



FOR IMMEDIATE RELEASE

August 8, 2012

Contact: Communications Office

(202) 224-4515

**Field Hearing Statement of Senate Finance Committee Chairman Max Baucus (D-Mont.)
Regarding Indian Country Health Care**
As prepared for delivery

There is a Crow Proverb that teaches us, "People's eyes say words that the tongue cannot pronounce."

A hospital should be a place of healing and relief, but here at Crow-Northern Cheyenne Hospital, far too many eyes tell a story of pain, frustration and disappointment. Stories like the one I heard from a man who was denied his medication without any explanation or alternative treatment plan – medication he needed to treat rheumatoid arthritis – a condition that, when left untreated, can lead to increased risk of heart attacks and even death.

After months of inquiries at Indian Health Service, he and his family learned that the problem stemmed from a failure to communicate by the doctor, the hospital and the pharmacist. The patient had done everything right, but he still couldn't get the medication his doctor prescribed. I know that this patient is not alone.

American Indians and Alaska Natives have a life expectancy that is about five years shorter than that of the general population. Access to quality health care can help folks live longer, but it is increasingly difficult to provide this kind of care with shortages as high as 20 percent for IHS doctors and 15 percent for nurses and dentists.

And health is not just physical. Native Americans and Alaska Natives are more likely to die from alcohol-related diseases or commit suicide than any other racial group, yet here at the Crow hospital, there are only three mental health providers.

Flooding last year led to evacuations, damaged more than 50 homes, and left people without clean water for months. The physical damage is apparent, but the psychological effects often go unrecognized.

Imagine being uprooted from your home and unsure when you'll be able to return. When you turn to the hospital for help, you're told you have to wait months to see a clinician, if at all. Imagine losing a child to suicide and being unable to get any professional help. Many of you don't have to use your imaginations at all. You've lived it.

Many also know all too well that one in three American Indian women have been raped in their lifetimes – twice the national average. Each one of those numbers is a mother, daughter, sister or friend. That's why I fought hard to include language in the Violence Against Women Act the Senate passed earlier this year to give tribes more power to prosecute sexual predators, and I am hopeful the House will act soon.

So, I was shocked to hear stories of staff at this very hospital refusing to conduct full sexual assault examinations or provide rape kits to victims. It is appalling enough to deny much needed care to victims who have already suffered severe trauma. These refusals also make it harder to build evidence to prosecute attackers and prevent them from hurting more women in the future.

The problems are serious, and they demand serious solutions. That is why we are here today.

We made important progress when we passed the health reform law, known as the Affordable Care Act. That law also made the Indian Health Care Improvement Act permanent, which is a big win for tribal health care. The law gives IHS the authority to expand tribal mental and behavioral health services. It provides financial incentives to help tribes recruit and retain clinicians. American Indians will also have access to many other benefits in the law if they choose to purchase private insurance plans in the insurance exchanges. I want to hear your feedback as we continue to implement these programs.

Of course, none of what we have done, or hope to do can be accomplished without funding. The Administration requested a discretionary appropriation of more than \$4 billion for Indian Health Service in its 2013 budget. That would be an increase of nearly to \$116 million over last year's appropriation.

Third-party reimbursements and mandatory appropriations for the special Indian diabetes program bring the total to \$5.5 billion. A significant chunk of that money will go toward contract services that purchase care from outside providers when IHS is unable to meet patients' needs. In 2010, funding shortfalls led to nearly 220 thousand denials for contract health services. Every one of those denials means a patient goes without care, so this funding is sorely needed.

Still, funding care outside of IHS doesn't help us provide higher quality care at reservation hospitals like this one. The Crow people deserve to be able to use the Crow hospital that was built to serve them. In 2010, the Center for Medicare and Medicaid Services conducted a survey at this hospital and issued a 900-page plan.

Many solutions lie in that plan, so we need to understand what is being done to implement the plan and what more is needed to put it into action. We must use all available resources to make sure we are doing the best we can, every single day, to turn the statistics around.

It's not going to be easy, and it's not going to happen overnight. But just as the eyes in this room tell a story of pain and disappointment, they also tell a story of determination and hope.

Each one of you is here because you care. You want to see a change, and you are part of the solution. Please grab a fact sheet on how to submit testimony on your way out today. We want to make your voices part of the record.

Our goal is to begin a new era of providing not only affordable health care, but quality health care. Health care that can change the vicious cycles American Indians suffer daily. So let us begin our journey today together and learn from what we hear. Let's think creatively. Don't be afraid to throw out ideas. I look forward to gathering information today and implementing a plan for improvement in the coming months.

###