

Resolution 5-05

Support for Increased Funding for Alaska's Tribal Health System

Submitted by:
Alaska Native Health Board

Recognizing that when compared to non-Natives, Alaska Natives and American Indians (AN/AI) suffer disproportionately from death rates due to tuberculosis, alcoholism, diabetes, unintentional injury, motor vehicle crashes, suicide, and homicide rates; and

Recognizing that 58% of Alaska Natives live in rural areas, many of which still do not have a safe indoor water, sewage and solid waste systems, and lack the funding to plan, design, construct, operate, and maintain community-based rural sanitation projects; and

Recognizing that Community Health Aides/ Practitioners (CHA/Ps) are the first responders, the only access to health care in over 178 remote Alaska village and serve as an essential component in improving the health and quality of life of Alaska Natives and non-Native local residents, providing emergency and primary healthcare for more than 80,000 people; and

Recognizing that there is a need for 125 new CHA/P positions, 23 field supervisor positions, enhanced training, and evaluation; and

Recognizing that patient access from remote areas to medical facilities continues to pose both chronic and immediate challenges due to the inability for patients to pay for travel and due to adverse flying conditions; and

Recognizing that the cost and frequency of Medevac flights have continued to climb and the Alaska Native Medical Center has experienced a 30% increase in the number of Medevac flights in the past four years; and

Recognizing that Village Built Clinics are essential to the Alaska Tribal Health System, serving as CHA/P clinics and as host facilities for itinerant doctors, dentists, and other specialists to provide health services to Native and non-Native rural residents; and

Recognizing that as of 2000, 33% of 170 Village Based Clinics were in need of improvement or replacement and 40% were still using honey bucket and/or a pit privy system for sewage disposal¹; and

Recognizing that the lease amounts allowed by IHS do not reflect true local rates and that the appropriation driven formula used to calculate lease amounts are severely below the national average despite fuel and electricity costs at triple the national average; and

Recognizing that the Federal delivery of health services and funding of tribal and urban health programs to maintain and improve the health of Alaska Natives and American Indians is required by the Federal government's historical and unique legal relationship with them, as reflected in the Constitution, treaties, Federal statutes and the course of dealings of the United States; and

Recognizing that the Indian Health Care Improvement Act (IHCIA), S. 1057, states that health objectives for Alaska Natives and American Indians must be the same as for all other Americans, that more than half of IHS programs are now being operated by tribes and tribal organizations, provides authorization for a full range of health programs, includes home and community based care, authorizes flexible funding alternatives for facility construction and maintenance, and authorizes integration of mental health, substance abuse and violence programs into a behavioral health program; and

Recognizing that the IHCIA has been reauthorized four times since being first enacted in 1976 but has expired as of 2001; and

Recognizing that Congress funds IHS at a much lower per capita rate compared to other programs and that there has been a downward trend in such funding in recent years, forcing tribes and the IHS to reduce health services available to IHS beneficiaries;

Therefore the Alaska Public Health Association resolves to:

Urge Congress to provide adequate funding for Alaska's Tribal Health System, including funding for the Community Health Aide/ Practitioner program, rural sanitation and solid waste systems, construction and maintenance of Village Built Clinics, and patient travel and critical care air ambulance services; and

Urge key members of Congress to support and pass S. 1057, the Indian Healthcare Improvement Act.

Fiscal Considerations and Public Health Impact Statement

If this resolution is passed as submitted, ALPHA can expect to incur minor mailing and phone costs in order to relay relevant information to appropriate recipients.

The intended impact of this resolution is to eliminate health disparities between Alaska Natives and non-Natives and to improve Alaska Native health.

¹ *Alaska Rural Primary Care Facility Needs Assessment Project*, Alaska Native Tribal Health Consortium, Department of Health and Human Services, and the Indian Health Service, June 2000.