

National Indian Health Board



The Red Feather Of Hope And Healing

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Indian Country Celebrates the passage of the Affordable Health Care for America Act

Washington, DC – Americans have heard the debates regarding health care reform during the past year, but American Indians and Alaska Natives (AI/AN) have patiently waited ten years for the reauthorization of the Indian Health Care Improvement Act (IHCIA) which is the foundation for the health care delivery system of AI/AN. Tonight the House passed H.R. 3962, the Affordable Health Care for America Act on a vote of 220 to 215 which gives an incredible amount of hope that health care will improve in the communities, villages, and on reservations of the first people of America.

“The passage of the Affordable Health Care for American Act contains the IHCIA. The H.R. 3962, with its current provisions of the IHCIA, would modernize and improve the health care system for American Indians. It includes critical needs such as an integrated behavioral health programming (substance abuse and mental health prevention and treatment services) which will save lives. This inclusion of the IHCIA means something to a population of people who are 630% more likely to die from alcoholism or who have suicide listed as the second leading cause of death for those aged 10-34 as reported by federal agencies,” said Reno Keoni Franklin, Chairman of the National Indian Health Board (NIHB).

American Indians suffer from some of the worst health disparities in the world. The scope of health problems occurring among this specific population are clearly evident as American Indians are 650% more likely to die from tuberculosis, 318% more likely to die from diabetes, and 204% more likely to suffer accidental death when compared to other groups.

The Indian Health Care Improvement Act is the key legal authority for the provision of health care to AI/AN and was originally enacted in 1976 to address the deplorable health conditions in Indian Country. It was Congress who stated in the findings of IHCIA, “Federal health services to maintain and improve the health of the Indian are consonant with and required by the Federal government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.”

“The last comprehensive review took place in 1992 and provisions ended in 2001. Our tribal leaders have focused our best efforts to ask Congress to reauthorize the IHCIA so our people could have better health care services. We are elated that after ten years of hard work we have secured this inclusion of the IHCIA in H.R. 3962,” said Rachel Joseph, a member of the Lone Pine Paiute-Shoshone Tribe of California and Co-Chair of the National Tribal Steering



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Committee for the Reauthorization of the Indian Health Care Improvement Act who has worked on this reauthorization for more than a decade.

In June 2009, Joseph appeared before the House Committee of Natural Resources and asked for the permanent reauthorization of the IHCIA. "H.R. 3962 makes IHCIA permanent, which I believe is recognition of a nation's trust and legal responsibility to provide health care to American Indian and Alaska Natives. This means we will not have to come every 10-15 years asking for reauthorization. We are happy about this successful endeavor and thank tribal leaders, friends of Indian health, and especially the House," said Joseph.

"With the IHCIA passing in the House, the National Indian Health Board asks everyone to reach out and ask the Senate leadership to include the IHCIA reauthorization into the Senate's Health Care reform bill. This would permanently reauthorize the IHCIA. Healthcare in America has moved forward and after more than 10 years of advocating for improvement, Indian health care is moving forward too," said Reno Keoni Franklin, NIHB Chairman.

The National Indian Health Board advocates on behalf of all Tribal Governments and American Indian/Alaska Natives in their efforts to provide quality health care. To stay informed about the IHCIA please visit www.nihb.org for more information.

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