



Healthcare Self-Determination Processes in South Dakota

CRCAIH Annual Summit

Sanford Health

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Healthcare Self-Determination in SD

Overview

- **Phases of Federal Indian Policy**
- **Phases of Indian Health Service**
- **Current Trends in Indian Health**
- **Self-Determination opportunities in SD**

AI/AN Healthcare

Provision of health services to AI/ANs grew out of the special *government to government* relationship between the federal government and Indian tribes.



Legal Basis for Federal Services to American Indians and Alaska Natives

- ✓ United States Constitution
 - ✓ The Snyder Act of 1921
 - ✓ The Transfer Act of 1954
 - ✓ Indian Sanitation Facilities and Services Act of 1959
 - ✓ The Indian Self-Determination and Education Assistance Act (enacted 1975)
 - ✓ Indian Health Care Improvement Act of 1976
 - ✓ The Indian Alcohol and Substance Abuse prevention and Treatment Act of 1986
 - ✓ The Indian Child Protection and Family Violence Prevention Act of 1990
- This is not an all-inclusive list.*

Wichetas:
 To-sa-quas, (White Tail,
 Cho-wash-ta-ha-da, (Runner,
 Kow-wah, (Shirt Tail,
 Wich-qua-sa-is, (Contrary,
 His-si-da-wah, (Stubborn.)
 Towa-karroos:
 Ke-chi-ko-ra-ko, (Stubborn,
 Nes-ho-chil-lash, (Traveller,
 Na-co-ah, (Dangerfield,
 Ka-ra-ko-ris, (Deceiver,
 Ha-ke-di-ad-ah, (Gallant Man,
 Wha-cha-ash-da, (Looker-on,
 Wash-le-doi-ro-ka, (Don't you do so,
 Te-ah-kur-rah, (Lightman,
 Sar-rah-de-od-a-sa, (Straight Looker.)
 Wacoos:
 A-qua-gosh, (Short Tail,
 Ho-hed-orah, (Long Ways over the
 River,
 Chos-toch-ka-a-wah, (Charger,
 Cha-to-wait, (Ghost.)
 Secretaries:
 Thomas J. Smith,
 Isaac H. Du Val.
 Witnesses:
 Robt. S. Neighbors,
 Hugh Rose,
 Jno. H. Rollins,
 Thomas J. Smith,
 E. Morehouse.
 Interpreters:
 Louis Sanches,
 John Conner,
 Jim Shaw.
 (To each of the names of the Indians is affixed his mark.)

TREATY WITH THE POTAWATOMI NATION, 1846.

Whereas the various bands of the Pottowautomic Indians, known as the Chippewas, Ottawas, and Pottowautomies, the Pottowautomies of the Prairie, the Pottowautomies of the Wabash, and the Pottowautomies of Indiana, have, subsequent to the year 1828, entered into separate and distinct treaties with the United States, by which they have been separated and located in different countries, and difficulties have arisen as to the proper distribution of the stipulations under various treaties, and being the same people by kindred, by feeling, and by language, and having, in former periods, lived on and owned their lands in common; and being desirous to unite in one common country, and again become one people, and receive their annuities and other benefits in common, and to abolish all minor distinctions of bands by which they have heretofore been divided, and are anxious to be known only as the Pottowautomic Nation, thereby reinstating the national character; and

Whereas the United States are also anxious to restore and concentrate said tribes to a state so desirable and necessary for the happiness of their people, as well as to enable the Government to arrange and manage its intercourse with them:

Now, therefore, the United States and the said Indians do hereby agree that said people shall hereafter be known as a nation, to be called the Pottowautomic Nation; and to the following

Articles of a treaty made and concluded at the Agency on the Missouri River, near Council Bluffs, on the fifth day of June, and at Pottowautomie Creek, near the Osage River, south and west of the State of Missouri, on the seventeenth day of the same month, in the year of our Lord one thousand eight hundred and forty-six, between T. P. Andrews, Thomas H. Harvey, and Gideon C. Matlock, commissioners on the part of the United States, on the one part, and the various bands of the Pottowautomie, Chippewas, and Ottawas Indians on the other part:

ARTICLE 1. It is solemnly agreed that the peace and friendship which so happily exist between the people of the United States and the Pottowautomic Indians shall continue forever; the said tribes of Indians giving assurance, hereby, of fidelity and friendship to the Government and people of the United States; and the United States giving, at the same time, promise of all proper care and parental protection.

June 5 and 17, 1846.
 9 Stat. 853.
 Ratified, July 1846.
 Proclaimed, July 1846.

Preamble.

Peace and friendship to continue forever.

AI/AN Healthcare

- Commerce Clause (Article I, Section 8) of the US Constitution stipulates that Indian Affairs are handled by Congress.
- Federal – Tribal relationship has changed in form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders, including PPACA.



The Indian Health Service

- **The Indian Health Service (IHS) is the principal federal health care provider and health advocate for Indian people**
- **Its goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to AI/AN people.**

Indian Health Service

- The ***mission*** of the IHS, in partnership with AI/AN people, is to raise their physical, mental, social and spiritual health to the highest level.
- The ***goal*** is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to AI/AN people.
- The ***foundation*** is to uphold the federal government's obligation to promote healthy AI/AN people, communities and cultures and to honor and protect the inherent sovereign rights of Tribes.

**MOST DOCTORS
WORK WITH
BUREAUCRATS,
PAPERWORK
HASSLES AND
RED TAPE.**

**OUR DOCTORS
WORK WITH
THE EAGLE.**



To traditional American Indians the Eagle is the guardian of health. Traditional healers draw strength, wisdom and knowledge from the Eagle as they care for their people. The Indian Health Service (IHS) offers physicians the unique opportunity to go beyond contemporary medicine and enter the world of the Eagle.

The IHS offers community-oriented practices in such diverse settings as the enchanting high deserts of the southwest, the majestic Rockies, the historic Black Hills of the Dakotas, and the far reaches of Alaska.

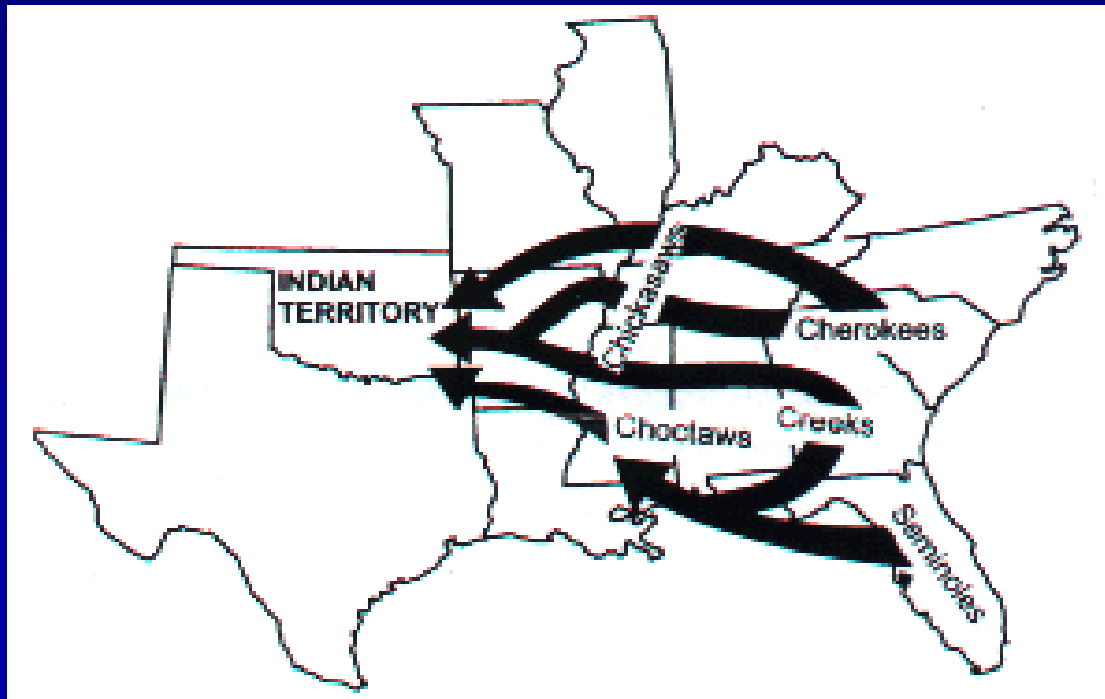


Federal Policies and Laws

- 1800-1840—Removal
- 1849-1920—Reservation and Assimilation
- 1930-1950—Indian Reorganization
- 1950-1970—Termination
- 1975-current—Self-Determination

Period of Removal 1800-1840

- Pressure for land motivated government policy to remove Indians westward with public policy justifications as this being the only way to “save the Indian”



Period of Removal 1800-1840

- Federal health services were primarily oriented toward military containment managed within the War Department



Federal Policies and Laws

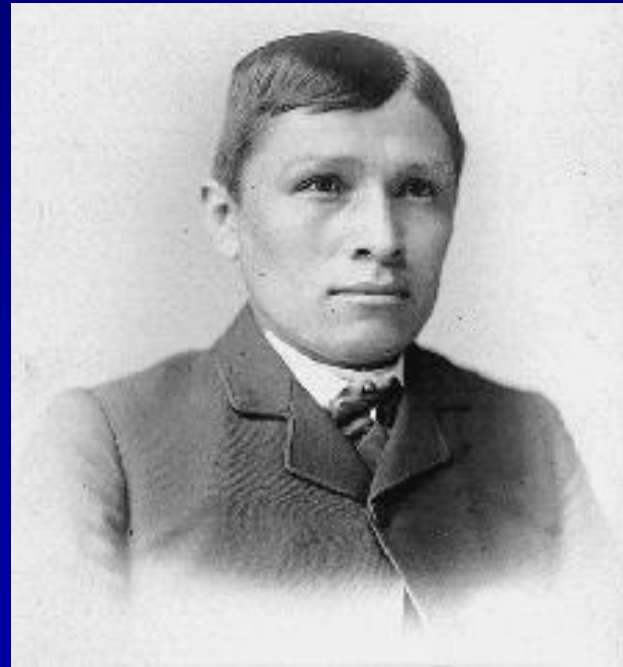
- In 1849, the military control of Indian Affairs ended and the BIA was transferred to the Department of the Interior.
- In 1911, Congress made the first Federal appropriation specifically for health services for AIs but made no provisions for recurring appropriations for that purpose.

Reservation and Assimilation Policy 1849-1920

- This period has been characterized by the saying “kill the Indian, but save the person”
- Initially, federal policy was to keep native peoples racially segregated until “civilized”
- The policy was accomplished via destruction of Indian economies, confinement to reservations and removal of Indian children from their families and communities and placement in boarding schools

Reservation and Assimilation Policy 1849-1920

- Motto of Carlisle Indian School:
“Kill the Indian, but save the man”



Indian Reorganization 1930-1950

- In 1926, the Secretary of the Interior authorized the Institute for Government Research to conduct a study of the BIA
- In 1928, the Meriam Report marked a shift in federal policy. The report recommended more funds for health and education
- In 1934, the Indian Reorganization Act was passed, which implemented the recommendations of the report

Federal Policies and Laws

- The 1954 Transfer Act, Public Law 83-568, transferred the responsibility for Indian health services from the BIA (Department of Interior) to the Public Health Service in the Department of Health, Education and Welfare. Its mission was twofold:
 - Terminate reservation status
 - Improve health services for Indians

Termination 1950-1970

- Solution of the “Indian Problem” was to end the relationship between Indians and the federal government
- In 1953, House Concurrent Resolution 108 was adopted, which called for termination of the federal relationship with tribes “as soon as possible”
- Policies were a product of the backlash of the 1930 reforms which led to congressional studies of 1943 that again found serious problems in the administration of Indian Affairs

Termination 1950-1970

- Urban migration, which began in World War II, was accelerated by federal programs to relocate reservation Indians to cities.


COME TO DENVER
THE CHANCE OF YOUR LIFETIME!

Good Jobs
Best Trade
Manufacturing
Government Federal, State, Local
Wholesale Retail
Construction of Buildings, Etc.



Happy Homes
Beautiful Houses
Many Churches
Exciting Community Life
Over 100,000 homes owned by residents
Convenient Stores - Shopping Centers

Training
Vocational Training
Agriculture, Beauty Shop, Drafting,
Nursing, Office Work, Bookbinding,
NUT Education
Evening High School, Army and Navy
All Employment Career Making



Beautiful Colorado
"Nine" State, 42M Peaks Over 10,000 Ft.
300 Days Sunshine, Mild Winters
Fish, Moose, Mountain Parks, Drive
From Green Lakes, Steamboat Parks
Big Game Hunting, Trout Fishing, Camping



Real Indians Soon to Call City Home

By WILSON HIRSCHFELD

Cleveland is going to get some new Indians, but this is no baseball story.

Honest Injun, these will be real Indians.

The U.S. Bureau of Indian Affairs has set up a field relocation office here.

Indians will be brought to Cleveland direct from reservations in the West.

First to arrive, probably before another moon goes by, will be an 18-year-old maiden from the Standing Rock Sioux tribe in the Dakotas.

Headquarters tepee here will be in the CTS Building at 1404 E. 9th Street.

First smoke signals telling of Indians on a peace path to Cleveland were sent up at a transit board meeting yesterday morning.

The board was asked to authorize the lease of second-floor camping space for a five-year period.

In the powwow that followed it developed that CTS already had spent \$1,000 to redecorate the tepee and that the Indian bureau already was encamped there.

The board then signed the treaty.

Member Victor Cohen wanted to know if the bureau would be any help to the Cleveland Indians.

The "Great White Father" in Cleveland will be Verdon C. Christiansen, field relocation director.

Christiansen was assigned here after two years as assistant director in the bureau's Denver office.

Before that he spent 16 months on the Rosebud Sioux reservation in South Dakota. There he worked with some 8,000 Indians, who live in two dozen scattered communities on the reservation.

Some of the Indians live in long tents, others in log cabins and shacks. It is a poor life that most are able to eke out, but at least there is "practically no overhead," Christiansen observed.

His hope is that 50 to 100

(Continued on Page 4, Column 3)

Federal Policies, Laws and Decisions

- Federal Policy changed with the 1970 President Nixon executive proclamation, ending the policy of termination and the beginning of the policy of Indian self-determination
- 1975 PL 93-638: Passage of Indian Self-Determination and Education Assistance Act



Self-Determination 1975-current

- 1976 PL 94-437: Indian Health Care Improvement Act
 - Urban Indian Health Centers (Title V)
 - IHS Scholarships
 - Loan Repayment Program
- 1988 PL 100-713: Indian Health Care Amendments—M & M Billing
- 2010 Patient Protection and Affordable Care Act—Included Reauthorization of IHCA

Phases of Indian Health Service

- **Phase I: Establishing Basic Clinical Services (1955-1962)**
- **Phase II: Expanding Management, Training and Research (1963-1969)**
- **Phase III: Transition to Indian Community Control (1970-present)**

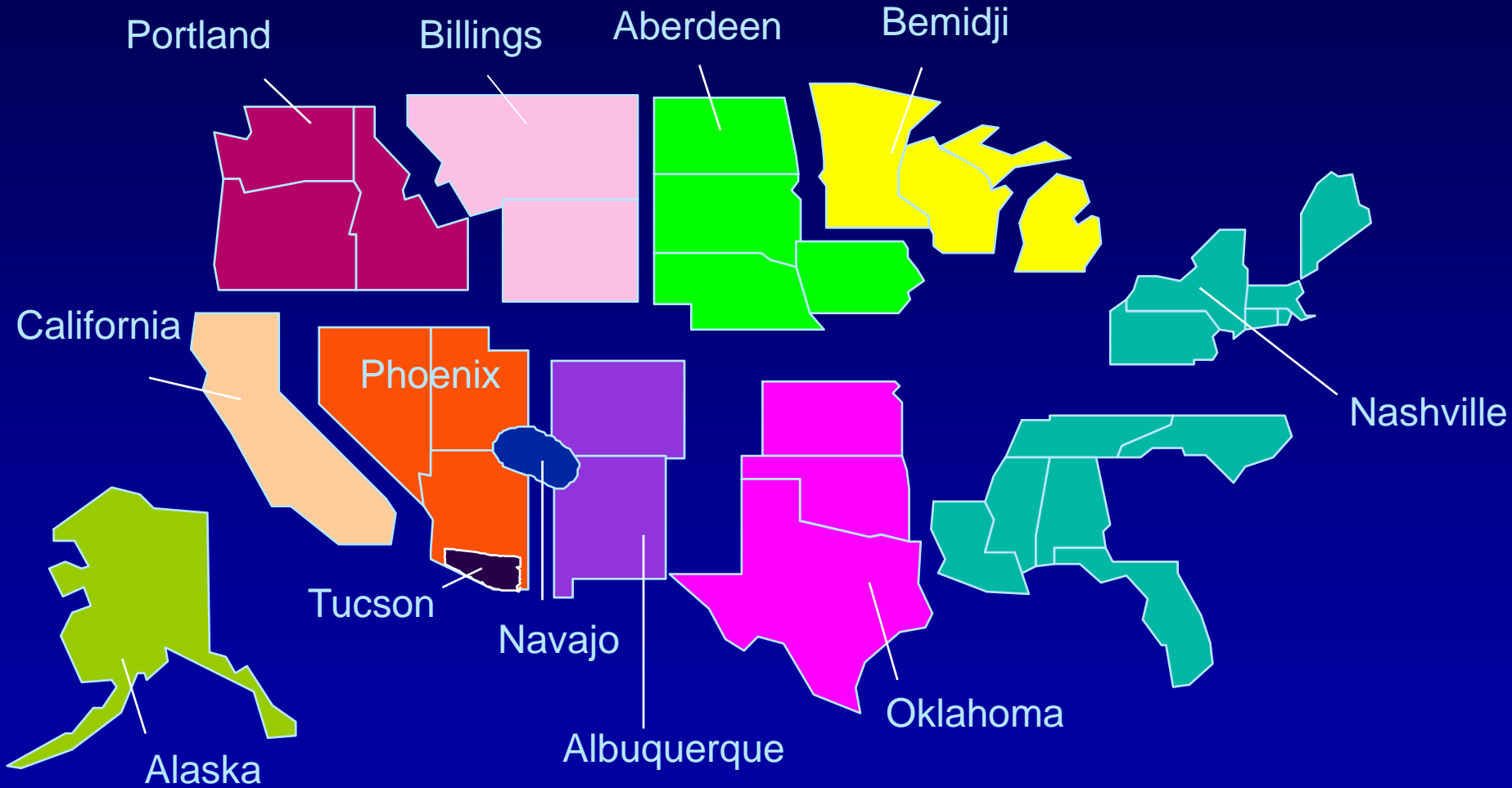
IHS

- Agency in the US Dept. of Health and Human Services and is responsible for providing health services to *federally recognized tribes* of American Indians and Alaska Natives
- IHS currently provides health services to approximately 1.6 million AI/ANs who belong to more than 560 federally recognized tribes in 35 states

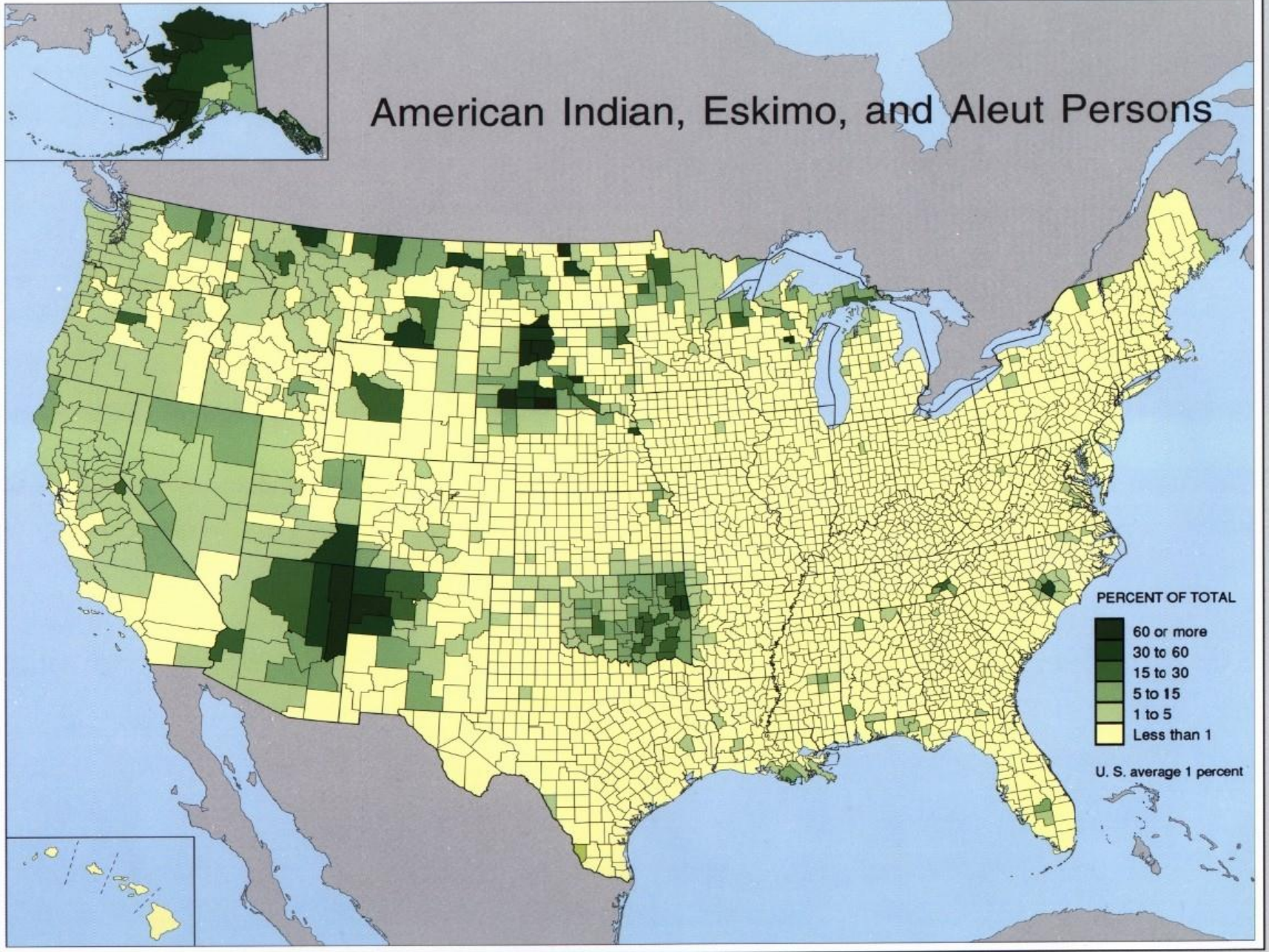
IHS

- Headquarters in Rockville, Maryland.
- Composed of 12 Areas.
- 127 service units.
- Operates 37 hospitals.
- 60 health centers.
- 47 health stations.
- 34 urban health projects.
- 3 school health centers.

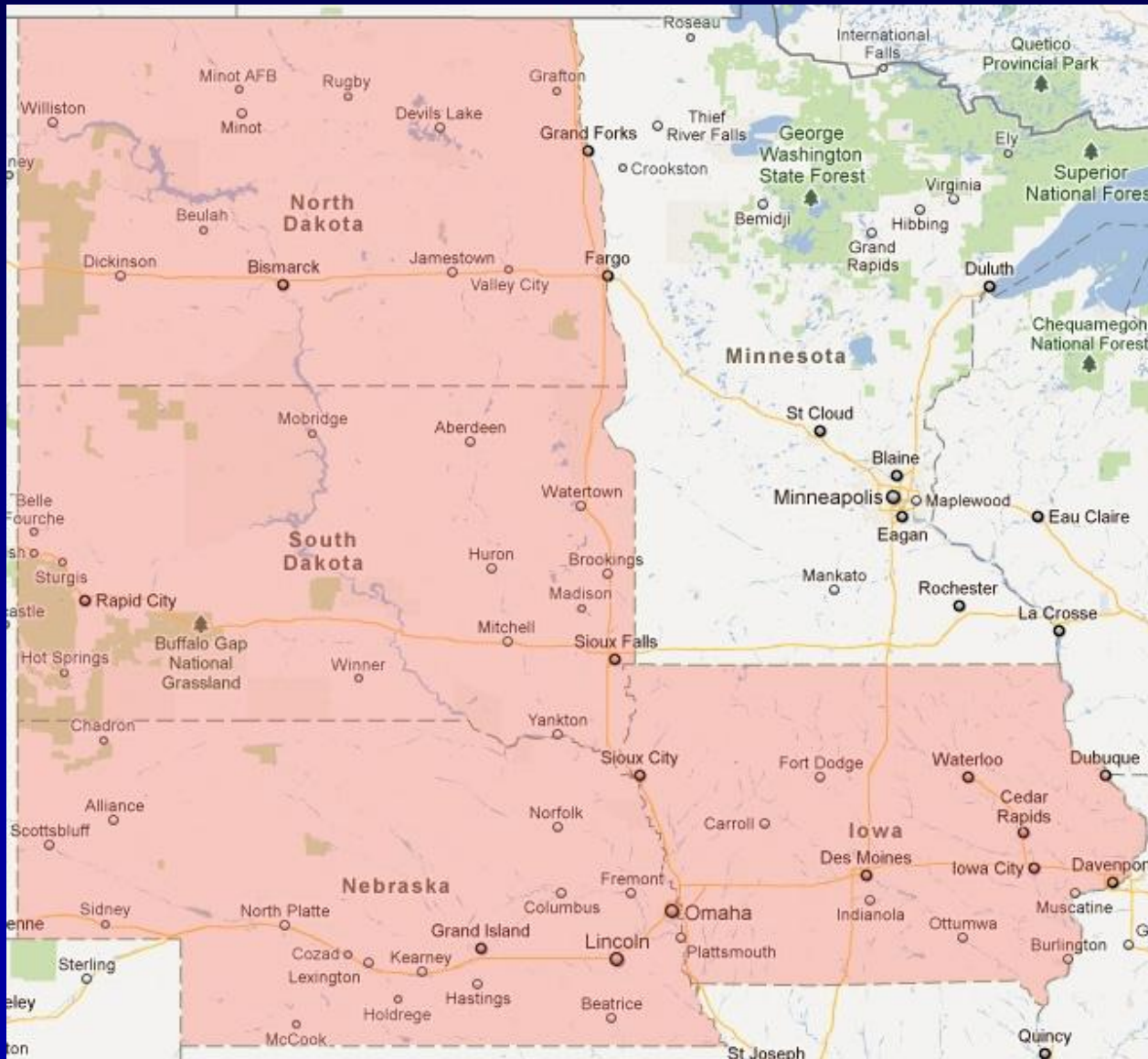
IHS Areas

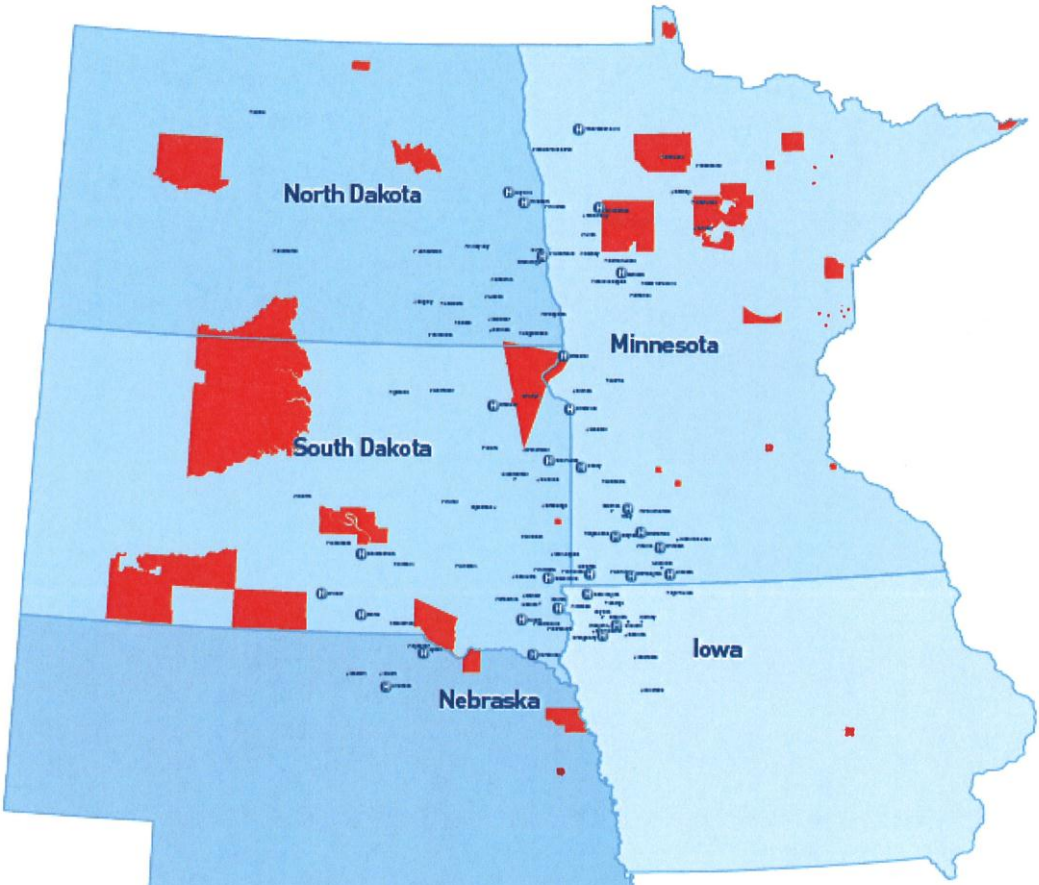


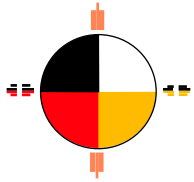
American Indian, Eskimo, and Aleut Persons



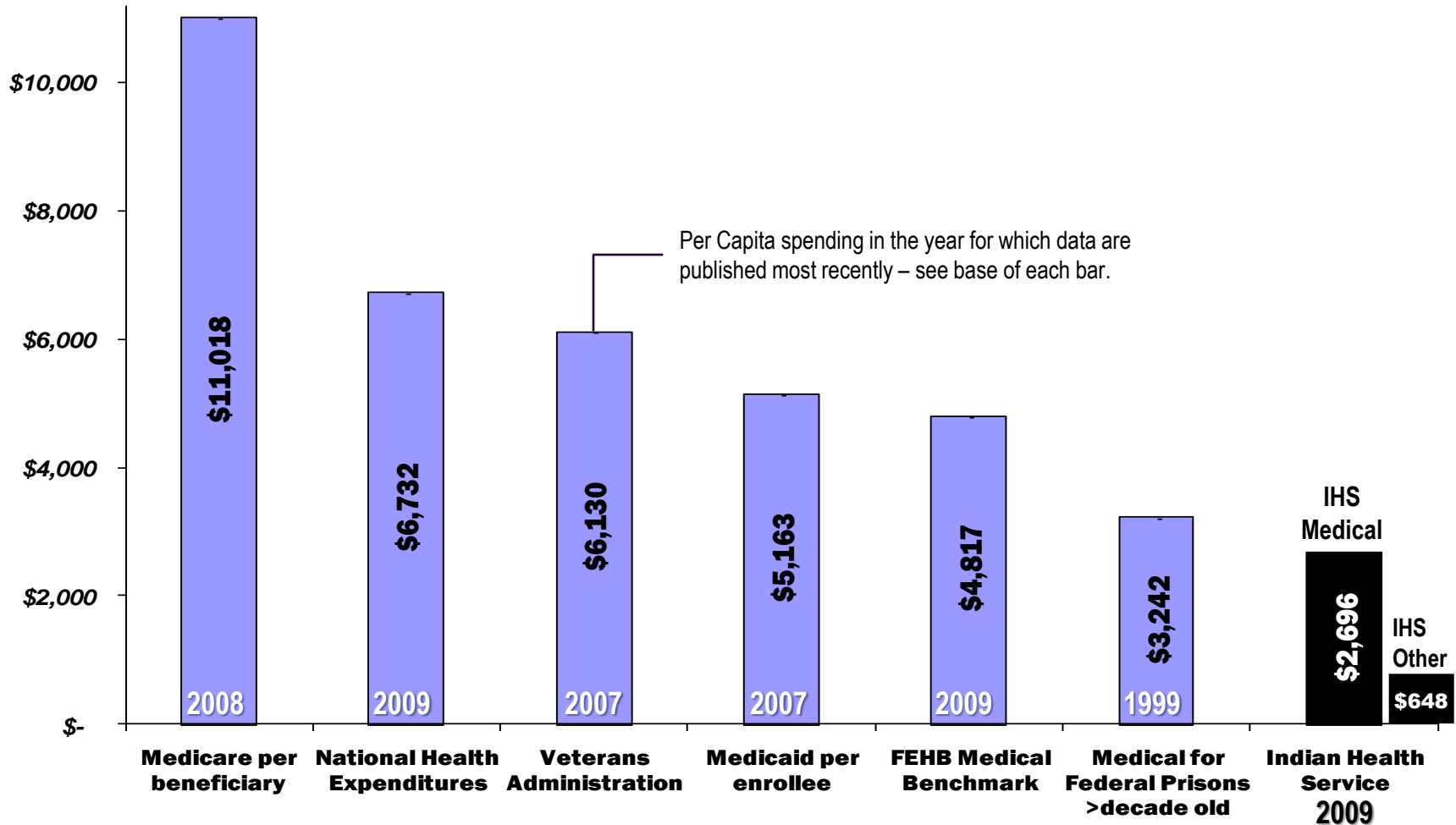
Aberdeen Area







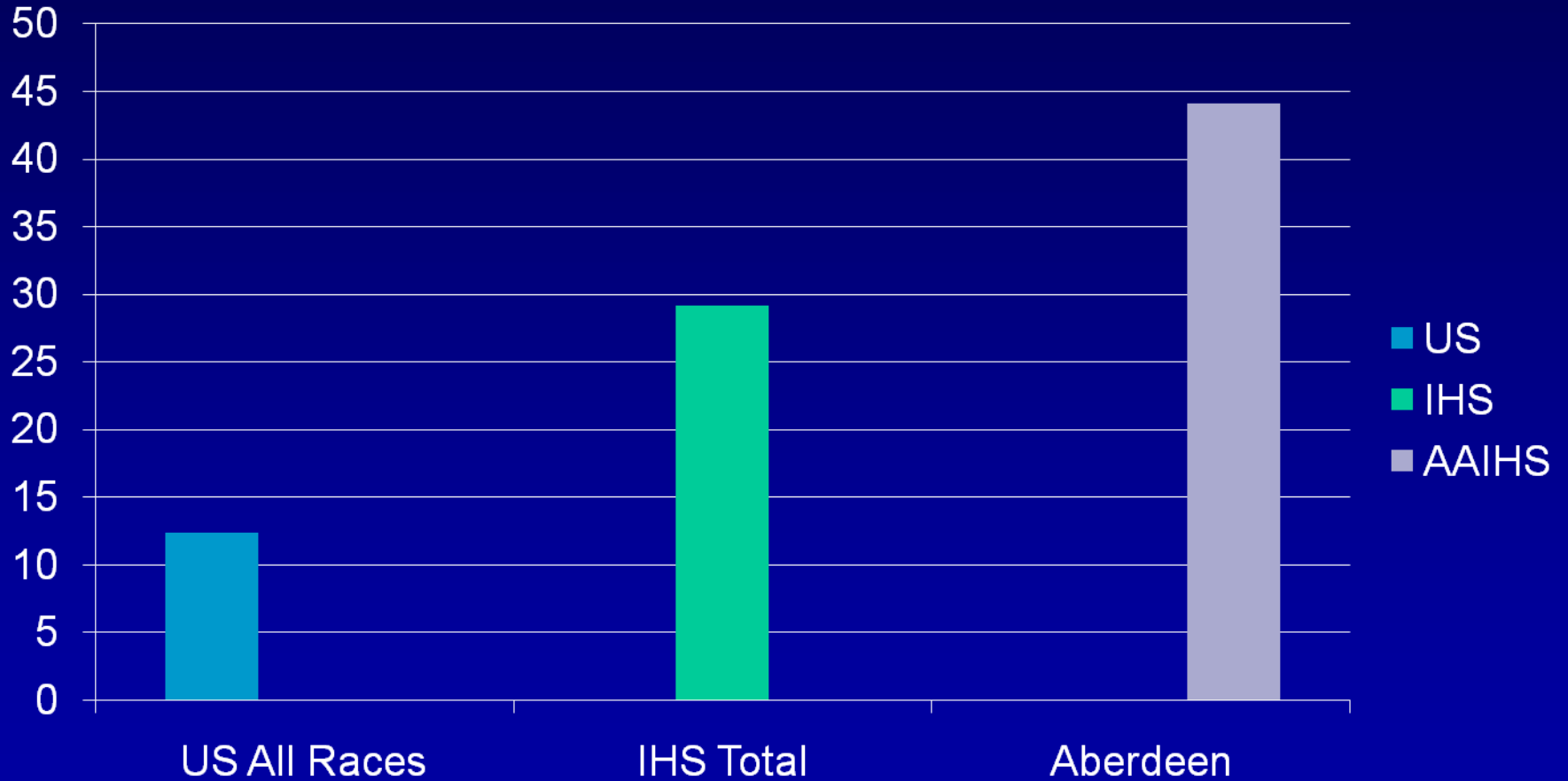
2009 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita



See page 2 notes on reverse for data sources and extrapolation assumptions.

6/13/2013

Percent At or Below FPL



AI Health Disparities

Life Expectancy in Years:

	<u>Men</u>	<u>Women</u>	<u>Total</u>
U.S.	73.2	79.6	76.5
AI/AN	66.1	74.4	70.6
<i>Disparity:</i>	7.1	5.2	5.9

Median age at death in SD (2009):

81 General Population

58 AI Population

AI Health Disparities

Death rates from preventable diseases among AIs are significantly higher than among non-Indians:

- Diabetes 208% greater
- Alcoholism 526% greater
- Accidents 150% greater
- Suicide 60% greater
- Infant Mortality in SD

Public Law 93-638

**The Indian Self-Determination
and Education Assistance Act of
1975**

Origin of Self-Determination

“The time has come to break decisively with the past and to create the conditions for a new era in which the Indian future is determined by Indian acts and Indian Decisions”

Richard Nixon – 1970

Origin of Self-Determination

“We have turned from the question of whether the Federal government has a responsibility to Indians to the question of how that responsibility can best be furthered.”

“We have concluded that the Indians will get better programs and that public monies will be more effectively expended if the people who are most affected by these programs are responsible for operating them”

Richard Nixon – 1970

Public Law 93-638

- Title I—Indian Self-Determination
- Title II—Educational Assistance
- Title III—Tribal Self-Governance
Demonstration Project
- Title V—Self-Governance Compacting

Declaration of Policy

- **Sec. 3(a) The Congress recognizes obligation of US to respond to the strong expression of Indian people for Self-Determination by assuring maximum Indian participation in the direction of educational services so as to render such services more responsive to the needs and desires of those communities.**

Carryover of Funds

- **Sec. 8 ...any funds...for any fiscal year which are not obligated or expended...shall remain available for obligation or expenditure during such succeeding fiscal year...for which they were originally appropriated, contracted or granted,...no additional justification..need be provided by the tribal organization..**

Title I Indian Self-Determination Act

- **Sec. 102 (a)(1) ...upon the request of any Indian tribe by tribal resolution, to enter into a self-determination contract...to plan, conduct, and administer programs...**
- **(2) ..an Indian tribe...may submit a proposal..to amend or renew a self-determination contract for review**

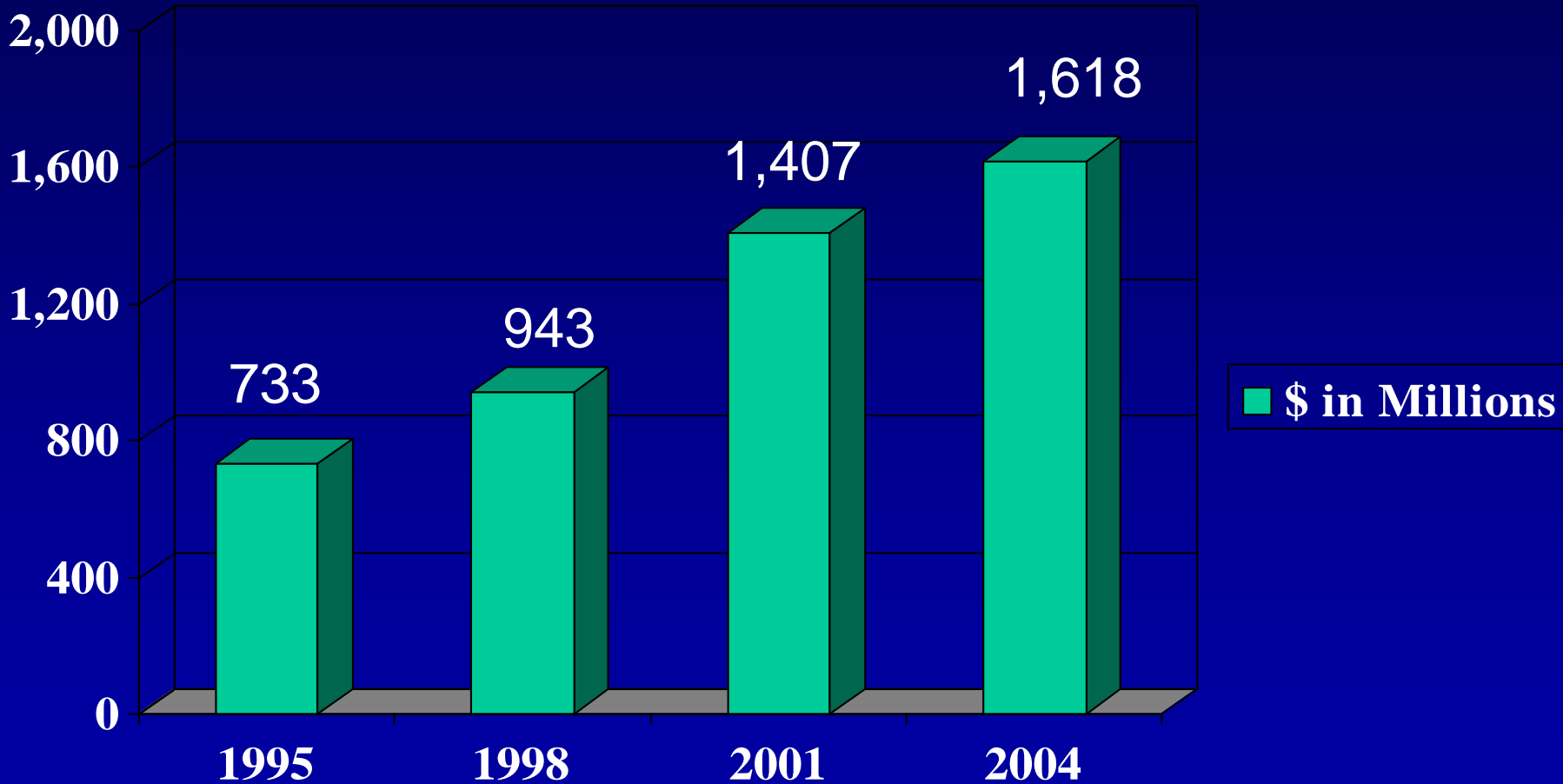
Effect on Existing Rights

- **Section 111 (Page 53) Nothing in this Act shall be construed as- (1) affecting, modifying, diminishing, or otherwise impairing the sovereign immunity from suit enjoyed by an Indian tribe; or (2) authorizing or requiring the termination of any existing trust responsibility of the US with respect to the Indian people.**

PL 93-638 Utilization for Health Programs

- **Hospitals: 13/49 (27%)**
- **Health Centers: 158/221 (71%)**
- **Residential Treatment Centers: 28/33 (85%)**
- **42% of Indian Health Service budget for 2003**
- **51% of IHS budget for 2005**
- **Nearly 60% of 2013 budget**

IHS Funds Managed by Tribes



Financial Advantages

- **Carry-Over Funding**
- **Third-Party Revenue**
- **Eligibility for Grants (e.g. HRSA 330—FQHC)**
- **Contract Support Costs**
- **FTCA**
- **Medicaid Administrative Match**
- **Ability to Lobby**
- **Others**

PL 93-638 Programs in Phoenix Area IHS

PIMC



Hu Hu Kam Memorial



Gila River Health Care Corporation

Process Improvements under PL 93-638

- Hu Hu Kam Hospital funded at 65% estimated need in 1989
- GRIC conducted PL 93-638 feasibility study in 1994
- GRHCC formed in October 1995
- Increased and improved services (ER, specialty, PC)
- Improvements in MIS and third party revenue

PL 93-638 Programs in Alaska Area IHS

ANMC



PL 93-638 Programs in Alaska Area IHS

SCAT



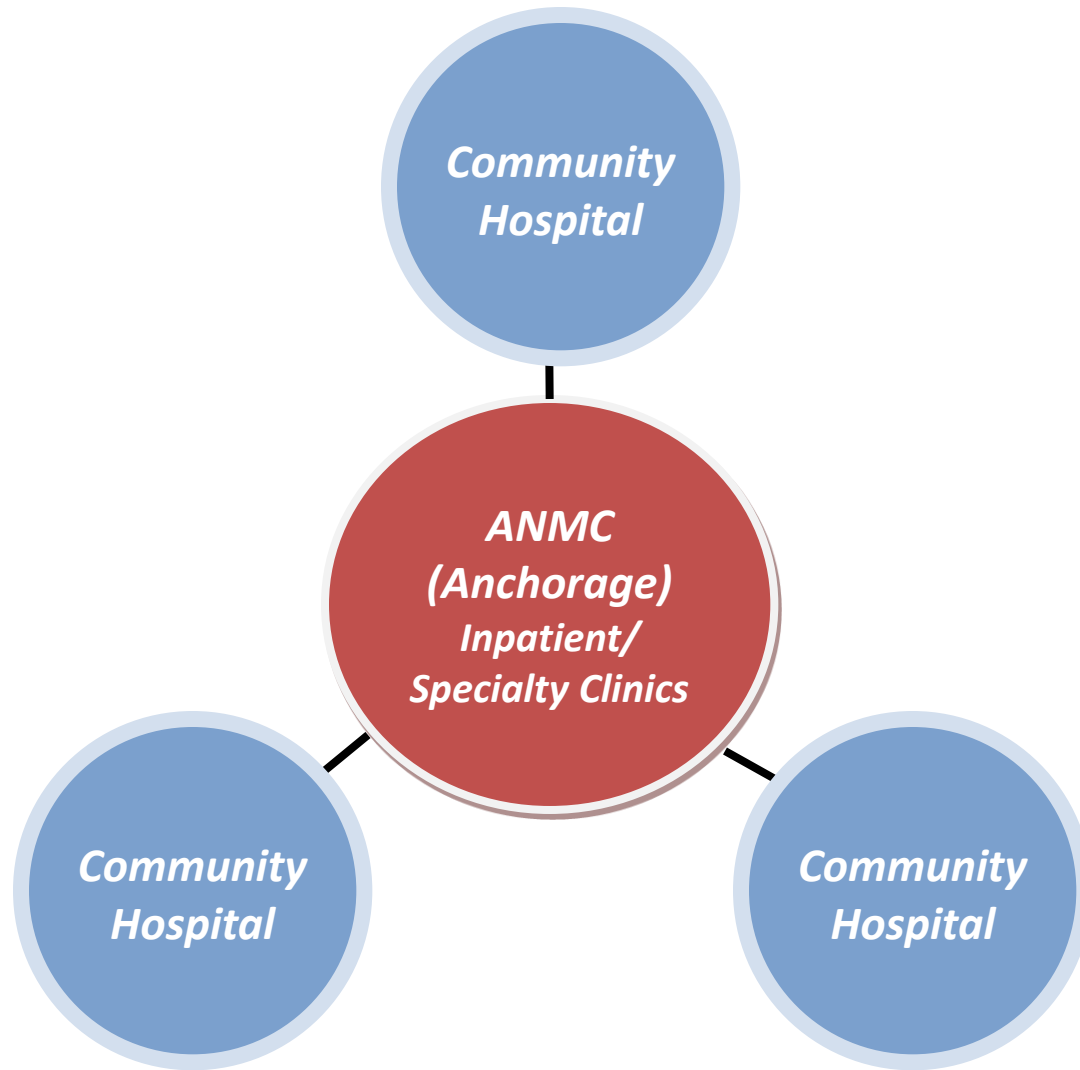
LBST



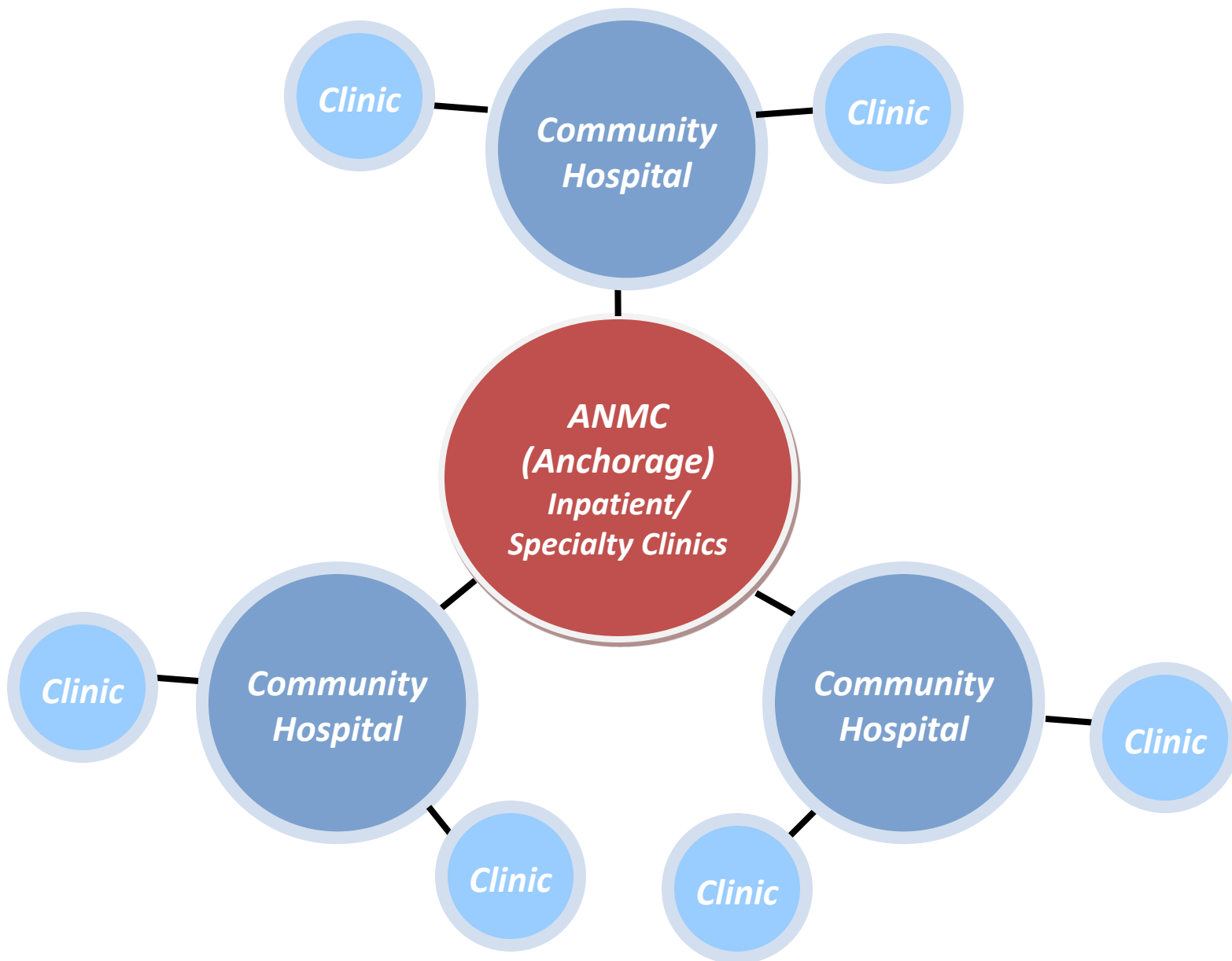
Alaska Native Tribal Health Consortium [501(c)3]



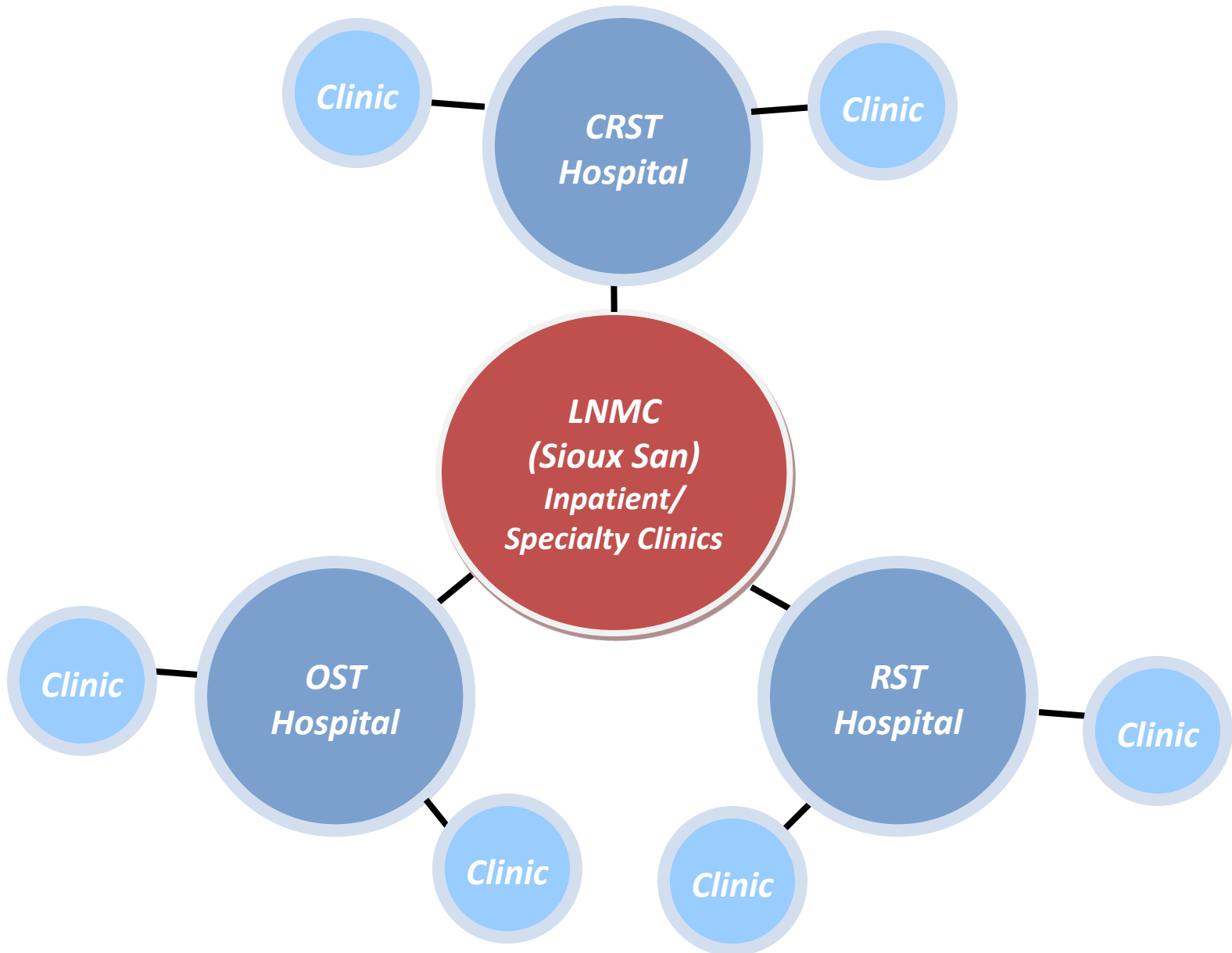
Alaska Native Tribal Health Consortium [501(c)3]



Alaska Native Tribal Health Consortium [501(c)3]



Lakota Nation Healthcare Corporation [501(c)3]



Lakota Nation 638 Considerations

Function	Alaska	Lakota Nation HC
Number of Tribes, Villages, Communities	>200	3
Referral Medical Center	Alaska Native Medical Center	Lakota Nation Medical Center
Medical Center Management	Southcentral Foundation	Lakota Nation Healthcare Corporation

South Dakota Indian Health Facilities

- **Rapid City**—Sioux San Hospital
- **Pine Ridge**—Pine Ridge Hospital, Kyle, Wanblee
- **Rosebud**—Rosebud Hospital
- **Cheyenne River**—Eagle Butte Hospital
- **Standing Rock**—McLaughlin
- **Lower Brule**—Lower Brule
- **Crow Creek**—Ft. Thompson
- **Yankton**—Wagner
- **Sisseton**—Woodrow Wilson Keeble
- **Flandreau**—Flandreau

South Dakota Indian Health Facilities Managed by Tribes

- **Rapid City**—Sioux San Hospital
- **Pine Ridge**—Pine Ridge Hospital, Kyle, Wanblee
- **Rosebud**—Rosebud Hospital
- **Cheyenne River**—Eagle Butte Hospital
- **Standing Rock**—McLaughlin
- **Lower Brule**—Lower Brule
- **Crow Creek**—Ft. Thompson
- **Yankton**—Wagner
- **Sisseton**—Woodrow Wilson Keeble
- **Flandreau**—Flandreau

South Dakota Indian Health PFSA's Managed by Tribes

Program, Function, Service, Activity
Hospitals & Clinics
Mental Health
Alcohol
Community Health Representative
Emergency Medical Service
Contract Health Services
Maintenance & Improvement
Equipment
Contract Support Costs (direct)

Challenges

- Poverty
- Staffing
- Housing
- Health Status
- Rural
- Partnerships?

Considerations for the Future

Health Policy Research / HSR

- 638 Feasibility Studies
- Governance Structures / Tribal Partnerships
- Tribal-State Relations
- Public-Private Partnerships
- Role of PPACA in AI Health
- Workforce Development
- Best Practices in AI Health Policy
- Academic Partnerships
- Traditional Medicine