

[The Breach—'We Don't Heal from It', Episode Five: The Blackfeet Alternative](#)

WELCOME TO THE BREACH, I'M YOUR HOST, LINDSAY BEYERSTEIN.

THIS IS THE FINAL EPISODE OF SEASON 4.

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NEARLY A YEAR AGO, WE BEGAN OUR INVESTIGATION IN BIG HORN COUNTY WHERE PROSECUTOR JAY HARRIS WAS THREATENING TO SEEK PROTECTIVE ORDERS AGAINST WOMEN WHO USED DRUGS OR ALCOHOL DURING THEIR PREGNANCIES.

A MIDWIFE NAMED HONEY NEWTON INTRODUCED US TO ANOTHER MIDWIFE NAMED ALLISON CONTI, WHO RECALLED THAT WHEN SHE WORKED ON THE REMOTE NORTHERN MONTANA RESERVATION OF FORT PECK, WOMEN WERE SOMETIMES CHARGED WITH CHILD ENDANGERMENT FOR DRINKING OR USING DRUGS DURING PREGNANCY.

WE LATER LEARNED THAT, TWO YEARS AGO, FORT PECK'S TRIBAL GOVERNMENT PASSED A NEW LAW CALLED 240-D.

THAT LAW MADE IT A FELONY TO USE DRUGS OR ALCOHOL DURING PREGNANCY.

AT THE TIME, 240-D HADN'T BEEN REPORTED IN THE OUTSIDE WORLD. WE LATER LEARNED THAT FORT PECK IS ONE OF A NUMBER OF TRIBAL COMMUNITIES THAT CRIMINALIZE OR CIVILLY PENALIZE SUBSTANCE USE IN PREGNANCY.

OVER THE LAST FOUR EPISODES, WE'VE EXPLORED THE HISTORY OF LAWS AGAINST DRUG USE DURING PREGNANCY. WE EVEN WENT INSIDE THE FORT PECK JAIL TO MEET RENEE, A WOMAN WHO WAS SERVING TIME FOR VIOLATING 240-D.

RENEE IS ONE OF AT LEAST 20 WOMEN WHO HAVE BEEN CHARGED UNDER 240-D SINCE THE LAW WENT INTO EFFECT.

WE'VE TEASED OUT THE RACIAL AND POLITICAL AGENDAS BEHIND THE PUSH TO TREAT SUBSTANCE USE BY PREGNANT PEOPLE AS A CRIME, RATHER THAN AS A HEALTH ISSUE. WE'VE DELVED INTO THE SIMULTANEOUSLY PROMISING AND FRUSTRATING WORLD OF DRUG COURTS.

WE'VE EXAMINED THE CHALLENGES FACING TRIBAL GOVERNMENTS AS THEY GRAPPLE WITH HIGH RATES OF SUBSTANCE USE IN PREGNANCY, WITH LIMITED RESOURCES AND ONGOING THREATS TO THEIR SOVEREIGNTY.

TODAY, FOR OUR FINAL EPISODE, WE'D LIKE TO LEAVE YOU WITH A GLIMPSE OF AN ALTERNATIVE APPROACH.

ONCE AGAIN, HONEY NEWTON WAS A KEY PART OF OUR STORY.

WHEN SHE STARTED WORKING ON THE BLACKFEET RESERVATION THREE YEARS AGO, SHE WAS IMPRESSED BY THE WARM AND SUPPORTIVE ATMOSPHERE OF THE LOCAL INDIAN HEALTH SERVICE CLINIC. THE [INDIAN HEALTH SERVICE](#), OR IHS, IS THE FEDERAL HEALTH PROGRAM FOR AMERICAN INDIANS.

HONEY OBSERVED FIRST-HAND HOW A NON-JUDGEMENTAL APPROACH ENTICED PATIENTS TO GET CARE AND WHAT A DIFFERENCE THAT SUPPORT MADE IN THEIR LIVES.

EACH VISIT IS AN OPPORTUNITY TO LISTEN, CONNECT, AND BUILD TRUST.

UNLIKE IN FORT PECK, SUBSTANCE USE DURING PREGNANCY IS NOT A CRIME IN THE BLACKFEET NATION.

THE BLACKFEET RESERVATION IS LOCATED IN NORTHWEST MONTANA. THE SEAT OF TRIBAL GOVERNMENT IS BROWNING. THIS SMALL TOWN IS NESTLED IN THE [FOOTHILLS OF THE ROCKY MOUNTAINS](#), THE TOWERING RANGE SOMETIMES KNOWN AS THE "[BACKBONE OF THE WORLD.](#)"

AT [1.5 MILLION ACRES](#), THE BLACKFEET NATION IS ONE OF THE LARGEST RESERVATIONS [IN THE](#) UNITED STATES. THE BLACKFEET ARE ONE OF JUST A FEW TRIBES [WHO STILL LIVE IN](#) THEIR TRADITIONAL HOMELAND.

IT'S A [HARSH](#) LANDSCAPE. THE TEMPERATURE [CAN FLUCTUATE](#) A HUNDRED DEGREES FAHRENHEIT IN A SINGLE DAY.

LAST WINTER, OVER 20 FEET OF SNOW BLANKETED THE AREA. PEOPLE RECEIVED FOOD THROUGH THEIR CHIMNEYS BECAUSE THE SNOW DRIFTS WERE BLOCKING THEIR WINDOWS AND DOORS.

BLACKFEET COMMUNITY HOSPITAL, OR BCH, IS A [28-BED](#) INDIAN HEALTH SERVICE FACILITY. THE HOSPITAL'S [WOMEN'S HEALTH CENTER](#) HANDLES PRENATAL CARE ON THE RESERVATION FOR ABOUT 200 WOMEN EACH YEAR, ABOUT A 150 OF WHOM GO ON TO DELIVER AT THE HOSPITAL.

THE BLACKFEET NATION FACES MANY OF THE SAME CHALLENGES AS FORT PECK, INCLUDING HIGH RATES OF SUBSTANCE USE IN PREGNANCY.

THERE'S A KNOWN SUBSTANCE USE RATE OF [AT LEAST 50 PERCENT](#) AMONG WOMEN WHO HAVE RECENTLY GIVEN BIRTH AT THE HOSPITAL.

UNLIKE FORT PECK, WHERE URINE DRUG SCREENING IS OFTEN PART OF PRENATAL CARE, THE DOCTORS AT BLACKFEET COMMUNITY HOSPITAL NEVER DO URINE DRUG SCREENING AT A PRENATAL VISIT UNLESS THE PATIENT REQUESTS IT.

PATIENTS TOLD THEM THAT ROUTINE DRUG SCREENING MAKES THEM LESS LIKELY TO ATTEND PRENATAL VISITS, AND THE BCH STAFF TOOK THAT FEEDBACK TO HEART.

I SPOKE TO THE CLINICAL DIRECTOR OF THE HOSPITAL, DR. ERNEST GRAY AND to DR. KENDALL FLINT, A FAMILY PHYSICIAN WHO RUNS THE HOSPITAL'S WOMEN'S HEALTH CLINIC.

DR GREY: THIS IS DR. ERNEST GRAY. I'M THE CLINICAL DIRECTOR OF THE HOSPITAL. I'M A FAMILY PHYSICIAN AND I DO FULL SPECTRUM FAMILY MEDICINE. I'VE HAD KIND OF A DUAL CAREER. I WORKED AS A SMOKE JUMPER FOR ELEVEN YEARS WITH THE DEPARTMENT OF AGRICULTURE BEFORE I WENT TO MEDICAL SCHOOL. AND THEN ONCE OUT OF RESIDENCY I CAME HOME TO MONTANA AND I'VE BEEN PRACTICING HERE SINCE SEPTEMBER OF 2005.

DR. FLINT DESCRIBES THE CAREER PATH THAT LEAD HIM TO THE WOMEN'S HEALTH CENTER:

DR. FLINT: I'M ORIGINALLY A FAMILY PHYSICIAN, RESIDENCY TRAINED. I STARTED WORKING HERE IN 1992 AT THE BLACKFEET COMMUNITY HOSPITAL AS A FAMILY PHYSICIAN AND THEN WENT BACK AND DID A HIGH RISK AND SURGICAL OBSTETRICS FELLOWSHIP FOR 18 MONTHS BETWEEN '94 AND 1996 AND THEN CAME BACK HERE AND I'VE BEEN WORKING HERE SINCE. MY FIRST

YEAR IN COLLEGE I WAS PLACED, I SUPPOSE BY FATE, WITH A DORMITORY ROOMMATE WHO WAS FROM HERE ON THE BLACKFEET RESERVATION. HE WAS A BLACKFEET AND WE HIT IT OFF AS FRIENDS AND I CAME BACK TO VISIT HIM THAT FIRST SUMMER AFTER MY FIRST YEAR IN COLLEGE AND I GOT HERE AND LOOKED AROUND AND I SORT OF FELL IN LOVE AND STARTED TRYING TO FIGURE OUT HOW I COULD LIVE HERE SOMEDAY.

DR. GRAY DESCRIBES THE HOSPITAL'S PHILOSOPHY OF PRENATAL CARE...

DR GRAY: WE MADE THE DETERMINATION YEARS AGO AS A MEDICAL STAFF THAT WE WERE GONNA TREAT ALL PATIENTS, NO MATTER THEIR MEDICAL, SOCIAL BACKGROUND AS UNIQUE INDIVIDUALS BECAUSE WE WANT THEM TO COME TO OUR WOMEN'S HEALTH CLINIC, RECEIVE PRENATAL CARE. PRENATAL CARE IS WHAT IS BEEN SHOWN TO IMPROVE MATERNAL FETAL OUTCOMES AND SO WE DECIDED A LONG TIME AGO WE WERE NOT GONNA BE POLICE. WE WERE NOT GONNA BE PUNITIVE. WE WERE GONNA BE SUPPORTIVE IN ALL WAYS THAT WE COULD TO GET MOTHERS TO COME HERE.

DR. FLINT: I WILL SAY THAT OVER TIME WE'VE TRIED TO GET THE WORD OUT TO THE COMMUNITY THAT THE MOST IMPORTANT THING IN WHAT WE DO AND THE RESOURCE THAT WE WANT TO BE TO OUR PRENATAL POPULATION, HAS EVERYTHING TO DO WITH CARE AND NOTHING TO DO WITH CRIMINALITY.

I ASKED DR. GRAY TO DESCRIBE HOW URINE DRUG SCREENING WORKS IN OTHER FACILITIES.

DR. GRAY: WELL, URINE` DRUG SCREENING IS JUST THAT. THEY GO TO THE LAB. THEY ARE HANDED A SPECIMEN CUP. THEY PROVIDE A URINE SAMPLE AND THEN DRUGS ARE TESTED TO SEE WHAT MAY BE IN THAT URINE SAMPLE. AND FROM WHAT WE UNDERSTAND FROM OUR PATIENTS IS, THEY'RE WORRIED THAT THAT'S GONNA COME BACK TO HAUNT THEM IN A LEGAL SENSE. AND SO UNLESS THEY SPECIFICALLY SAY, "DR. GRAY, DR. FLINT, CAN I DO A URINE DRUG TEST TODAY?", WE DON'T ORDER THAT TEST. THE LAB WON'T RUN THAT TEST WITHOUT A PHYSICIAN'S ORDER.

DR. FLINT AND HIS COLLEAGUES REJECTED UNIVERSAL URINE DRUG SCREENING IN PRENATAL CARE. THE SCIENCE HASN'T SHOWN THAT IT RESULTS IN HEALTHIER MOTHERS OR BABIES.

DR. FLINT: AND THAT COMBINATION OF THE FACT THAT URINE DRUG SCREENING DOESN'T IMPROVE OR POSITIVELY AFFECT PATIENT OUTCOME AND ADMONISHMENTS FROM PROFESSIONAL ORGANIZATIONS NOT TO DO UNIVERSAL DRUG SCREENING, ONLY DRUG SCREENING THAT'S WITH PERMISSION, GUIDANCE EVEN, BY OUR PATIENTS, GUIDES US IN WHAT WE DO. AND OUR PATIENTS TOLD US, OUR PATIENTS TOLD US REPEATEDLY THAT THEY DON'T COME AND THEIR FRIENDS DON'T COME FOR PRENATAL CARE, THIS IS SOME YEARS BACK, BECAUSE OF THEIR BELIEF THAT WE WOULD DO

URINE DRUG SCREENING ON THEM AND THAT WE WOULD SHARE INFORMATION WITH LAW ENFORCEMENT FACILITIES AND ESSENTIALLY BECOME PART OF A PUNITIVE, RATHER THAN A CAREGIVING TEAM.

SO YOU SEE WHERE ALL THIS IS GOING. OUR PATIENTS GUIDED US. THEY TAUGHT US THAT IF WE TREAT THEM LIKE CRIMINALS, THEY'RE NOT GONNA COME HERE FOR PRENATAL CARE. THEY'RE NOT GONNA GO ANYWHERE FOR PRENATAL CARE AND WE KNOW THAT THAT MAKES THEIR PREGNANCIES RISKIER PREGNANCIES.

AS DR. FLINT, EXPLAINS, THE DECISION NOT TO DO PRENATAL DRUG SCREENING PROMPTED PUSHBACK FROM SOME QUARTERS.

DR. FLINT: YOU KNOW WE SORT OF GET PRESSURED TO PROVIDE CARE IN ALL SORTS OF DIFFERENT WAYS. SOMETIMES WE GET PRESSURED FROM LAW ENFORCEMENT OR FROM MAYBE OTHER HEALTH CARE ENTITIES OR EVEN IHS ENTITIES OR TRIBAL ENTITIES TO DO THINGS LIKE, DO URINE DRUG SCREENING ON ALL OF OUR PRENATAL PATIENTS.

SOMETIMES NEW PROVIDERS COME TO BLACKFEET COMMUNITY HOSPITAL WITH A DIFFERENT ATTITUDE TOWARDS URINE DRUG SCREENING. AND SOMETIMES OUTSIDERS HAVE TRIED TO PUSH THEIR DRUG TESTING PHILOSOPHY ON BCH.

DR. GRAY: BUT LIKE I SAID, THEY COME FROM OUTSIDE OF OUR ORGANIZATION AND THAT MAY HAVE BEEN ROUTINE WHERE THEY CAME FROM. AND SO THEY WOULD SAY, HEY LOOK, WHERE I CAME FROM, WHICH IS A BIG HOSPITAL AND HAS ALL THESE EXPERTS, THIS IS WHAT WE DO. AND WE MAY JUST BE SIMPLE COUNTRY DOCTORS BUT WE'RE PRETTY IN TUNE WITH OUR PATIENTS LOCALLY. AND OUR GOAL IS TO GET MOTHERS TO COME IN, HAVE PRENATAL CARE ROUTINELY, DEVELOP A TRUSTING RELATIONSHIP WITH THE COMMUNITY, WITH PARENTS, AND HAVE GOOD OUTCOMES.

THE INDIAN HEALTH SERVICE TEAM WORKS CLOSELY WITH THE BLACKFEET TRIBAL GOVERNMENT. THAT WORKING RELATIONSHIP IS CRITICAL TO THE SUCCESS OF THE PROGRAM. DR. GRAY EXPLAINS...

DR GRAY: AND WE HAVE A GOOD WORKING RELATIONSHIP WITH THE TRIBAL GOVERNMENT. AND SO I MEET WITH THE HESS DIRECTOR WHICH IS HEALTH, EDUCATION, SOCIAL SERVICES, I BELIEVE THAT'S WHAT HESS STANDS FOR. THEIR MEDICAL DIRECTORS, THEIR TPS DIRECTORS, I MEAN THESE ARE PEOPLE WE HAVE KNOWN ON A FIRST NAME BASIS NOW FOR YEARS.

WHEN THEY HAVE QUESTIONS THEY COME TO US DIRECTLY. WE CAN GO TO THEM DIRECTLY. THEY HAVE QUESTIONS ON CARE, ON WHAT THE TRIBE SHOULD BE DOING, WE'LL PROVIDE THEM OUR MEDICAL OPINION. AND OUR OPINION HAS ALWAYS BEEN, DON'T CRIMINALIZE THIS. IT'LL JUST DRIVE IT DEEP UNDERGROUND. MOTHER'S WON'T RECEIVE CARE UNTIL THEY ARE

READY TO DELIVER AND THEN WE KNOW NOTHING ABOUT THEIR MEDICAL HISTORY.

SO, THE POWERS THAT BE IN THE TRIBE ARE VERY ENLIGHTENED PEOPLE ON THIS AS WELL. AND WE VALUE THAT RELATIONSHIP, WE DON'T WANT TO RUIN THAT IN ANY WAY, SHAPE OR FORM. NOR DO WE WANT TO MAR OUR REPUTATION IN THE COMMUNITY. YOU KNOW, WE'RE A SMALL HOSPITAL IN A VERY ISOLATED PLACE AND IF YOU, YOU KNOW IT TAKES YEARS TO BUILD A REPUTATION AND A SECOND TO DESTROY IT. AND WE'RE VERY COGNIZANT OF THAT SO WHAT WE STRIVE FOR IS CONSISTENCY, WE STRIVE FOR CARING, COMPASSION.

DR. FLINT: AND EXCELLENT QUALITY.

DR. GRAY: AND TREATING EACH PERSON AS AN INDIVIDUAL

AS HARD AS THE TEAM TRIES TO GET PATIENTS INTO PRENATAL CARE, SOMETIMES THEY STILL SEE PATIENTS WHO SHOW UP IN LABOR WHO HAVEN'T HAD ANY. I ASKED WHAT IT WAS LIKE TO CARE FOR A PATIENT IN THAT POSITION.

DR. GRAY: YOU TREAT HER JUST LIKE ANYBODY ELSE. I MEAN, IT MAY PROVOKE SOME ANXIETY INSIDE BUT WE TRY NOT TO SHOW THAT TO THE MOM. WE CONGRATULATE MOM, WE COO OVER THE BABY, WE KIND OF HAVE A CUSTOM HERE THAT DR. FLINT STARTED YEARS AGO OF, AS SOON AS THE

BABY IS BORN WE SING HAPPY BIRTHDAY TO THE YOUNG CHILD. WE FUSS OVER IT. LIKE I SAID, WE ARE, OUR GOAL IS, WE REALLY NEED TO TREAT EVERYONE THE SAME SO THAT PERHAPS ON THEIR SUBSEQUENT CHILDBIRTH EXPERIENCE, THEY FEEL COMFORTABLE TO COME TO US FOR THEIR PRENATAL CARE AS WELL.

DR. FLINT: I GUESS THE THING I'LL ADD TO THAT IS THAT, LINDSAY, MY TRAINING SAYS THAT THE RELATIONSHIP WE HAVE WITH OUR PATIENTS IS AMONG THE MOST IMPORTANT INTERVENTIONS WE CAN WORK WITH. AND WHETHER IT'S A LONG RELATIONSHIP THAT WE HAD THE CHANCE TO NURTURE THROUGH MANY VISITS OR SITUATIONS WHERE THAT'S THE FIRST TIME WE MEET THE PATIENT, THE RELATIONSHIP THAT WE DEVELOP WITH HER, STILL IS, IS CRITICAL.

THE CARE ON OFFER AT BLACKFEET COMMUNITY HOSPITAL IS SHAPED BY TRADITIONAL BLACKFEET VALUES. TRADITIONALLY, THE ASSINIBOINE AND SIOUX PEOPLE OF FORT PECK BELIEVE THAT BABIES ARE SACRED.

I ASKED DR. GREY WHETHER THIS BELIEF WAS SHARED BY THE BLACKFEET AS WELL.

DR. GRAY: I THINK THAT'S A VERY COMMON BELIEF ALL THROUGHOUT NATIVE AMERICA. BUT YES, THE BLACKFEET ALSO HOLD BABIES TO BE SACRED.

LINDSAY: AND DO YOU FIND THAT, THAT AFFIRMATION OF THE SACREDNESS OF BABIES IS INSPIRATIONAL IN TERMS OF BUILDING RELATIONSHIPS WITH MOTHERS AND THEIR CHILDREN?

DR. GRAY: IT'S THE FOCUS OF WHAT WE DO.

THE BREACH IS CREATED, WRITTEN, AND HOSTED BY ME, LINDSAY BEYERSTEIN.

OUR PRODUCER IS NORA HURLEY.

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CHARLIE CULBERT WAS OUR RECORDING ENGINEER FOR THE NARRATION OF

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AND THE REWIRE.NEWS EDITOR IN CHIEF IS JODI JACOBSON.