

**Testimony of Tribal Chairman Billy A. Bell of the
Fort McDermitt Paiute and Shoshone Tribe, Nevada
Senate Committee on Indian Affairs
October 2, 2010**

Good morning. Senator Dorgan, it is my great pleasure to appear before the Senate Committee on Indian Affairs this morning to discuss the IHS Contract Health Service and the impacts it created along the way for my Na-Nuwuh (relatives) of the Fort McDermitt Indian Reservation of Nevada and Oregon.

For over a decade the Fort McDermitt Paiute and Shoshone Tribe and its leaders has worked extensively with neighboring tribes to ensure that the Health needs of our Tribes were met and made aware to the Schurz Service Unit, the Phoenix Area Office and their respective directors, especially when health care services on our reservations became ever so despairing as our people's health began to rapidly decline.

Fort McDermitt's efforts were based on our geographical location, retention of key medical and support staff, the inadequacy of contract health funding, lack of oversight from the Schurz Service Unit, and more recently, the Indian Health Service's denial of referrals to special providers for out-patient diagnosis and treatment due to the lack of funding in the Contract Health Service budget and the IHS tier-1 approval rating system.

The Fort McDermitt Indian Reservation straddles Nevada and Oregon, is a former military reserve built in 1865 and abandoned to become an Indian agency. We are known as the Pah-na'kwit (People from water). Today, we are located 74 miles from goods and services and our nearest hospital in Winnemucca, Nevada. For our specialized health care needs we highly depend upon the contract health services and receive this type of care our nearest facility is here in Reno, a tiresome eight hours round-trip drive.

Approximately 9 years ago our long-time resident provider retired due to his own ailing health, the medical records person is nearing retirement, and our substance abuse provider has retired. Currently, we have a temporary medical provider, a community health representative, a billing clerk, a facilities manager, facility maintenance, and two motor-vehicle operators, an Emergency Medical Service (2 ambulances and several paid volunteers) and on a monthly basis we have a contract optometrist, dentist, podiatrist and psychologist. Our pharmaceutical and prescription requests are filled from the pharmacy at the Schurz Service Unit. We also have a diabetes program, which contracts two positions and operates our wellness facility. Our first health clinic was built in the early 1970's and was recently replaced in 2009.

Fort McDermitt is a direct service tribe, our administrative and support services to maintain and operate our clinic is managed and overseen by the Schurz Service Unit Director in Schurz, Nevada.

Over the past decade, our efforts to ensure we at least received quality health benefits, has fallen on deaf ears, from the unit director to the area director. Our remoteness, lack of providers, retention and recruitment, and distance from acute and long-term health facilities has attributed to the health needs of my *People*.

Moreover, we affirm that our basic health demands is the trust-responsibility of the IHS for overseeing our health care delivery system and for ensuring the delivery of that care consists of services and programs provided directly by the Indian Health Service. We continue to insist our health services were mired by the lack of administrative oversight. The Phoenix Area Office owed health providers \$6.7 million in unpaid health costs and currently IHS owes Humboldt General Hospital \$609,184.00 for the last two years. HGH serves the Fort McDermitt IHS area.

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This oversight has caused a catalyst among some of Northern Nevada's health care providers to discontinue their relationship and refusal to provide specialized services to our tribal members and the unpaid bills turned over to collections affecting personal credit.

We assert that the Federal trust-responsibility through President Barack Obama's Tribal Nation's address for government-to-government stability and transparency, and his overall strategy on health care can be delivered to us through a Nevada IHS Indian hospital.

In closing, to fulfill America's health care needs and to meet the Tribal Nation's unmet health care needs, I urge the Senate Committee to take our testimonies and earnestly look to our requests and utilize their contents to show how we care about our People while we strive to reside among ourselves and our neighbors in our homelands. Thank you Senator Dorgan, for your time here today and the diligence serving the American people's interests and allowing me to speak on behalf of all my Na-Nuwuh; the Paiute, the Shoshone and the Washoe Peoples of Nevada.