



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



**RESOLUTION # 336-08-19
CALIFORNIA RURAL INDIAN
HEALTH BOARD**

JOINT RESOLUTION

**A CALL TO CONGRESS TO SUPPORT MANDATORY APPROPRIATIONS FOR
THE INDIAN HEALTH SERVICE**

- 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 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 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 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,** 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, in 2010, the US Congress declared, “It is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians... to ensure the highest possible health status for Indians and to provide all resources necessary to effect that policy”; **AND**

WHEREAS, the Indian Health Service (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, the IHS received a \$5.8 billion appropriation in Fiscal Year (FY) 2019, yet the National Tribal Budget Formulation Workgroup recommends that the amount necessary to fully fund IHS is \$37.61 billion pursuant to their FY 2021 recommendation; **AND**

WHEREAS, in FY 2017, the IHS per capita expenditures for patient health services were just \$3,332, compared to \$9,207 per person for health care spending nationally; **AND**

WHEREAS, Tribes and Tribal Health Programs cannot properly establish proper planning procedures due to current fluctuation of funding each FY in conjunction with congressionally approved budgets and recent government shutdowns; **AND**

WHEREAS, Tribes and Tribal Health Programs cannot recruit, maintain, and sustain staff for their clinics due to funding uncertainties; **AND**

WHEREAS, AI/ANs continue to suffer some of the worst health disparities of all Americans and according to IHS data, they die at higher rates than other Americans from alcoholism (552% higher), diabetes (182% higher), unintentional injuries (138% higher), homicide (83% higher), and suicide (74% higher); **AND**

WHEREAS, AI/ANs suffer from higher mortality rates from cervical cancer (1.2 times higher), pneumonia/influenza (1.4 times higher), and maternal deaths (1.4 times higher) compared to the larger US population; **AND**

WHEREAS, the instability of the current discretionary funding process for IHS continues to put the lives of AI/ANs at risk; **AND**

WHEREAS, moving IHS to the mandatory side of the federal budget would stabilize the IHS budget and ensure that the care that AI/ANs need is always guaranteed; **AND**

WHEREAS, making spending for IHS mandatory would exempt IHS from broad-based cuts in discretionary spending, and budget rescissions **AND**

WHEREAS, other direct health programs like the Veterans Health Administration have a mandatory spending designation; **AND**

WHEREAS, IHS should be treated like the obligation it is, and the Congress should move IHS funding to the mandatory side of the federal budget; **AND**

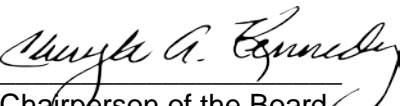
NOW THEREFORE BE IT RESOLVED, that the CRIHB and NPAIHB urge Congress to enact mandatory appropriations for the IHS, in order to provide the highest level of health care service for all AI/ANs, as is the government’s duty to fulfill this obligation under the federal trust responsibility.

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