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TESTIMONY OF HENRY PRETTY ON TOP CABINET HEAD FOR HEALTH AND HUMAN SERVICES, CROW TRIBE OF INDIANS – APSAALOOKE NATION

before the

**COMMITTEE ON FINANCE
UNITED STATES SENATE**

**FIELD HEARING ON
HEALING IN INDIAN COUNTRY:
ENSURING ACCESS TO QUALITY HEALTH CARE**

August 8, 2012

INTRODUCTION

Good morning and welcome to Finance Committee Chairman Baucus, committee staff, and honored guests. Thank you for the opportunity to speak today to the ongoing issues surrounding the provision of health care to the people of the Apsaalooke Nation, and our ongoing struggles with accessing quality health care here in Crow Country.

BACKGROUND

The Crow-Northern Cheyenne Hospital serves a user population well in excess of our on-reservation population of approximately 8,000 tribal members. The Crow-Northern Cheyenne Hospital also serves members of the Northern Cheyenne Tribe, as well as other Native Americans in the area, including a significant number of individuals from various other tribes who reside in Billings, MT, approximately 60 miles away.

Members of the Crow Tribe, particularly those living on or near the Crow Reservation, face many challenges in accessing quality health care. The Indian Health Service, as we all know, has been historically underfunded. Due to many historical factors beyond our control today, our tribal members suffer disproportionately from a number of diseases – notably,

diabetes, heart disease, alcoholism, and mental illness. It is noteworthy that services to address the most pressing needs of our community are currently seriously lacking or nonexistent. I will address these in more detail below.

The bottom line is that our ancestors signed treaties with the federal government ceding many millions of acres, including prime areas of Yellowstone National Park, the Paradise Valley, and the Powder River Basin, in exchange for goods and services, including health care for themselves and their descendants. We see IHS as perhaps the first prepaid healthcare system. Today, we are still fighting to see this promise fulfilled. It is imperative that the Indian Health Service live up to its obligation to provide quality health care to the Crow people. Our tribal members have the right to be treated with dignity and respect by Indian Health Service employees, and to have their medical issues addressed and treated.

1. CMS Survey

In 2010, Center for Medicare/Medicaid Services (“CMS”) conducted a survey of the Crow-Northern Cheyenne Hospital. The CMS Survey identified thousands of issues, making findings in nearly every area. Indeed, the findings were so extensive that CMS did not finish the survey, and likely would have made additional findings had there been sufficient time to conclude its investigation. The Crow Tribe was very concerned about the potential threat to our facility’s accreditation with CMS. We understand that the loss of this accreditation would mean that the services that we already find insufficient would be scaled back even further because of the inability to collect third-party billings if accreditation were lost. We have repeatedly asked for updates on CMS and the progress of a corrective action plan. We have received monthly updates on Crow Service Unit staffing and activity from Crow Service Unit and Billings Area staff, and have had weekly updates when possible from Service Unit staff, but we have never received an actual, straightforward answer as to the status of the hospital’s review by CMS and what we, the Tribe and our members, can expect.

We understand that addressing the many areas in which CMS reported findings will take time, and this is why we have been working with IHS staff to stay updated, to inform the community of progress where it is warranted, and to offer assistance and support wherever it is appropriate. However, we are nearly two years into the corrective action effort, and the complaints and concerns reported by members of the community continue to come in, and the improvements that should be evident remain to be seen.

2. Closure of Inpatient and OB Services

In Spring 2011, the Crow Reservation was hit by a catastrophic flood. The flood impacted the community of Crow Agency, as well as virtually every other area of the Crow Reservation and surrounding communities. During this time, the Crow-Northern Cheyenne hospital was rendered inaccessible because of flooded roads. The hospital remained closed for several weeks because of the impact on water and sewer infrastructure that persisted even after

roads were reopened and the hospital was physically accessible again. Inpatient services at the hospital remained closed for several months and even today, over a year later, remain available only on a very limited basis. The last report we received was that up to three beds out of 24 were available. This hardly qualifies as reopening inpatient services.

After the flood, and after the hospital reopened, OB/GYN unit delivery services remained unavailable, along with the inpatient services. Today, fourteen months later, Crow Indians still cannot deliver their babies on the Crow Indian Reservation. It has been this way since May 2011. Expectant mothers are sent to Billings, Hardin, or Sheridan, depending on their residence and any potential complications in their delivery. This is upsetting to many community members who want to be able to give birth on the Reservation. It also presents an additional burden on contract health care funds, which are already limited.

In addition to forcing tribal members to travel long distances to be admitted for inpatient and OB delivery services, it also forces family members to bear the substantial expense of travelling off-reservation to support their relatives who are hospitalized, or to greet new relatives when they are born. It should also be noted that, even when faced with the additional burdens of traveling off-reservation to receive basic services that are in high demand by our community, many of these patients choose to continue to receive services off-reservation – especially those who are eligible for third-party payment, such as Medicare/Medicaid, and those with private insurance.

When patients go off-reservation to receive services, they encounter dramatically shorter wait times and a more respectful level of provider interaction and customer service. In short, the failure to provide these services is driving many revenue-generating patients away permanently. The drastic reduction in third party billing in FY 2012 to date is a very real reflection of the Crow Service Unit's reduction in services. Our revenue base is deteriorating as a result, and it will take years to remedy what has been lost over the past 14 months. We should be able to rely on third-party billing revenue to supplement the budget, but this will not be a viable option if the current situation continues.

3. Staffing Shortages and Management Issues

Understaffing of the Crow Service Unit continues to present a challenge to patients who need access to health care providers. There are some dedicated providers at Crow, but there are not enough of them. The shortage in staffing means long wait times for our community members, many of whom simply are not able to be seen by a physician when they should be. It also results in compromising emergency room services, as many individuals put off medical care, or are unable to dedicate the time it takes to be seen by outpatient providers, until their condition becomes acute and they are forced to go the Emergency Room, where they will face unacceptable wait times, as well. In order to address understaffing, Crow Service Unit and Billings Area staff have informed us that they have brought in a number of contract providers, or "locums". The locums are costly, and place a high demand on an already challenged service unit

budget. There is no question that they are necessary, but the long term effect of this short term staffing solution is likely to be disastrous.

When we ask IHS administrators why we cannot attract a sufficient number of quality, permanent providers to work at the Crow Service Unit, they tell us that it is difficult to staff the hospital because few providers want to live and work in a place like the Crow Reservation. We find this difficult to believe, as other hospitals in our region, and in more remote regions within the State of Montana, do not have the same staffing shortages that we have here. The truth, in our opinion, is that the Billings Area Office has mismanaged the Crow Service Unit, and the Crow-Northern Cheyenne Hospital has gained a bad reputation within the medical community. Many good doctors simply don't want to work here. Many good doctors have left the Service Unit over the years because of the poor management by the Area Office, as well as the lack of adequate funding to perform the services the patients need to be healed. Good doctors, understandably, are frustrated when they are prevented from doing their jobs, fulfilling their medical ethical duties, by insufficient funding. The administration at the Billings Area Office needs to be held accountable for its failures to the patients of the Crow Service Unit. We need reform in administration, to restore the credibility and reputation of this facility. Only then will we be able to attract dedicated, quality providers to meet the needs of the Crow Nation.

4. Hiring Qualified Crow Indian Applicants

Another recent event that has raised our concern is the refusal to hire qualified Crow Tribal members for supervisory positions. In 2010, the Crow Tribe recommended an individual for the position of Administrative Officer, and the individual was highly qualified and notably dedicated to returning home after over a decade of service at IHS headquarters. Instead, IHS officials – the Acting CEO at the time, the incoming CEO, and individuals at the Area Office level – determined that the best hire would be a different individual. IHS went against the Crow Tribe's recommendation after we engaged in consultation and made our recommendation. The result was the hiring of an individual who was apparently not qualified and who has been on administrative leave for over a year, leaving a key administrative position unfilled during a period of numerous challenges for the Crow Service Unit. This is inexcusable.

Unfortunately, the situation described in the paragraph above is not an isolated incident. Several months ago, we were informed of another Crow Tribal member who applied at least twice for a supervisory position, Chief of Pharmacy. Although the individual in question is highly qualified, and was indeed the only qualified applicant for the position who made the roster, she was not hired because "some other staff members are uncomfortable" with her potential hire. During our discussion of the Tribe's concerns about the staffing of this position with IHS administrative staff, no viable or legal reason for not hiring this individual was provided. During our most recent discussion about this individual, we were told that IHS is now recruiting a Navajo pharmacist to fill this position because of her expertise with cumedin. To our knowledge, we have never staffed the Chief Pharmacist position based on expertise with cumedin. This situation borders on absurd and it needs to be addressed at a higher level, as the Area Office has been unresponsive, paying lipservice to our concerns about these types of issues.

Personal and office politics continue to prohibit accountability and reform at the patient care provider level and prevent qualified Crow Indians from filling leadership positions in the Crow Service Unit. Playing interoffice politics and accommodating staff members' personal issues does not demonstrate responsible hiring practices. We also believe that the individual preferences of some staff pharmacists go back to their comfort level under the supervision of the previous Chief Pharmacist who was forced to retire because of her unprofessional and unconscionable mismanagement of the pharmacy at the Crow Service Unit, which was well-documented over the years.

We want to see those Crow Tribal members who have worked hard to achieve their credentials supported in their goals to fill positions such as these, where they can work to improve the quality of patient care provided to their fellow tribal members. If other staff are threatened by bringing qualified Crows into leadership positions, perhaps they do not belong in the Indian Health Service, much less at the Crow Service Unit.

5. Ambulance Contract and Possible Misuse of Contract Health Care Dollars

One of the chief areas of concern that we have identified is the contract for ambulance services with Big Horn County. This contract has been in place for a number of years. The Crow Tribe was never consulted when it was initially executed. Through an ongoing effort to find answers about this contract, its terms, and how monies designated for providing services to Crow Tribal members are being allocated to a program administered by the County government, and located off the reservation, we have been putting the pieces of this puzzle together over the past several months.

We were finally able to get a copy of the contract, and have confirmed that a substantial amount of money from the Crow Service Unit's contract health care budget is diverted to make payment to Big Horn County for ambulance services. Although the tribal contribution to this service is substantial, our tribal members still face long wait times when an ambulance is called, and this wait time has resulted in individuals dying while they wait for service. Additionally, when tribal events such as rodeos, Indian relays, and Ultimate Warrior are scheduled, the County requires payment for an ambulance to be on call – the ambulance that we are already paying for out of our Contract Health Care budget.

We have serious ongoing concerns with the status of the ambulance contract in place between the Crow Service Unit and Big Horn County. In addition to the concerns outlined above, it should be noted that this contract allows a doctor employed by the Crow Service Unit to also receive significant additional individual financial benefit even as a significant proportion of the services paid for with Service Unit funds are being provided to nontribal members throughout Big Horn County. We will continue our investigation into this area, and would ask for support and cooperation from Indian Health Service in determining how the funding that currently is going out to the County will benefit Crow Tribal members more directly in the future.

6. *Mental Health and Substance Abuse Services are Insufficient*

The past year has been a difficult one for our communities in Crow Country. Just over a year ago, we mourned the first death in what would be a string of five homicides on the Crow Reservation. Over the fall months of 2011, our community was in shock due to the unprecedented number of violent episodes and losses that took place here within a very short time period. Within a two week period at the beginning of 2012, we lost several tribal members to substance abuse-related illnesses, and four tribal members died in an alcohol-related crash on the reservation. Each of these deaths was preventable at some level. There are many factors that led to these tragic incidents, and each situation is unique. But one consistent factor is mental health issues that go untreated and services that are largely inaccessible. The fact that we have only three providers for mental health services at the Crow Service Unit speaks to the unmet needs faced by our population.

I bring these tragedies to your attention to highlight and underscore the severe need we have for substance abuse treatment services, and for mental health services. As you are aware, the issues of mental health and substance abuse are fundamentally intertwined in nearly every case. The sheer volume of death on our reservation within the past year, and the young ages of many of the deceased individuals has also traumatized our community at every level. The impact of these losses is far-reaching, and unprecedented on the Crow Reservation.

There is a high demand from Crow Tribal members for mental health services and for grief counseling. For the vast majority of tribal members who suffer from mental illness, they are only able to access these services when it is ordered by a court – in other words, when things have already gone terribly, often irretrievably, wrong. The program and services offered by Crow –Northern Cheyenne hospital are staffed by several dedicated individuals, but the needs far exceed their capacity.

Dr. Earl Sutherland was initially hired specifically to staff the Lodge Grass clinic and provide mental health services to community members. However, late in 2011, he was temporarily appointed as Acting Clinical Director. At one point, a Crow family that lost two teenage children in separate, tragic, incidents within a four-month period called Dr. Sutherland to try to make an appointment with him for counseling, but he failed to even return the family's calls. We understand that qualified staff are often stretched very thin at the Crow Service Unit, and are called on to wear many different hats. However, given the many traumatic events that have taken place within the Crow Reservation over the past year, we question the judgment of whoever decided to appoint Dr. Sutherland to an administrative position. It seems obvious to us that Dr. Sutherland should have been directed to prioritize performing the services he was hired to provide at the location that he was hired to work in. We requested that Dr. Sutherland be removed from his appointment as Acting Clinical Director and he was soon formally relieved of that appointment. We question the judgment of those who made that appointment in the first place. Taking mental health providers out of rotation and making them unavailable to a struggling, traumatized population will not improve the mental health conditions of the Crow people.

CONCLUSION

Administration of a troubled facility like the Crow-Northern Cheyenne hospital needs to be responsive and carefully tailored to bring about improved quality patient care to the Crow people. We need to hold medical staff accountable and require them to treat staff and patients in a professional, courteous, and respectful manner. Simply plugging in empty spots in the administration with anyone who says they are available will not solve our community's problems or improve the hospital. Until our community members stop bringing the same complaints to us at the same volume, we will not stop advocating for reform and accountability at every level.