RESOLUTION # 19-04-03
NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD

RESOLUTION # 335-08-19
CALIFORNIA RURAL INDIAN
HEALTH BOARD

JOINT RESOLUTION

FULL FUNDING FOR THE INDIAN HEALTH SERVICE

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB) is a Tribal organization under P.L. 93-638 that represents 43 federally-recognized Indian Tribes in Oregon, Washington, and Idaho and is dedicated to assisting and promoting the health needs and concerns of American Indian/Alaska Native (AI/AN) people in the Northwest; **AND**

WHEREAS, the California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California, is a Tribal organization under P.L. 93-638 that represents 52 federally-recognized Tribes through its membership of 16 Tribal Health Programs in California and is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California; **AND**

WHEREAS, the NPAIHB and CRIHB are dedicated to assisting and promoting the health needs and concerns of AI/AN people; **AND**

WHEREAS, the primary goal of the NPAIHB and CRIHB is to improve the health and quality of life of its member Tribes; **AND**

WHEREAS, Indian Nations and the United States (US) government have a sovereign-to-sovereign relationship established by treaties, agreements, acts of Congress, and court decisions; **AND**

WHEREAS, this relationship has resulted in the federal trust responsibility to Indian Nations and it is a legally enforceable fiduciary obligation on the part of the US to protect Tribal treaty rights, lands, assets, and resources, as well as a duty to carry out the mandates of federal law with respect to AI/AN Tribes and villages; **AND**

WHEREAS, in several cases discussing the trust responsibility, the US Supreme Court has used language detailing the legal duties, moral obligations, and fulfillment of understandings and expectations that have been established by law between the US and the Indian Nations; **AND**

WHEREAS, the US Court of Appeals for the Ninth Circuit declared that the system used by the Indian Health Service (IHS) for the allocation of its funds violated the California Indians' constitutional right to equal protection. Furthermore, in a subsequent clarification of that judgment, the district court declared that, "(i)n accordance with this conclusion, defendants are obligated to adopt a program for providing health services to Indians in California which is comparable to those offered [to] Indians elsewhere in the United States"; **AND**

WHEREAS, as stated in treaties and other federal issuances with Indian Nations, health care is guaranteed to AI/ANs in perpetuity in exchange for the millions of acres of Indian lands that now make up the US; **AND**

WHEREAS, IHS, an agency within the Department of Health and Human Services, administers health care to 2.6 million AI/ANs residing in Tribal communities across the US, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act; **AND**

WHEREAS, Tribal leaders representing the 12 IHS Areas sit on the National Tribal Budget Formulation Workgroup and make recommendations to the administration annually on IHS funding; **AND**

WHEREAS, the National Tribal Budget Formulation Workgroup recommended that the amount necessary to fully fund IHS was $32 billion in Fiscal Year 2019, and the IHS only received a $5.8 billion appropriation in Fiscal Year 2019; **AND**

WHEREAS, in Fiscal Year 2017, the IHS per capita expenditures for patient health services were just $3,332[1], compared to $9,207 per person for health care spending nationally[2], and $12,744 for Medicare spending per capita[3]; **AND**

WHEREAS, for Fiscal Year 2021, the National Tribal Budget Formulation Workgroup, in an updated recommendation, suggests that IHS be fully funded at $37.61 billion; **AND**

WHEREAS, AI/ANs continue to suffer some of the worst health disparities of all Americans, and according to the Center for Disease Control and Prevention, include, but are not limited to:

- An overall life expectancy that is 5.5 years less than the national average;
- The second highest age-adjusted mortality rate of any demographic nationwide at 800.3 deaths per 100,000 people;
- The highest Hepatitis C mortality rates nationwide (10.8 per 100,000) and higher rates of chronic liver disease and cirrhosis deaths (2.3 times that of Whites);
- A suicide rate that is more than 3.5 times higher than other racial/ethnic groups;

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[1] The figure on congressional appropriations for IHS includes funding for health care delivery as well as sanitation, facilities and environmental health. Per capita IHS appropriation was calculated from $4,957,856,000 in total appropriations divided by 1,638,687 Active Users. Source: *2017 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita*," February 26, 2018, available at: https://www.ihs.gov/ihcif/includes/themes/responsive2017/display_objects/documents/2018/2017_IHS_Expenditures.pdf, last accessed 10/15/2018.

[2] NHE Projections 2016-2025 –Tables, Table 5 Personal Health Care Expenditures; Aggregate and per Capita Amounts, Percent Distribution and Annual Percent Change by Source of Funds: Calendar Years 2016-2025; Per Capita Amount; Projected; available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html.

[3] Honoring The Federal Trust Responsibility: A New Partnership to Provide Quality Healthcare to America's First Citizens: The National Tribal Budget Formulation Workgroup's Recommendations on the Indian Health Service Fiscal Year 2019 Budget, March 2017, p. 14, https://www.nihb.org/docs/04032017/TBFWG%20Testimony%20FY%202019%20FINAL.pdf

- A significant increase in cancer rates, while overall cancer rates for Whites declined from 1990 to 2009;
- A lower prevalence of having a personal doctor or health care provider (63.1%) compared to Whites (72.8%); **AND**

WHEREAS, all of these determinants of health and poor health status could be dramatically improved with adequate investment into the health, public health, and health delivery systems in Indian Country**.**

NOW THEREFORE BE IT RESOLVED, that the CRIHB and NPAIHB recommend Congress fully fund the IHS at $37.61 billion pursuant to the recommendation of the National Tribal Budget Formulation Workgroup for Fiscal Year 2021 and ensure the Portland and California Areas receive their fair share of the resources.

CERTIFICATION

The foregoing joint resolution was adopted at a duly called regular joint meeting of the Board of Directors of NPAIHB and CRIHB (***NPAIHB*** *vote 26 For and 0 Against and* 0 *Abstain;* ***CRIHB*** *vote --- For and* 0 *Against and 2 Abstain*) held this 18th day of July 2019, in Lincoln, CA and shall remain in full force and effect until rescinded.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
2121 SW Broadway, Suite 300
Portland, OR 97201
(503) 228-4185

Chairperson of the Board

Attest

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
1020 Sundown Way
Roseville, CA 95661
(916) 929-9761

Chairperson of the Board

Attest