



## **NATIONAL INDIAN HEALTH BOARD**

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**November 16, 2006**

**Statement of Stacy A. Bohlen  
Executive Director  
National Indian Health Board  
Before the United States Medicaid Commission  
Crown Plaza Hotel  
Arlington, Virginia**

Chairman Sundquist and distinguished members of the Medicaid Commission on behalf of the National Indian Health Board (NIHB), it is an honor and pleasure to offer these comments. Thank you for the opportunity to do so. I am an enrolled member of the Sault Ste. Marie Tribe of Chippewa Indians, located in Sault Ste. Marie, Michigan and my comments represent those of the NIHB.

Established in 1972, NIHB serves all Federally Recognized American Indian and Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to American Indians and Alaska Natives, as well as for upholding the Federal government's trust responsibility to American Indian and Alaska Native Tribal governments. It is the only organization of its kind to be exclusively devoted to the advancement of American Indian and Alaska Native health. We strive to advance the level and quality of health care and the adequacy of funding for health services that are operated by the Indian Health Service, health programs operated directly by Tribal Governments, and other programs. Our Board Members represent each of the twelve Areas of IHS and are elected at-large by the respective Tribal Governmental Officials within their Area.

**No other segment of the American population is more negatively impacted by health disparities than the AI/AN population. Tribal members suffer from disproportionately higher rates of chronic disease and other illnesses. In addition, our life expectancy is 6 years less than all other groups in America and in some areas our infant mortality rates rival Haiti's.**

**Likely causes of death for American Indians and Alaska Natives tell a chilling story when compared to all other races: We are 650% more likely to die from tuberculosis; 420 % more likely to die from Diabetes-related illness or complications; 280% more likely to die from accidents; 52% more likely to die from the flu or pneumonia – and the #3 cause of death for our children is suicide. Prevention is clearly a key to the health care future of American Indians and Alaska Natives – and while the National Indian Health Board and**

**Tribes focus attention and resources on prevention initiatives – funding and programmatic commitments for the kind of health care necessary to achieve such goals is minimal.**

Despite these realities, funding for American Indians and Alaska Natives lags behind every other group in America in most economic indicators – but we are in 1<sup>st</sup> place for health disparities – in some cases – such as infant mortality in the Northern Plains and Diabetes – we are just about first in the whole world. But in the richest, most powerful country in the world, a country whose very foundation – quite literally – sits on the American Indian homeland that was largely traded for guarantees of peace and health care, among other things—we know that we can do better – America can do better.

As you well know, the Medicaid program is a last resort for most of America’s poorest people who have no other means through which to receive health care. As most people are aware, the “poorest of the poor” in American are often found in this Country’s indigenous populations. While the Indian Health Service is charged with providing health care to us, funding on a per capita basis for American Indian health care is just about one half of the funding received by Federal prisoners. In addition, it is important to note that the Indian Health Service programs are not an entitlement - each year Congress must appropriate funding for IHS. For American Indians eligible for the Medicaid program, it is a critical component of the health care they receive...one they cannot live without.

For 7 years the Tribes of the United States have been working to achieve the reauthorization of the Indian Health Care Improvement Act. The purpose of this law, which is the foundation law for the delivery of health care to American Indians and Alaska Natives, is to improve the health care of the Indians consonant with and required by the Federal government’s historical and unique legal relationship with, and resulting responsibility to the American Indian People. In addition, the IHCA law finds that a major goal of the United States is to provide the quantity and quality of health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services. The ultimate goal is to elevate the health care status of American Indians and Alaska Natives to be at least on par with mainstream America – but, as you have seen from the statistics – we are a long way from achieving that goal.

The process of achieving the reauthorization of this law has been instructed through a Tribal National Steering Committee. The National Steering Committee is comprised of tribal leaders from across the United States working closely with the Administration, the Indian Health Service and Congress to achieve the reauthorization of this law. It has been 14 years since this legislation was updated. Through legislation initially drafted by this Tribal Consensus group, it is clear that one of the most important policy components of the legislation is found in Title IV of S. 1057, the current legislation being debated in Congress – this Title addresses the Medicaid program, specifically. The provisions contained in Title IV were achieved through working closely with the National Steering Committee, the Senate Finance Committee, the Senate Committee on Indian Affairs and national Tribal organizations.

**We ask that the Commission support efforts to achieve passage of the Indian Health Care Improvement Act and the provisions contained in Title IV.**

**We are well aware of the charge of the Commission to provide recommendations to the Secretary of HHS that will achieve budgetary cuts equaling \$10 billion over the next 5 years. As you deliberate and conclude your work, please remain mindful of the current health status of American Indians and Alaska Natives and, like Hippocrates, commit to “do no harm.”**

### **Conclusion**

On behalf of the National Indian Health Board, I would like to thank the Commission for its consideration of our testimony and for your interest in the improvement of the health of America’s poorest and most vulnerable populations. We ask you to acknowledge that among the poorest of these are American Indian and Alaska Native people. If we are to reduce the terrible disparities between the health of American Indians and Alaska Natives compared to other Americans, we need to ensure that the Indian Health Care Improvement Act is approved during the coming Congress and we ask that in its Final Report the Commission recognize this need and the unique position of American Indians and Alaska Natives, both as sovereign Nations and as the population with the greatest need for assistance in health care delivery. Finally, we respectfully request that, in its final report to the Secretary, you advance recommendations that do no harm to America’s indigenous people.

Thank you.