



Great Plains Tribal Leaders Health Board

Hearing Question Responses Re: Uniform Credentials for IHS Providers Act of 2024; Improving Tribal Cultural Training for Providers Act of 2024; and IHS Provider Integrity Act.

1) Reports have shown a lack of accountability when it comes to IHS employees and misconduct. Anecdotally, can you provide any examples of instances in which a practitioner used the IHS's negligence to work elsewhere despite past malpractice?

Stanley Patrick Weber was an IHS pediatrician in Montana and at the Pine Ridge IHS Hospital in South Dakota. This is a heartbreaking case where Dr. Weber used his position to sexually abuse young Native American boys for over 15 years with IHS. Allegations about Dr. Weber's actions surfaced at the Browning IHS Hospital in Montana in 1995, yet he was transferred to the Pine Ridge IHS anyway and practiced for another 20 years. He was sentenced to five life sentences in federal prison for his crimes. He should not have been allowed to practice medicine for so long, especially with the most vulnerable children in our communities. In cases like this and when previous malpractice has been identified in a background check, the community needs to be notified.

2. During the hearing you brought up the importance of relying on tribal elders when it comes to culture and history. Could you provide the Committee with what you think the best practices would be for ensuring tribal elders and healers are included in the implementation of a tribal culture and history training for all relevant IHS staff?

We believe that any cultural training implemented should be developed by or in consultation with Indian tribes and Tribal health programs in the area where the IHS service unit is located. While there are some commonalities among Tribes, there are important cultural distinctions

between regions. Therefore, Tribes should be the decision-makers when it comes to who the respected wisdom keepers and traditional healers are in their own communities.

In addition, resources need to be provided to support at least one FTE for a cultural coordinator. This position would be responsible for identifying knowledge keepers and managing an advisory committee for cultural training. This role would also administer cultural history and training for staff, integrate traditional healing into services, and provide assurance to the Centers for Medicaid and Medicare Services that traditional healers are appropriate for the Tribes served by that service unit.

3. Would H.R. 8942 impact the hiring or onboarding process for IHS providers, and if yes, what language could be added to the bill to mitigate that concern?

The main concern is ensuring IHS has the resources and funding to carry out this mandate without impacting patient care or slowing down hiring and onboarding. We are especially concerned that the mandate as written might be interpreted to apply to hires at Tribally operated health programs or federal employees assigned to them. In our written testimony, we have provided language to address these issues. IHS should also be given 60-90 days within the hiring date to complete the mandate for cultural training.