

# Indian Health Services

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Indian Health Services (IHS) has been a topic of discussion most recently in the local and state media, as well as local tribal members. As the new CEO took office, so to speak, he is faced with the fact that the I.H.S. program has to deal with constrained financial support. The Wind River Service Unit is currently operating with a 50% shortfall in funding, which puts significant constraints on the patient care that can be provided. Currently, the I.H.S. building in Fort Washakie, Wyoming is the oldest I.H.S. building across the nation!

Many people across the nation have started to realize that the health care of Native Americans, as a whole, as well as the nation, is in a state of crises, and will stay that way unless the proper funding is allocated to health care. The rising inflation across the nation is detrimental to health care, and causing health care rates to soar. For institutions, like the Wind River Service Unit, it has become very difficult to provide care to patients and to tribal members. With the escalating numbers within both tribes, it is proving difficult and almost impossible to provide service. Every year there is new medical equipment being developed in order to treat patients across the country, and the Wind River I.H.S. programs are that more behind when it comes to purchasing this new equipment. But with the proper funding and the correct course of action on a state and federal side, the health issue can change, from critical prevention to actual preventative health care.

One of the programs most severely suffering from the current budget deficit is Contract Health Services (CHS). CHS is a program designed to assist patients that are unable to be treated by either clinic, where the patient is able to see an

“outside” provider that is contracted by I.H.S. Due to the funding shortfalls, the CHS program has been forced to operate at the emergency level, which is stated as follows: if, within 72 hours, unless you are going to lose your life, limb or vital organ, a surgical procedure cannot be funded by the CHS program.

The Wind River Service Unit strongly supports and advocates that all of its patients apply for alternative resources, such as Medicaid, Medicare and private insurance. By stressing the issue, it helps the clinics receive the funds needed to stay operational. Given the shortage of CHS funding, the alternative resources are also of great assistance to patients when they have to see outside providers.

With the current Indian Health Care Improvement Act Amendments being passed in the U.S. Senate to revise and extend the current act, many people are anticipating the full support from U.S. Representatives to help make the amendments become a reality, instead of a simple plan that has not been acted upon like so many other plans in the past. Within the act there are various key amendments that will help and support ALL Native Nations within the U.S. The act will help declare a new and vital national Indian health care policy to better raise the health status of Indians by the year 2010 and help tribes set their own health care priorities to help mandate tribal needs. The following are some excerpts from the Indian Health Care Improvement Act.

- Dental Health
  - The act will help tribal members with dental health to enable the possibility for a dental health aid therapist to extract a tooth, or teeth, in extreme measures, and only after consulting with a licensed dentist within the IHS who will determine that it will be the ONLY course of action. This will be done when an IHS dentist is unavailable and the procedure is urgent and must be done at once. But the act will prohibit the therapist from all other dental surgeries.
- Diabetes Prevention

- The act will revise prevention, treatment and control requirements to establish a cost-effective approach to ensure the ongoing monitoring of disease indicators and to further assist diabetes programs already in existence as well as assign a Diabetes Control Officer where Indian Health Services offices currently exist.
- Funding for Research
  - Will replace the current set-aside of \$200,000 for research with general authority to fund research for Indian Health programs, instead of just Indian Health Service. It will require resources and activities to address relevant Indian health program research needs. It will also authorize funding for clinical and non-clinical research.
- Mammography Screenings
  - Revise requirements for screenings. It will eliminate the min age requirement of 35 for Indian women, and will make the screenings available to Indian women regularly under accepted and appropriate national standards.
- Travel Costs
  - It will authorize permission to provide funds for appropriate and necessary transportation by private vehicle (where no other means of transportation is available), specially equipped vehicles, ambulance, or by other available means when air or a motor vehicle transportation is unavailable.
- Disease Prevention
  - The act will extend a specified disease prevention, control and elimination program from tuberculosis (TB) to other infectious diseases.
- Men's Health
  - To establish an office within IHS for Indian Men's Health, to coordinate and promote the health status of Indian men.
- Construction

- Will require any Indian health facility to meet the construction standards of any accrediting body and bring all facilities up to health standard codes.

If the amendments get passed and more funding becomes available, it will be a possibility for the Wind River I.H.S. to be able to expand its roots and build another clinic. With a new clinic, the dollar amounts of the current yearly appropriations will increase with the additional clinic and will help increase funding by an approximate 35% and bring the overall funding percentage up to 85%.

A spokesman for I.H.S. has stated that the Fort Washakie and Arapahoe clinics have the best physicians possible and that they are working diligently with tribal members to improve health among the Reservation. The I.H.S. is currently working on adapting more continuity between physicians and patients and to have a permanent primary care physician. The program has recently implemented an open access policy at the Arapahoe clinic. This will give patients the ability to actually choose their providers based on their own preference to better the continuity of care to provide better services. This new policy was implemented in hopes to enable patients to have better and more open access to the services provided by I.H.S. and to better meet the needs of current and future patients, and to have “working relationships” between the physician and the patient for years to come.

Wind River Service Unit staff is dedicated to improving the health care for everyone on the Wind River Reservation, and they are striving to gain access to various federal, state or local grants, appropriations and donations for both clinics for the benefit of the Joint Tribes. By implementing more tools to build a healthier society upon the Reservation, it will help make the economy on the Reservation flourish. The health of not just one tribe, but of both tribes will benefit everyone in the process, and it will impact all of the people in a positive way. A healthy society will help bring more commerce and jobs to the Wind River Indian Reservation, which in turn will benefit everyone.