

**Written Testimony of
Myron Armijo
Governor, Santa Ana Pueblo
Before the
House Interior Appropriations Subcommittee
Friday, March 18, 2016**

Kowatzina, Kowatzee Uho paa — Good greetings to all and everyone here. It is my honor to appear before this Subcommittee on Interior and IHS appropriations. I am Myron Armijo, Governor of the Pueblo of Santa Ana. I have been appointed by the *Cacique* of our Pueblo to hold the responsibility of taking care of our people and of the lands of Tamaya, the Pueblo of Santa Ana. I am a lifelong resident and member of the Pueblo. The Pueblo of Santa Ana is located in the state of New Mexico, Sandoval County, approximately 21 miles north of Albuquerque, approximately 40 miles south of Santa Fe. The Pueblo of Santa Ana enrollment total as of December 31, 2015 is 873 tribal members.

Health Care Needs. I am here to testify on behalf of my pueblo regarding the health needs of my people. The federal government has entrusted the Indian Health Service with the responsibility of providing the highest possible healthcare for our tribal people. Despite that responsibility, my people continue to suffer at high rates from a variety of diseases; diabetes, cancer, heart disease, stroke, chronic liver disease and cirrhosis, unintentional injuries, influenza and pneumonia, septicemia, suicide, respiratory diseases, depression and post-traumatic stress disorder.

Seniors and Adult Day Care. Our seniors are living a longer life, requiring more health care and services. Due to age and medical and safety issues, seniors are requiring more hospitalization, rehabilitation, home care services, home healthcare services and adult daycare services. For example, it is quite common that the family of a senior must work, as they are income providers in the home. To address this we need an adult day care facility during the work day. We would urge this committee to look at funding for the development and staffing of such facilities.

Disabled. Regrettably, the number of medically disabled children in the Pueblo has grown and so also has grown the requirement for various health care services to address their needs. Some children suffer from seizures, experience delays in walking and talking, as well as other development difficulties. We have seen heart problems and too many premature births.

Behavioral and Mental Health. The need for services with regard to behavioral and mental health is paramount. Tribal members suffer from alcoholism and substance use leading to other problems such as unemployment, poverty, mental illness, liver disease, unintentional injuries, suicide and family neglect. Mental health issues within the community include: unhealthy family situations, neglected children, adolescent depression, suicide, bullying, peer pressure among adolescents and seniors, cyber bullying and other mental illnesses. Santa Ana urges this Subcommittee to support increased funding for inpatient treatment, outpatient services, counseling therapy, support groups and prevention, as well as for more staff and staff training.

Indian Health Service. Once again, we call for more dollars to provide the best healthcare for the Native American people. Because of the lack of funding, the people suffer and will continue to suffer. There have been instances within our Pueblo, where patients with orthopedic problems have had to wait for up to one to two years for referrals to see specialty care physicians for examination, MRI's and surgeries. In the meantime, the patient has to suffer with the pain, take more pain pills on top of their regular medication regiment. Many others tribal members have complained of the long wait for referrals.

IHS – Albuquerque Service Unit: Funding continues to be an issue for the ASU. Increase funding would facilitate the improvement of access to and the quality of care.

Facility – the Albuquerque Indian Health Center (AIHC) constructed in 1934 remains the seat of health care for the tribes within the service unit: Zia, Santa Ana, Sandia, Isleta and Alamo. Although renovated throughout the years, the building is now obsolete. Rather than piecemeal renovations, the patients (and providers) would be best served by a new facility, to include the attendant infrastructure.

Recruitment and Compensation – It is the Pueblo’s opinion that the current advertised wages for the AIHC’s vacancies is a detriment to recruiting and hiring well- qualified providers. Although Albuquerque is New Mexico’s largest city, with plenty to offer its residents, Provider’s do not remain with AIHC very long due to below competitive market compensation. Vacancies that have not been filled are: Director of Nursing, Physician Assistants (to assist MD and DO), Billing and Patient Referred Care Technicians, RN’s (currently utilizing contract employees) and Pharmacists.

Field Clinics Overloaded. Due to the ever increasing amount of Urban Indians utilizing the AIHC, the Field Clinics of Santa Ana and Zia are now receiving overflow patients; thus making it more difficult for the tribal members to be seen at their own clinics. Further, if the Providers need to refer the patients (belonging to the service unit) to non-IHS Facilities, there is a real risk that the costs will unexpectedly be born by the tribal members due to lack of funding by Purchased/Referred Care (PRC). Another cause for limited funding of PRC funds, which should be dedicated to tribal members of the service unit, is the utilization by the Urban Indians. Please note that funding does not follow the patient.

Although Third Party Revenue is offsetting costs, it still is not enough to facilitate the improvement of access to and the quality of care for the tribal members within the Albuquerque Service Unit.

Purchase/Referred Care. The 72-hour requirement to contact PRC for any emergency hospitalization or emergency services is not working. When a call is made, PRC does not answer the phone call. Patients who call PRC request a follow up call to verify the message has been received, so as not to be billed. PRC does not return any calls or communication. The only time PRC communicates is when a bill for services has been forwarded to collections. Many complaints are lack of PRC communication, bills not being paid, and unpaid bills going to collection agencies.

Need for Increased Clinic Days. There needs to be an increase in clinic days to service Santa Ana pueblo community members. Currently, the IHS clinic — Santa

Ana is only open 2.5 days per week. To schedule an appointment, the wait time is weeks until you see a provider; most tribal members end up just doing a walk-in visit, which often does not adequately address their medical need.

IHS Mental Health Services. The wait time for mental health services is extremely long just to obtain an initial appointment. Due to this reason, community members have to seek other providers or go without being serviced. If they have to wait, the crisis which prompts the call usually ends up increasing or patient goes without attention. The need for a full-time psychiatrist, therapist and psychiatric nurse practitioner at the tribal IHS clinic is high. In order to provide suitable services to address a clients need, an evaluation is warranted, but without access to such staff on a timely basis, service plans are not adequately made.

Conclusion. For the sake of our native generations to come, we must work collaboratively to find serious, comprehensive solutions to these problems so we may all live healthier, harmonious productive lives. I thank you for allowing me to go before this Subcommittee to share the needs of my Tamayame people of the Pueblo of Santa Ana, New Mexico.