

Oral Testimony of William Bear Shield
Chairman, RST Tribal Health Board
Tribal Council Representative, Milk's Camp Community
February 3, 2016

Chairman Barrasso, Vice Chairman Tester and Members of the Committee:

Good afternoon:

I am William Bear Shield and an enrolled member of the Rosebud Sioux Tribe of South Dakota.

My family has served as public servants for generations, my father William Bear Shield was the Chief of Police for the City of Gregory, South Dakota and was killed in the line of duty on July 26th 1976. We have served during World War I and II as well as the Korean and Viet Nam War. I served in the United States Army and was in combat during Desert Storm. I lost my hearing from artillery fire during combat. Since Desert Storm I have suffered nerve problems, skin irritations, back problems and had cancer surgery.

After receiving an honorable discharge in 1991 from the United States Army, I returned home and was elected to Tribal Council in the fall of 1991 for the first seven terms and served on the Rosebud Tribal Health Board for several terms. In 2011 I was again elected to Council and I was placed on the Health Board and elected Chairman. I also have been designated by the Tribe to sit on the Great Plains Tribal Chairman's Association and Health Board which covers the States of Nebraska, North Dakota and South Dakota. Because of health concerns for Tribal members being mistreated at the Sioux San Hospital in Rapid City the Tribes created the Unified Tribal Health Board which I am the Chair of. This board allows for support and advocacy of our membership in the Rapid City area. I recently have been nominated to sit on the Health and Human Services Secretary's Tribal Advisory Committee.

I want to first start out by thanking you and the committee for sending your staff out to our area last month to gain insight to our concerns.

I am here on behalf of President William Kindle and the Sicangu Lakota Oyate. Our utmost concern is the quality and safety of healthcare for our people. These concerns have been ongoing for generations and unfortunately for our Tribe continue to get worse.

The lack of funding plays a crucial role in our challenges however, we have witnessed firsthand a level of mismanagement and unethical practices both at the Area level as well as the local level that is completely unacceptable and disrespectful to our ancestors and to our treaty with the federal government. The dysfunction of the Great Plains area has only grown in intensity since 2010, our people continued to pay the price of these atrocities with their lives and health.

I would like to take this opportunity to share with you some of our concerns.

Multiple attempts for meaningful consultation to prevent the current situation

Our tribe has organized numerous meetings with IHS leadership nationally, regionally, and locally, HHS leadership, and congressional leadership over the past 15 months. We have been voicing our concerns and demanding to be involved. We have been saying that the current situation was going to occur and wanted to prevent it. We went unheard.

The HHS acknowledges the trust responsibility and need for meaningful consultation with tribes in their testimony today but their actions contradict this. Just this week the decision was made to remove Ron Cornelius as the Great Plains Area Director and a replacement was appointed however, there was NO tribal consultation regarding this. This is only one example but the point is their actions are not aligned

with their words. We want an explanation of Ron Cornelius' abrupt detail and not being here today to answer to our concerns.

Closure of ER services

On Nov 16th, CMS came to our IHS facility for a full hospital recertification survey and to investigate alleged EMTALA complaints. 2 days into the survey, they found significant quality and safety issues in the Emergency Department that posed an immediate and serious threat to any individual seeking care and placed the service in an Immediate Jeopardy status. This extremely significant finding was not addressed by IHS timely. At 4pm on Friday Dec 5th, our tribal health administrator and President were informed that HIS continued to identify significant issues in the ER and they were going to be relieving multiple staff of their duties and therefore effective the following day, Saturday Dec. 6th the IHS was suspending their designation as a dedicated Emergency Services. The tribe was outraged. The lack of planning and communication of the part of IHS caused severe and significant hardships on our communities and surrounding healthcare facilities. In fact the surrounding hospitals who then became responsible for providing this service to our people, were not contacted by IHS at all. Furthermore, we were informed this diversion would last about 6 weeks, we are still on diversion and have been informed it could be another 30-60 days. Another interesting fact is that no employees was relieved of duty. The same staff providing care in the ER is now the same staff providing care in the Urgent Clinic. To put this in perspective from a patient view, 3 weeks ago our ambulance was dispatched for a patient having chest pain. They responded within 10 mins of the call. Immediate CPR was started and the patients was transferred to the nearest ER in Valentine NE over 50 miles away. Our hospital was 7 miles away. The staff at Valentine worked on our relative but unfortunately he did not make it. This diversion poses real, life or death risk to our people. We cannot predict when an emergency will happen but we

are confident that the longer this service is unavailable, the higher the risk to our people. This is UNACCEPTABLE!

Recycling of problem employees. Over the past year, we have had at least 5 executive level positions filled with Acting problematic employees that have been asked to leave other reservations in our region. These employees played a huge role to get us in this situation.

Recruitment practices: We have been informed of recent hiring practices of at least 5 nurses of whom at least 1 did not have an active license and 3 were hired with temporary licenses. Furthermore, the relocation expenses and hiring practices with regard to these nurses was extraordinary. We have been informed that the interview of one of the nurses was conducted in another language. How is this justifiable? When we have elders that only speak Lakota and now are being expected to understand and convey their health issue to these providers. It isn't, but it is a direct reflection of the severe lack of leadership and oversight of our facility and of the Great Plains Area.

The disheartening and traumatic realities described above are the creation of choices. Choices to create treaties long ago. Choices to dishonor those treaties. Budget choices, allocation choices, the choice of professional leadership to act unethically and against the exact mission they are tasked with and the health and behavioral choices of individual people. If there is to be meaningful and sustainable change here, all of these issues must be explored and addressed. Such public and political education will only occur when the current dangerous status quo is exposed and a mobilization by politicians, native communities and the healthcare community unite for change. Until then, the premature deaths of our people and this dysfunction we speak of will continue to flourish. We expect change. We are here willing to be an active player to achieve this change we dream of. We will not accept anything less

than you or the president of these United States expects for your healthcare and that of your loved ones. It may be too late for many of our members, but it is not too late to make a change for better healthcare for the native children that comes from the poorest counties in our nation.

This concludes my testimony and I am happy to answer any questions you may have.