

Oral Statement – Charles Headdress

Senate Committee on Indian Affairs Listening Session – February 3, 2016:

Good afternoon, my name is Charles Headdress and I am the Rocky Mountain Region representative to the National Indian Health Board's Board of Directors. I also serve as the Vice Chairman for the Assiniboine and Sioux Tribes of the Fort Peck Reservation.

The National Indian Health Board is a non-profit serving all 567 federally recognized Tribes when it comes to health. The United States assumed the federal trust responsibility for health by exchanging compensation and benefits for peace and Indian land. In other words, we've prepaid for these programs.

As recently as 2010, when Congress renewed the Indian Health Care Improvement Act, they affirmed *"it is the policy of this Nation, to ensure the highest possible health status for Indians ... and to **provide all resources** necessary to effect that policy."*

Yet, clearly this policy has not been upheld. On average, American Indians and Alaska Natives have a life expectancy that is 4.8 years less than other Americans. In some areas, it is even lower. For instance, white men in Montana lived 19 years longer than American Indian men, and white women lived 20 years longer than American Indian women. In nearby South Dakota, for white residents the median age was 81, compared to 58 for American Indians.

Given these statistics it is no surprise that CMS investigations mentioned in the hearing this afternoon, exposed a systemic failure by the IHS to provide safe and reliable health care for American Indians and Alaska Natives.

Even worse, we *knew* the problems in this region at least five years ago when the Dorgan Report exposed much of this chronic mismanagement. A subsequent 2011 report by a separate HHS task force noted that: quote "...the lack of an agency-wide, systematic approach makes it virtually impossible to hold managers and staff accountable for performance and to correct problems before they reach crisis proportions."

The Administration was quick to deploy National Health Service Corps Members to West Africa to treat Ebola in 2014, but when a health crisis occurred in Indian Country, the Tribes were told that there was just a national shortage of physicians and there was nothing that could be done to get more medical staff to the reservations.

While, the issues in the Great Plains are certainly concerning, we have no reason to believe that they are isolated to this area. NIHB has received reports from other IHS Service Areas of patient misdiagnosis and subsequent death, lack of competent providers, and IHS' continued failure to provide safe and reliable healthcare for our people. I recently went to the doctor and was asked "what do you want?" and I said, "what do you mean, I came here to get advice from you on what I need." Otherwise, I could have asked for oxycodone or Percocet and been on my way. But, this attitude of our medical providers, who are often contractors, compounds the serious behavioral health issues on Ft. Peck Reservation. Alcohol and substance abuse are very prevalent. Six months is all it takes to transform a beautiful young person into someone completely unrecognizable. Then you get all these compounded medical issues like dental problems, and family structure breakdown, and issues get worse. Yet, our facilities have no resources or capacity to make

lasting change. We used to have a drug task force with funding from the state, but now that funding is gone, and problems have gotten worse. Our younger generation just feels like there is no hope. We need Congress to help us find solutions for resources and to ensure that these issues are addressed at every level.

One individual from the Phoenix Area reported to NIHB that her mother was treated for a urinary tract infection by the Whiteriver IHS Hospital. When her condition did not improve, the patient's family was reportedly told by IHS medical staff: quote "What do you want me to do with her, she is an old woman?" After several more days, the patient was transferred to another facility in Gilbert, Arizona, and found to have pneumonia, numerous kidney stones in her gallbladder, two blood clots in her left arm, and a serious blood infection from the previous urinary tract infection. The patient passed away just a few days later.

I could go on and on. What will it take for the US government to fulfill its promise of providing care to Indian Country that is safe and reliable?

In my home state of Montana, the state government has created a Director of American Indian Health position. While this is a good move for the state – it is emblematic of the federal government falling down on the job. We shouldn't *need* this position. Our treaties promised healthcare delivery from the federal government, but clearly it hasn't been working.

We understand that federal budgets are tight, but the treaties that we signed are not discretionary and should not be held hostage to unrelated political battles in Washington. NIHB and Tribes have consistently asked for budgets each year that would bring IHS up to the same status as other American health facilities. Right

now, this is **\$30 billion**. To begin a phase in of this amount over 12 years, we are requesting \$6.2 billion for IHS in FY 2017.

But funding isn't everything. At Rosebud, for example, the IHS Area Director claimed that the hospital had a need for 22 doctors and funding for only 11. YET, there were **only 2** full time physicians at the hospital. Recruitment and retention can be difficult in rural Tribal communities, but more must be done. I just waited 3 years for a dental appointment. Elders regularly wait outside in the cold of winter to wait for 5 emergency dental slots. I worked as a medical recruiter for IHS for ten years. When providers would leave, I made sure to ask why. One of the most common reasons was because they can't practice medicine with the resources available. Too many of them had their hands tied by budget constraints and other bureaucratic obstacles.

If someone from my community has a heart attack, the cost can be 25-30,000 dollars just to get them to the ER. But that doesn't even mean they'll get there alive. This is why preventative medicine investments are so critical. We cannot be wasting our resources on treating symptoms, we need investment in whole health systems.

We consistently hear that IHS management at all levels is substandard. Accountability measures are enforced sporadically at best, and often managers have little training. When issues do arise, it is unlikely that an employee would be let go. They just get moved somewhere else. Unlike in the private sector, where the number of patient visits impact the overall physician pay, IHS medical staff just make a salary and there is no incentive to go above and beyond to meet the needs of patients.

In many ways, IHS is still operating a health system designed for the 1950s. Several of the reforms enacted by the Indian Health Care Improvement Act in 2010 like demonstration projects to test new models of health care delivery have not been implemented. This represents yet another broken promise to Indian Country. Others on our board have suggested creating centers at IHS that are specialized in treating certain diseases like heart disease or cancer. In Alaska, the Tribes have pioneered a health system that works closely with VA and focuses on a hub and spoke system to get better access to care to rural villages. Why can't the IHS be a leader in innovate health care strategies as the Tribes have been?

Two weeks ago, the National Indian Health Board passed a motion that would call for our organization to investigate the situation at IHS facilities across Indian Country, and embark on a path towards finding real, sustainable change at the IHS. As part of this work, NIHB will be conducting listening sessions with Tribal leaders, patients and medical professionals to determine new policy steps that IHS should take. This effort will be targeted in finding ways to achieve sustainable, long-term change across the system. We are tired of treating symptoms, and must work to find changes that can impact Tribes across the nation.

Thank you all for the attention you are showing to this important issue and for holding this hearing and listening session today. We at NIHB look forward to working closely with you as the Committee takes on lasting reforms to improve patient care at IHS so that the First Peoples of this country are not the last when it comes to health.