



Choctaw Nation of Oklahoma

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“Having Options Making Choices – The Choctaw Nation Health Care System”

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Halito from the People of the Great Choctaw Nation of Oklahoma!

Our Vision: *To achieve healthy, successful, productive and self-sufficient lifestyles for a proud nation of Choctaws*

Our Mission: *To enhance the lives of all members through opportunities designed to develop healthy, successful and productive lifestyles.*

The greatest asset for the Choctaw Nation of Oklahoma is and always will be our people. Indian people were forced to assimilate into a society unlike our own with non-traditional healing and a culture that did not invest in a healthy future for the citizens of the country. In this case I speak specifically of investments in the people - health care, human development and family economic security. We as Tribal governments have had to languish while the federal government did what it thought was best for us. Much to our chagrin what they did was to upset the order of our lifestyles and our existence. But we have prevailed and are reassuming our roles as strong sovereign nations that are reinvesting in us.

The Choctaw Nation has invested in many ventures: we have seven casinos, a manufacturing business, a management services company, 13 travel plazas, 12 smoke shops, a printing company and a document archiving company. Proceeds from all of the tribe's businesses provide the revenue stream to support not only the programs that assist Tribal members but also enables the Tribe to support scores of community programs and charities.

Our greatest investment by far is the Choctaw Nation Health System which serves a 10 ½ county area located in Southeastern Oklahoma, near Texas on the south and Arkansas on the east. Our members are located in and around this tri-state area, California, Washington and even in Europe and can access care when needed.

We have always been in the rural health business since establishing the Choctaw Nation Health Services Authority in 1915 and with the assistance of Congressman Charles D. Carter and the Chickasaw Nation founded the Carter Hospital. This was a 60 bed facility which treated patients with tuberculosis and cost \$50,000 to construct. This was quite an undertaking in 1915 for Indians to have access to such resources and to find “Friends of Indians” who believed that we were capable of operating and managing institutions such as this facility...yes, there were actually some non-Indians back then who believed that we could do it for ourselves!

In 1938 the facility was expanded to 225 beds, of which 150 were designated for the tuberculosis wing with a price tag of \$1.2 million and was renamed the Talihina Indian Hospital. It was the largest and most modern hospital in the Indian Services. As you can imagine it was the talk of the country with headlines that read, “Million Dollar Healing for the Indian”. Talihina staffed 100 of which 30 were nurses; others being doctors, specialists and general maintenance employees.

In 1955, the federal government restructuring transferred Indian Health from the Department of the Interior to the Department of Health, Education and Welfare once again tampering with the order of our lives and how we provided health care, what type of health care and who we served.

Talihina Indian Hospital became the Public Health Service Indian Hospital and served as a medical center providing comprehensive, preventative and other treatment services. It was a time when civilian facilities were used for specialties to supplement the care of patients in the Public Health Service. Choctaw also operated three clinics located in Broken Bow, Hugo and McAlester and patients included members of the Five Civilized Tribes in Southeast Oklahoma and a few Navajo patients moved from New Mexico following World War II. These additional services were arranged through contracts between the hospital and other health care institutions known as outsourcing and was called, you got it “*Contract Health Services*”!

By 1993 the budget was over \$13 million and the facility staffed 250 members, all employed by the Choctaw Nation. Yes, we were officially in the healthcare business but we still had constraints that challenged our ability to show all that we could do and to improve upon what we had already done...we wanted outside of the box.

We had heard about Tribes that had taken control of federal funding and running their own programs and we wanted to know more and learn how to participate. Unfortunately we had some difficulty getting those in Washington, D.C. to open the doors and guide us but there was an office that had been established for the purpose of providing technical assistance and helping Tribes who wanted to know and hopefully participate in this new initiative known as **SELF-GOVERNANCE!**

Our people were unsure if this was the right thing to do, after all we were already in the business of health, what more did we hope to accomplish by pushing the envelope? Many were skeptical and reserved and inquired about the benefits and danger of entering into another agreement with the United States? Yes, a valid concern since Tribes in Oklahoma had deep scars to show of our trust relationship with the United States. But, as a government, we did look outside of the box and realized that if we could remove some of the impediments and really operate health care the Choctaw way, and exercise our inherent right to an array of full health care services, then we really could compete with the federal government in health care delivery and maybe outsource to them! After all, the 1974 Indian Self-Determination and Education Assistance Act (ISEAA) expanded contracting authority and since 1915 we had already shown that we knew what we were doing; we had to go for it! We cashed in on the contracts for the compacts because all we needed was to remove the strings that were attached to the funding. Again Congress had provided the authority by amending the ISDEAA to allow for this new way called "**SELF-GOVERNANCE!**". We knew that we had to take this idea to the Choctaw citizens and that was not going to be easy.

There were many Tribal members who were unsure about pursuing Self-Governance. We were fortunate to have the support for other Tribes in Self-Governance to work with us in developing a strategy and the message to share with the community. The planning period allowed us to educate the citizens, to work as a community on designing how it would work, and to reach an agreement as a Nation to move forward.

In 1995, the transition into Self-Governance within the Indian Health Service (IHS) was timely, a good option and the opportunity for us to excel at what we had demonstrated we knew how to do well. We were already responsible for managing and operating our health care system but we needed to remove the federal boundaries that limited our growth in the way we wanted and stated in our mission. As a Self-Governance Tribe, we are fulfilling **Our VISION**, “To achieve healthy, successful, productive and self-sufficient lifestyles for a proud nation of Choctaws“. In 1999, the Choctaw Nation of Oklahoma was the first Tribe to build its own hospital with its own funding. It was a joint-venture with the IHS meaning we provided the facility and they provided the staffing. The Choctaw Nation Health Care Center is a 145,000-square-foot health facility, with 37 hospital beds for inpatient care and 52 exam rooms; and yes, it is located in Talihina.

As a Self-Governance Tribe, we are achieving **Our MISSION**, “To enhance the lives of all members through opportunities designed to develop healthy, successful and productive lifestyles“. Since opening we have added 4 new clinics, a Diabetes Wellness Center, Chi Hullo Li – Recovery for Women, and a Recovery Center for Men:

New clinics:

1995 Poteau, 18,999 square feet
2005 Stigler, 12,000 square feet
Idabel, 57,000 square feet
2008 Atoka, 11,000 square feet

Rebuilt previous clinics:

2007 Broken Bow, 6,281 square feet
McAlester, 44,807 square

Remodeled clinic:

2010 Hugo, 9,243 square feet

An overview of the services provided at the Choctaw facilities is attached for your reference and information.

We are proud of our health care growth and expansion since 1915. Yes it may have taken us 80 years to reach many of our goals but success is achieved through careful and skillful planning and implementation...just the way we did it. It is not my intention to give you the impression that we did not

make mistakes because we did. We learned valuable lessons, got up and brushed ourselves off and continued the journey to achieve the benefits of owning and operating a successful and profitable health care system. As a result, our people are more accessible to and directly receiving the care they need.

I can't tell you that this was all made possible by Self-Governance. But I can tell you that because of Self-Governance it happened in my life-time and has saved the lives of, treated, educated and employed my people.

After all when you make an investment you expect a return; ongoing returns. Well, I can honestly say that Self-Governance has allowed for continued return on the investment the Choctaw Nation has made outside of the box, in health care, and most of all in my people.

YAKOKE (Thank you.)