

Underfunding of Indian Health Services

The End of A Life



Cleo Faye Reece, a member of the Berry Creek Rancheria of Kankow Maidu, was born on January 9, 1955, at a time where there were no Indian Health Service (IHS) services in all of California. Her family lived in the small town of Oroville, California near the sixty-five acre Berry Creek Reservation. A town made famous by the startling appearance of Ishi, the so called “Last California Indian” some forty-four years before. Cleo’s father was an auto mechanic and her mother; mostly a housewife, from time to time did office work adding to the family income. Like most California Indians of that era, her family struggled economically and faced a degree of social stigma as they tried to maintain their cultural heritage. But for Cleo, her older brother Frank and her little sister Patty growing up there were fun things too;

like summer trips to participate in the annual Maidu Bear Dance on a flat near Janesville, California. Later Cleo attended Sherman Indian Institute in far away Riverside, California but left her senior year to get married and start a life of her own. A single mother of three, she was an entry level office worker who late in life found herself in poor health, far from home working for the Indian Center in Redlands, Michigan. She relocated back to Oroville in 2001. All of her life she had suffered from Asthma, COPD and ultimately cancer. She died on January 29, 2008, surrounded by family, hounded by creditors, abused by an unresponsive health care system and worried sick about the troubles she was leaving behind for others to cope with.

Cleo’s life did not have to end this way but sadly her story is all too common across California Indian country where underfunded Tribal Health Programs face the daily necessity of rationing health care. Today some forty years after the IHS returned to California; Feather River Tribal Health (FRTTH), Cleo’s medical home, runs a quality program of preventive and primary care services. Decisions regarding policies for oversight of contract health service (CHS) are the responsibility of FRTTH’s Board of Directors. The Board is faced with the burden of setting policies that they know will personally impact their tribal members. To do otherwise would jeopardize the funding of the program for all eligible CHS patients. Cleo’s sister, Patty, sits on that Board and knows the burden of that responsibility and the personal grief that those decisions can unleash on family and community. Patty does not believe that anything could have changed what happened to her sister but she wishes that the end of her sister’s life had been less troubled.

In March of 2007 Cleo; debilitated by heart problems, her lungs failing and on twenty-four hour oxygen supply presented to Feather River Tribal Health for assistance. Cleo had no insurance and did not qualify for state assistance. She was referred to Oroville Hospital for tests and further treatment. Because of policies set by Feather River, CHS could only cover a portion of her future health care costs. By California standards that portion, capped then at \$10,000 per hospitalization, with a maximum of three hospitalizations per year, a policy set by the Board of Directors in order to protect all eligible CHS patients, is generous. Many such programs are so short of Contract Health Care (CHS) funds that by local rule they provide only \$2,000 in coverage and many others provide no inpatient services or specialty care at all. Ultimately the cost of this episode of care would mount to over \$100,000, and the bills from that referral would haunt Cleo the rest of her life. Cleo’s health problem was compounded by the following fact: the IHS is funded by Congress as a discretionary domestic program, at 52 she was too young for Medicare and her income was a few dollars too much to be eligible for Medicaid. She found herself lying in bed suffering from pneumonia, her body filled with fluids, her kidneys failing, and confronted by a Physician and a Hospital that





seemed more interested in her source of payment than her well-being. More importantly, X Rays taken at that time were under read and contained no mention of the spot on her lungs that would eventually take her life. Worried about the bills to come, the family pooled their funds and retained a lawyer to argue her case for disability with the Social Security Administration. Cleo was eventually discharged from the hospital and sent home; the immediate crisis passed.

Months later good news arrived. The lawyer had been successful. Disability status had been secured and a limited health coverage benefit had been obtained. By now bills from the hospital, the oxygen supply company and the doctor were arriving marked unpaid and overdue. The oxygen supply company was threatening to refuse further services. But the worst news of all was yet to come. The spot on her lungs from the previous x-ray was diagnosed by an Oncologist, as cancer and chemotherapy was prescribed. Three weeks of precious time was lost while the paper work from the Social Security Administration assuring her a source of payment was processed. In late December as Cleo prepared to undergo chemotherapy,

her oldest daughter, Nonie, flew in from Utah to care for her mother while leaving her two small children in the care of her husband, who was unemployed at the time. On January 3rd as Cleo's health continued to deteriorate, she entered the hospital for a series of chemotherapy treatments that would ultimately prove to be unsuccessful. Cleo's health coverage now consisted of limited health benefits from her disability status, and, because she now had a resource, the ability to access additional benefits from Feather River Tribal Health's CHS program to help fund her treatments. The treatments were difficult but health benefit coverage was no longer the primary problem.

Faced with the ultimate finality of her situation, Cleo decided to return home where she hoped to be under the care of a home health provider only to learn that she was not eligible for home health services. Next, the family sought Hospice care. While on a phone call one day, her daughter was told that Cleo would not be eligible for hospice services until June. In an angry voice Nonie responded: "Her mother was dying in January she would not be here in June!" Finally Hospice care was arranged on Friday, January 26th, and Cleo was discharged to go home the following morning. The Hospice worked overtime to set up the equipment and prepare the family. In those last few days each hour was precious. Several times the family gathered around her bed, held hands, and sang and prayed to her, lifting her spirit and preparing her for the end. By Tuesday, January 29th, she began to lose consciousness, and finally passed quietly in her sleep that evening at 7:16 p.m.



This story does not end here. Within days a new flood of medical bills and threatening phone calls from collection agencies began to arrive at the home of Cleo's sister, Patty, who held medical power of attorney. Bills from the episode in March were still outstanding, and now added were new bills for the uncovered portions of the final episode of care. The calls are quiet for the moment, but the bills remain unpaid. Surely, the small rural hospitals and other providers deserve to be paid for the services they provided, even if at times they seemed inept and cruel. FRTH wishes it could have had the ability to meet the financial needs of its tribal member faced with a catastrophic health emergency, and surely, this situation will be repeated over and over again unless Congress finds the political will necessary to fully fund the Indian Health Service.