



A second look at the Indian Health Service: A broken promise?

“To have a comprehensive health plan like that that covers medical, vision, and dental across the nation and include Native Americans and Alaska Natives, I think it would be a wonderful thing to see.” – 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 the wake of the recent presidential election, we're revisiting one of our favorite podcast episodes from 2023 about the hurdles America's Indigenous peoples face in accessing health care. What's being done to help elder Native Americans receive culturally competent long term care? Would it surprise you to learn that relying on the Indian Health Service may not be enough to meet their needs? Why are some members of this highly vulnerable population buying health insurance too? To find out, we spoke to **Elder Billie Tohee**, acting executive director of the Albuquerque-based **National Indian Council on Aging (NICOA)** and former chair of the board.

Welcome back to Code WACK! Elder Tohee.

Q: Last time, we spoke about the challenges Indigenous people face when it comes to accessing health care from the Indian Health Service, the primary federal

health care provider to American Indians and Alaska Natives. What else do you want us to know about that?

Tohee: I hope I see more Indian Health Service facilities come up. If you can't have a facility close to the Sisseton Reservation or the Navajo Nation out in the rural areas, at least find a way for transportation for these people so that it won't be such a burden and such a life-threatening event that I can't get to my dialysis today. What do they do? You're putting that life at risk. How many lives are going through this throughout the nation?

Wow.

Tohee: So those are just some of the things that I think about. And again, I hope through NICOA that we can be another resource or a main resource of how to have more nursing home facilities. I know that the cost, I realize the cost is very, extremely high. We've just got to pull all the resources that we can together to make these things happen as Native Americans and the people that have the compassion for our care and our people, I think we just need that cohesiveness and to lobby and to advocate as much as possible and I'm talking yeah, I'm speaking about Native Americans and these issues and these circumstances that I've gone over, it's just barely touching the tip of the iceberg. There's so many issues.

Q: Got it. Regarding long-term care, do you want specific Native American or Indian Health Service nursing homes? Or what would be ideal for you?

Tohee: Ideal for me would be non-Indian Health Service. I don't know if that's possible because of the cost. It may be a partnership of some type. I believe there is or there was a nursing home located in the Laguna Pueblo in New Mexico, and I believe it may I don't know the exact number of beds available. But the thing is, it happened. They were able to do it. You know it may not be a huge, huge facility, but it is a facility and it's there in the pueblo or close to the pueblo where it can serve those pueblo elders and in a sense that keeps them closer to home, things of that nature. And I really do stress that it's different in the Native American world, the Native American traditions, our beliefs, our culture and one of the strongest things in our culture and beliefs are family ... Nobody wants to go to a nursing home because we're family oriented. That's just a big extreme in our nature to go away from home in your golden years to where other people you don't even know are going to be taking care of you.

Q: Right. So, what can you do then, if people don't want to go to a nursing home? What's the solution, do you think?

Tohee: A lot of it is we need to find, if not a suitable family member to take care of that elder or the disabled family member. If we can't find a family member, we of course go to the extended family and if we can't do that, then we at least go to a Native family, just like we do with our children.

If our Native children reach the point where they have to go into foster care or something, there are steps just like that. We actually just did a resolution that we're going to send to Congress to where our resolution states in there... There's a federal law called the Indian Child Welfare Act, ICWA, that was created to protect our Native children, that was created to keep our Native children in Native homes, Native families, so they don't lose their language, their traditions, their culture and so we had our conference in Cherokee, North Carolina, just last week. NICOA created a resolution to send to Congress where we want to include the elders with a law just like that. But specifying this is to cover and protect the Native elders throughout the nation. We've done that, you know, it might've taken us a while, but it's done and it's moving and so the next step is to get it to the Hill, you know, Washington, DC get it to the appropriate people.

Q: So would that mean that an elderly Native person could not be placed with a non-Native family for caretaking?

Tohee: Just like I stated, we want to start with the immediate family. If we can't find anybody suitable – of course we do background checks, all these legal things – and then we go to the extended family, maybe an aunt, maybe something like that. You know, extended not there. Then we go to the community or anyplace 'where's a Native family that can take care of my grandma?' Just like we say 'where is a Native family that can take care of my granddaughter?' because of whatever instances are happening.

Fascinating.

Tohee: And so we're doing our best through NICOA to get that in effect. And it is with our children. I have seen it firsthand. I've seen it where children, a Native child has actually gone, been placed in a non-Native home. Well, after being three, four years, a young child may come out or whatever. I've seen it. I've seen the child after so many years of being with that non-Native family, you couldn't even almost tell that child was Native. It was gone. And that child, and it was the saddest thing for me. This child had no desire to even participate in traditional things. It was gone. The Indian was gone and even the desire to be an Indian, it was taken out of them through this being placed in an outside family. And so, as an adult, as an elder,

maybe 80 years old, 90 years old, for them to go to a facility or even non-Native family, is devastating.

Wow.

Tohee: You know, it could cause depression, it could just cause negative effects and things like that. So that's why we're advocating more and more for those protections.

Q: The Indian Health Service was created to provide health care in perpetuity for Native Americans in exchange for millions of acres of land. It provides that care largely through its federally funded clinics and hospitals. But it's not health insurance and it can't always provide people with the care they need when they need it. As a result, you also carry health insurance. Blue Cross?

Tohee: I do personally have Blue Cross/Blue Shield.

Q: How do you feel about that -- that you're electing to get health insurance even though you have access to Indian Health Service facilities?

Tohee: It's frustrating. I'll tell you, it's, it's like when I have to pay that premium, it's like, 'I shouldn't have to be doing this. I'm not supposed to be doing this.' That's what Indian Health Service is supposed to be covering. But again, with my son, having to make payments to pay for his care, at that time when we thought he was so severely hurt and my almost routine visit to the ER, because I couldn't breathe regularly, and I had flu-like symptoms, pneumonia, whatever. And so those type of issues, I thought, I can't risk, you know, constantly, depending on Indian Health Service, they may not cover every time I go to a facility. They may not do it. So now I have a Blue Cross/Blue Shield premium kind of makes me feel I have a backup. I don't like it. Like I said, it shouldn't be occurring. But for my own wellbeing, I do have that.

Q: How common is it that Native Americans have health insurance?

Tohee: I don't think it's very common. Only if you're in the workforce and your employer may cover that for you. But, you know, when I was employed or if an employer in the past and the employer said, 'okay, Billie, we'll get you Blue Cross/Blue Shield, but you pay for half and we'll pay for half or we'll get you vision coverage or dental, and we'll pay half. You pay.' I always declined because I believed in Indian Health Service... throughout the years, throughout experience, throughout the mishaps, I felt for my own wellbeing. There's a lot in the workforce, a lot of Native Americans in the workforce, of course. And hopefully they're being covered, you know, as well, through their employer, whoever that employer could be but still

if somebody a Native, which we have a lot of elders across the United States that are out of the workforce and other, it's not even adults. Natives can't find employment, don't have transportation to employment, whatever the situation is, they're not covered and I don't think a lot of them have the means to cover it. And I think a lot of them have that mindset that I had. Thank you but I declined it because I have Indian Health Service. It's a big Pan-American issue of having health care and having health insurance coverage where I think a lot of the Natives, like I just said, I don't think they feel they have to have it.

Q: And if you go to an Indian Health Service facility and you meet all their requirements, is 100 percent of the cost of treatment paid for?

Tohee: Yes. That's how it has been. I've gone to a lot of facilities for whatever issue. Like I said, I have sons, one of my sons was pretty rough and tumble and this and that, and had maybe a broken ankle or I've had whatever and no problem. We'll go in, get x-rayed and treated and that's fine, and come back for follow up. That's fine and I never hear a thing about 'you have to pay this or pay.' So there are advantages, of course, to having Indian Health Service. I'm just saying that there are also some disadvantages, you know, that it's not always following through. It's that requirement. Like they told me, 'why didn't you go to Ada, Oklahoma? Why didn't you go to Pawnee?' 'Well, because I thought my son's back was broken. What would you do if it was your young child laying there on the ground, would you, 'oh, well, let's load him up and I'll go to Ada?'

You know? No, that wasn't even in my thoughts. You know? So those kind of things. And then also what I've experienced, Brenda, in my later years here as an elder is I started receiving a lot of advertisements and things of that sort for Medicare and Medicaid and not really being educated about all of that. I knew some about it. And, but there was a part where I got a call and they told me it was Medicare or Medicaid. And they also said, 'well, do you want to have coverage?' Oh, it was when I actually started getting my retirement that this came about. And they said, 'do you want, I think it was part A and part B. Do you want to be covered for both Part A and part B?' One of them – I think it's part A – is the medical part of it. Now, here I went again. I called Indian Health Service headquarters in Oklahoma. I got with a contract specialist person that handles Medicaid and this and that. And I said, is it a requirement? Do I have to get this coverage? Do I have to pay? It's just a premium, another premium.

Right

Tohee: And she said, 'no, it's not mandatory that you do that.' She said, you have Indian Health Service. Again, that's what Indian Health Service is supposed to cover for us. So again, I declined to get that part and I did get the Medicare B again, that backup, because I'm not guaranteed that Indian Health Service would cover everything for me.

Q: So right now, you have access to Indian Health Service facilities, where the cost of care is covered, and you also have Medicare Part B and Blue Cross/Blue Shield?

Tohee: All three. Yes. I have all three <laugh>. So I think I'm covered. I hope I'm covered. And again I do that because of my age, you know, and I've had a couple of episodes of this or of that, and I just recently was diagnosed. I didn't know they're simple things, but I mean, kind of routine things. Like the doctor, the PA told me, 'Billie, did you know you have gallstones? No. Never realized.' Do you know that you have I forgot what he called it, but he saw in an X-ray where my spine is going a little bit curvy and so things of that nature, and I don't know how long they're going to progress or this and that. I don't know the future. I'm not a medical person, you know, per se, just by my experiences of Indian Health Service facilities and emergency room, raising children, things of that nature. But I just want to be covered for my own wellbeing.

Hopefully I don't even have to use 'em, you know? Yeah. So but still My age, I'm, I'm, you know, I'm getting up in age like everybody else, but still yet, I just want to be covered.

Q: Right. There's a movement in America toward single-payer Medicare for All, that would give everyone comprehensive health coverage for things like dental, vision, long-term care, mental health care. What are your thoughts on this, and do you think that American Indians and Alaska Natives should be included in the system?

Tohee: Definitely be included. I do. That would be a wonderful step for me to see in my lifetime. It's only for my well being that I have Blue Cross/Blue Shield, that I have Indian Health Service and that I have Medicaid Part B. That's for Billie's personal wellbeing. But to have a comprehensive health plan like that that covers medical, vision and dental across the nation, or however far it can spread and include Native Americans and Alaska Natives, I think it would be a wonderful – wonderful thing to see, to come about.

And I'm hopeful, something like that, could it, can we just stick together and keep

advocating for things like that. That's where I'm at today, and I just want to take care of our elders. And like I said, these are the golden years. We shouldn't have to be suffering. We shouldn't have to be worrying, how am I going get to dialysis? How am I going to pay for my prescriptions? Just like any American, any United States citizen, we shouldn't have to be deciding 'do I go pay that hundred dollars for that bottle of pills, medication that I need to stay alive, or do I go over to the grocery store and buy my groceries?' That should not be happening in the United States or anywhere, but it is.

To be included in something like that, comprehensive, like you just described, that would just be wonderful in my opinion. And I would hope that all Natives, elders, adults, would participate in something like that. I mean to me it's almost like a no brainer.

Thank you, Billie Tohee.

Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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