National Indian Health Board

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Resolution 17-07

A RESOLUTION TO INCREASE FUNDING FOR FOOD SOVEREIGNTY INITIATIVES 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 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 of 4.2 years less than that for the U.S. all races population; and

WHEREAS, rural and urban Tribal communities are nearly all food deserts and continue to be plagued by scarce access to traditional and healthy foods, resulting in negative, nutrition-based health issues such as obesity, diabetes, and shortened life expectancies; and

WHEREAS, according to the Declaration of Nyéléni made at the Forum on Food Sovereignty in Sélingué, Mali, "food sovereignty is the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems"; and

WHEREAS, in 2014 the Diné Policy Institute conducted a food sovereignty assessment, and found that poverty was a central and underlying key factor identified regarding food insecurity and access; and

WHEREAS, one in four American Indians/Alaska Natives were living in poverty in 2012, with the median income for AI/AN households is $35,062, compared to $50,046 for the nation as a whole; and

WHEREAS, over 80% of American Indian/Alaska Native adults are overweight or obese and an estimated 45% to 51% of American Indian children are obese. If these trends continue, it is predicted that half of American Indian children will develop Type 2 diabetes in their lifetimes; and

WHEREAS, 17.6% of AI/AN adults over the age of 18 have diabetes compared to 7.3% of non-Hispanic white adults over the age of 18; and

WHEREAS, among American Indians or Alaska Natives, 7.2% have coronary heart disease, 25.8% have hypertension and 4.6% have had a stroke; and

WHEREAS, a food desert is an area with minimal access to affordable and quality healthy food. Food deserts usually correlate with high poverty rates as well as limited access to vehicles and other forms of transportation; and

WHEREAS, according to the United States Department of Agriculture (USDA), almost every American Indian reservation is classified as a "food desert" and nearly 25% of all American Indian and Alaska Native households are food insecure which is 10% more than all U.S. households; and

WHEREAS, in addition to the lack of access to healthy food in general, Native Americans have issues accessing culturally appropriate and traditional foods stemming from a loss of traditional homelands, political and social inequality, and decline of cultural knowledge of traditional foods, among other reasons; and

WHEREAS, the USDA Food and Nutrition Service has had Congressional authority since 2005 to purchase traditional foods for inclusion in FDPIR, but has failed to regularly do so, even when traditional foods are available to the commercial market and meet all food safety regulations; and

WHEREAS, a 2014 Traditional Foods Survey of FDPIR participants found that many recipients would appreciate the inclusion of traditional foods in their monthly food packages; and

WHEREAS, as Native peoples, we recognize the spiritual traditions of our foods; and

WHEREAS, products from American Indian food producers generate $3.1 billion in sales annually, despite the fact that 56% of such farms produce $2,500 in annual earnings and are categorized as "small farms;" and

WHEREAS, Tribal food producers continue to face significant barriers in establishing businesses or selling traditional foods to their communities, due to: exorbitant transportation costs; hesitancy from financial lending institutions to establish credit in communities with high bureaucratic and regulatory influence by federal agencies; fractionated ownership of Tribal lands with different or conflicting interests among owners; and lack of income (particularly in high FDPIR-client communities) for community members to support Tribally run food producers/farmers; and

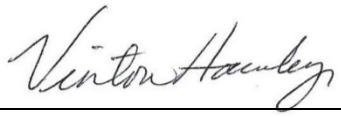
WHEREAS, dozens of Tribes throughout the nation oversee successful food sovereignty programs, including the Confederated Tribes of the Umatilla Indian Reservation and the Confederated Tribes of the Warm Springs Reservation of Oregon who jointly manage a fishery with 600 Tribal fishers, one of the largest in the U.S. and the Salt River Pima-Maricopa Indian Community of Arizona who run a successful community demonstration garden and seed bank; and

NOW THEREFORE BE IT RESOLVED, the National Indian Health Board calls for increased funding to support Tribal capacity to develop and sustain food-sovereignty initiatives throughout Indian Country; and

BE IT FINALLY RESOLVED, that Congress enact policies that support Tribes in the development of sovereign food production and distribution systems as soon as possible to improve the health and wellness of Tribal communities.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 2 day of May, 2017.



Vinton Hawley
Chairperson

ATTEST:

Lisa Elgin
Recording Secretary