

CONGRESSMAN FRANK PALLONE, JR.

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PALLONE STATEMENT AT HEALTH HEARING ON INDIAN HEALTH CARE

Washington, D.C. --- U.S. Rep. Frank Pallone, Jr. (D-NJ), Chairman of the House Energy and Commerce Subcommittee on Health, gave the following opening statement today at a subcommittee hearing on the Indian Health Care Improvement Act Amendments of 2009.

“Good afternoon. Today the Subcommittee is meeting to hear about H.R. 2708, the Indian Health Care Improvement Act Amendments of 2009.

“For over the past ten months, our country has been engaged in an important debate about how to reform our nation’s health care system. But what few people realize is that for over the past ten years, a similar debate has been going on in Indian Country and here Congress about how to reform the health care system that serves American Indians and Alaskan Natives.

“Since 1999, legislation has been pending before the Congress to reauthorize the Indian Health Care Improvement Act, which is the cornerstone legal authority for the provision of health care to American Indians and Alaskan Natives.

“I know for those testifying before us today and for many of those in the audience it is well known that the federal government has a legal and I would say moral responsibility to provide free and quality healthcare to this country’s native peoples.

“This responsibility, often referred to as the “trust responsibility” is born from a legal doctrine consisting of various treaties, contracts and court decisions. Putting all the legal aspects aside, I think the trust responsibility can be summed up by saying that something is owed to American Indians for the lands that were both voluntarily given to the United States and forcefully taken, as well as the atrocities that were committed against their peoples. What is owed to them is a pledge from this government to ensure their wellbeing after centuries of mistreatment.

“But the federal government has consistently failed to live up to this responsibility in almost every aspect. They have mismanaged the lands that they hold in trust for Native peoples. American Indian students struggle to receive a proper education that is on par with their peers who are non-Indian. And the quality of health care services available to American Indians certainly falls well below the rest of the general population, which in turn has resulted in worse health outcomes for Native communities.

“I cannot tell you how many times I have recited these statistics before, but I feel the need to cite them again because people must understand what is at stake. For Native Americans, ages 15 to 44 years, mortality rates are more than twice those of the general population. American Indians and Alaskan Natives have substantially higher rates of disease than the rest of the U.S. population. Based on recent statistics, American Indians and Alaskan Natives have seven times the rate of

tuberculosis, more than six times the rate of alcoholism, nearly three times the rate of diabetes, and a sixty two percent higher rate of suicide. The Indian Health Service (IHS) also estimates that more than two-thirds of health care that is needed for American Indians and Alaskan Natives is denied.

“Over the course of the health reform debate, some opponents have used these statistics and pointed to the Indian Health Service as an example of the failures that would occur under a government run health care system. These portrayals of the IHS are unfortunate, gratuitous, and misleading. The IHS has not failed; rather the federal government has historically failed to properly fund the IHS.

“A 2004 report on Native American health issued by the U.S. Commission on Civil Rights found that inadequate Federal funding was a major obstacle to eliminating disparities in Native American health care. The report stated that annual increases in funding for the Indian Health Service did not include adjustments for inflation or population growth and were significantly less than those allocated to other arms of the Department of Health and Human Services (HHS).

“This is an important point. Indeed, less is spent on providing health care to American Indians per capita than any other sub-population. In fact, we spend more to provide health care to federal inmates than we do for American Indians, which is a statistic that I continue to be shocked by.

“But we have made some headway in recent months. Provisions relating to Indian health were included in legislation enacted earlier this year, including CHIPRA and ARRA. In both bills, we were able to include provisions that would improve outreach and enrollment of American Indians eligible for Medicaid and CHIP. In addition, the Recovery Act included a substantial increase in funding for the Indian Health Service (IHS) and in May of this year the IHS released \$500 million of those funds to be used for health facilities construction, or maintenance and improvements, health information technology, sanitation facilities construction, and health equipment that will help improve health care in Indian Country.

“In addition to these funds, President Obama proposed a 13% increase for the IHS in his FY2010 budget proposal. I’m happy to say that both the House and Senate are on track to approve the level of funding requested by the President, or exceed it. Simply by adequately funding the Indian Health Service, we can substantially increase the health and wellbeing of Native communities.

“But we cannot simply say we are going to increase funding for the IHS and call it a day, because it is not just a matter of funding, it’s a matter of making sure these programs work well and can meet the needs that are present in those community. The bill we are looking today would make important changes to the delivery of health care services in these communities to make sure needs are being met. That is why we must make sure this bill is passed this Congress. It has languished around here for far too long.

“I want to thank our witnesses for testifying today. We have some new faces, including Dr. Yvette Roubideaux who is the new Director of the IHS. We also have some returning witnesses, particularly, Ms. Rachel Joseph, who is the Co-Chair of the National Tribal Steering Committee to Reauthorize the Indian Health Care Improvement Act. Welcome to all our witnesses. We look forward to hearing from you.”