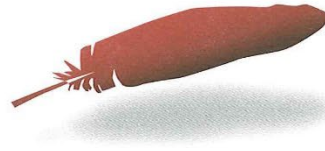


National Indian Health Board



National Indian Health Board Resolution 24 – 02

SUPPORT FOR A PUBLIC HEALTH EMERGENCY TO ADDRESS THE SYPHILIS AND CONGENITAL SYPHILIS EPIDEMIC IN INDIAN COUNTRY

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 care delivery to AI/ANs, as well as upholding the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, the Great Plains Tribal Leaders Health Board (GPTLHB), established in 1986, is comprised of the seventeen (17) Tribes and one (1) Indian Health Service Unit in the four-state region of South Dakota, North Dakota, Nebraska, and Iowa, and addresses the health concerns and need of the Indian Tribes in the Great Plains Indian Health Service Area; and

WHEREAS, federally recognized Indian tribes have a right to health care from the federal government based on Treaties, congressional acts, federal court decisions, and on the federal government's trust responsibility to Indian Tribes; and

WHEREAS, since the COVID-19 pandemic, rates of sexually transmitted infections (STIs) have been increasing across the United States; and

WHEREAS, Indian country, and specifically the four states of the Great Plains Area, have all seen significant increases in STI rates, especially syphilis, and have issued health alerts recommending enhanced testing, treatment, and other measures; and

WHEREAS, The Centers for Disease Control and Prevention (CDC) Sexually Transmitted Infections Surveillance 2022 report indicated that AN/ANs experience the highest rate of primary and secondary syphilis cases (67.0/100,000), nearly four times higher than the national rate (17.7/100,000); and

WHEREAS, the national AI/AN congenital syphilis rate was 644.7/100,000, resulting in 1 in every 155 AI/AN infants diagnosed with congenital syphilis, much higher than the average rate of 102.5/100,000, representing 1 out of every 975 U.S. births; and

WHEREAS, from 2021 to 2022, the greatest increase in the rate of reported primary and secondary syphilis cases per 100,000 persons was among AI/AN persons (46.7 to 67.0; 43.5% increase), and AI/AN persons also had the greatest five-year increase in the rate of reported primary and secondary syphilis (15.4 to 67.0; 335.1% increase from 2018); and

WHEREAS, AI/AN persons of the Great Plains Area have experienced a disproportionate increase in syphilis of 1,865% between 2020 and 2022, while the rate increased 154% nationally; and

WHEREAS, syphilis is a preventable and curable bacterial STI that, if left untreated, can cause serious, life-threatening health issues, including damage to the heart, brain, and other organs; and

WHEREAS, syphilis can spread by direct contact with a syphilis sore and can spread from a mother with syphilis to her unborn baby, which may lead to may lead to stillbirth, newborn death, and babies born with syphilis (congenital syphilis); and

WHEREAS, despite this increase in cases, there has not been a corresponding response in public health funding or workforce capacity; and

WHEREAS, in response to the current syphilis and congenital syphilis epidemic, on February 26, 2024, GPTLHB formally requested that United States Department of Health and Human Services Secretary Xavier Becerra declare a public health emergency to provide increased resources needed to address the syphilis and congenital syphilis epidemic in Indian country; and

THEREFORE BE IT RESOLVED, the National Indian Health Board (NIHB) supports GPTLHB in its effort to promote the health of American Indian and Alaska Native people and requests that HHS Secretary Becerra declare a public health emergency for syphilis and congenital syphilis across Indian country and the United States.

BE IT FINALLY RESOLVED, that this resolution shall be the policy of the National Indian Health Board until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the Board, with a quorum present, on the 13th day of March 2024.

ATTEST:



Vice Chairperson, Sam Moose



Chairperson, William Smith