



NATIONAL INDIAN HEALTH BOARD

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Statement of Julia Davis-Wheeler, Chairperson

National Indian Health Board

On

Indian Health Related Legislation

April 9, 2003 – 10:00 a.m.

Senate Russell Building, Room 485

Chairman Campbell, Vice-Chairman Inouye, and distinguished members of the Senate Indian Affairs Committee, I am Julia Davis-Wheeler, Chairperson of the National Indian Health Board. I am an elected official of the Nez Perce Tribe, serving as Secretary, and also Chair the Northwest Portland Area Indian Health Board. On behalf of the National Indian Health Board, it is an honor and pleasure to offer my testimony this morning on several important pieces of legislation affecting the delivery of health care to American Indians and Alaska Natives.

The NIHB serves nearly all Federally Recognized American Indian and Alaska Native (AI/AN) Tribal governments in advocating for the improvement of health care delivery to American Indians and Alaska Natives. We strive to advance the level of health care and the adequacy of funding for health services that are operated by the Indian Health Service, 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 regional area.

As we continue to work diligently to address the health disparities that continue to plague Indian Country, there are several legislative items that have been introduced during the 108th Congress that would help us improve the health status of American Indians and Alaska Natives.

Indian Health Service Director Elevation to Assistant Secretary of Indian Health

Before I begin discussing Senate Bill 558 to elevate the Indian Health Service Director to the position of Assistant Secretary of Indian Health, I would like to say a few words about the Secretary of Health and Human Services, Mr. Tommy G. Thompson. As a Tribal leader, I feel very comfortable in saying that Secretary Thompson has been the most accessible Cabinet Secretary in this Administration. He and his immediate staff have been available at every possible opportunity to visit with tribal leaders and to see first hand the health needs of our people.

Also, the National Indian Health Board is aware that the Committee will consider the nomination of Dr. Charles Grim as Director of the Indian Health Service (IHS). As I mentioned in my testimony last week, we support his nomination and appreciate his willingness to take on such a significant role.

Tribal leaders have long pushed for elevating the status of the IHS Director as a means to recognize the importance of the federal government's functions in carrying out its trust responsibility to American Indian and Alaska Native Tribal governments. The intent of Senate Bill 558 is quite appropriate as it does just that in a manner consistent with the government-to-government relationship between the United States and Tribal governments.

As we advance this legislation, we want to take adequate steps to ensure that we build on the improvements that have been made within the Department

of Health and Human Services (DHHS) over the last few years in addressing Tribal issues and further, that the Indian Health Service does not become isolated from other areas of DHHS. We feel that this can be accomplished with minor revisions to Senate Bill 558 and I have prepared specific recommendations on the language of Senate Bill 558 which I would like to submit for the record at this time.

Our recommendations would place the IHS Director at the level of Assistant Secretary of Indian Health, but do it in a manner which does not diminish the Secretary's responsibilities to carry out the federal government's trust responsibility to Tribal governments,

As I mentioned previously, over the past several years, American Indian and Alaska Native issues have slowly crept into the mindset of nearly all areas of DHHS. The raised awareness and are attributable to several things, including the of informed personnel within the Office of the Secretary, the hard work of IHS officials to advance issues internally, and most importantly the persistence of Tribal governments to ensure that the purpose and intent of the Executive Order mandating Tribal consultation is properly carried out.

One of the more significant examples of the increased awareness and acknowledgment of the importance of Indian issues within the Department is the revival of the Secretary's Intradepartmental Council on Native American Affairs, which is co-chaired by the Indian Health Service Director.

Because of the many critical issues that need to be addressed within the Department of Health and Human Services, we feel that any changes to the structure of the Department must be done in a manner that does not isolate Indian health issues, but instead makes these issues a common thread among all Department areas.

Integration and Consolidation of Alcohol and Substance Abuse Programs and Services provided by Indian Tribal Governments

All of the purposes expressed in Senate Bill 285, the Native American Alcohol and Substance Abuse Program Consolidation Act of 2003, serve to improve the delivery of such programs in Indian Country and are commendable. American Indian and Alaska Native Tribal governments are constantly searching for ways to develop more effective and efficient programs to better serve Tribal members and are extremely interested in providing such services utilizing the best practices available.

While we are certainly supportive of legislation that seeks to coordinate and improve the delivery of alcohol and substance abuse programs throughout Indian Country, Tribal leaders have expressed their concern with certain provisions of this legislation. Many of the concerns are due to language establishing the Indian Health Service as the lead agency. While the Indian Health Service is an appropriate and capable agency to administer such duties, we feel it is equally as important to engage all applicable agencies to the greatest extent possible.

Perhaps this could be achieved by utilizing a committee consisting of the involved agencies chaired by the Indian Health Service, rather than naming a lead agency. All activities of the lead agency under this proposed act would be carried out according to the decisions made by the committee. Further, mechanisms should be included to provide for Tribal involvement and consultation for all measures that would affect the provision of alcohol and substance abuse treatment in Indian Country.

Establishing the Native American Health and Wellness Foundation

The intent and purpose of Senate Bill 555 to create the Native American Health and Wellness Foundation is absolutely appropriate and mirrors much of what occurs in the private sector delivery of health services. It would serve as a

valuable mechanism to maintain a single organization to allow for the Indian Health Service to receive charitable support. Such entity has not existed previously, which has deterred the donation of such support.

I would also like to mention that the National Indian Health Board would be a capable umbrella organization under which the proposed Foundation could operate. As of March 3rd of this year, the NIHB fully operates out of Washington D.C. and is governed by Board members from across Indian Country. Many of the activities that would be provided by the Foundation, such as activities furthering the health and wellness of American Indians and Alaska Natives, and participating with and assisting Federal, State, and Tribal governments, are already provided by the NIHB. We would be extremely excited about the possibility of discussing this with the Committee.

Conclusion

On behalf of the National Indian Health Board, I would like to thank the Committee for its consideration of our testimony and for your interest in the improvement of the health of American Indian and Alaska Native people. We are certainly pleased that this is the third hearing to take place so far this year on Indian health and we trust that our issues will continue to be a priority during the 108th Congress.