

National Indian Health Board



National Indian Health Board Resolution 18-20

OPPOSITION TO THE PROPOSAL FOR REDUCING THE U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

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, behavioral health and public health services to AI/ANs and for the fulfillment of the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, the NIHB is duly elected to serve the sovereign rights of all Federally recognized Tribal governments, to promote the highest levels of health for AI/AN people, and to advise the Federal government in the development of responsible health care policy; and

WHEREAS, the unmet health needs of American Indians and Alaska Natives are severe and the health status of American Indians and Alaska Natives is far below that of the general population of the United States, resulting in an average life expectancy for American Indians and Alaska Natives 5.5 years less than that for the U.S. all races population; and

WHEREAS, the United States assumed the trust responsibility through a series of treaties with Tribes, exchanging compensation and benefits for Tribal land and peace. The Snyder Act of 1921 (25 USC 13) legislatively affirmed this trust responsibility. To facilitate upholding its responsibility, the federal government created the Indian Health Service (IHS) and tasked the agency with providing health services to AI/ANs; and,

WHEREAS, the trust relationship requires the Federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded at only 46.6 percent of need, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and

WHEREAS, according to the Government Accountability Office (GAO) Report 18-580, IHS provider vacancy rate was an average of 25 percent and ranged from 13 to 31 percent across IHS service areas; and

WHEREAS, The U.S. Public Health Service Commission Corps are uniformed non-military officers who work with both civilians and members of the military in areas experiencing a public health crisis or high need; and

WHEREAS, in 2018, the Office of Management and Budget proposed to reduce the number of commissioned corps officers from 6,500 to 4,000

WHEREAS, According to 29 percent of the commissioned corps workforce currently work for IHS; and

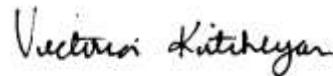
NOW THEREFORE BE IT RESOLVED, the National Indian Health Board (NIHB) opposes the proposal to reduce the commissioned corp personnel from 6,500 to 4,000.

BE IT FURTHER RESOLVED, that NIHB supports the proposal that would require that Corps officers initially work in a hard-to-fill area and continue to serve there, or deploy as needed in a public health emergency. In fact, the NIHB recommends that all calls to active duty for the Corps go to the Indian healthcare system to fill vacant direct care positions to the most vulnerable populations; and,

BE IT FINALLY RESOLVED, that NIHB requests that the Administration ensure that the Indian Health Service (IHS) is not negatively affected by any proposed policies impacting the U.S. Public Health Service Commissioned Corps (USPHS) personnel, and requests that any proposed policy change to USPHS be preceded by Tribal consultation.

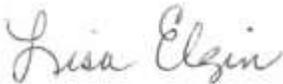
CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 9th day of November, 2018.



Victoria Kitcheyan
NIHB Vice-Chair

ATTEST:



Lisa Elgin
NIHB Secretary