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LIUNA Outraged by Drastic Cuts in Service at Largest Indian Health Service Facility in U.S.

Phoenix Indian Medical Center cuts put patients, workers at risk

Washington, D.C. (March 27, 2009) – The Indian Health Service (IHS) National Council, part of the Laborers' International Union of North America (LIUNA), today expressed its great concern about drastic cuts in services at the Phoenix Indian Medical Center (PIMC).

PIMC is the largest facility run by the Indian Health Service in the United States. PIMC provides primary care to a local population of 35,000 Native Americans from over 20 tribes, and is a referral center for approximately 70,000 Native Americans across Arizona, Utah and Nevada, representing at least 50 tribes.

The Union requested a meeting with PIMC management after hearing rumors of cuts to essential services. PIMC confirmed this week that it does not have sufficient funds in its operating budget to continue providing some critical services. According to a memo released Wednesday by Vincent Berkley, acting Chief Executive Officer of PIMC, the following services will be eliminated at PIMC and contracted out to other health care facilities: critical care, labor and delivery, and inpatient operative procedures.

The memo was released after a number of meetings occurred over the past few weeks among PIMC management officials. During the meetings, PIMC management made participants sign confidentiality agreements so they would not discuss the facility's budget problems.

"The Indian Health Service is the primary means of providing health care to the Native American Community," said Sam McCabe, Chief Steward of LIUNA Local 1386. "These unexpected cuts will put PIMC's patients and workers at risk."

"PIMC claims that it will not lay off any staff," said Dr. Steve Miller, Business Manager of LIUNA's IHS National Council. "We will hold them to that promise."

The sudden cuts to essential services at PIMC are part of a pattern at IHS. In the past nine months, two other IHS facilities either cut essential services or came within days of closing their doors completely, citing budgetary problems. The Quentin Burdick Hospital in Belcourt, North Dakota eliminated its obstetrics and gynecology program in summer 2008, and now redirects expectant mothers, including those in labor, to a facility 90 miles away. Rosebud Hospital in South Dakota announced January 15 it would close its doors within five days due to budget constraints; the facility reconsidered in part due to pressure from the Union.

LIUNA has filed an information request to determine how these and other IHS facilities manage their budgets. The Union has also filed a request to bargain over changes in working conditions due to service cuts at PIMC.

“It is unfathomable that the management officials at IHS do not know about, nor are held accountable for, the budgetary problems at these facilities,” said Dr. Miller. “The announced cuts at PIMC, along with the past problems at Belcourt and Rosebud, are part of an endemic problem at IHS. While we know that IHS does need a significant overall increase in its budget, we must ensure that ‘unexpected’ service cuts do not become the rule rather than the exception. We must hold accountable management officials who are responsible for ensuring that workers can do their jobs and provide the best health care possible for the patients they serve.”

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