

**Written Testimony of Darrell O'Neal, Chairman, Northern Arapaho Tribe
Wind River Health Care Delivery System
Oversight Hearing on Indian Health Service
Before the United States Senate Committee on Indian Affairs
May 27, 2014**

Chairman Tester, and members of the Committee, I am Darrell O'Neal, Chairman of the Northern Arapaho Tribe. We are here today to reiterate our concern about health disparities in Wyoming.

I would like to thank the Committee for holding this important oversight hearing on Indian Health, and for the Committee's efforts to reauthorize the Indian Health Care Improvement Act (P.L. 94-437) this Congress.

We understand the recent resignation of Anna Whiting ~~Schilling~~ ^{Surrell}, Area Director, Billings Area Office, and her parting recitation of problems associated with the Indian Health Service. More specifically, her parting comments about the long standing recognition that Native Americans are dying of diabetes, alcoholism, suicide, and other health conditions at shocking rates compared to non-natives.

I. Financial Barriers

The United States has a trust responsibility and treaty obligation to provide quality health care to American Indians. Unfortunately, the Indian Health Service continues to be woefully under-funded. The Indian Health Service (IHS) is funded at \$1900 per capita, which is one-half the amount federal prisoners are funded on a per-capita basis. Local resources cannot make up the difference.

- ✓ Annual per capita health expenditures for Native Americans are only 60 percent of the amount spent on other Americans under mainstream health plans
- ✓ Annual per capita expenditures fall below the level for every other federal medical program and standard
- ✓ Annual increases in Indian Health Service funding have failed to account for medical inflation rates and increases in population

II. Facilities Construction

A 100 year old Wyoming health facility on the Wind River Reservation. The Indian Health Service has failed to assist the tribe in replacing this facility.

- ✓ The average age of current Indian Health facilities is 32 years, compared with nine years for private sector facilities.
- ✓ New and properly designed facilities are needed to provide efficient space in which to provide services
- ✓ Older facilities tend to be inefficient and haphazard in their arrangement of space, and may not be in compliance with OSHA and/or Americans with Disabilities Act standards

III. Indian Health Service is Unresponsive

The availability and accessibility of health care for Native Americans in Wyoming are influenced by the Indian Health Service organization and its service delivery system. How I H S services are structured and where those services are provided significantly influence the degree to which Native Americans have access to health care. Indian Health Service lacks responsive in implementing the IHCA, which would address the following:

- ✓ Management or oversight issues relating to different Indian Health Service Programs. Tribal input to provider scheduling and productivity need attention.
- ✓ Geographic location of facilities is burdensome to tribal members. Transportation continues to be a problem.
- ✓ Outdated and aging facilities
- ✓ Misdiagnosis or late diagnosis of diseases
- ✓ Contract Health Service priority level is administered at Area level and discount local level need

Recommended Tribal Corrective Plans

Financial barriers and limiting Native American Access to Health Care Contribute to Health Disparities. Please see attached Health Disparities in Wyoming

- ✓ ***Establish a task force to develop a strategy to replace the aging Indian Health Service Clinic***
- ✓ ***Provide Technical Assistance:*** The Tribal health care systems are fragmented and understaffed. The tribes will require technical support to work with Indian Health Service in implementing the IHCA. More specifically:
 - Expanding programs for mental and behavioral health treatment and prevention.
 - Expanding the authorities for funding of patient travel costs.
 - Establishment of a health program offering care outside of regular clinic operational hours in alternate settings
 - Assist tribal substance abuse program by Eradicating Alcoholism on the Reservation by 10%
 - Purchase of Health Care Coverage by utilizing Contract Health Service resources
 - Meet tribal shortage of staff by sharing Indian Health Service facilities and staff
- ✓ ***Provide a Broad Range of Healthcare strategies that reflect the needs of WRIR tribal members:***
- ✓ ***Create an interagency task force comprised of an official from each of the federal agencies involved to address the healthcare disparities in Wyoming***
- ✓ ***Behavioral Health.*** Tribal communities are taking a leadership role in addressing the myriad of needs associated with behavioral health problems. Building upon that local leadership and initiative offers a strategic opportunity to improve coordination of local and federal services, to bring services up to critical level of capacity, and to get going a renaissance in Wyoming.



<u>Life Expectancy-Average Age of Death</u>	<u>Years</u>
General Population	78.7
Native Americans in United States	71.1
Native Americans in Wyoming	53.1

Source: Wyoming Vital Statistics for 2001-10/11



<u>Mortality Rates/100,000 Population</u>	<u>Native Americans</u>	<u>Non-Natives</u>
Cancer	185.70	173.10
Heart Disease	170.28	164.07
Accidents and Adverse Effects	121.01	61.75
Diabetes	90.01	23.20
Chronic Liver Disease	87.00	9.85
Infant Mortality/1000	14.00	6.00

Causes of Deaths for Wyoming's Tribal Population

- #1 Accidents and Other Adverse Effects
- #2 Cancer
- #3 Heart Disease
- #4 Chronic Liver Disease (Cirrhosis)
- #5 Diabetes
- #6 Chronic Obstructive Pulmonary Disease