House Introduces Indian Health Care Improvement Act Reauthorization Bill: House and Senate Committees Hold Hearings

In March the House and Senate both held hearings on the need to reauthorize the Indian Health Care Improvement Act (IHCIA) and National Indian Health Board (NIHB) witnesses, National 437 Steering Committee Co-Chairs Buford Rolin and Rachel Joseph (Lone Pine Shoshone Paiute), provided the House Committee on Resources and the Senate Committee on Indian Affairs with excellent information and materials supporting Indian Country’s positions. In addition, the House bill was introduced on March 6 as HR1328 by Resources Committee Chairman Rahall and Ranking Member Young, as well as Frank Pallone, Chairman of the Energy and Commerce Subcommittee on Health.

The Senate is working on its version of the bill and Senator Dorgan, Chairman of the Senate Committee on Indian Affairs, will soon introduce it.

During the closing hours of the previous Congress, the Administration, through an anonymous Department of Justice memo, derailed passage of the IHCIA reauthorization. These last minute Department of Justice (DOJ) objections, provided only to the Senate Republican Steering Committee, resulted in holds being placed on the bill; thus, effectively ending its consideration last year. During the Senate hearing, Senator Dorgan grilled Department of Justice witness, C. Frederick Beckner, Deputy Assistant Attorney General, repeatedly asking who authored and approved the memo. “I don’t know,” was the answer he received. Chairman Dorgan ended the questioning with reminding the DOJ witness that while “we understand that the Administration has its work to do, we do too. We legislate: and that is what we are going to do with the IHCIA reauthorization.”

Historical Perspective:
In 1976, when the IHCIA first became law, President Ford signed the bill over the objections of his own Administration. President Ford signed the IHCIA based on his conviction that the first Americans should have the opportunity to receive health care services that the rest of the U.S. population enjoys. NIHB hopes that President Bush will follow President Ford’s example and assist America’s most vulnerable people by signing the IHCIA reauthorization bill into law as soon as he receives it.

Complete reports about both of these hearings and the witness’s testimony are available online at www.nihb.org or www.scia.gov.

Tribal Summit on Indian Youth With Disabilities REGISTER NOW!!!

Be sure to register for this important event, which will take place May 30 - June 1, 2007 at the Hotel Albuquerque in Albuquerque, NM. Registration is only $25.00 and you can register at www.nihb.org or by calling Phillip Roulain of NIHB at 202-742-4262.
Chairman's Corner

Upon being re-elected to another two-year term as NIHB's Chairman, I am honored to have the opportunity to serve American Indians and Alaska Natives across the nation. During this term, I pledge to work with NIHB Board members, staff and the Tribes to usher in an era of renewal for NIHB. We will achieve this goal through facilitating effective Tribal advocacy and enhanced communication. During this time NIHB's financial self-sufficiency, visibility and stability will be paramount. Together, we also will build on the new direction NIHB is embracing, which includes such elements as partnering with both Native and non-Native organizations to achieve improvement in American Indian and Alaska Native health care. This will include building new partnerships, as we are with the American Academy of Orthopaedic Surgeons, the American Academy of Pediatrics and the American College of Obstetrics and Gynecology. We will also build on our relationships with the Tribes, corporations, foundations and the federal government. To achieve this, NIHB will continue efforts to adopt a more corporate-style management model and recruit and retain the best staff possible. In addition to specific legislative actions, such as achieving reauthorization of the IHCIA, I pledge to invest my 2-year term in enhancing NIHB relationships with the Tribes and Tribal organizations in order to bring an unprecedented solidarity and power to Indian Country's voice for health care advocacy and improvement.

NIHB Holds Annual Meeting – Re-Elects Chairman Smith

NIHB Elections Held: Smith Re-Elected as Chair

In late January, the NIHB Board met in Washington, DC to conduct its Annual Meeting and Winter Board meeting. Elections for the Office of Chairman and Secretary were held. H. Sally Smith, Chairman of the Alaska Native Health Board and the Bristol Bay Area Health Corporation won re-election over challenger Linda Holt, who is the Chairman of the Northwest Portland Area Indian Health Board and a Tribal Council Member of the Suquamish Tribe of Washington. Barbara Bird, who recently replaced Maria Tripp as the California Representative to NIHB, ran unopposed as Secretary. (Ms. Tripp left the NIHB Board in late 2006 to run for Chairman of the Yurok Tribe. She won her election).

NIHB Approves 2007 Legislative Agenda

The NIHB Board adopted its 2007 Legislative Agenda, which includes the reauthorization of the IHCIA; seeking increased appropriations for IHS as well as health promotion and disease prevention initiatives; working to end the rescissions of IHS funding, a chronic, annual problem for Indian health care; and the reauthorization of the Special Diabetes Program for Indians funding.

NIHB Legislative Agenda for the 110th Congress:
- Indian Health Care Improvement Act
- Special Diabetes Program for Indians Funding
- Appropriations and Protections from Appropriations Rescissions
- Elder care issues
- Mental Health and Substance Abuse
- Technical corrections to the Deficit Reduction Act (Medicaid)
- Technical corrections to the Medicare Prescription Drug Act
- State Children's Health Insurance Program reauthorization
- Health professions/recruitment/scholarship
- Health Disparities/Minority Health
- Veterans' Issues
- Indian Self Determination and Education Assistance Act (IS DEAA)/Enhance Self Governance

The NIHB adopted Resolution # 2007-01 to support legislation making Title VI of the Tribal Amendments of 2000 permanent under the Indian Self-Determination and Education Assistance Act. Through the enactment of this resolution, NIHB added to both its legislative priorities.
and organization policies a commitment to seek enactment of legislation to create a permanent Title VI under the ISDEAA, which would greatly expand tribal self-governance authorities to programs and services of agencies with the Department of Health and Human Services outside of Indian Health Service (IHS). With the adoption of this resolution, NIHB will seek to encourage its members to contact Congress to support Title VI legislation similar to S. 1696, considered in the 108th Congress. S.1696 sought to amend the ISDEA to authorize a demonstration project that would allow participating Tribes to contract/compact for programs within HHS in addition to those in IHS. The bill had proposed to add 13 projects to those already included in ISDEAA – and would have allowed the Secretary of HHS to add up to 6 programs a year after enactment – with Tribes determining whether to adopt the suggested programs.

To review this legislative proposal, which has not yet been introduced in the current Congress, go to: www.thomas.gov/cgi-bin/query/Dic108:1:/temp/~c108UeJFbt:e21267.
To review the Congressional Budget Office analysis of the bill, go to www.cbo.gov/ftpdocs/57xx/doc5745/s1696.pdf.
To learn more about how you can get involved, contact NIHB Legislative Assistant, Jaime Hale at jhale@nihb.org.

Welcome New Board Members Bird, Juan-Manuel, and Baha-Walker

NIHB welcomed three new Board members in January. Margaret Baha-Walker, Vice-Chairman of the White Mountain Apache Tribe, is representing the Phoenix Area; Evelyn Juan-Manuel, Councilwoman of the Tohono O’odham Nation, is representing the Tucson Area and Barbara Bird, Chairman of the California Rural Indian Health Board, and a member of the Mooretown Rancheria Tribal Council, represents California and was also elected to serve on NIHB’s Executive Committee as its Secretary.

NIHB Board Signs Pledge for Indian Country

The Board devoted a significant portion of its Annual Meeting to Board training conducted by Deborah His Horse is Thunder. Significantly, each member of the NIHB Board signed a pledge outlining roles, responsibilities and expectations associated with serving on this national Board. The four duties of the Board are identified as the Duty of Care; Duty of Loyalty; Duty of Culture and Sovereignty; and the Duty of Good Faith.”

The pledge also includes 10 individual responsibilities each NIHB Board member accepts as part of their service to this national organization and to the Tribes. Each Board member also agreed to 12 responsibilities that individual Board members adopted as the foundation for their service to NIHB and the Tribes. To view the NIHB Board Pledge, please go to www.nihb.org.

Beware of Food Borne Illnesses: Free Information Available

One in five (20 percent) of the U.S. population, are more at-risk for contracting a food borne illness that may result in a lengthier illness, hospitalization or even death. This is a preventable public health challenge and poses a greater risk to at-risk consumers such as infants, young children, pregnant women, the elderly and anyone with a weakened immune system.

Reducing one’s exposure to pathogens that cause food borne illness requires action along the entire farm-to-table continuum. For at-risk consumers, it is critical that food safety educational efforts are targeted to address everyday meals on the table, which is the end of this continuum. The US Department of Agriculture’s Food Safety Inspection Service (FSIS) believes that once consumers know these risks, they are ready to learn more and ready to change their behavior.

FSIS has developed a brochure series for specific at-risk audiences to assist them with reducing the risk of food borne illness to keep themselves and their families safe. For a Free Copy, go to http://www.fsis.usda.gov/News_&_Events/Be_FoodsafeMagazine/index.asp

This information was provided by FSIS, US Department of Agriculture. •
NIHB Vice-Chairman Rolin Testifies at Senate Oversight Hearing on Diabetes

On February 8, 2007, the Senate Committee on Indian Affairs held an oversight hearing on diabetes in Indian Country that focused on the Special Diabetes Program for Indians (SDPI). Buford Rolin who, in addition to his leadership positions with NIHB and Tribal Leaders Diabetes Committee (TLDC), is the Chairman of the Poarch Band of Creek Indians, testified before Chairman Byron Dorgan (D-ND), Ranking Member Craig Thomas (R-WY) and Senators Kent Conrad (D-ND), Jon Tester (D-MT), Gordon Smith (R-OR) and Maria Cantwell (D-WA).

In a powerful opening statement, Senator Dorgan set the tone for not only the hearing, but also about the kind of leadership Indian Country can expect to see from the Committee. “Health care is being rationed in Indian Country,” he began. The Chairman discussed the Contract Health Services Program issue, through which Indian people are denied needed health care services because the money for those services runs out early in the budget year. He described the shocking realities many American Indians and Alaska Natives (AI/AN) face in their quest for health care and stated that this “rationing of health care” extends to diabetes treatment. “It is an outrage that most Americans would not tolerate, if they knew about it, and we need to let them know,” he said.

Chairman Rolin urged that the SDPI is making a critical difference in the prevention and treatment of diabetes and cardiovascular disease (CVD) for Indian People. He stated that the rates of diabetes for AI/ANs are the highest in the world, with rates of diagnosed diabetes in adults as high as 60% in some of our communities. In support of the SDPI, Chairman Rolin said, “In 1997, Congress created the SDPI in response to alarming trends of disproportionately high rates of type 2 diabetes in AI/AN communities. As a result, today there are 399 grant programs effectively addressing this issue. The SDPI funding is set to expire in October 2008, but must be reauthorized.” He extended a special invitation to the Committee to hold field hearings in Indian Country on the SDPI and diabetes so that Congress can see, firsthand, the impact this disease has on our communities, as well the difference SDPI interventions are making.

Chairman Rolin informed the Committee that during June 13 - 14, 2006, the American Diabetes Association (ADA), Juvenile Diabetes Research Foundation (JDRF) and the NIHB hosted a meeting to bring tribal leaders and key stakeholders together to discuss how to approach the reauthorization of SDPI funding during the 110th Congress. On October 6, 2006, the TLDC, with the assistance of the NIHB, surveyed all tribal leaders seeking input as to the future of the SDPI. The tribes responded with unanimous support for reauthorization of the SDPI at $200 million per year for five years, “the amount and program extension,” he added, “that Indian Country will request of Congress.”

In closing, Buford Rolin stated to the Committee that in the 75 years that the United States has been investing in cancer surveillance, research and outcomes, 2006 was the first year that there has been a measurable decline in cancer rates. “Eight years is not enough time to turn around the rates of diabetes. Give us time!” he said.

See the NIHB website at www.nihb.org, for Chairman Rolin's complete testimony.

NIHB is looking for success stories about the effects the Special Diabetes Program for Indians for inclusion in our advocacy efforts. If you have a story to share, please contact Jaime Hale, NIHB’s Legislative Assistant, at jhale@nihb.org
NIHB Board Members Meet with Senator Byron Dorgan on Indian Health

On January 25, 2007, the NIHB Board of Directors, Executive Director, Legislative Director and staff from the Portland, California and Phoenix Areas met with Senator Byron Dorgan (D-ND), Chairman of the Senate Committee on Indian Affairs. During the meeting, which took place in the President’s Room of the US Capitol, Chairman Dorgan articulated his commitment to advancing American Indian and Alaska Native health care. He named as one of his top priorities the reauthorization of the Indian Health Care Improvement Act (IHCIA) and discussed ideas on improving emergency access to reservation-based health care through expanding clinic hours and other innovations. Specifically, Senator Dorgan discussed the need to establish a new Indian health care delivery model to replace existing emergency rooms at Indian health hospitals with low-cost, after hour clinics – a model currently available in the private sector.

The NIHB Chairman, laid out the NIHB health care legislative agenda, ticking off the reauthorization of the IHCIA, the Special Diabetes Program for Indians (SDPI) and increased IHS appropriations as NIHB’s top priorities. Chairman Smith also requested Senator Dorgan’s assistance with achieving a legislative fix to the annual, dual rescissions Indian health care programs receive through both the Department of Interior and Health and Human Services rescissions. She stated that “even the modest, although inadequate, gains Tribes are able to secure are almost entirely lost because of these budget rescissions each year. Because IHS is a direct provider of health care services, its programs should be exempt from these cuts.”

NIHB’s Vice - Chairman, Rolin Buford, who is the Chairman of the Tribal Leaders Diabetes Committee as well as the Poarch Band of Creek Indians, discussed important achievements of the SDPI and requested the Senator’s assistance with achieving the reauthorization of this funding, which will expire in October 2008.

During the meeting, the NIHB Board, staff and Area representatives expressed their utmost gratitude to Senator Dorgan for his long-held commitment to improving the lives of Indian people and thanked him for his personal dedication to visiting Indian Country often. Appreciation for Senator Dorgan’s commitment to learn, first hand, about the realities Indian people face was a recurring message. In addition to national health care priorities for Tribes, each Board member had an opportunity to discuss Indian health care issues specific to their communities. Senator Dorgan has begun a series of “listening sessions” in Indian Country, the first of which took place on January 27 in Bloomington, MN. The Board members invited Senator Dorgan to visit their communities and invited the Indian Affairs Committee to hold future listening sessions in each of their Areas.

Senator Dorgan: Friend of Indian Health

On January 22, 2007, Senator Dorgan, in a statement on the Floor of the Senate discussed Indian health care. This is the second time in less than six months that Senator Dorgan has brought to the attention of other members of the Senate the health disparities of Indian people and lack of adequate funding for Indian health care. The following is an excerpt from his January 22nd statement:

“Mr. President, I am going to Chair the Indian Affairs Committee in this session of the Congress, and I’ll be working with my colleague, Craig Thomas, Senator Thomas from the State of Wyoming and am real pleased to do that. But I want to mention this week, my colleagues here in the Senate are likely to see members of Indian tribes who are coming to town from all over the Country. They will likely see them here on Capitol Hill, perhaps in the halls of the Senate and the House...Let me talk about one of the things I’m sure they will talk about in virtually every office and that is the issue of Indian Health Care. I’ve seen hearings where talking about Indian Health Care, very powerful tribal leaders have been brought to tears when they talk about family members who have taken their own lives because of depression or drug abuse or family members who needed medical attention desperately and didn’t get it…”

Please see the NIHB website at www.nihb.org, under IHCIA Reauthorization, for complete copies of Senator Dorgan’s floor statements of September 15, 2006 and January 22, 2007.
NIHB Hosts First Event for National Native HIV/AIDS Awareness Day

On the first day of spring, March 21, 2007, NIHB joined with the National Native American AIDS Prevention Center and the National Council on Urban Indian Health to host a “Walk of Hope and Remembrance” to honor the Nation’s First Annual Native HIV/AIDS Awareness Day. Twenty representatives of DC Native organizations and the American College of Obstetrics and Gynecology took part.

The NIHB has also launched a fitness initiative as part of the “Just Move It and Reduce Your Risk of Diabetes” program. This effort is targeted at engaging American Indian and Alaska Natives working in the Washington, D.C. area to adopt and reinforce active lifestyle choices. On the first Friday of every month, DC Natives, their co-workers, friends, and family are invited to join the NIHB staff in a fun fitness event. Participants meet at the National Museum of the American Indian at 8:00 a.m.:

The President’s Budget

When the President released his Fiscal Year ’08 budget, NIHB held a press conference with the National Council on Urban Indian Health and the National Congress of American Indians to ensure that Indian Country presented a united front in its response: fully fund the Indian Health Service (IHS). The Senate Committee on Indian Affairs held its hearing on the budget February 15, 2007 and NIHB Chairman, H. Sally Smith testified on behalf of NIHB. NIHB’s testimony and an article about the hearing are available online at www.nihb.org.

In addition, NIHB has been aggressively educating members of Congress about budget issues that can help Indian Country; among them, ending any rescissions to IHS funding; preventing IHS/OMB from counting Medicare and Medicaid revenues as part of the IHS budget, and; call for enactment of Medicare-Like Rates regulations that have been languishing in the Department. For more information, contact NIHB Legislative Director, Kitty Marx at 202-742-4262.
NIHB Heads Effort for Orthopaedic Volunteerism in Indian Country

Since late last year, NIHB has been working with the American Academy of Orthopaedic Surgeons (AAOS) to design a volunteer-surgeons program through which those American Indians/Alaska Natives on the longest waiting lists for orthopaedic surgical care will be provided with it. Since October 2006, NIHB has met with national leaders from AAOS and IHS to discuss this possibility. Because it has some of the longest waiting periods among Indians for orthopaedic care in the nation, the Billings Area (Montana/Wyoming) was identified as the first Area in which this demonstration project would take place. In January, NIHB staff traveled to Montana to meet with the Montana/Wyoming Tribal Leaders Council (MWTLC) to inform the Tribes in the Area about this idea and ask them for their support and partnership. Other key players present at this meeting, and whose support and engagement in this program would be critical to its success, include Jennifer Giroux, MD, Rocky Mountain Tribal Epi-center Director, the IHS Area Director, Peter Conway, and Area Chief Medical Officer Terry Dennis, M.D. Joseph Erpelding, MD, a prominent, private practice orthopaedic surgeon in the Billings Area who is dedicated to alleviating this health disparity, David Lovett, Esq., Director AAOS Washington Office, and others. Once the Billings Area tribal leaders, including NIHB Board member, Jace Killsback, Northern Cheyenne Councilman, approved the idea and agreed to move forward in partnership, NIHB staff met with the Montana Orthopaedic Medical Society. NIHB would like to thank Gordon Belcourt, Executive Director of the MWTLC, for his work to bring the right people to the table on behalf of the Tribes in his Area.

Building on the support gained from each of these steps, in February, NIHB Executive Director, Stacy Bohlen, made a presentation about orthopaedic needs in Indian Country and the role that America’s orthopaedic surgeons can play in addressing this issue, before the AAOS national Diversity Advisory Board, which oversees health disparity issues and cultural competency for the Academy. In mid-March, the AAOS Diversity Advisory Board advised NIHB that in response to its presentation, AAOS is seating an American Indian/Alaska Native Health Disparities Sub-committee that will be dedicated to addressing this issue. NIHB is invited to sit on this Committee, will assist AAOS with identifying other Committee members and will work with AAOS to bring much-needed orthopaedic surgical care to Indian Country.

For more information, contact NIHB Executive Director, Stacy Bohlen at 202-742-4262.

School-Based Health Care for Native American Youth

The Kellogg Foundation hosted a “conversation” on school-based health care for Native American youth on March 8 and 9 in Albuquerque, NM. Experts on this issue were brought in to represent a variety of perspectives on the topic, including the National Assembly on School-Based Health Care, National Indian Education Association and National Congress of American Indians, which served as the moderator. NIHB was represented by NIHB Board member Linda Holt (Portland Area) and Executive Director, Stacy A. Bohlen, both of whom made formal presentations. The meeting consisted of information sharing, brainstorming and a plan of action to increase both funding for and numbers of school-based health clinics in Indian Country. For more information about this meeting, contact Stacy Bohlen at sbahlen@nihb.org.

NIHB Staffs Up for Public Health: Shorty/Neel to Join Staff

NIHB is pleased to announce the addition of two positions and two staffers: Lawrence Shorty, MPH, a member of the Navajo Nation, will become NIHB’s Director of Public Health Programs on April 3, 2007 and Lisa Neel, MPH, an enrolled member of the Cherokee Nation, NIHB’s new Deputy Director of Public Health Programs, joined us on March 26, 2007. Mr. Shorty will be available via e-mail at lshorty@nihb.org and Ms. Neel at lneel@nihb.org.
Attention Indian Health Advocates: Grassroots Sign-Up

NIHB is lifting off its grassroots effort. As NIHB Board members and staff travel to different Areas to speak, the Grassroots-Sign Up forms are handed out. They have been distributed at Area meetings in California, Alaska, Portland & Aberdeen. Thus far, a group of 227 participants are involved in the NIHB grassroots efforts. NIHB will be sending the “grassroots team” Washington Reports, newsletters, Action Alerts, and the new “Legislative Tracker” updates.

Please fill out this form and provide your contact information so that we may keep you up to date on legislative items of interest to you as an Indian Health Advocate. Thank you for helping us advocate for better Indian health care!

FIRST NAME: __________________________
LAST NAME: __________________________
TRIBE/ORGANIZATION: __________________________
ADDRESS: ________________________________________
CITY: ________________________________________
STATE: ________ ZIP: __________
PHONE: ________________________________________
FAX: ________________________________________
E-MAIL: ________________________________________

Please send to: Ms. Jaime Hale
National Indian Health Board
101 Constitution Ave, NW, Ste 8-802
Washington, DC 20001
Or Fax to: 202-742-4285, Attention: Jaime Hale