

Porcupine Clinic Site Visit Report

6/22/11

By Daniel Rodriguez, Bonney Hartley, and Jack Blanks



1982: "When we started the meeting we were in this little building that didn't even have heat, so we're all sitting around a trash can with something burning in it and then we said a prayer. The first thing I did was pass around the checkbook so everybody could see. And that's how I always did it. There was this Grandma sitting there and she looked at the check book and there written was Seva's little 1,500 dollars in the balance. She said, "Now we're gonna build our clinic." And Hidden Mountain said, in her mind, "Oh my God these people don't have a clue! They can't build a clinic with 1,500 dollars." And she said, "It turned out that I was the one that didn't have a clue. They did build that clinic. It started with the 1,500 dollars."

-Lorelei DeCora, Porcupine Clinic founding member

Purpose of visit:

Porcupine Clinic on Pine Ridge Indian Reservation, founded in 1982 and opened in 1992, remains today the only free-standing, 501c(3) non profit, community-supported health facility in rural Indian country.

From June 20-22nd 2011, Seva Foundation visited Porcupine Clinic with the purpose of conducting an informal assessment of the current state of the Porcupine Clinic operations. Porcupine Clinic represents the origin of Seva's Native American Community Health Program, and thus the Seva group was interested in drawing on these historic ties and gain an understanding of possibilities for an ongoing partnership.

During this time, meetings were held with 6 board members of Porcupine Clinic, 2 part-time staff of the Clinic, and 1 former Clinic staff and current Seva Advisory Circle member. (See Participant list in Appendix A).

Seva's delegation consisted of Jack Blanks (Executive Director), Bonney Hartley (Native American Community Health Program Manager), Daniel Rodriguez (Native

American Community Health Program Associate), and guest Nancy Iverson of PATHSTAR¹ in San Francisco.

Pine Ridge Community:

Demographic information: Pine Ridge Reservation is home to Oglala Lakota. The population is approximately 46,000 people, one half of which is under the age of 18. Unemployment rates are 73-85%. Life expectancy is 55 for males (U.S. average is 75) and 60 for females (U.S. average is 80). Suicide rates are 72 % higher than the national average. 37% of the population is diabetic. 62% are at-risk.

According to a Porcupine Clinic health assessment in 2002, the Oglala Sioux Tribe saw a 339% increase in diabetes among adults in the period 1996-2000.

Significance of Porcupine Clinic: A main reasoning for opening the clinic stemmed from community concerns around inadequate treatment experienced at existing facilities, as well as the long distance between the two area clinics: Porcupine Clinic is located at a mid-point between the town of Pine Ridge and Wanblee, both of which have Indian Health Services (I.H.S.) hospitals. The purpose of the clinic, then, is to provide accessible rural primary health care and health education services to Porcupine and surrounding communities. It was described in our meeting that transportation is available by a Tribal shuttle bus to the two I.H.S. hospitals, but bus fare is often cost-prohibitive for community members. Porcupine Clinic is closer and more accessible, even including free transportation to community members if needed.

Also, because Porcupine Clinic is community-run, it was expressed that a strong point is that they ensure culturally-sensitive relations with patients. Lakota language is often used, refreshments are provided, and there is a unique quality of inclusiveness: *“A lot of people don’t have the means to get to Pine Ridge. This clinic is a local solution. The ones without financial resources can be attended here.”*

In 2002, the Clinic operations were able to provide basic health care services and referrals for specialized services for over 4,000 regular patients through support of Indian Health Services, medical professionals, and community-based paraprofessionals. At that time it also screened over 5,000 school children and identified over 700 that were at high risk of becoming diabetic.

Porcupine Clinic Facility:

Porcupine Clinic has a waiting room, meeting room, receptionist office, administrative/records office, and several examination rooms and health education offices. It also has a garage for accommodating a van or an emergency service

¹ PATHSTAR (Preservation of Authentic Traditions and Healing) is an experiential education-based program committed to revitalizing Native health practices. Its core program includes a week-long health education Alcatraz swim program in San Francisco each October, mainly with Lakota participants from Pine Ridge Reservation.

vehicle. There is a vacant dialysis facility adjacent to the clinic and there is a non-functioning pharmacy



The clinic at times also serves as a community center—since it is the only such building of its kind in the area, it is where birthdays and other special community events are held.

A past barrier to the facility operations was that pipes had frozen several times in recent years and have cost up to \$10,000 to repair. Looking ahead, it was expressed that the pipes are no longer expected to be a concern as they have

learned how to protect them from freezing.

Current services offered by Porcupine Clinic:



The clinic currently serves 100 people per week with its current staffing. Staff believe the demand is greater and could be upwards of 200 people per week if the infrastructure is developed. Clients primarily come from Porcupine, Kyle, and Manderson.

Primary care services—

For one week per month, the clinic offers primary care via a

***Clinic Director Floyd White Eyes & Health Education
Director Karen Red Star***

“Global Partners” team from Gundersen Lutheran Health System based in LaCrosse, Wisconsin (a 10-hour drive). The Global Partners team (of 12 persons) sees patients from 12-6pm on Monday, from 10am-6pm Tuesday-Thursday, and until 11am on Friday (for follow-up visits only). Patients are scheduled every 30 minutes, with room for approximately one walk-in per hour per provider, schedules permitting. Besides the GP, the team brings a different specialist each month—such as a cardiologist, nutritionist, pediatrician—plus RNs and a data entry staff.

“Global Partners” team from Gundersen Lutheran Health

This partnership is a multi-year contract between Porcupine Clinic and Gundersen Lutheran as an interim solution to the health staffing needs.

In addition, Porcupine Clinic has hosted volunteer nursing students for screenings.

Health Education:

The Clinic houses a Community Health Representative, who conducts culturally sensitive outreach at area health fairs, cancer & HIV screening workshops, in the jail, at Sundance and other ceremonies, and distributing hygiene and health incentives. Substance abuse prevention services are also held at the clinic.

SMILES Dentistry program

Dental education services are offered one day per week at the Clinic (Thursday).

Vaccinations & Immunizations

An I.H.S. staff is based at the Clinic one day per week (Tuesday), to provide services to all age groups, including children's back-to-school shots. She also conducts home visits for diabetes and cancer patients.

Maternal & Child Health Program

The clinic offers well-mother and well-baby exam services.

Dormant programs:

- Midwives program (on hold as of recently)
- Dialysis Unit (not operating)
- Pharmacy services (vacant/not operating—currently a storage room for first aid supplies)
- WIC (moved to another location after pipes broke).

Future Vision:

1. It is imperative to recruit reliable medical staff.

The group was in consensus that the immediate priority is hiring/securing a part-time M.D. To ensure that the clinic had access to federal grants and other philanthropic dollars there would need to be a permanent doctor again. If there were a doctor on staff, IHS would be inclined to fill prescriptions. By establishing stable clinic hours and housing an M.D. there would be bargaining room to provide further opportunities for the future.

The time estimate is 12/hours week with a salary of \$50-70/hour.

"You know, right now we feel handicapped without an M.D. on board; we need to build energy and resources with funding. This is why we need a reliable medical staff." –Edgar Bear Runner, Board Member

A part-time MD will also allow them to hire a NP or PA who could provide much of the care but by federal law must work under the supervision of a doctor (they said these are available for hire locally).

2. Third Party Billing

With a MD in place and by hiring an accountant the clinic would be able to work directly with providers such as Medicare and Medicaid to secure reimbursement for services. As of now Porcupine Clinic is dependent on IHS to do the coding—when patients come the records are handed over to I.H.S. and the revenue generated stays with I.H.S. Five or six years ago they had this system in place but not anymore.



Dialysis Unit

3. Reopen Dialysis Unit
There are 16 dialysis patients in the community right now that would surely access the unit when it became available. It has been 3 years since the unit shut its doors. It was noted on our visit that this facility could possibly be used to house a doctor. The equipment is still there but may need upgrading.

4. Begin more Preventative Health Programs

Health educational and preventative programs can be started if and when clinical staffing needs are met. *“The tribe is not addressing the root causes. Programs are needed on how to shop for and prepare healthy foods, for example.”* --Harry Eagle Bull, Board Member

Next steps:

“I hope to see it flame here pretty soon now. Experience is a good teacher. We know we made some mistakes back then; we know very well we can’t make the same mistakes again. I’m hoping that it grows again, with the help of Seva of course. I believe in Alpha and the Omega. So I know that Seva was here in the beginning and it’s going to be here in the ending. They will help us. I know that.”

—Velma Kills Back, Porcupine Clinic Board Member



Seva staff with Clinic director Floyd White Eyes

As a result of this meeting, Seva staff recommends re-establishing an ongoing partnership with Porcupine Clinic in a manner consistent with Seva’s Native American Community Health Program vision and the Porcupine Clinic’s own community health goals.

Seva plans that between July-October 2011 it will continue assessing the possibilities of partnership by sharing these findings with Seva Board of Directors and advisors, perhaps designing plans for a more formal assessment, and investigating funding strategies to finance this new partnership. Porcupine Clinic board will prepare a proposal and budget for Seva during this time for consideration.

Appendix A: Participant List & Contact Information

Board Members:

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