



Albuquerque Area Indian Health Board 25th Anniversary Celebration February 4, 2005

“The Important Role of Indian Health Boards”

by

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Good Morning. It is a pleasure to be here today to share in the celebration activities for the 25th anniversary of the Albuquerque Area Indian Health Board (AAIHB), and as an added bonus, to get the opportunity to bask under the wonderfully warm skies of New Mexico in February.

I would like to first of all say a heartfelt *thank you* to all the present and past members and supporters of the Albuquerque Area Health Board for the exceptional work you have done throughout the years. The longevity of this organization is impressive. I would like to especially recognize:

- the Chairman of the Board, Mr. Lester Sacatero;
- the former Chairman Everett Vigil;
- the Executive Director Marianna Kennedy;
- and all the other members of the AAIHB here today.

This Health Board has given 25 years of invaluable service to the American Indian population in the Albuquerque Area through the budget formulation process and through other advisory support to the Area Director in areas such as selection of key staff. You have also helped American Indians and Alaska Natives across the nation through your advocacy efforts, participation on national workgroups, and as a member of the National Indian Health Board.

Since I entered the Indian health system, I have been impressed with and a little awed by the great work and incredible dedication of the members of Indian Health Boards across the nation. You have done great work and have been our indispensable allies in combating health disparities and improving the health status of American Indians and Alaska Natives. The NIHB has been involved as an important advocate for Tribes in many different activities, including, most recently, efforts related to the implementation of the Medicare Modernization Act and the reauthorization of the Indian Health Care Improvement Act (IHCA), both important issues for Indian health care.

During late 1998 and 1999, the IHS actively consulted with Indian country on amendments to the existing Act to provide Tribal and Urban Indian health programs with the programmatic and administrative capabilities to provide high quality health care to their constituents. A National Steering Committee (NSC) on the reauthorization of the IHCIA was established in the summer of 1999 to review the recommendations received during the consultation process, to reconcile differences in the recommendations from the various areas of Indian country, and then to complete a legislative draft that reflected the final recommendations. In October of 1999, the NSC forwarded their legislative proposal to the leadership of the Executive and Legislative Branches, as well as to Tribal Governments and Urban Indian Health Programs. The House Committee on Resources and the Senate Committee on Indian Affairs both introduced legislation almost identical to the NSC draft. Both chambers have held hearings on the reauthorization proposals since 2000 and both reported the reauthorization bills out of committee on September 22, 2004.

During the second session of the 108th Congress, the IHS and the Department worked with the congressional committees to resolve areas of concern with the pending legislative proposals. Time ran out before a bill could be finalized that would address the Department's concerns. The IHS and the Department are anticipating the introduction of the reauthorization proposals in the 109th Congress. Review of the re-introduced IHCIA bills will occur immediately upon re-introduction of the reauthorization proposals in order to ascertain the content of the bill(s) and to develop an Administration position on the proposals.

The final fiscal year 2005 budget authority for the IHS is \$2.99 billion. This is a \$63 million, or approximately 2.2%, increase over the fiscal year 2004 enacted budget level. Adding in funds from health insurance collections estimated at \$633 million, designated diabetes appropriations of \$150 million, and \$6 million for staff quarters rental collections, increases the budget for the IHS to \$3.8 billion in program level spending. This increase reflects the impact of the IHS and the Department's Tribal budget consultation and a continuing Federal Government commitment to provide for the health of members of federally recognized Tribes.

We in the IHS are also celebrating an important and historical anniversary this year. In July of 1955, the Indian Health Service was officially transferred from the Bureau of Indian Affairs to the Public Health Service, making FY 2005 the 50th anniversary year for the Indian Health Service. The establishment of the IHS heralded the beginning of the building of a health infrastructure to address the health disparities facing American Indian and Alaska Native people, and the launching of a new era in Indian health care. In FY 2005 we are embarking on a special year of celebrations. You will see special acknowledgements of our 50th year in a variety of places and special events. I hope all of you here will join us as we recognize this important date in the history of the Indian Health Service.

Thank you for inviting me to participate in your 25th anniversary celebration today. It is an honor to be with you, and I look forward to working with you in the future.