# Public Health Nursing for MONTANA INDIANS

Two public health districts in Montana provide public health nursing services for Indian families living within the boundaries of three reservations. Under a contractual agreement between the Montana State Board of Health and the Division of Indian Health of the Public Health Service, Public Health District I (Big Horn and Rosebud Counties) at Hardin serves the Indians on the Cheyenne and Crow Reservations, and Public Health District II (Lake and Sanders Counties) at Polson serves the Flathead Reservation. Four other reservations in Montana are served directly by the Division of Indian Health.

Complicating the tasks of the local health departments are empty stretches of land and the mobility of the people. The prairies are sparsely settled, with 1 to 3 people per square mile, and crossed only by obscure trails and endless miles of fencing in which gates are invisible unless hung with an old coat or blanket (see photograph). Families migrate to higher land in summer or move in with more fortunate friends or relatives, leaving children to the care of neighbors or relatives.

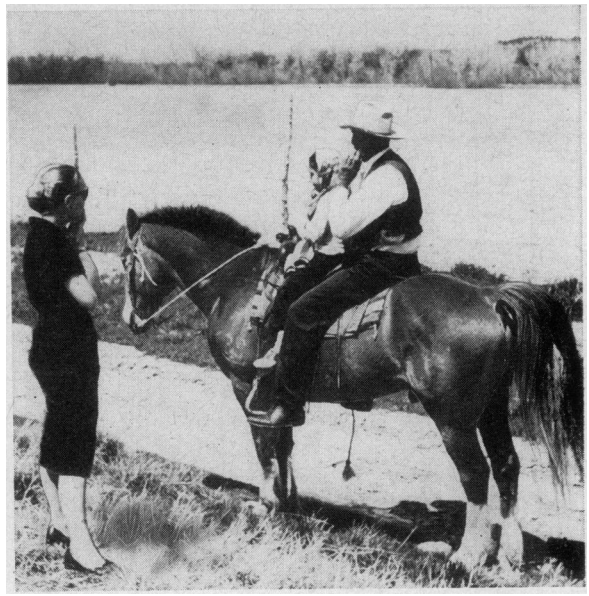
The location of the homes and ranches of the Indians and non-Indians in the two districts makes cooperative health services feasible. Unlike the Navajo and other tribes who live apart on tribal lands, Montana Indians and non-Indians in these two districts live side-by-side in the towns and on the ranch lands.

In both districts the Indians comprise substantial minorities of the total population. District I has a population of about 18,000 of whom 4,000 are Indians, and District II contains 21,000 people, including 2,000 Indians. Furthermore, Indians who receive the same kind of public health nursing services from the same agency as the rest of the citizens may be encouraged to participate in other aspects of the regular life of their communities.

The local health departments use the same personnel to serve the Indian and non-Indian

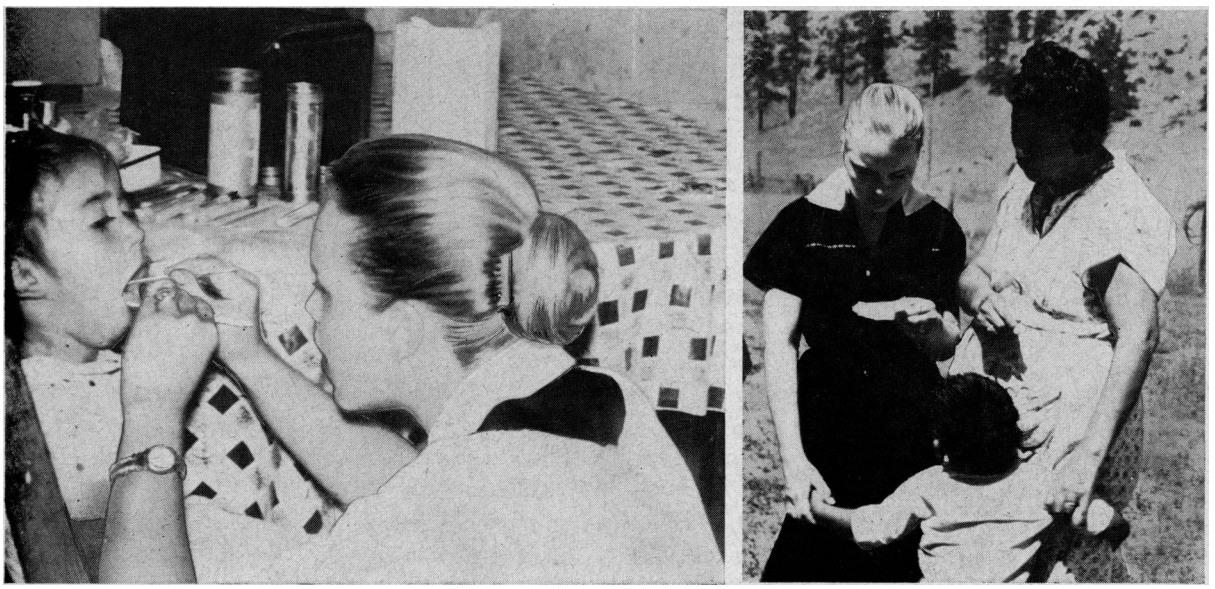
residents. The only difference is that the Indians, because of the magnitude of their health problems, require a higher ratio of personnel per population and more concentrated services. Indian health needs are estimated to be 10 to 13 times greater than those of others in the same area. Currently, each local health staff is organized to include a full-time health officer, public health nurses, sanitarians, health educators, and office clerks.

*Collaborating on the picture story were these officials of the Montana State Board of Health, Helena: G. D. Carlyle Thompson, M.D., M.P.H., acting executive officer; Wava L. Dixon, director of public health nursing; and K. Elizabeth Anderson, director of public health education; and these staff members of Public Health District I: at Hardin, the late Elizabeth Bishop, M.D., M.P.H., health officer; and Doris G. Chandler, health educator, who took the photographs; and at Forsyth, Andre Pederson Gulvas, public health nurse.*



Chatting with a man whose wife has tuberculosis, the nurse sets a date for his chest X-ray. The Indian death rate for the disease is high.

When a child is very ill and an isolated family cannot wait for a doctor, the nurse may give emergency service, plan for transportation, or take the family to medical or hospital care.



*Left:* Taking throat cultures or other evidence to a physician is part of the nurse's job in control of communicable disease. *Right:* For a sick child she improvises isolation techniques in a one-room cabin, then takes the quarantined family's grocery list to the store.

*Left:* On a school visit the nurse finds the slide needs repairs. *Right:* An Indian girl, torn between "living like others" and love of family, finds the nurse a friendly counselor.