

**TESTIMONY OF DR. THOMAS WALKER
BEFORE THE NORTH DAKOTA LEGISLATIVE MANAGEMENT
HEALTH SERVICES COMMITTEE, REGARDING THE FEASIBILITY
AND DESIRABILITY OF PLACING THE ENTIRE FORT BERTHOLD
RESERVATION IN A SINGLE PUBLIC HEALTH UNIT.**

July 28, 2011, State Capital Building.

Good morning Chairman Lee and Members of the Committee, My name is Dr. Thomas Walker and I am the Chief Medical Officer for the Mandan Hidatsa and Arikara Nation. I am honored to present this testimony on behalf of the MHA Nation. Our Chairman, Tex Hall, supported Concurrent Resolution 4012, because it called for a study to determine whether the health care needs of citizens who live and work on the Fort Berthold Reservation would be more efficiently served by designating the Reservation as a single Public Health Unit (PHU). The Fort Berthold Indian Reservation is currently part of the Aberdeen, South Dakota service area of the Indian Health Service. The failure of the Aberdeen Service Area to deliver effective health care at Fort Berthold is well documented. Much of this is due to a severe decline in federal funding, but there are other reasons as well. In my view, any additional benefit to the residents of the Fort Berthold Reservation that could come as a result of designating the Reservation as a single PHU would undoubtedly be a positive step toward better tribal and state relations.

FEASIBILITY AND BENEFITS

It is my understanding that Concurrent Resolution 4012 sprang from a study done in 2006. One of the recommendations that came out of the study was the potential of accessing health care through the services of a PHU, which possibly could be located on the Reservation. The study recommended a PHU on Fort Berthold, and Concurrent Resolution 4012 in turn calls for such a study. I am

hoping for all concerned that it will be a positive study for the good of our Reservation residents. It's hard to say at this point how the structure will be set up, or what other infrastructure will be needed, but both the State and the MHA Nation must be actively involved in how it will be structured. I can honestly tell you that in large part the MHA Nation is in the dark as to what benefits come from the Public Health Services offered by PHUs. For example, there are critical unmet needs on the Reservation, including mental health and family planning services. My nurses would like to know whether a PHU can provide medication and services for residents in need of these services. Currently there is no bioterrorism POD on the Reservation. We wonder if these are some of the services that may be provided through a Reservation PHU.

I have attached a copy of the 2010 Census to my testimony. The Census puts the population of the Fort Berthold Reservation at 6,341, a figure that I believe to be much higher because of the ongoing oil boom which has engulfed our Reservation. Of this number, the Census lists 4,556 residents as Native American and 1,511 as White. Again, this latter number is likely low because of the hundreds and probably thousands of non tribal members working on the Reservation in the oil and gas industry, some of whom currently reside in so called "man camps". Our staff has informed me that there may be a correlation between this increase in population and a higher incidence of sexually transmitted infections (STIs) on the Reservation. Because of the strong growth in population on the Reservation due to oil, it is important for the State to have a strong presence as the number of non natives has increased dramatically and this is going to cause public health issues. It is in the MHA Nation and the States best interest to work closely and keep up on these issues before they become major health problems. Further, because of the inherent danger associated with working on oil and gas rigs and the increased truck

traffic that has significantly increased our traffic fatalities and injuries, injury prevention and emergency response services are now more important than ever.

Perhaps the greatest benefit that would come from a single Reservation PHU is improved communication and coordination of public health services. Currently the Fort Berthold Reservation is affected by 4 different Public Health Units. Some are more engaged than others. For example, The PHU - Upper Missouri District Health Unit, Williston, ND, was actively involved in the past in the Emergency Preparedness Exercises, and provided assistance in a Point of Dispensing (POD) planning event in New Town, which included plans by the MHA Nation in administering vaccinations in event of a pandemic, as with the flu breakout last year. The Public Health Unit out of Stanley, which is part of Upper Missouri, Williston, did some school immunizations and screenings in Parshall. I understand that the Stanley staff set up in a local church in Parshall. However, our staff at the Minne Tohe Clinic was not part of the screenings or immunizations, or Healthy Tracks screenings, and there has been no coordination that would allow our staff to know which students received the benefits of the immunizations and which did not. The Minne Tohe clinic would like to provide coordinated immunizations and follow-up, because some students who didn't get their immunizations from the Stanley PHU said they would go to Minne Tohe but didn't, so they probably did not receive immunizations. Creating a single Reservation PHU would provide better coordination of services and create better access to services for the Native American population, not just in the immunization area but in other health care areas as well.

As for the other three PHUs I understand that the Southwest PHU out of Dickinson wrote a Community Grant and included Cancer Assessments in Twin

Buttes. They have been doing this for the past three years. These assessments include FOBT, skin, and tobacco screenings. Public health nurses also provide services to 2 tribal members who live off of the Reservation in Dunn County, but for the most part, tribal members in Dunn County do not use the Southwest PHU. To my knowledge, there have been no school immunizations or screenings with Reservation school age children in the PHU that serves Dunn County.

My staff reported no contact with the First District Public Health Unit out of Minot and Garrison, and none with Custer Health PHU, from Mandan.

Chairman Lee and members of the Committee, I believe that district health units historically have major difficulty in reaching tribal members within the boundaries of the Reservation. I believe that this would not be such an obstacle if Fort Berthold were designated as a single PHU. Such a designation would likely enhance the State's ability to service all residents of the State, including members of the MHA Nation. I emphasize here that the Mandan Hidatsa and Arikara people are also State citizens and are entitled to the same services as other State citizens.

There are public health benefits that I believe will come from the designation of the Reservation as a single PHU. They will come in the form of better tracking of diseases like Tuberculosis, STIs, Hepatitis C and other communicable diseases. There will undoubtedly be improved communication between the two governments, improved immunization rates for influenza measles, and other childhood diseases.

We should all be concerned by the fact that during 2008, more measles cases were reported than in any other year since 1997. More than 90% of those infected had not been vaccinated, or their vaccination status was unknown. These cases remind us that it is very important to vaccinate children and adults to protect them against measles. Even though the ongoing transmission of endemic (native)

measles was declared eliminated in the U.S. in 2000, the disease is still common in many other countries and can be imported into the U.S. by foreign visitors or returning travelers who are not fully protected against the disease. Close to 90% of the measles cases reported in the U.S. during 2008 were either acquired abroad or linked to imported cases.

The MHA Nation would have enhanced continuity with a single Reservation PHU, who would be able to better serve the native population which is afflicted with the higher health disparities such as diabetes, tuberculosis and heart disease. The MHA Nation would be able to administer public health services with cultural sensitivities in mind. We would have ownership over our own data for therapeutic purposes. I believe there would be increased patient compliance related to elimination of cultural barriers, transportation and poverty barriers and demographic barriers. Currently our American Indian population data is counted in the county's population data in which the health unit is located and given to the state as such; however, we are one reservation and to have our population statistics and health disparities fragmented causes difficulty for eradication of diseases and illnesses.

CHALLENGES

There are admittedly challenges and barriers that we face. There are always jurisdiction issues that come with the provision of services like these. Will the sovereignty MHA Nation be diminished or affected, if at all by a coordinated effort? We will need to find ways to protect this interest going forward.

Another challenge will be increased staff and funding issues. Does the new Fort Berthold PHU unit get funded by the MHA Nation, the State or both? Are there potential federal sources of funding for the economically and socially

currently encompass the Reservation? I think it would have to be because the Reservation population is underserved by the state public health system. There is certainly justification for an additional single Reservation PHU given the population increase and associated health issues brought to bear by the oil boom.

I understand that much of the funding for the existing district health units comes from district wide mill levies and the general fund of the counties and cities within each district. Our Reservation land base is a checkered board, with trust land and non-trust land, also known as fee land. The Tribe and Tribal members do pay property taxes on fee land that they own. For example, there are tribal members whose homes are on non-trust land (lots) in the towns of Parshall and New Town who pay property taxes to the counties. The MHA Nation and its Agencies also own and pay taxes on fee land that they own and operate for various purposes, including housing. Some research would have to be done to see how much taxes are assessed on those non-trust lands within the boundaries of the Reservation.

Although Reservation trust land is exempt from property taxes, the federal government makes payments in lieu of property taxes each year to compensate for federal and Indian trust lands that are exempt from state and local property taxes. Staff will need to determine if any of these federal payments are available to support a Reservation PHU.

The State of North Dakota currently collects millions of dollars per year from oil and gas production on Reservation trust land. Can we find a way to use some of this revenue to support a Reservation PHU? I see no reason not to, but it remains a challenge we must confront.

From our standpoint, many of us agree that a single Reservation PHU is in the best interest of the State of North Dakota and the MHA Nation. But the devil

will be in the details, and the commitment to follow through with an agreement, with both the manpower, and the financial backing.

On behalf of the MHA Nation, thank you again for the opportunity to appear and offer this testimony. I am happy to answer any questions.

GCT-PL1. Race and Hispanic or Latino: 2010

American Indian Area/Alaska Native Area/Hawaiian Home Land within North Dakota

Note: For information on data collection, confidentiality protection, nonsampling error, and definitions, see <http://www.census.gov/prod/cen2010/p94-171.pdf>

Geographic Area	Total population	Race								
		One race								
		Total	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Fort Berthold Reservation	6,341	6,127	1,511	13	4,556	4	1	42	214	272
Lake Traverse Reservation and Off-Reservation Trust Land (part)	169	167	159	0	8	0	0	0	2	8
Spirit Lake Reservation	4,238	4,181	580	0	3,587	0	1	13	57	48
Standing Rock Reservation (part)	4,153	4,034	525	7	3,492	4	2	4	119	82
Turtle Mountain Reservation and Off-Reservation Trust Land (part)	8,656	8,564	223	10	8,320	3	1	7	92	69

Source: U.S. Census Bureau, 2010 Census Redistricting Data (Public Law 94-171) Summary File
Tables P1 and P2