

National Indian Health Board



Resolution # 11 -02

Healthy Families and Healthy Future: Addressing Fetal Alcohol Spectrum Disorder (FASD) in Tribal Communities

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 care delivery to AI/ANs as well as upholding the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, children are the future of our tribes, the continuation of our culture and way of life; and

WHEREAS, while developing in the womb, the unborn baby must have good nutrition, be free from toxins and harmful substances so she/he can grow into a healthy, well Tribal member; and

WHEREAS, alcohol is a toxin/teratogen that can permanently harm the developing brain and other organs of the growing baby; and

WHEREAS, Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to describe the range of cognitive and behavioral difficulties caused by a woman drinking alcoholic beverages during pregnancy; and

WHEREAS, alcohol is the most dangerous drug for a woman to use during pregnancy, it is a substance that can cause permanent brain damage to the developing fetus; and

WHEREAS, the results of the use of alcohol by a pregnant woman range from mild cognitive deficits to fetal death; and

WHEREAS, FASD can occur anywhere, anytime pregnant women drink alcohol with no proven safe amount of alcohol to use during pregnancy; and

WHEREAS, FASD may include physical, mental, behavioral and learning disabilities with possible lifelong implications; and



WHEREAS, FASD is the leading known cause of preventable intellectual disability; and

WHEREAS, FASD effects all aspects of an affected individual's life, including education, substance abuse, juvenile and adults justice systems, and disruption in normal activities of daily living; and

WHEREAS, FASD is a 100% preventable birth defect; and

WHEREAS, recognition, provision of services and open discussion about FASD are part of community mobilization to address the incidence of pregnant women drinking during pregnancy; and

WHEREAS, providing alcohol treatment for pregnant women who cannot stop drinking during pregnancy is intervention for mom and prevention of FASD for the baby; and

WHEREAS, community awareness, talking to and providing services for women who are drinking during pregnancy are seriously lacking in most tribal communities due to the lack of FASD Coordinators; and

WHEREAS, the lack of FASD Coordinators is due to the loss of the line item from the IHS funding when the tribes compacted and contracted their healthcare dollars beginning in the late 1980s; and

WHEREAS, tribes and native communities would benefit from having a designated FASD Coordinator position to raise awareness in the community, support care-givers, educate women of child-bearing age and coordinate services and resources for those with FASD; and

WHEREAS, community members with FASD can grow, improve and function well in life with proper support and recognition of their disability; and

WHEREAS, how often, how much and how long the provision of services will be for those affected by FASD need to be identified and delivered to meet the needs of the individual and the family.

THEREFORE BE IT RESOLVED, that NIHB supports tribes to address the incidence of FASD through raising community awareness, educating women of child-bearing age, and that the integration of tribal systems reflects a collaborative circle of care approach; and

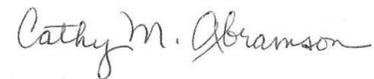
THEREFOR BE IT RESOLVED, that NIHB supports tribal communities to break the silence about the incidence and existence of FASD within the community; and

THEREFORE BE IT RESOLVED, that NIHB encourages all tribal providers, including healthcare professionals, to discuss the risks of drinking alcohol during pregnancy for all pregnant women and women who are discussing becoming pregnant; and

THEREFORE BE IT FURTHER RESOLVED, that NIHB supports tribes to create a FASD Coordinator position to be the community educator and resource person.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 17th day of January, 2011



Chairman, Cathy Abramson

ATTEST:

Recording Secretary, Cynthia Manuel