

## NATIONAL INDIAN HEALTH BOARD UPDATE

Presentation by  
H. Sally Smith, Chairperson  
Before the  
Indian Health Service Clinical and Service Unit Staff  
February 1, 2000

Good Morning! I'm pleased to address the variety of Indian Health Service (IHS) Clinical Staff here in my new capacity as Chairperson of the National Indian Health Board (NIHB). I anticipate that my colleague, the Honorable Alvin Windy Boy, Vice-Chairman of the Rocky Boy Chippewa Cree Tribe, and I will do our best to briefly provide you with an update and our understanding of your Annual Meeting's theme, "Embracing Diversity – Indian Health in the 21<sup>st</sup> Century".

Last week, President William J. Clinton, presented America with the first State of the Union address of this new century. I hope that each of you listened to or read his remarks, especially since it may be the first time that a President of the United States set forth a public goal, within his address, to honor the responsibility of the Federal Government to empower the First Americans. More specifically, he recommended a billion dollar increase to enhance economic opportunity, health care, education and law enforcement for Native American communities.

And if NIHB's sources are right, we are pretty confident that this will translate into the following Fiscal Year 2001 budget recommendations: \$300 million for Bureau of Indian Affairs (BIA) School Construction; \$349 million for Indian Roads; \$650 million for rental and home ownership in HUD; and \$2.6 billion for the Indian Health Service. This final figure of \$2.6 billion in IHS funds would suggest that the IHS budget will be increased by roughly \$190 million to \$196 million over the \$2.406 billion appropriated in FY 2000.

Of course, politics between the White House and the Congress will dictate what gains will really be made in Indian Health funding. Politics, political action funds and the electorate will greatly determine much of what happens this year.

I agree with President Clinton that we are fortunate to be alive at this moment in history. He noted that, "Never before has our nation enjoyed, at once, so much prosperity and social progress with so little internal crisis and so few external threats." And he asked the Speaker of the House and the Congress to make a special effort to address the areas of our Nation with the highest rates of poverty.

You and I, truly understand what poverty means to our American Indian and Alaska Native communities. As tribal elected officials and clinical providers, we meet many individuals who are in profound need and suffering from limitations in health care. At the National Indian Health Board, we recognize how difficult it is for our Doctors, Nurses, Community Health Aides and Administrators to deny Indian people of the opportunity to secure tertiary level care to address Diabetes, Heart Disease and Cancers. We understand that very soon, you will limit referrals to life and limb threatening circumstances under Contract Health Care. And that you may have to determine which patient is suffering from a greater level of pain, before you decide who should be referred to specialized care. In Alaska, we often experience the inability to extend the convenience of clean water and sanitation facilities to hundreds of families, because funding is absorbed within the first two or three months of the fiscal year.

At this time of the year, we get excited about what the increases and decreases might be in the Federal Budget for Indian programs, like the IHS and BIA. We look closely at what amount of funding is going to trickle down to the community level. Our staff work hard to determine whether there is equity and fairness in our programs.

As Tribal Leaders we have embraced diversity, internally and externally. Throughout this meeting, there will be reference to the I – T – U. The diversity within our entire health care system, which includes the direct-operated IHS facilities, the Tribally-operated Self-Determination and Self-Governance programs, as well as the urban Indian programs, should be embraced completely. Along with diversity in Indian health care, equity and fairness should also be embraced.

I preface my update with these thoughts in mind. In the coming year, I have a vision for Indian Health in my role as Chair of the National Indian Health Board - which looks progressively at having an impact in our Nations capital. Our priorities in the coming year will focus more extensively on the budget and enactment of key legislation.

I will be asking my fellow Board Members, with the leadership of the Area Health Boards, to join with the Tribal Self-Governance Advisory Committee, the National Council on Urban Indian Health and the National Congress of American Indians, to meet in a strategic planning session this spring. I want to determine the barriers and steps we need to take to secure

passage of the following legislation: the Indian Health Care Improvement Act Reauthorization; Elevation of the IHS Director to Assistant Secretary; Permanent Establishment of the Tribal Self-Governance Program in the IHS; and Direct Medicaid Reimbursement legislation.

I also want to have our leaders examine the avenues for increasing IHS funding, as well as, ensuring that existing funds, such as Pay Act increases, are being shared equitably between IHS and Tribal Health employees. We feel very good about the progress which continues to be made in advancing a tribal-needs based budget and it is our desire to see that all increases benefit our communities, at the patient level. The work of the Level of Need Funded Workgroup and Assessment Costs Workgroup, along with policy recommendations for Contract Support Costs will be discussed.

Externally, I feel we have made great inroads towards implementing the President's Executive Order on Tribal Consultation. The National Indian Health Board has been working closely with the Health Care Financing Administration, the Centers for Disease Control, the Agency for Health Research and Quality, and a few of the National Institutes of Health, to

ensure that Tribes are being consulted in delivery and funding. We will continue in our role to help ensure that all Department of Health and Human Service agencies, outside the IHS, are setting aside at least 1.5 percent of their funds for the benefit of Tribal Governments and the communities they serve. After all, if the IHS budget is only meeting one-third of the need, the Federal Government must ensure that the DHHS Budget Review Board is doing it's best to direct more funding to Tribal communities. If DHHS funds are being absorbed by State Governments, under Block Grant authorities, we want to know if the funds are reaching Indian people. And we want to know if we can encourage a means to secure greater funding at the Tribal level.

While the President and Surgeon General David Satcher have done their best to address Race and Health Disparities this past year, I feel much more can be done to expand new funding towards our native communities. The predominant emphasis of these funds has been directed to African American and Hispanic American communities. If we could join together to raise these concerns, I feel we could achieve more funding in the coming year.

We have also heard a great deal about major funding initiatives in Medical Research by both the President and the Congress. Virtually all of this money is directed to Universities, which are essentially State-run institutions. It is our desire to have a unified message sent to the White House and the Labor-HHS Appropriations Committees, that a part of these funds be invested in community-based research, guided by Tribal Resolutions, to ensure that our needs and our success in preventing certain diseases is explored.

I acknowledge that under President Clinton and Vice-President Gore's Administration there have been many accomplishments. These policy initiatives, are due in part to the leadership of Dr. Michael Trujillo, and others whose focus on Indian Patients first, has served very well. The accomplishments are numerous and have served to protect families, increase funding for the Indian Health Service, assured increases for IHS Contract Support Costs, increased Diabetes funds, increased Indian Medicaid funds, and extended health care to Indian children under the Children's Health Insurance program. And now the Clinton Administration has an ambitious agenda to increase HIV/AIDS funding in Minority Communities, pass a Patients' Bill of Rights, protect and strengthen Medicare, increase

WIC, ensure Safe Food for America's Families and increase funding for Indian Head Start.

➤ Beyond the Native American Initiative presented by President Clinton and my vision of the activities of the NIHB in the coming year, I want to share one final message which our former NIHB Chair Buford L. Rolin presented to you last year. I understand that he strongly encouraged you to think creatively about the approach you might take, under the auspices of technical assistance, in working with the Tribal Chairs in your communities. Buford suggested that you develop Native American Consumer Advocate letters which clearly identify your local tribal needs specific to the IHS budget.

In this current political climate, we cannot simply rely on each of the 558 Tribal Governments sending a letter to Congress about health needs. We need every patient who visits an IHS, Tribal and Urban Indian program to send a letter to their Congressmen and Senators about the IHS budget. Similar letters should be prepared which express how important it is to secure reauthorization of the Indian Health Care Improvement Act and Elevation of the Dr. Trujillo's position. If every patient sent a letter, we'd have 1.6 million letters circulating on Capitol Hill. If

they sent three letters, it would amount to 4.8 million letters. Now I'm being optimistic, but I can assure you this is exactly what the Veterans who use the Veterans Administration for health care do each year. And their budget is 5 times the size of the IHS budget on a per capita level.

Some of you will think that you are prohibited from lobbying. You are a citizen of this Country and you are entitled to exercise your First Amendment rights to express your opinions. I might suggest that you take a little leave to meet with your Tribal elected officials to assist them in development of these letters, if it's during business hours. If it's after hours, you can be certain, most of your tribal elected officials are still working and they do want very much to help improve your funding.

In closing, I want to say that a new year promises us so much. I agree with the President, we stand on a mountain top of a new millenium. We've had a lot of opportunity to explore the past, throughout this country and at the global level. If you come from Alaska, you can truly appreciate the highest point that can be reached in our mountains and yet understand the grander frontiers of possibility.

● By accepting our diversity and the sovereign rights of Tribal Governments to secure their health care directly from the IHS, under Indian Self-Determination Contracts or Self-Governance Compacts, we can each accomplish great things together - to improve the health of Indian people.