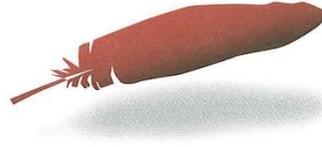


National Indian Health Board



National Indian Health Board Resolution 20 - 03 Federal Support for Tribal HIV Programming

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health and public health care delivery to AI/ANs, as well as upholding the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, AI/AN Tribes have largely been left out of the development of the U.S. public health infrastructure during the last century; and

WHEREAS, AI/AN peoples have been disproportionately impacted by the HIV epidemic since its inception in the early 1980s; and

WHEREAS, the Centers for Disease Control and Prevention (CDC) reported that from 2010 to 2016, the annual rate of HIV diagnoses increased by 46% among AI/ANs overall and 81% among AI/AN gay and bisexual men and that AI/ANs continue to have among the lowest rates of care retention and viral suppression of any population; and

WHEREAS, the federal government launched a bold new initiative titled *Ending the HIV Epidemic: A Plan for America* in 2019 that promised new resources and funds to areas exhibited the highest incidence and prevalence of HIV; and

WHEREAS, the Indian Health Service (IHS) was named as a primary partner in the development of the initiative and was to serve as a lead partner in its implementation; and

WHEREAS, the White House budget proposal for FY2020 included a dedicated \$25 million allocation for HIV and viral hepatitis C prevention and treatment for IHS; and

WHEREAS, Congress, upon subsequent budget negotiations, passed a final FY2020 budget package that did not include any dedicated HIV resources for IHS; and

WHEREAS, CDC released Notice of Funding Opportunity (NOFO) PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States on June 12, 2019, that specifically excluding Tribes and Tribal organizations from eligibility to apply; and

WHEREAS, the CDC has proven itself as an unreliable funding source for Tribal HIV prevention programming – according to CDC’s grant funding profiles, in 2018, of the 1,345 HIV prevention or research grantees, none were Tribal; and

WHEREAS, the persistent practice of some federal agencies to provide funding opportunities to the States or other governmental entities, while keeping Tribal governments and the organizations that serve them from eligibility, is a crippling practice that sustains and deepens the persistent health disparities experienced by AI/AN peoples; and

WHEREAS, Tribes are not eligible to apply for Ryan White Part A or Part B monies from the Health Resources and Services Administration (HRSA); and

WHEREAS, a dearth in federal support for Tribal HIV prevention, care and treatment services exacerbates and serves to perpetuates the disproportionate impact of HIV in American Indian and Alaska Native communities; and

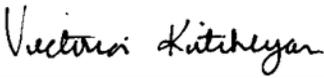
NOW BE IT FURTHER RESOLVED, that NIHB calls on Congress and the Administration to dedicate new resources and funding through HHS operating divisions that will help to curb the growing HIV epidemic and related health concerns, such as viral hepatitis and substance use; and

NOW THEREFORE BE IT RESOLVED, that NIHB calls for the creation of specific federal funding opportunities solely for Tribes and Tribal organizations as part of the *Ending the HIV Epidemic* initiative; and

NOW THEREFORE BE IT FINALLY RESOLVED, that NIHB calls for the federal government to engage in Tribal consultation with Tribes on the best manner in which to utilize any newly allocated or existing resources to address HIV in Indian Country.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 26th day of February, 2020.



Chairperson, Victoria Kitcheyan

ATTEST:



Secretary, Lisa Elgin