even more attracted now. I was originally thinking of a town of 60,000 to 80,000. My wife is appalled, but now I kind of like 3,000."

Medicine Men

Another medical practitioner in the area was unnoticed by the young physicians. They said they had had no contact with a medicine man and were not aware that any were practicing on the reservation.

Indeed, the tribes living on Fort Peck are not among those that retain a strong adherence to the tradition of the shaman. Yet, my guide during a tour of Poplar, a community health representative named Gerald Red Elk, told me that he credits a medicine man for effectively controlling the malaria he picked up during World War II on New Guinea. When he followed the treatment of medical doctors, he said, he suffered attacks about once a month. Now, he's down to one a year, an improvement which he credits to the herbs prescribed by the medicine man.

While medicine men on the Fort Peck Reservation do not openly employ sorcery and other supernatural techniques, they do prescribe herbal medicines, and almost every family has a supply, according to Red Elk. (Reliance on herbs is not entirely unfounded; anthropologist Virgil Vogel has pointed out that nearly 170 drugs that are or were listed in standard pharmacology references were long used by North American Indians.) The Indians on the Fort Peck Reservation, particularly older ones such as Red Elk, apparently have, Schultz noted, "categorized illness into those ailments which white patent medicines and white doctors are more qualified to treat, and those for which traditional medicines and the Shaman have proven to be more successful."

The Fort Peck medicine men do not resent the presence of their outside competitors. In fact, says Red Elk, they themselves go to the health center for treatment.

Pitfalls of Ethnocentrism

In his booklet, Schultz warns prospective Indian Health Service professionals that they may be in for a bit of cultural shock on the reservation. Indians will exhibit characteristics that will alternately confound, annoy, and perhaps even depress the outsider. He urges his readers to learn something of the historical elements that contributed to the sociocultural makeup of the Indian, to discover the differences between tribes, and most importantly, to avoid ethnocentrism — viewing other cultures through one's own cultural prism.

The Poplar physicians came to see for themselves the remarkable accuracy of Schultz' predictions. But they also heeded his advice to look beyond the manifestations of behavior, and they found they could usually sympathize with or at least understand why it was occurring.

Schultz, for instance, observed that the Indian's con-

cept of time was considerably different from that of the non-Indian. Dan Martin soon noted that patients were willing to wait for 3 hours in the clinic to see a doctor when merely by calling a day ahead they could have made an appointment. It's still bewildering to Martin but he doesn't let it bother him, categorizing it as a cultural difference.

Schultz wrote that reservation Indians often have a weak sense of personal health care. Jim McCann recognized it, has figured out in his own mind why it exists, and has tried to do something about it.

"Traditionally, the Government has assumed total health care responsibility," says McCann. "They don't have a concept of personal health. They're not responsible for it. As a result, it's rare that people around here have thermometers at home. The mother takes her kid to the hospital for checking his temperature or for aspirin. They're not responsible for having any medications on hand for emergencies. What we're trying to do is change people's ideas, telling them: 'you've got to take a little bit of responsibility.'"

It took a while for the physicians to get used to the lack of appreciation shown by patients for the treatment they received. Occasionally it still bothers them. But it has helped to know that it is rarely personal and has more to do with the Indians' perception of Government-provided health care as a treaty right rather than as a favor for which thanks must be offered.

Yet, often thanks *is* offered, sometimes in touching ways. Jim McCann, for example, was moved by the gift of a handmade quilt — a gesture that carries great significance in Indian society — presented to him by an elderly patient.

For the most part, these outsiders have come to recognize the complexities that lie at the root of Indian reservation life. They see the problems and candidly admit they do not know the solutions. Government paternalism, in McCann's view, had made Indians "too easygoing" about their own destiny.

"But what's the alternative?" he asks, "to make them more like white men? I certainly don't think American middle-class culture is the best by a long shot. How do you make a compromise? To destroy this culture, you just inflict another culture on them."

As far as McCann and the others are concerned, extended sociological analysis is irrelevant. People need medical attention, and they are in a position to give it to them. The Indians at Fort Peck, as McCann notes, are also giving something to the physicians.

"There are a lot of beautiful things about them. I think they are a very gentle people generally. It's very rare that I hear harsh words spoken for more than 15 seconds. They are a very friendly people," he adds. "They are a joy to be around."