TESTIMONY OF

MARK L. AZURE, PRESIDENT
FORT BELKNAP INDIAN COMMUNITY COUNCIL

Before the
Senate Committee on Indian Affairs to Hold Field hearing on Indian Health Service "Ensuring the IHS is living Up to Its Trust Responsibility

Oversight Hearing on Service Delivery and support provided by the Indian Health Service (IHS), particularly in the Billings, Montana Area Office

May 27, 2014

Good Afternoon Mr. Chairman, Committee Members and guests, and thank you for providing the Gros Ventre and Assiniboine Tribes of Fort Belknap an opportunity to express our concerns and for including us in the hearing, "Ensuring the Indian Health Service is Living Up to its Trust Responsibility". My name is Mark Azure and I am the President of the Fort Belknap Indian Community Council, the governing body of the Gros Ventre and Assiniboine Tribes of the Fort Belknap Indian Reservation in Montana. The Fort Belknap Indian Community consists of a total of over 7000 enrolled members between the two Tribes, and I am pleased to offer these comments on their behalf.

My testimony today is directed toward our healthcare facility at Fort Belknap and also, toward the Billings Area Office for Indian Health Services. Tribal governments, just like state and municipal governments, provide critical services, shape values, and promote healthy environments. I feel compelled to be here today as tribal council members are the elected officials responsible for our community members and ultimately the ones most accountable for the economic conditions as well as the health conditions of our tribal members who reside on our reservation communities. The following information is provided to you through the Fort Belknap Indian Community Council in collaboration with the Tribal Health programs and the Fort Belknap Indian Health Service.

The United States Code: title 25, section 1602 lists the special trust responsibilities and legal obligations that are the policy of the nation to fulfill.

Among those responsibilities are, "to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."[1] Due to inadequate funding, the IHS and the tribal programs are unable to provide sufficient health service to our enrolled members. The Fort Belknap IHS is projected to have a shortfall of $1,287,116.37 for fiscal year 2014. This places constraints on services and personnel at Fort Belknap Service Center, and consequently, the delivery of health care. Delivery of health care at Fort Belknap needs to be redirected toward a greater emphasis on wellness services and behavior health, so that it will contribute to a healthier future for people. The following is a list of some of the glaring health disparities and statistics that we are faced with.

Diabetes - Type 1-13, type 2-500. The federally funded program Special Diabetes Program for Indians (SDPI) Healthy Heart initiatives targets American Indians who have been diagnosed with diabetes. These services work toward preventing and treating diabetes, but data from a National Health and Nutrition Survey conducted by the Center for Disease control in 2011 indicated that 14.2% of Native Americans age twenty and over were diagnosed with diabetes. This is a higher percentage than for any other racial or ethnic group.[2] However, one of the other trust responsibilities that IHS has to Native Americans is, "to raise the health status of Indians to at least the levels set forth in the goals contained within the Healthy People 2010 initiative or successor objective."[3] The goal listed under the Healthy People 2020 Initiative for diabetes was to "reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for DM."[4] However, I have received complaints from several individuals that they have trouble getting to dialysis appointments because they are required to travel long distances and the means of transporting individuals is lacking. Many people are put on the "deferred" list because their situation is not

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[1] 25 USC § 1602 (1)

[2] Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011

[3] 25 USC § 1602 (2)

[4] http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=8#three (updated 5/8/2014)

considered an emergency. However, without obtaining proper medical attention their situation will not be improved, as is the goal.

Cancer – Approximately two hundred twenty (220) Native Americans diagnosed with cancer every year in Montana[5]; and roughly fourteen people in Fort Belknap are diagnosed with cancer each year. This number is high given our small population and funds to assist with care for these patients are extremely limited. Cancer occurs at a much greater rate among Indians in Montana than any other Natives and Alaskans in the US population and Lung cancer and colorectal cancer occurred at a significantly greater rate among Indians compared to the white population in Montana.[6] This means we have to be able to care for these patients, but with the quality of service currently provided, we cannot. In fact, many cancer patients come to the council to ask for help because the IHS just does not have enough funding to transport the number of patients we have, or to cover the costs of overnight stays for patients undergoing chemotherapy (which is administered hundreds of miles away). After treatment, they are much too sick to travel home.

Mental Health – Fort Belknap is chronically understaffed. We have two clinical physiologists, we have two vacant positions due to lack of funding a Social Worker and a psychiatrist. The funding has to be increased to recruit and retain qualified professionals, and we have a significant need for a youth specialist in this field as well.

Life expectancy – The life expectancy for Native American men is 56 years of age and Native women is 62 in the State of Montana. In comparison, the life expectancy for white men is 75 years of age and White women is 82 in Montana. That is more than a ten year difference for each group. That is an astounding difference to me and translates to me as being deprived of ten years with my family members and friends.

Purchased Referred Care (PRC) (currently contract health services), which is set up to help members obtain health care and dental services from a non-Indian

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[5] Augare, Victoria. http://www.dphhs.mt.gov/publichealth/cancer/maiwhc/documents/CancerFactSheetAmericanIndian.pdf (updated 5/1/2013

[6] Augare, Victoria. http://www.dphhs.mt.gov/publichealth/cancer/maiwhc/documents/CancerFactSheetAmericanIndian.pdf (updated 5/1/2013

Health Service or tribal health care facility, will only refer priority one patients to specialists, meaning a condition has to qualify as an emergency before this can happen. Some of the community members have to wait months and even years before they are referred out to a specialist. I am well aware of this situation from my own experience and it is extremely frustrating. IHS simply does not have adequate funding to transport Indian patients to specialists or specialty clinics and this is causing harm to our people as a whole.

We have a 73 % unemployment rate at Fort Belknap and with no steady income; dealing with these health problems puts a tremendous burden on the tribe as we struggle to assist our members with financial assistance to go to appointments for chemotherapy treatments, dialysis, and other referrals to specialists outside of our service area. For the tribe alone, this creates an average cost of approximately $120,000.00 in medical assistance.

The health problems facing Indian country and more specifically the Gros Ventre and Assiniboine tribes are far from ensuring the highest possible health status with the inadequate funding provided to the tribe and to the IHS.

The reality of the delivery of health care at Fort Belknap is dismal and in all honesty, I do not feel the government is living up to its trust responsibilities 'to ensure the highest possible health care for Native American people' and more specifically to my people at Fort Belknap.

Thank you again for the opportunity to provide our perspective.

Montana
Chronic Disease Prevention
& Health Promotion Bureau

The Burden of Cancer Among Montana's American Indians

ACTION

- Get screened for cancer
- Do NOT use commercial tobacco
- Eat a healthy diet with lots of fruits and vegetables
- Drink alcohol in moderation

THE PROBLEM

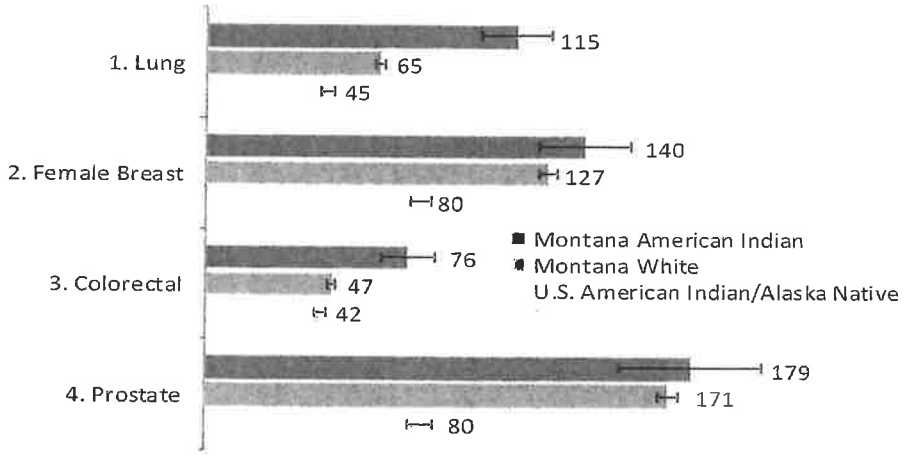
Not all cancers are created equal. Cancer is a general term for at least 100 different but related diseases. Each type of cancer has certain known or suspected risk factors associated with it.

220 American Indians were diagnosed with cancer each year in Montana (from 2001-2010).

Four (4) types of cancer accounted for 55% of all cancers diagnosed among American Indians. These cancers were: lung, female breast, colorectal, and prostate.

Cancer occurred at a much greater rate among Montana American Indians compared to American Indians/ Alaska Natives in the United States.

Lung cancer and colorectal cancer occurred at a significantly greater rate among American Indians compared to Whites in Montana.



Age-adjusted incidence rates for 2001-2010 (Montana) and 2000-2009 (U.S.). Montana data provided by the Montana Central Tumor registry and U.S. data provided by SEER 18 Registries.

CONTACT

Mark Wamsley
Program Manager
(406) 444-0063
MWamsley@mt.gov

WHY?

- Commercial tobacco use
- Excessive alcohol use
- Poor diet high in fatty foods and low in fruits and vegetables
- Limited access to healthcare services for early cancer detection

Updated 04-23-2014

MONTANA DPHHS
Healthy People Healthy Communities
Department of Public Health & Human Services

Cancer on the Fort Belknap Reservation

This fact sheet provides information describing the burden of cancer among American Indians living on or near the Fort Belknap Reservation. American Indian residents of Blaine and Phillips counties were used to estimate the burden of cancer on the Fort Belknap Reservation.

Key Facts about Cancer on the Fort Belknap Reservation:

- 14 American Indians on the Fort Belknap Reservation are diagnosed with cancer each year, on average.
- The cancer burden on the Fort Belknap Reservation is the same as Montana statewide (Figure 1).
- Five (5) kinds of cancer account for 67% of all cancers that occur on the Fort Belknap Reservation (Table).

Key Facts about Cancer Prevention and Early Detection among Montana American Indians

- Less than half (48%) of Montana American Indian adults have been screened for colorectal cancer--which was lower compared with Montana Whites and the United States average (Figure 2).
- Smoking among Montana American Indians was high (Figure 3). Smoking greatly increases a persons risk for getting at least 13 types of cancer, including lung, colorectal, and kidney.
- Obesity was high among Montana American Indians (Figure 3). Obesity is associated with several types of cancer, including breast, colorectal, and kidney cancers.

Reduce Your Risk for Cancer

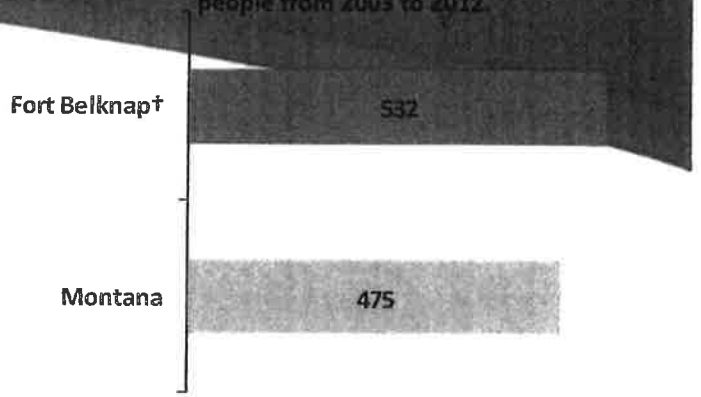
No commercial tobacco use.

Get screened regularly for breast, cervical, and colorectal cancers.

Maintain a healthy weight by getting regular physical activity and eating a diet with lots of fruits and vegetables.

Drink alcohol in moderation.

Figure 1. The rate of cancer diagnosis (all types) per 100,000 people from 2003 to 2012.



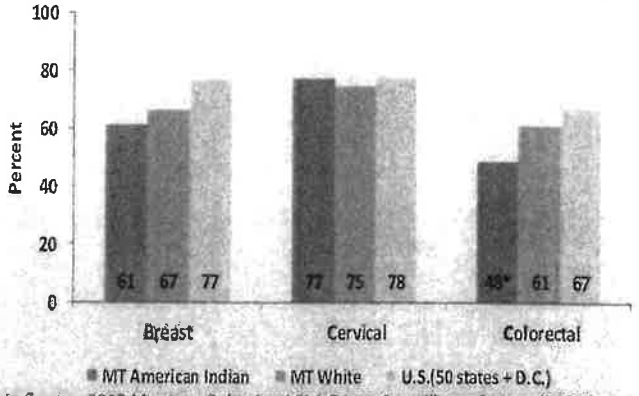
Data Source: Montana Central Tumor Registry

Table. The five most common types of cancer diagnosed from 2003 to 2012.

Fort Belknap Reservation†	Montana American Indians
1. Lung	1. Prostate
2. Prostate	2. Female Breast
3. Female Breast	3. Lung
4. Colorectal	4. Colorectal
5. Kidney	5. Uterus

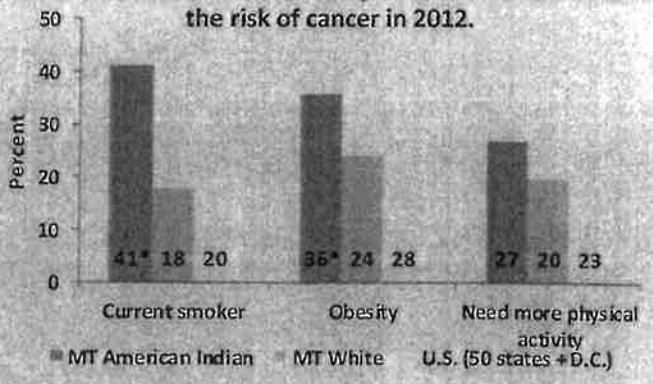
Data Source: Montana Central Tumor Registry

Figure 2. Adults that had regular cancer screening‡ in 2012.



Data Source: 2012 Montana Behavioral Risk Factor Surveillance System (BRFSS).

Figure 3. Adults that have lifestyle factors§ which increase the risk of cancer in 2012.



Data Source: 2012 Montana Behavioral Risk Factor Surveillance System (BRFSS).

* American Indian are statistically significantly different

† American Indian residents of Blaine and Phillips counties

‡ Women aged 50+ who have had a mammogram within the past two years; women aged 18+ who have had a pap test within the past three years; men and women aged 50+ who have ever had a sigmoidoscopy or colonoscopy

§ Need more physical activity is adults who did not have any leisure time physical activity in the past month.

FORT BELKNAP PLAN FOR FY14

Month	7.66									
Category	BAP		FY 2014 Allowance	Current Obligations	Current Balance	Projected Yearly Obligaton Amount	Deficit/Surplus	Transfer Amounts	Year End Balance	REMARKS
Hospitals & Clinics	01	Base	$4,714,600.00	$4,243,461.66	$471,118.34	$6,647,751.95	($1,933,151.95)	$632,019.88	(1,287,116.37)	Transfer $56035.50 to Medicaid CY and $575984.38 to Private Insurance and $29778.34 to Dental note: Allowance shown is minus $47,000 assessment
Dental	02	Base	$859,200.00	$608,403.54	$250,796.46	$953,112.60	($93,912.60)	$93,912.60	0.00	Transfer $31285.60 from Dental to Medicare and $62,627.00 to PY Medicaid
Mental Health	03	Base	$313,053.00	$244,455.87	$68,597.13	$382,959.59	($69,906.59)	$69,906.59	0.00	Transfer $34,118.54 to VA and $22,273.06 to M'care and $8,109.57 to $10,153.25 to Reimbursements PY M'caid.
PRC (Formerly CHS)	06	Base	$3,363,543.00	$1,218,231.79	$2,145,311.21	$1,908,457.11	$1,455,085.89	$0.00	1,455,085.89	Can't use for nothing but CHS!
Reimbursements	09	Base	$12,598.68	$1,561.00	$11,037.68	$2,445.43	$10,153.25	($10,153.25)	(0.00)	Total reimbursements
Private Insurance	15	Proj	$1,065,092.47	$312,214.00	$752,878.47	$489,108.09	$575,984.38	($575,984.38)	(0.00)	If we continue to collect at current rate we will collect $1,065,092.47 Transfer Amt is H&C charges
Medicare	21	Proj	$943,820.00	$588,254.13	$355,565.87	$921,546.94	$22,273.06	($22,273.06)	0.00	Allowance amount based on collection goal FY 14
Medicaid	22	Proj	$3,225,800.00	$2,023,366.34	$1,202,433.66	$3,169,764.50	$56,035.50	($56,035.50)	(0.00)	Allowance amount based on current rate of collections Transfer amt is H&C charges
VA	00	Proj	$34,118.54	$0.00	$34,118.54	$0.00	$34,118.54	($34,118.54)	0.00	
M&I	25	Non Recur	$149,000.00	$78,844.69	$70,155.31	$123,516.49	$25,483.51	$0.00	25,483.51	
Env Health	27	Tribal Prog	$123,500.00	$66,482.52	$57,017.48	$104,150.16	$19,349.84	$0.00	19,349.84	
Facilities	28	Non Recur	$834,800.00	$423,683.85	$411,116.15	$663,734.49	$171,065.51	$0.00	171,065.51	
Equipment		Non Recur	$72,000.00	$0.00	$72,000.00	$0.00	$72,000.00	$0.00	72,000.00	
Direct Ops	40	Base	$4,275.00	$1,513.20	$2,761.80	$2,370.55	$1,904.45	$0.00	1,904.45	Allowance from the unobligated report
Quarters	49	Non Recur	$74,000.00	$16,567.35	$57,432.65	$25,954.07	$48,045.93	$0.00	48,045.93	
Meaningful Use CY/PY	00	Non Recur	$20,890.00	$16,567.35	$4,322.65	$20,890.00	($0.00)	$0.00	(0.00)	Need to decrease spending by $5064.07
TOTALS			$15,810,290.69	$9,843,627.29	$5,966,663.40	$15,415,761.97	$394,528.72	$97,274.34	$505,818.76	

16,585,898.00
15,810,290.69
246,643.31

PRIOR YEAR MONIES	
Prior Year M'caid	$62,627.00
Prior Year M'care	$41,249.00
Prior Year Pvt Ins	$7,414.00
Total	$111,290.00
Prior Year Referred Care	$417,674.00
Total All Prior Year $	$528,964.00

Transfer	$62,627.00	$0.00
Transfer	$31,285.60	$9,963.40
Transfer	$3,361.70	$4,052.30
		$14,015.70
Increase collection		$1,287,116.37