MY NAME IS FREDERICK BAKER. I CHAIR THE MANDAN, HIDATSA, AND ARICKARA ELDERS ORGANIZATION, WHICH IS A DULY SANCTIONED ORGANIZATION OF THE THREE AFFILIATED TRIBES. OUR RESPONSIBILITY IS TO PROVIDE SERVICES TO, ADVOCATE FOR, AND PROVIDE LEADERSHIP TO THOSE ENROLLED MEMBERS OF OUR TRIBE WHO ARE SIXTY YEARS AND OLDER. I AM A RETIRED FEDERAL EMPLOYEE, WITH SEVENTEEN YEARS AS A SERVICE UNIT DIRECTOR FOR THE INDIAN HEALTH SERVICE, INCLUDING NINE YEARS AT THE FT. BERTHOLD SERVICE UNIT.

I WAS RAISED AS A HIDATSA/MANDAN AND I AM ONE OF THE FEW REMAINING HIDATSA SPEAKERS. I WAS BORN PRIOR TO THE CONSTRUCTION OF THE GARRISON DAM, AND HAVE CLEAR MEMORIES OF LIFE BEFORE OUR HOMELANDS WERE FLOODED. IN FACT, I WAS BORN IN THE ELBOWOODS HOSPITAL, AND SPENT THE FIRST TWO WEEKS OF MY LIFE THERE, (ALTHOUGH MY MEMORIES OF THOSE TWO WEEKS ARE A LITTLE FUZZY).

THE ELBOWOODS HOSPITAL WAS THE PLACE WHERE WE WENT FOR HEALTH CARE. PEOPLE CAME FROM ALL CORNERS OF THE RESERVATION IN THEIR HORSE DRAWN WAGONS OR SLEIGHS, DEPENDING ON THE TIME OF YEAR, TO SEEK MEDICAL CARE. WE CAME TO ELBOWOODS BECAUSE THAT WAS OUR HOSPITAL. CHANCES ARE THAT ONE OF OUR CLOSE RELATIVES OR ONE OF OUR GOOD

FRIENDS WORKED THERE. THE STAFF KNEW OUR WAYS, AND MADE US FEEL COMFORTABLE AND WELCOME.

WITH THE ADVENT OF THE GARRISON DAM, OUR HOSPITAL AT ELBOWOODS WAS CLOSED, AND WE WERE FORCED TO SEEK CARE AT HOSPITALS WHERE WE KNEW NO ONE, EVERYTHING WAS STRANGE ANDDIFFERENT, AND SOMETIMES WE WERE NOT TREATED VERY WELL. AS A RESULT, MANY OF US, ESPECIALLY OUR ELDERS REFUSED TO SEEK MEDICAL CARE AND MANY DIED AT HOME, RATHER THAN SEEK CARE AT SUCH A FOREIGN PLACE.

TODAY, MANY OF US ELDERS STILL HESITATE TO SEEK CARE AWAY FROM THE RESERVATION. WE LOOK AT THE MINI-TOHE CLINIC AS OUR OWN; WE SEE OUR RELATIVES AND OUR FRIENDS WORKING THERE, AND FEEL ASSURED THAT WE WILL BE BETTER UNDERSTOOD.

I REMEMBER THAT AS THE SERVICE UNIT DIRECTOR, I SPOKE TO PATIENTS, SOMETIMES IN THE HIDATSA LANGUAGE IN AN EFFORT TO HELP PEOPLE BETTER UNDERSTAND THEIR HEALTH CONDITION.

ALTHOUGH WE DEPEND ON OUR CLINIC FOR OUR HEALTH CARE, IT IS WOEFULLY INADEQUATE. OUR POPULATION HAS GROWN, AND WILL CONTINUE TO GROW AT A FAST PACE. WHILE OTHER COMMUNITIES ARE CLOSING THEIR SCHOOLS BECAUSE OF DECLINING RURAL POPULATIONS, WE ARE BUILDING ON TO OUR SCHOOLS TO MEET THE GROWTH.

AS PREVIOUSLY STATED, WE HAVE OUTGROWN OUR MINI-TOHE HEALTH CENTER BUILDING BOTH IN SIZE, AND TECHNOLOGY. THERE ARE INSUFFICIENT NUMBERS OF EXAM ROOMS, HENCE PATIENTS HAVE TO WAIT LONG PERIODS OF TIME TO GET APPOINTMENTS, AND IF AN EMERGENCY TYPE PATIENT PRESENTS DURING CLINIC HOURS, THE PATIENTS THAT DO HAVE APPOINTMENTS, HAVE TO WAIT SOMETIMES AS LONG AS TWO HOURS BEYOND THEIR APPOINTMENT TIMES TO BE SEEN. WE HAVE HAD ELDERS WHO HAVE LEFT BECAUSE OF A LONG WAIT ONLY TO COLLAPSE OUTSIDE THE CLINIC AND REQUIRE AN AMBULANCE RIDE TO THE NEAREST EMERGENCY ROOM WHICH IS SEVENTY MILES AWAY.

OUR CLINIC IS ONLY OPEN FROM 8AM TO 5PM, MONDAY THRU FRIDAY. IF WE GET SICK AND REQUIRE CARE OUTSIDE OF THESE HOURS, THEN WE HAVE TO GO AT LEAST SEVENTY MILES TO SEEK MEDICAL CARE. WE ARE ALWAYS FEUDING WITH THE INDIAN HEALTH SERVICE BECAUSE THEY WILL ONLY PAY FOR WHAT THEY CONSIDER IS AN EMERGENCY. IF WE PRESENT AT A NON-IHS FACILITY, THE IHS WILL ONLY AUTHORIZE PAYMENT FOR WHAT THEY CONSIDER AN EMERGENCY. IF OUR SITUATION DOES NOT FALL WITHIN THEIR DEFINITION OF AN EMERGENCY, THEN WE ARE STUCK WITH THE BILL. MANY OF US HAVE HAD OUR CREDIT RUINED BECAUSE WE SOUGHT MEDICAL CARE AT AN OUTSIDE FACILITY DURING NON-CLINIC HOURS, FOR WHAT WE THOUGHT WAS AN EMERGENCY, ONLY TO HAVE THE

IHS DENY PAYMENT, AND WE, NOT HAVING THE RESOURCES TO PAY THE BILL, END UP AT THE HANDS OF A BILL COLLECTOR.

WE DESPERATELY NEED A BUILDING THAT IS ADEQUATE TO MEET NOT ONLY OUR BASIC NEEDS FOR MEDICAL CARE, BUT THAT CAN PROVIDE US WITH TWENTY-FOUR HOUR EMERGENCY SERVICE, AND SPECIALTY CLINICS INCLUDING AMBULATORY SURGERY. IN ALL, THESE SPECIALTY CARE SERVICES WILL SAVE MONEY BECAUSE THEY WILL ALLOW MORE PATIENTS TO RECEIVE SERVICES EARLY ENOUGH TO PREVENT COSTLY URGENT AND EMERGENT PROCEDURES FURTHER DOWN THE ROAD. I RECALL AN OCCASION WHEN, AS A SERVICE UNIT DIRECTOR, I HAD NEITHER THE RESOURCES AVAILABLE AT THE CLINIC, NOR THE CONTRACT HEALTH CARE DOLLARS TO PAY FOR A DIAGNOSTIC PROCEDURE THAT WOULD HAVE COST ABOUT 500 DOLLARS. SIX MONTHS LATER, THIS SAME PATIENT HAD TO HAVE A LIFE-SAVING PROCEDURE THAT COST THE INIDAN HEALTH SERVICE 65,000 DOLLARS. THIS PROCEDURE AND ITS SUBSEQUENT COSTS COULD HAVE BEEN AVOIDED, HAD WE HAD THE PROPER RESOURCES AT THE CLINIC TO MAKE THE DIAGNOSIS.

A NEW CLINC, EQUIPPED WITH TODAY'S TECHNOLOGY, AND THE NECESSARY STAFF, WILL BRING OUR LEVEL OF CARE TO A MORE REASONABLE LEVEL AND CLOSER TO THE LEVEL OF HEALTH CARE THAT ALL OTHER AMERICANS ENJOY. FURTHER, IT WILL FULFILL THE PROMISE OF REPLACING OUR HOSPITAL AT ELBOWOODS.

THANK YOU FOR YOUR INTEREST IN OUR HEALTHCARE AND FOR SUPPORTING OUR DESPERATE NEED FOR A NEW CLINIC.