



Enduring Inequalities: Health Care in America's Indigenous Communities

"They would not cover it. They would not cover that emergency transporting just because of the fact (they said) 'well, you should have taken him to an Indian Health Hospital. There was none. There is none in Oklahoma City.'" – Elder Billie Tohee

911. What's your emergency?

America's healthcare system is broken and people are dying.

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host Brenda Gazzar.

(music)

This time on Code WACK! In honor of **Indigenous People's Day**, we're examining healthcare inequities in Native communities. What challenges do they face when it comes to accessing quality health care in America? What problems could they encounter when they get their care through the **Indian Health Service**, the principal federal health care provider to American Indians and Alaska Natives?

To find out, we spoke with **Elder Billie Tohee**, acting executive director of the **National Indian Council on Aging** and former chair of the board. She's an enrolled member of the Otoe-Missouria tribe and a descendant of the Iowa Nation of Oklahoma.

Welcome to Code WACK! Billie.

Tohee: Well, thank you. I appreciate it. Brenda. Away-Pee. Away-Pee is good day in my language.

Q: *Oh nice, Thank you. Tell us a little bit about yourself and your background.*

Tohee: I am known in my language. My traditional name is Kra-dami and that means Real Eagle Woman. (Indigenous language) I'm an enrolled member of the Otoe-Missouria tribe and descendant of the Iowa Nation of Oklahoma is their actual title. And I reside in Perkins, Oklahoma, central Oklahoma. I am currently the new acting executive director of the National Indian Council on Aging, and I have served as the chairperson of the National Indian Council on Aging since we had our conference in Reno three years ago and so some changes came about and now I'm in the Albuquerque office of NICOA, serving as acting executive director.

Q: *Great. And what does the National Indian Council on Aging or NICOA do?*

Tohee: NICOA is the national advocate for Indian elders across the nation and our elders from one coast to the other, from Texas to Canada, our Indian elders, they face just a wide variety of issues and these issues include health care.

Q: *Got it. So let's talk about some healthcare concerns.*

Q: Health care, so you have your, maybe your doctor appointments, things like that. Routine. We want to do our best to keep our elders at home as long as we can.

That's a big issue as opposed to sending them to living facilities or nursing homes. That's more to me more of a cultural traditional thing with Native Americans. In general, I can say that that is one of our big traditional beliefs is to stay at home and take care of each other for as long as we can. As we all know, in many cultures, it's devastating to have to go to a facility that were not familiar with and nursing homes are a big issue in the Native population, especially close to the reservations.

Q: *Hmmm. Can you share some examples?*

Tohee: I will use maybe the Navajo Nation Reservation in New Mexico and Arizona. It's such a huge area. A lot of the elders are in remote areas. Some of them face detrimental things such as no water or unclean water -- just to have daily water for cooking, for hygiene, things like that. They have to drive many, many miles just to stock up on their water, if you will, then return home.

Oh, wow.

Tohee: And then of course, on the health care part of that, it's the same thing. A person in Central Navajo Nation may have to drive a hundred miles one way just to get to an Indian Health facility, and then you've got the drive back. So it's not an easy feat and that's only one reservation. We have reservations all over the United States and Canada that are facing this dilemma of health care. It's not always easily accessible.

Wow, that must be so difficult.

Tohee: Even myself, I live in Central Oklahoma. At one point my son was injured on an elementary playground, and so of course they notified me and I asked the school, it was a public school. I said, 'please transport him as soon as possible to the nearest hospital.' Luckily, I got there in time for that transporting, but he went to the nearest hospital and was treated. The school was initially afraid that he had broken his neck or possibly his back. So that's how serious it was. It wasn't just a simple, 'oh, well get up and let's go to the doctor.'

So we transported him to an Oklahoma City hospital. Well, when I informed Indian Health Service of this incident, you know why we had him transported, because the staff at the school did not know how serious. I didn't know. So we immediately transported him, but Indian Health Service came back and said, 'well, why didn't you transport him to Ada, Oklahoma? Or why didn't you go to the Pawnee, Oklahoma Hospital?'

Now you have to understand both of those hospitals are at least a hundred miles away from that school, from where he was laying on the ground with possibly a broken back or a broken neck. So that's what we face with [the] Indian Health Service. The result was they would not cover it. They would not cover that emergency transporting just because of the fact that said, 'well, you should have taken him to an Indian Health Hospital.' There was none. There is none in Oklahoma City. There's a clinic, but there's no big x-ray machines or this and that. They just didn't have the things to treat him with, you know, with the broken back or neck.

Q: When you say they wouldn't cover it, are you talking about the Indian Health Service?

Tohee: Yes. They wrote to me after I notified them, I transported my son this and gave them all the details and even after I gave them reasoning that the school and I, myself, we were afraid to move him, actually. We thought he was so severely hurt, even with that explanation and I put it in writing, I documented everything and still it was just, well, too bad, you should have just taken him to an Indian hospital that was miles and miles away.

Q: That must have been so infuriating. Can you briefly explain what the Indian Health Service is for people who don't know?

Tohee: Oh, okay. The Indian Health Service was created for Native Americans. It was created through treaties with all of the Indian population, Indian nations, Indian tribes in the 1800s when treaties were coming about through the federal government so it's an instrument of the federal government through the treaties, which basically says you as a Native American will receive medical attention through the Indian Health Service for eternity. You have to be an enrolled member to receive the Indian Health Service. But now they've extended it to the spouse. If there is a non-native spouse, then that spouse is eligible to also use Indian Health Service. Indian Health Service is nationwide. As soon as you are born as a Native American, you can use those facilities, and they usually cover nowadays medical, and then they have dental coverage, and they have vision.

Q: And it's run by the federal government?

Tohee: Yes, it's run by the federal government. They do employ native employees, of course, but I mean, that's not a requirement. It's just if you qualify whoever's qualified to work in whatever position in the Indian Health Service.

Q: So how long ago was that incident with the Indian Health Service and how much did you have to pay for your son's medical care?

Tohee: I would say it had to be like eight years ago. I kept writing and writing to different people in Indian Health Service at different levels, and can't you help me? Can you please help me? Because at that time, I wasn't really financially able to and I didn't have insurance. I didn't have Blue Cross/Blue Shield because we're covered under Indian Health Service. Well, from that incident, I'll tell you Brenda, I do have Blue Cross/Blue Shield now because I learned from that you need that little backup because Indian Health Service failed me at that time. And so I encourage everybody to have some type of medical insurance native. I encourage Natives to have that. So I had to set up a payment plan for all of that incident, the emergency room, the ambulance ride so that was unexpected. So now every time something like maybe I went one time myself for flu symptoms in the past four or five years, and I had to

really make sure I followed their guidelines. Once you go to a non-Indian facility, I went to the Stillwater Medical Center, the hospital in Stillwater, Oklahoma for the emergency room.

And so the Indian Health Service told me, you need to notify us within 72 hours from their visit in order for us to even consider paying for that visit. So there's restrictions that we also face. Things have to be done before they even, like they said before they even consider covering it. But then you have to understand it's in those treaties with Native American tribes that you are eligible and you will receive medical attention for eternity.

Mm-Hmm.

Tohee: But then also some of the issues that I faced throughout my life are we go to an Indian health service facility, and a lot of those people that are service providers, a lot of them are interns from colleges. They're still in college, but yet they come and to me I always say, gee, to me, I've always felt like we're the Guinea pigs.

Hmmm.

Tohee: Because they're practicing on us for the first time through whatever medical program they're at -- steps going through their medical education. And so they place a lot of those students into Indian Health Service facilities. I'm sure because of the economical benefit. You know. Even today, if I went to the Perkins Family Clinic, which is run by the tribe, I'm not going to see a doctor. I haven't seen a real physician in that facility, oh, in years and years. I'm going to see a physician assistant, and I'm not real familiar with the titles or what that involves, but a physician's assistant to me just doesn't make me believe that that's an actual physician that's actually treating whatever issues I have.

I know of facilities even here, and I'm in Albuquerque, New Mexico right now. There's one from years ago that was in the family, the little boy, he's gone now, rest his soul, but he was a toddler. He was just starting to move, be mobile, and he was dancing to some music and I had that video of him. He was sitting on a family member's lap. I think he was about two years old. A family member was feeding him peanuts. So he's sitting on the lap eating the peanuts, and then he jumps off of the lap and runs through the house, and eventually he falls. Those peanuts went down and they lodged in his bronchial tube. Well, peanuts are like beans. They swell when they get wet. So that's what that did. Long story short, the little boy ended up in a vegetable state.

Oh, I'm so sorry.

Tohee: That was really sad. And so the point is, there are so many tragedies like that across the United States at that point where the medical personnel, I don't think they were capable, and it was an intern that was working on this child. He was a student. When the intern put down a scope to explore down the bronchial tube, he put that tube down, but it wedged the peanuts even tighter. That's how he ended up in a vegetable state.

And my point is, there was a student that was working on this child, and so that caused him to go into... I think it was just the lack of experience. Wow. He wasn't educated enough. So we face those kind of things, and I know that can happen in everyday life to anybody, but yet at these facilities, that's my point, that we don't always have full physicians or anesthesiologists or things of that nature. And they've caused damage. Physical damage.

Q: And this was an Indian Health Service hospital?

Tohee: Yes.

Q: Was he transported by ambulance to the hospital?

Tohee: No, family. Family had to transport him because it was kind of in a rural area. But yeah, he got there and then things had to happen so fast, so fast to treat him. But again, an intern ended up treating him.

Q: And how long ago was this?

Tohee: That was like 20 years ago. Not a little longer. And hopefully, I, I just keep hoping things will keep improving, which to me, I have gone to several different health facilities during my lifetime. I'm an elder and I've seen some good treatments, good treating facilities, and I've seen some bad ones. You don't know if you're going to get good service or not, or by who. So that's an issue that the Native population faces on a daily basis. Wow. It's been happening. It continues to happen. And I just keep hoping and praying that during my lifetime I can see these facilities improve more and more.

Thank you, Elder Tohee. Stay tuned next time when she shares more about the challenges Indigenous peoples face when it comes to accessing health care in America.

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