Title: National Indian Health Board resolution requesting the Administration to withdraw a Department of Justice memorandum and support passage of the Indian Health Care Improvement Act reauthorization legislation without further opposition

WHEREAS, the National Indian Health Board, established in 1972, serves all Federally Recognized American Indian and 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, the federal government of the United States has a unique and special relationship with AI/ANs to provide health care as established through the U.S. Constitution, Treaties with Indian Tribes, court decisions, and federal legislation; and

WHEREAS, over thirty years ago, the Indian Health Care Improvement Act (IHCIA) was first enacted on September 30, 1976, re-affirming the U.S. obligation to provide health care to AI/ANs and to respond to the deplorable state of Indian health and woeful inadequacy of Indian health facilities; and

WHEREAS, it has been nearly 14 years since the IHCIA was reauthorized, and since its last reauthorization, the health care delivery system in the U.S. has evolved and the Indian health programs operating under outdated authorities have not kept pace with these changes; and

WHEREAS, mainstream American healthcare has changed, for example, it has moved out of hospitals and into people’s homes, there has been a shift in focus on preventive care both as a priority and a treatment, and there has been improved coordination of mental health and substance abuse services into comprehensive behavioral health programs. With the reauthorization of the IHCIA, AI/ANs will be able to receive health care services under the same standards of practice as currently available to the general U.S. population; and

WHEREAS, there are still wide gaps in general health status between Indian people and the rest of the U.S. population. The mortality rates from tuberculosis and alcoholism are 6 times higher than the rest of the U.S. while mortality rates from diabetes
are 3 times higher than the rest of the U.S. The reauthorization of the IHCIA is necessary to combat the high rates of disease, mortality and health disparities in Indian country, and to improve the health status of AI/ANs; and

WHEREAS, in 1998, tribal leaders first began working on reauthorization of the IHCIA by forming a Tribal National Steering Committee (NSC) and participating in national and regional tribal consultation meetings with the Indian Health Service, a federal agency within the Department of Health and Human Services, primarily responsible for Indian health. The tribal consultation process resulted in an almost complete re-write of the existing IHCIA legislation so that the Indian health care systems more closely reflect the changes to the mainstream health care delivery systems while continuing to address culturally specific Indian health care needs; and

WHEREAS, during the 107th and 108th Congressional Sessions, reauthorization bills, on the Senate and House side, were introduced consistent with the document drafted through the tribal consultation process, and during the Congressional Sessions were further revised, through consultation with the Tribal NSC, to address Congressional committee concerns and concerns of the Administration, however, the IHCIA reauthorization bills were not enacted; and

WHEREAS, during the 109th Congress, S. 1057, the Indian Health Care Improvement Act Amendments of 2006, was introduced by co-sponsors, Senators McCain (R-AZ) and Dorgan (D-ND), and H.R. 5312, the House companion bill, was introduced by Representative Don Young (R-AK); and

WHEREAS, during the 109th Congress, four major committees of jurisdiction favorably reported the bill out of committee: Senate Committee on Indian Affairs, Finance, and Health, Education, Labor and Pensions (HELP) and the House Committee on Resources, each with amendments; and

WHEREAS, on September 15, 2006, S. 1057 was “hotlined” as an Amendment in the Nature of a Complete Substitute, incorporating amendments from the Finance and HELP committees, and Senate objections were placed on the bill; and

WHEREAS, one of the objections to S. 1057 was made by the Republican Steering Committee based on oppositions to the bill as outlined in a Department of Justice (DOJ) White Paper, that is not printed on DOJ letterhead, is not dated, is not signed, and does not include any information as to what office or person issued it; and

WHEREAS, a Board member of the NIHB received a copy of the DOJ document from a Senate office on September 29th, the last day of the Senate Session before recess, and there was no time for the Tribes to respond to the document before the Senate recessed; and

WHEREAS, the DOJ document is critical of the underlying authorities and foundation for the establishment of an Indian health care system and contains inaccurate
and erroneous claims by citing provisions of the IHCIA that had already been revised per
the concurrence of the Tribal NSC in their good faith effort to resolve issues raised by the
Administration; and

WHEREAS, Tribal leaders have met with senior DOJ officials who have
confirmed that the document does not represent the formal views of the DOJ and have
promised to investigate further; and

WHEREAS, the DOJ document was released in a cowardly fashion during the
11th hour of the 109th Congress, with no opportunity for Tribal response because the
document was not printed on DOJ letterhead and was not signed by a DOJ official; and
contains erroneous, unfounded and unnecessary objections to the IHCIA resulting in a
fraudulent misrepresentation of the implications of enactment of the IHCIA legislation; and

NOW THEREFORE, BE IT RESOLVED, that the National Indian Health
Board request U.S. Attorney General, Alberto Gonzalez, formally and immediately
withdraw the DOJ White Paper and notify the Senate that the document does not
represent the formal views of the Department; and

BE IT FURTHER RESOLVED, that the National Indian Health Board urge the
President of the United States to fulfill the Federal government’s responsibility to provide
health care to AI/ANs by supporting passage of the IHCIA with no further objections, so
that the Indian health care systems are provided the necessary authorities to provide
health care to AI/ANs in a more efficient and effective manner to address health care
disparities in Indian Country and to raise the health status of all AI/ANs.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, and by the
general assembly of the NIHB 23rd Annual Consumer Conference, October 10 - 13, 2006,
Denver, Colorado.

Dated this 10th day of October, 2006.

[Signature]
Chairman, H. Sally Smith

ATTEST:

[Signature]
Recording Secretary