



FALLON PAIUTE-SHOSHONE TRIBE

UNITED STATES SENATE
INDIAN AFFAIRS COMMITTEE OVERSIGHT FIELD HEARING

Senator Byron **Dorgan**, Chairman

RENO, NEVADA

TESTIMONY OF

ALVIN MOYLE,

Chairman

Fallon Paiute Shoshone Tribe

And

Indian Health Board of Nevada, President

October 2, 2010



FALLON PAIUTE-SHOSHONE TRIBE

Senator Dorgan, Members of the U.S. Senate Indian Affairs Committee, and Staff. It is a pleasure and honor for me to welcome you to Nevada and the opportunity to address the Committee regarding the healthcare crisis that we , in Nevada, have endured for the past 24 years. There will be others who will present their views and comments on this crisis.

My name is Alvin Moyle. I am the Chairman of the Fallon Paiute Shoshone Tribe and currently the President of the Indian Health Board of Nevada and the Inter-Tribal Council of Nevada. There are twenty-seven Tribes in the State of Nevada with a total Indian population of over 36,000; approximately half of this number reside on the reservations and colonies previously mentioned. Twenty-five of the tribes are located

in the northern half of the State - a State that measures over 777 miles from the Duck Valley Shoshone Paiute Reservation on the Nevada/Idaho border to Laughlin, Nevada at the southernmost tip of Nevada. It is mostly rural with at one County having 4/10's of a person per square mile! It is within this geographical environment that Nevada tribes exist - a place where they have lived for centuries. Approximately 65 miles East of Reno lies Lahonton Valley and referred to **as** the "Oasis of Nevada:" an area known for its agriculture and **ranching** environment It is also an area where my ancestors lived, hunted, and gathered. This land **was** given to the United States government in exchange for a guarantee that the federal government will provide certain services to our tribe and one of them **was** the provision of health care. Unfortunately, it is a guarantee that has not been honored for the past few decades. It is within this historical background that 13 tribal health clinics were either contracted or compacted by tribes. There are no

Indian Health **Service** Hospital anywhere in the State and if specialized Medical care is required by patients, they are either sent to Phoenix Indian Medical Center (**pIMC**) or to local providers using the Contract Health **Service** (CHS). Either of these options are daunting options: (1.) Traveling to **PIMC** requires enduring ground transportation of over 600 miles from the Fallon Paiute Shoshone Tribe to Phoenix or air travel that requires an hour and half of flight time - too long when one is sick and in pain; or (2.) being CHS- referred to local providers, who for lack of timely payment by the Indian Health **Service** will report the patient to Collection agencies or worse, being requested to "pay up front" for their healthcare.

As the elected leader of my tribe, it is my responsibility to ensure the health, safety, and well-being of my tribal constituents.

I have begun to conclude that access to quality healthcare in Indian

country has become a struggle between the "haves and have nots."

Nowhere on the Indian Health Service list of healthcare facilities to be

built in the foreseeable future is there any mention of a Nevada tribe

on the list - yet it appears that larger tribes with greater resources

continue to inhabit the top rungs of that priority list. Maybe they

continue to be on the list due to their population growth and maybe

they are growing in population because they are getting better

healthcare and living longer! In some areas of the country, there are

3-4 Indian Health Service hospitals within a 50 mile radius of an IHS

Medical Center. Yet, we in Nevada have no access to an IHS hospital

Within a 600 mile radius and thus, our reliance on Contract Health

Service funding for the provision of specialized medical care grows

exponentially. When my medical director of our tribal health clinic

makes a CHS referral, it is due to his knowledge of medicine. Yet his

practice of medicine is dictated by the availability of CHS dollars. When

President Obama signed an Executive Order requiring all federal departments to develop and implement their respective Tribal Consultation Policies, nowhere in that document was there an exemption for any federal department. Yet, the Office of Management and Budget (OMB) cuts Contract Health Service funds WITHOUT consulting with tribes - funds necessary for my medical doctor to practice medicine and provide the best medical care which was promised when we gave away the Lahontan Valley. The Federal Trust Responsibility is a federal responsibility of which the OMB is a part. Furthermore, it should be noted that the guarantee of healthcare to my people and the tribes of Nevada was not contingent on the availability of funds or whether it fit into the "Priority One" category of the CHS Program.

Senator Dorgan, the combination of these issues have impacted our communities, our families, and the future of Nevada tribes. The lack of

CHS funds, the inequitable funding formulas, the non-existence of an IRS

Hospital in Nevada, and the arbitrary treatment of tribes by OMB

contrary to the promises made and the federal trust responsibility that

are inherent to every federal agency. In the past decade, there have

been many unnecessary deaths due to patients delaying their medical

needs "until there are more funds at the beginning of the fiscal year." I

have gone to far too many funerals in the past year and I am tired.

Even with these dire circumstances, there have been rays of hope and

Which is contained in the passage of the Indian Health Care

Improvement Act To you Senator Dorgan and members of the Indian

Affairs Committee, we are grateful and thank you for your continued

support Specifically, contained in the new law is the establishment of

the Nevada Area Office. We believe this to be a **major** accomplishment in

beginning to address the healthcare disparities in Nevada. In order to

make this a viable office, it will require funding. It is estimated that this

amount is \$8.7 million. Senator **Dorgan**, keep the promise that was made and ensure that it is funded adequately and ensure that CHS funds are available so I will not have to write condolences to families who have lost their loved ones unnecessarily.

Senator, thank you for the opportunity to provide our testimony and we continue to look to you for your leadership - whether you are in the Senate or whether you are at your favorite fishing pond.