Thanks to Delegations
Letter to North Dakota Editors

As one of the most rural states in the nation, North Dakota directly benefits from a small set of federal health programs designed to ensure access to quality health care. Near the end of 2005, however, these vitally important health programs barely escaped being eliminated. Only through the commitment and dogged persistence that has come to characterize the North Dakota Congressional Delegation and other like-minded Congressional advocates for rural America, key programs were salvaged.

As we know, the federal budget has grown increasingly tight. Like our own personal budgets, when money is tight, tough choices are made. In this case, balancing our nation’s economic health with the health of individuals and communities are both inherently important aims. However, in pursuit of cuts in federal spending, rural programs were shown the sharp end of the knife. But thanks to the work of the North Dakota Congressional Delegation, some of the worst cuts that would have hobbed effective rural health oriented programs were reversed. Here are examples of just three programs that would have been cut if not for the leadership of Senators Kent Conrad and Byron Dorgan, and Congressman Earl Pomeroy.

The federal government, concerned about rural communities not having basic life support equipment, initiated a grant program to provide external defibrillators. In North Dakota, some first responders now have defibrillators to restart hearts that have stopped beating. In many ambulances, defibrillators have been upgraded. As a result, sheriff’s offices, senior citizen centers, school gyms, and others across our rural state have received this life saving equipment. Through this program, at least one defibrillator has been placed in every county in the state. For every minute that passes, survival rates for cardiac arrest patients decrease by over 10% and that’s why defibrillators are so important in rural areas.

Another program that benefits rural North Dakota encourages local rural communities to develop tailored solutions to their particular health care challenges, 18 North Dakota groups have successfully competed for more than $10 million in federal funding through this program. Right now one of these grants is being used to develop wellness and disease prevention efforts in the Langdon area. These grants also have been used to address suicide prevention in Valley City, farm safety classes in Ashley, chronic disease management in Hettinger, and a mental health consortium linking Harvey, Kenmare, Bottineau and Rolla, among others.

The third example is the Rural Assistance Center operated by the Center for Rural Health at the University of North Dakota. Employing seven staff, the Rural Assistance Center is cited over and over as one of rural America’s most successful health information programs. This information clearinghouse is consistently pointed to as a success story of partnership between the federal government and university based talent. Last year alone, the Web site had almost a quarter of a million visits. Less than four years old and already well established as the place to go for timely, essential rural health and human service information, our rural specialists have received thousands of calls for information assistance from all 50 states.

These three programs and a handful of others are operated by a small highly effective federal office whose job it is to look out for health care in rural America, against the backdrop of scores of
other federal agencies funded at enormously larger amounts. Perhaps some thought they were so small, no one would notice if they were eliminated. But the North Dakota Congressional Delegation did.

It is extremely difficult to defeat spending bills once they come to the floor of the Congress. However, in a fairly rare turn of events, with our elected representatives calling their colleagues, sending letters and explaining the significance of these programs the end result was sustaining a set of low cost, high impact rural health programs. Congressman Pomeroy, as Co-Chairman of the House Rural Health Coalition contacted colleagues personally and used his position to alert Coalition members to the devastating effects these cuts would have across the country. Senators Conrad and Dorgan are both members of the Senate Rural Health Caucus and they worked many hours convincing other Senators that these small in funding but large in impact programs are essential to the health of rural communities across America. Senator Dorgan's work on the Appropriations Committee and Senator Conrad's work on the Budget Committee helped to ensure that support for rural America didn't take a back seat to other programs with significantly larger constituencies.

I've worked on rural health care issues and policy for 25 years. This was the first time I held my breath, unsure whether programs so fundamentally important would be eliminated. I am certain that without the dedication and hard work of our Congressional Delegation, we would have faced a very different outcome last year. And for that I extend my deepest thanks. Meanwhile, looking down the road in 2006, some of the same challenges are emerging again.

Mary Wakefield PhD, RN
Director, Center for Rural Health,
University of North Dakota, Grand Forks.
Ph 701-777-3848
Email: mwake@medicine.nodak.edu