

Testimony
Study of the Feasibility of Placing the
Fort Berthold Reservation in a Single Public Health Unit
Health Services Committee
Wednesday, September 26, 2012; 9:30 a.m.
North Dakota Department of Health

Good morning, Chairman Lee and members of the Health Services Committee. My name is Dr. John Baird, and I am chief of the Special Populations Section in the North Dakota Department of Health. I am also the local health officer for Fargo Cass Public Health. I am here today to provide comments concerning the draft bill which would amend North Dakota Century Code Chapter 23-35 and provide funding for a pilot project to establish a tribal public health unit on the Fort Berthold Reservation.

On September 17, 2012, several of us from the North Dakota Department of Health again met with Chairman Tex Hall, as well as Judy Brugh, chair of the tribal business council health committee, Jennifer Fyten, tribal attorney and other representatives of the Mandan, Hidatsa, and Arikara Nation in the tribal chambers at New Town. Staff of the Elbowoods Memorial Health Center participated in our meeting and Dr. Donald Warne, Director of the Master of Public Health program at North Dakota State University, was with us as an expert consultant. We reviewed some specific benefits of a tribal public health unit including coordination of services and provision of one point of contact on the reservation for public health concerns. Focusing more attention on public health allows for better assessment of health problems unique to the local population and gives more attention to cooperative solutions and an ability to search for unique funding opportunities.

The group looked at details of a model tribal health and safety code, which was developed in 2005 by the Inter Tribal Council of Arizona. Some code already exists for the Three Affiliated Tribes and some of the model code provisions would not be necessary. A smaller group will continue to examine the code and refine it for presentation to the tribal council. Updating and bringing all the tribal health and safety code into one document should provide clarity and better understanding of public health authority on the reservation. We discussed financial issues for a tribal public health unit, but did not get into the fine detail of specific budget line items. A business model and more specific budget will need to be developed as planning continues.

Legislative council provided me with the draft bill after it was prepared for your committee. With straightforward and relatively small changes, it allows for a local public health unit to be formed on the Fort Berthold Reservation, and it has been well drafted. I would like to suggest a couple of wording changes in Section 2 of the bill. On line 3 of page 2 of the draft bill, I would suggest the title be “Tribal health units” and on line 5 of page 2, I would suggest inserting after health district the words “or public health department.” There are some differences between a health district and a public health department. A decision has not been made if a public health unit on the Fort Berthold Reservation would be a health district or a public health department. Even without my suggested changes, it might still be possible to form either variety of a public health unit, but it seems clearer with these changes.

Section 8 of the draft bill provides an appropriation for the biennium to implement a tribal public health unit pilot project and evaluation. The group meeting with the tribe feels that a state appropriation request is necessary to start a public health unit on the Fort Berthold Reservation. This will allow the consolidation of programs into one effective public health unit to coordinate services on the reservation.

Conclusion

The draft bill you are considering today, with possible small revisions, is a good result of the study you have conducted to look at the feasibility of placing the Fort Berthold Reservation in a single public health unit. It will allow the tribe to form a public health unit to provide good assessment of health issues, assure better public health services, and examine policies to improve the health of the community.

The state health department will continue to assist the tribe in adopting tribal health and safety codes and to develop the budget and administration needed to run a local public health unit. I would anticipate cooperation with other local public health units in the region.

Chairman Lee, members of the committee, this concludes my testimony. I am happy to answer any questions you may have.