

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

CHARLENE RED THUNDER, M.S.

AREA DIRECTOR

ABERDEEN AREA INDIAN HEALTH SERVICE

BEFORE THE

SENATE COMMITTEE ON INDIAN AFFAIRS

OF THE

UNITED STATES CONGRESS

OVERSIGHT HEARING ON

ABERDEEN AREA REVIEW

September 28, 2010

STATEMENT OF THE ABERDEEN AREA DIRECTOR

Mr. Chairman and Members of the Committee:

Good Morning. I am Charlene Red Thunder, Area Director of the Aberdeen Area Indian Health Service. I am an enrolled tribal member of the Cheyenne River Sioux Tribe of South Dakota. I was born and raised at the Cheyenne Agency. I have a Masters Degree in Education from Northern State University in Aberdeen, South Dakota, and have augmented my knowledge by participating in executive leadership development in numerous courses during my career.

In the thirty years I have served in the Indian Health Service, I have held positions as a budget analyst, administrative officer, Chief Executive Officer, and Area executive officer. In addition, I strongly support Dr. Roubideaux's priorities for the agency, including: 1) improving consultation with Tribes; 2) reforming management and employee performance in IHS; 3) improving quality of and access to care; and, 4) making our work more accountable, transparent, fair and inclusive. I'm already working to improve fiscal management, and in my first year as Director of the Aberdeen Area, I successfully increased third party collections by \$30 million.

I am pleased to have the opportunity to testify on the Senate Committee on Indian Affairs review of the Aberdeen Area Indian Health Service programs and operations.

Let me start by saying that I recognize the serious challenges facing the Aberdeen Area IHS, and am working closely with Dr. Roubideaux, the Tribes, managers, employees, and patients on a daily basis to address them. I believe it is my role as Area Director to make the hard decisions necessary to hold employees accountable, strengthen our financial management, and ensure the quality and availability of health care to our customers. In addition, I am responsible for advancing Dr. Roubideaux's priorities for the agency by implementing specific strategies at the Area level. I am grateful for Dr. Roubideaux's support, and believe the priorities she has set provide the best framework for achieving significant and lasting change in the Aberdeen Area.

My own top priority as Aberdeen Area Director has been to create meaningful relationships between the Office of the Area Director and the Tribal governments and nations. The efforts to achieve meaningful dialogue between the programs of the Area Office and Tribal Governments include the active engagement of Service Unit Executive Teams. There are good and hard working women and men in the hospitals and clinics and management programs of the Aberdeen Area in both tribal and federal programs. I would like to take this opportunity to acknowledge and thank them before I proceed.

Staff in these hospitals and clinics and area office programs are also predominantly members of the nations and the people that we serve. The range of cultural diversity among bands and tribes along with their commitment to building and

maintaining health communities is a hallmark and strength of Indian Country. I understand this and believe Dr. Roubideaux has defined important priorities to improve clinical care while supporting and promoting self determination of the Great Plains Tribes.

Since I became Director of the Aberdeen Area, I've made it a priority to consult with every Tribe in the Area. Coordinating the priorities of tribal governments and the administrative and clinical programs of the Indian Health Service happens every day and, mostly, seamlessly. However, there are times when the reality of traumatic injury, severe weather, and the hardships of the poorest of the poor in this country play out in the emergency and treatment rooms of IHS and tribal health care facilities.

I am personally committed to ensuring the Aberdeen Area Office serves its Tribes in a manner consistent with the mission of the IHS. And I'm pleased to report that, in my two years as Director, we've had some important successes at the Area level. These include leading the IHS in obligations and disbursements of Recovery Act funding, reducing IT vulnerabilities, strengthening financial management, addressing clinical vacancies through accelerated hiring practices, increasing collections from third parties, and achieving complete Area-wide fiscal solvency in FY 2010 with no budget deficits at the service unit level.

In addition, I have not been afraid to take strong disciplinary actions against poor-performing employees, including managers. Specifically, I have taken action against five service unit directors related to management or fiscal incompetence, conduct and misuse of authority, and lack of Tribal consultation and poor communication. All five service unit directors either resigned or were terminated.

Despite our progress, as the members of this Committee know, the Aberdeen Area still has a long way to go to address its most serious problems. I was born in an Indian Health facility and have received the majority of my health care, from the Indian Health Service. I understand the challenges that American Indians and Alaska Native experience in accessing quality health care, and I have made it my life's work to improve the system. I will maintain my focus by empowering and supporting tribal governments to design and manage their health care systems, and I am equally committed to bringing change to management and operations of the Aberdeen Area IHS.

Thank you. I am happy to answer any questions that you may have.