

**Submitted by Richard Brannan  
Chairman, Northern Arapaho Tribe  
Before the Committee on Health, Education, Labor & Pensions  
United States Senate  
Hearing on Indian Healthcare Improvement Act  
July 14, 2005**

### **THE FACE OF HEALTHCARE ON THE WIND RIVER RESERVATION**

Putting a face to the healthcare problems on the Wind River Reservation discusses the problems faced by two Tribal members – Francis Brown, and Elder, and Marcella Hope Yellow Bear, a child. Francis was unable to receive treatment for his brain tumor because of lack of funding, and Marcella was abused and killed by her parents, who were methamphetamine addicts. Both of these cases demonstrate the need for more funding for treatment and prevention programs on the Reservation.

### **HEALTH DISPARITIES OF THE NORTHERN ARAPAHO**

This discusses the enormous disparities in health problems when Reservations are compared to the rest of the United States. Examples cited are a 770% higher rate of alcoholism, a 650% higher rate of TB, a 420% higher rate of diabetes and a 91% higher rate of suicide.

### **HEALTHCARE PROBLEMS AND PRIORITIES**

This gives a listing of the most widely accepted healthcare problems and priorities on the Wind River Reservation and Indian Country in general. There is a list of 19 separate priorities, ranging from issues with Contract Health to tobacco use.

### **INDIAN HEALTH CARE GENERALLY**

This is a more detailed discussion of Indian health care in general. It suggests changes with direct clinical services, contract health, community health services, budgets and loans, facilities and related support, elderly and youth programs, family and domestic violence programs, veteran programs and gender issues.

### **ELDER HEALTH AND LONG TERM CARE**

This discusses the fact that the life expectancy for Indians is significantly shorter than the average U.S. citizen, and calls for better access to IHS services for the elderly, increased funding for preventative programs and dental care, and assistance with Medicare and Medicaid certification.

### **HOUSING & SOCIAL SERVICES**

This very briefly points out the need to improve housing and sewer and water facilities.

### **CONCLUSION**

Chairman Brannan expresses his support for S. 1057 and asks for full funding.

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### **THE FACE OF HEALTHCARE ON THE WIND RIVER RESERVATION**

There are many statistics that justify the need for improving healthcare on the Wind River Reservation and Indian Country in general. I have listed a number of them in my written statement and I know you will hear them from others. What I want to spend my time here today doing is trying to put a face on the problem.

My testimony is in honor of Francis Brown, a respected Elder and ceremonial leader of the Northern Arapaho Tribe, and Marcella Hope Yellow Bear, a baby; both of whom died needlessly because of a lack of funding. Both of them suffered terribly.

Francis had 4 brain tumors. When he went to IHS for assistance, he was told there was no funding to help him get the care he needed.

Marcella Hope Yellow Bear was 18 months old when she died. Her entire short life was one of torture and pain. According to the newspaper accounts, she had an open hole through her chin, numerous broken bones, and burns on her body and the bottoms of her feet. She was found hanging from a coat hook in a closet. Physically abused and tortured. It was like someone shot an arrow through my heart when I was told.

Both of these deaths could have been prevented – the system – and all of us failed them because of lack of adequate funding.

For his entire life Francis Brown was one of the cultural and ceremonial leaders and elders of our Tribe. Among his many contributions, he helped preserve our medicine wheels and other sacred sites. His early loss robbed not only his family, but our Tribe of his cultural and ceremonial knowledge.

Marcella was a beautiful, innocent little baby – our hope for the future. In our Tribe we believe children are sacred, because they are not yet tainted by the world. Yet she was tortured

and killed by her own parents – both members of our Tribe, because of their addiction to methamphetamine. Those drugs, and others, including alcohol, are the scourge of our Reservation. As you can see from these two painful examples, we need funding for both prevention and treatment.

I am here today to give my support to Senate Bill 1057, but also to remind you of the need to fully fund it, and to remind you of the trust responsibility of the United States to Indian Tribes.

### **HEALTH DISPARITIES OF THE NORTHERN ARAPAHO**

The Northern Arapaho Tribe has approximately 7,943 enrolled tribal members. The average family size is numbered at 4.5 (please note this family size is identified as persons living in the same dwelling and does not reflect out of home placement, extended family situations and kinship patterns which alter the make up of the family). Also, in the latest census figures, there is an indication that the make up of the Reservation residents is a much younger population with the average age being 23.4 years of age, with well over 4,000 children 18 years of age and younger.

Pressures to continue and reduce the costs of providing health care, especially in the area of diabetes, have had a major impact on the practice of medicine and will increasingly shape the way care is provided as our population ages. The Indian Health Service (I.H.S.) has struggled since its' inception in 1955 to provide adequate health care to Indian people and Alaska Natives and raise the health standards of American Indians and Alaska Natives, but they cannot do it alone. The Northern Arapaho contracts with I.H.S. to provide services to our enrolled members and other eligible under P.L. 93-638.

As an example of the extent of the health problems on the Wind River Reservation, here are a total of 736 diabetics serviced by our Northern Arapaho Diabetes Awareness Program. We contract with the state of Wyoming to provide diabetic services to the people we serve. We also partner with other agencies, such as Colorado State University and our own Wind River College in our campaign against the deadly disease of diabetes. We also work with our Community Garden project to encourage our people to grown their own food for a better diet and better eating life styles. Historically, Northern Arapaho people maintained traditional teachings and

practices which promoted health, prevented diseases and provided curative care to each tribal member. Often times we shared these with other tribes as they, too, shared theirs'. We want to share these practices with the I.H.S. medical staff and the approaches of modern medicine through Northern Arapaho ceremony, ritual, faith and herbal remedies. This way needs to be preserved and integrated into health systems. However, we need to be cautious so as not to exploit our Northern Arapaho practices.

Nationwide, the disparity in health and healthcare for Indians is staggering. The rate at which Indians are more likely to die from certain diseases ranges from 52 % for pneumonia and influenza, to 770% for alcoholism. Our people also suffer from diabetes at a rate 420% higher than the general population and tuberculosis at a rate 650% higher. In addition, our death rate from accidents is 208 % greater than the rest of the United States. Sadly, we also have a suicide rate that is 91% higher than the overall rate in the United States, with our young people (ages 15 to 34) the hardest hit. The life expectancy of an Indian in America is 5 years less than the general population.

The rates on the Wind River Reservation appear to reflect the national rates, and we are currently setting up our own data system that is tribal specific to Northern Arapaho to capture these statistics and study the possible causes. We want to advocate for a data collection/research center for the Northern Arapaho Tribe and the state of Wyoming. This would allow studies on diabetes and other illnesses that are specific to the Northern Arapaho Tribe as well as other health issues. We presently work with other state agencies and programs on the Wind River reservation, such as going into the schools and working with school staff and testing for conditions that are early indicators of diabetes. One such condition is Acanthosis Nigricans, which is a dark ring around the neck or patches of dark skin, which show up in American Indian and A.N. children. We also sponsor fun-walks in our Indian community on the reservation and work with the state staff in and around the area regarding diabetes issues. For the Northern Arapaho people, kidney transplants may become a reality for those with kidney disease in the near future. As a consequence, we hope to begin preparations for this possible outcome.

## HEALTHCARE PROBLEMS AND PRIORITIES

On the Wind River Reservation specifically, and throughout Indian Country in general, there are a number of healthcare problems. In this statement, I will not go into a detailed discussion of each and every one of these problems, but will attempt to highlight a few. What follows here is a list of those problems that have generally been identified as the greatest priorities on our Reservation and in Indian Country.

To give you some feel for the magnitude of the problems, allow me to expand just on the first one, Contract Health. In fiscal year 2005, on my Reservation, slightly less than \$3,000,000 was obligated. Yet, over \$6,000,000 was denied and another \$3,000,000 was deferred.

1. Contract Health
2. Diabetes
3. Alcohol/Substance Abuse
4. Pharmacy
5. Heart Disease
6. Cancer
7. Mental Health
8. HP/DP
9. Injuries
10. Dental
11. Information Technology
12. Obesity
13. Elder Health Care
14. Maternal/Child Health
15. Respiratory problems
16. Chronic Disease
17. Lack of adequate EMS
18. STD's
19. Tobacco Use

## INDIAN HEALTH CARE GENERALLY

It seems that each time the Arapaho tribe negotiates for health care monies; they face the threat of Indian health care being reduced as the federal budget grows, as administrative and FTE cuts are mandated and as IHS is forced to compete with other agencies for reduced amounts of discretionary dollars. The growth rate of the Arapaho tribe is moving at a fast pace and we are told that IHS funding will be cut but we are expected to meet the Healthy People 2010 Objectives. There has been specific health status objectives for Indian people included in the current Indian Health Care Improvement Act. We fully support those health status objectives, and offer the following suggestions additional suggestions:

1. Indian health status will not be met by funding a handful of projects with discretionary grants from agencies scattered throughout the Department. To best meet community needs of the Arapaho tribe, funding must come directly to tribal programs.
2. IHS budget must be adequate to provide care and preventative services to Indian people.
3. How is the IHS budget arrived at? Who determines the formula for IHS funding? The Arapaho tribe feels they are left out when decisions concerning the IHS budget(s) are made. We need to be included in all discussion(s) concerning IHS funding and once again we emphasize the principle of FULL DISCLOSURE. Some views the Arapaho tribe has about the IHS budget are:
  - a. DIRECT CLINICAL SERVICES:
    - i. When mandatories are presented to the Arapaho tribe, appropriate monies will be included for compensation.
    - ii. Third party billing will not be counted to offset budget.
    - iii. Whenever new building or additional construction to health facilities occurs, monies to provide for full staff will result along with operations and maintenance.
    - iv. Increase in monies to the Arapaho tribe will address population growth. The Arapaho Tribe has a total population of 7,920 as of July 2005. At present, there are 20 applications for enrollment per month; thus far, all have been approved. If this trend continues, there will be a substantial population

increase in the near future.

b. CONTRACT HEALTH:

- i. The budget must adjust for medical inflation identified by the Bureau of Labor Statistics, Consumer Price Index.
- ii. Increased monies to address population growth.
- iii. The Catastrophic Health Emergency Fund will be budgeted at a level that **equally** covers all qualifying cases.
- iv. Research dollars should go directly to the tribes.

c. COMMUNITY HEALTH SERVICES:

- i. Appropriate increases in monies to compensate for all government mandates.
- ii. Increase in monies to match population growth.
- iii. Full funding to meet full staffing of new or additional building at health facilities.
- iv. Increases to meet demands of Amendments to the Indian Health Care Improvement Act.

d. BUDGETS AND LOAN:

- i. Any reduction in IHS budget will not impact on the direct delivery programs.
- ii. To assure Indian representation in the health professions, the scholarship and loan repayment program will increase.
- iii. Any monies designated as budget saving will be put in Contract Support coffers.
- iv. Monies will be available for all necessary contract support costs associated with 638 and self-governance tribes.

e. FACILITIES AND RELATED SUPPORT:

- i. The Arapaho tribe is in need of more medical staff, buildings and equipment to house them. This is especially true for the needs for more dentists optometrists, and podiatrists. As the Arapaho tribe has a high disproportionate number of diabetics to general population, we feel the need for more support to address this deadly disease. Diabetes often leads to

dialysis or amputation and with the amount of people on dialysis; we feel we need a dialysis center. The special diabetes grant will certainly help to fight this deadly disease but after funding for diabetes runs out; where do we go from there?

- ii. There are two sites served by Tribal Health; one site is at Arapahoe and the other site is at Ethete. We have two buildings or modulars. The Ethete site houses the Tribal Health Administration, CHRs. The Arapahoe site houses the CHRs and other special programs. There are 10 employees at the Ethete site and 8 at the Arapahoe site. These are modular buildings and are going on their fourth year housing the Tribal Health programs and will need some major repair before too long. We are looking for permanent structures to house our Tribal Health programs.
- iii. Transportation is a real problem for Tribal Health. We transport locally and out of state for medical and substance abuse issues. The CHRs do most of the transporting. Not too long ago, OMB felt the CHRs were nothing more than taxi cab drivers and as a consequence, the CHR budget was cut nationally. The Arapaho CHRs need to be relieved of this burden. At one time, at the early inception of HIS in 1955, this was their responsibility - patient transport. Throughout the years, this responsibility has shifted to the Tribe. We need to shift this responsibility back to IHS or be funded for more positions for transporters along with medically equipped transportation vehicles, medivacs and EMTs. The issue of liability is always there. According to our 638 contract we are not to transport out of our Service Delivery Area, which is basically the reservation but we do transport because our local IHS refuses to do so. We cannot let our Arapaho people suffer because of official ignorance.

f. ELDERLY:

- i. The Elderly on the Wind River reservation need appropriate renovation/additional building to the nursing home on the Wind River reservation. Both the Arapaho and Shoshone members use Morning Star



Manor, a nursing home operated by the Shoshone tribe. Included in this need is more medical staff, specialized gerontology training and nutritional training to meet elderly needs. The elderly that choose to remain in their homes should be provided for in building repairs to their homes if needed or homes built for them. Most Arapaho Elderly choose to remain in their own homes.

g. YOUTH:

- i. The youth of the Arapaho tribe also need buildings for preventive type activities. This includes space for recreation. There is a shortage of buildings or space to provide recreational activity for our youth on the Wind River Reservation. Again there is a demonstrated need for more dollars in this area. We need stronger programs geared to prenatal and newborns. The Northern Arapaho people feel that our newborn and young children are gifts and blessings from the Creator and we need take good care of them. Quality medical/nutritional care is a must for prenatal, babies and children. Absence and neglect of child restraints is a problem as evidenced by death and injury of our babies and young children. Parents cannot afford to purchase child restraints and other protective devices used in automobiles. This issue needs to be addressed.

h. FAMILY AND DOMESTIC VIOLENCE:

- i. Family and Domestic violence is an issue that needs attention on the Wind River reservation. Certain programs address the problem of violence and abuse but to adequately house victims is a problem of social services program on the reservation. We need more dollars to address this growing social issue.

i. GENDER ISSUES:

- i. Men and women health issues programs are needed, special clinics for men — i.e., prostate and colon cancer awareness; for women, mammography, breast and cervical cancer. More concern and awareness about sexually transmitted diseases should be a concern of I.H.S. and Tribal

Health agencies. We need successful community based programs directed at health issues for men and women. Included in this should be efforts to reach our youth about this awareness and concern.

j. **VETERANS PROGRAM:**

- i. The Arapaho Tribe has a high number of veterans. Many of these veterans qualify for services through VA clinics and hospitals. A veteran's office on the Reservation could coordinate these services for our veterans. The Northern Arapaho tribe has a homeless veteran's program but needs enhancement. We need to provide counseling services to our veterans on benefits and entitlements of which many of our veterans qualify for.

**ELDER HEALTH AND LONG TERM CARE**

In 1972, the life expectancy for American Indians was 60 years of age. By 1990, life expectancy for Indians has increased to 73 years of age and by the year 2000 is expected to be just 3.4 years less than the general population of the U.S. Indian people are living longer; however, Indian elders comprise a major risk group for poor health, chronic disease, limited income, high medical expenditures, institutionalization and an increasing need for long term care. There is a need for improved and quality health care for the elderly on the Wind River reservation.

**SUGGESTIONS:**

1. Initiate demonstration project in which IHS and the Arapaho tribe will share the responsibility of the delivery of long-term care in a government-to-government partnership basis.
2. IHS must work closely with other DHHS and Federal agencies to focus funding and program development on Indian elder needs. The Arapaho tribe must receive direct funding.
3. IHS must improve access to IHS services and medical coverage by developing:
  - a. Geriatric training for community health and clinical staff and fund home health positions.

- b. Increased funding and give high priority to requests for more dentists, optometrists, and podiatrists and other specialized disciplines.
  - c. Expanded preventive services to elderly and include well-elder clinics in community education programs.
  - d. Clinical and community health outreach services to tribal operated long term care facilities.
4. Medicare and Medicaid Certification. The Arapaho tribe should be allowed flexibility in design and operation of home and community based long term care to meet the needs of the elders and to improve their functioning within the community. Medicare/Medicaid receipts will be used to maintain accreditation standards. Issues involving Medicaid/Medicare should be discussed/explained to the Arapaho people on the reservation by knowledgeable and component government representatives by establishing focus groups. Most Arapaho people do not understand the discount card. Some of our children who are in treatment in another state qualify for this program.

### **HOUSING & SOCIAL SERVICES**

Our living conditions continue to be poor. In addition to more housing we need to improve our sewer and water treatment facilities. There is a great need for additional access to low cost loans so that more of our people can obtain housing. Along with this goes the need for improved social services. Better childcare and greater access to mental health are two important needs.

### **CONCLUSION**

While much remains to be done on the Wind River Reservation and in Indian Country generally, much progress has been made. Infant mortality and maternal mortality has been significantly reduced. Deaths caused by homicide and accidental deaths have been reduced. One of the biggest gains has been made in tuberculosis, where a 53% reduction was made on Indian Reservations in the ten-year period of 1987 to 1997.

Still more remains to be done. Senate Bill 1057 is a good first step. While it may not offer everything we would hope for, it does make a great step forward. I am here to lend my support to the proposed legislation, and hope that the next step will be to fully fund the programs that are so desperately needed on our Reservations, and to ask the United States to live up to its Trust Responsibilities with regard to healthcare.