

**Statement of Ben Muneta MD  
President  
Association of American Indian Physicians  
Before the Senate Committee on Indian Affairs  
On the Reauthorization of the Indian Health Care Improvement Act  
July 16, 2003**

Good Morning, Chairman Campbell, and distinguished members of the Senate Indian Affairs Committee I am Ben Muneta, the President of the Association of American Indian Physicians (AAIP), a national medical organization with over 300 American Indian physicians in our membership roster. While the activities of our Association are primarily focused on the recruitment of Indian students into the health professions, we have increasingly been called upon to work in partnership with many health organizations towards eliminating health care disparities among Indian people. We are honored and grateful for the opportunity to provide testimony to the Senate Committee on Indian Affairs.

As a physician and an epidemiologist, I have seen firsthand the health problems and challenges facing Indian communities, and the critical need for additional resources to be devoted to Indian health. I have worked in tribally run clinics, urban Indian clinics, and in various Indian Health Service facilities throughout this nation. American Indians have some of the poorest health indicators in the country. In a Burden of Disease study conducted at Harvard, it was found that American Indian males, in select regions, had the poorest life expectancy in the country. American Indians also live in the poorest counties in the nation and suffer from the many inherent socio-economic problems that go hand in hand with poverty. Indians also have the highest Type 2 Diabetes rate than any other group, Indians have the highest diabetic kidney disease rate, and they have the highest accident rate in the country. It is one thing to read that these disparities exist-it is quite another thing to witness these disparities firsthand in very busy clinics on reservations and in inner cities on a daily basis.

American Indians are the poorest minority in the country with 25.7% living below the poverty line according to the 2000 US Census. They are also the most under-represented minority in the physician field, with only 0.6% of the medical school population in 2000 being classified as Indian.

The importance of having Indian physicians is that they provide a crucial link towards providing quality care in Indian communities. While the provision of health care by the Indian Health Service personnel is excellent there is always a need for more Indian doctors. While there are no specific studies on Indians, studies have shown that in general a higher percentage of minority patients than white patients who see a white physician have less confidence that they will receive adequate health care. More minority patients feel that they are more likely to be treated with disrespect than do white patients. In general, minority

patients more likely to have more difficulty understanding a white doctors instructions or are less likely to question their doctor than would a white patient.

The need to have well-trained, culturally competent health professionals who can address these cultural needs is obvious. An important result of having a minority physician practice in their own communities this is that the quality of care improves in the sense that minority physicians remain for longer periods and get to know their patients better in these communities.

Another issue is access to care. I have done studies on kidney disease in the northern plains and have found that the further a diabetic patient lives from a clinic-the less likely they can come in for routine evaluation of their blood sugars and blood pressure than do those who live closer to a clinic. As a result, the more distant patients are more at risk to suffer from diabetic kidney failure.

We are grateful for the Indian Health Service Scholarship program, authorized under the Indian Health Care Improvement Act which has given the opportunity for American Indians and Alaska Natives to train to fulfill their dream to become health professionals. From these ranks American Indians and Alaska Natives will receive their future medical care from well-trained, culturally competent health providers

We support all provisions in the Indian Health Care Improvement Act that would address the health needs of Indians in reservation and urban areas. We support provisions financing the construction of health care facilities for Indian communities. We support maximizing reimbursement for services from all third party sources.

On behalf of the Association of American Indian Physicians, I would again like to thank the Senate Committee on Indian Affairs for the opportunity to provide testimony at today's hearing on the Reauthorization of the Indian Health Care Improvement Act. Our organization is dedicated to be available as a resource to your Committee in support of tribes and Indian organizations involved in delivering Indian health care. We are grateful for the opportunity to support the Reauthorization of the Indian Health Care Improvement Act, and its reaffirmation of the federal trust responsibility to provide health care to American Indians and Alaska Natives. We support the mission of the Indian Health Service to raise the health status of American Indians and Alaska Natives to the highest possible level. On behalf of the Association of American Indian Physicians, I would again like to thank you for this opportunity.