

AMERICAN INDIAN HEALTH CARE

ISSUE

For over two centuries, large discrepancies in health have existed between American Indians and the rest of the nation. Mortality rates for diabetes, tuberculosis, cervical cancer, pneumonia, influenza, SIDS, and alcoholism are all significantly higher among Indians than the general population. Because of the federal government's special trust relationship with Indian tribes, the United States has an obligation to provide for Indian health. Since its creation in 1954, the Indian Health Service (IHS) has successfully raised Indian life expectancy by 8 years and significantly reduced the rate of many diseases. Unfortunately, if current health conditions are to be improved, IHS will need both large funding increases and a serious administrative overhaul. The Episcopal Church supports passage of the Indian Health Care Improvement Act Amendments of 2008 in the 110th Congress or any similar legislation introduced in the 111th Congress (2009-2010).

BACKGROUND

Indian Poverty

A main contributor to American Indian's poor health rates and dependence on IHS is the extreme poverty found in Indian Country. Indians face some of the nation's highest poverty, unemployment, and school dropout rates. According to the US Census Bureau, in 2003, the average American household's median income was \$43,318, but for American Indian households, that number was just \$32,866, 25% lower. The Indian poverty rate was 23.2%, almost twice the national rate of 12.5%.

A common misconception is that tribes are flush with gaming profits. In truth, as of 2008, only 224 of the 562 federally recognized tribes operated casinos. Many of these facilities create only employment, not profit, and in previous years, half of what profit did exist went to just ten tribes.

Indian Country's Devastating Health Rates

Despite some gains in recent years, American Indian health levels lag well behind the national average. While the national life expectancy is 76.9 years, Indian life expectancy is at most 74.5 years, and perhaps as low as 71. The National Center for Health Statistics reports that while 12% of the total national population is "limited in their usual activities due to one or more chronic health conditions," that number is 21.8% among Indians. According to the Kaiser Family Foundation, 17.2% of Indians rate their health as "fair or poor," compared to 14.6% of African-Americans, 12.9% of Latinos, 7.9% of Anglo-Americans, and 7.4% of Asian-Americans.

Disproportionate Mortality Rates

Many fatal diseases are found at higher rates in Indian communities than in the nation at large. IHS reports that mortality rates for diabetes, tuberculosis, cervical cancer, pneumonia, influenza, SIDS, alcoholism, homicide, and unintentional injuries are all disproportionately higher among Indians than the general population. Heart disease and stroke mortality rates remain constant for now, but are on the rise in Indian country despite a decline in the general population.

Mothers and Infants

Indian women's health lags behind the national average. Not only does cervical cancer occur among Indians at a higher rate than any other race, but prenatal care occurs at a lower rate than any other

ethnicity. Only 69% of pregnant Indian women get prenatal care, as compared to 85% of Anglo women. Perhaps as a result, the infant mortality rate is 150% greater than among white infants, and sudden infant death syndrome (SIDS) occurs three to four times more often.

Diabetes

Indian diabetes rates are among the highest in the world. 15% of IHS patients have officially been diagnosed as diabetic, and the National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK) estimates that as many as 70% of Indians between the ages of 45 and 74 may have diabetes. The age-adjusted death toll from diabetes is an astonishing 350 times that of the greater population. Sadly, these numbers are increasing rather than decreasing, and the rate of Type 2 diabetes among Indian children is climbing faster than that of any other child population.

Mental Health and Alcoholism

Alcoholism affects Indian Country at a rate three times the national average, with a mortality rate mortality rate 550% higher, according to IHS. Alcohol was introduced to Indian communities with the arrival of European fur-trappers, and the combination of a possible genetic disposition for alcoholism, the fur-trappers' poor examples, a lack of experience with alcohol, and a federal ban on selling alcohol to Indians led to the current health crisis.

Poor mental health is another cause of high dependency and suicide rates. In 2004, the U.S. Commission on Civil Rights reported that, "IHS is mostly limited to basic psychiatric emergency care, due to budget constraints and personnel problems... IHS does not provide ongoing, quality psychiatric care. Instead, the approach adopted by IHS is one of responding to immediate mental health crises and stabilizing patients until their next episode." While there are 173 mental health professionals for every 100,000 whites, the rate is only 101 per 100,000 for Indians.

The Indian Health Service

Since its creation in 1954, the Indian Health Service (IHS) has attempted to respond to these needs through a broad range of services. Because of the federal government's official trust relationship with Indian tribes, members of the 562 federally recognized tribes are entitled to free health care. IHS serves approximately 1.9 million (out of 3 million) American Indians and Alaskan Natives on or near reservations in 35 states. Congress appropriated \$3.2 billion for IHS in 2008, which was supplemented by an additional \$628 million in third party collections (Centers for Medicare and Medicaid Services, private insurance companies, etc). Approximately half this budget authority and a majority of health services are administered by tribes rather than IHS itself.

IHS services include inpatient, ambulatory, emergency, dental, and preventative care. Specific focuses include general clinic services, maternal and child health, diabetes, hepatitis B, alcoholism, and mental health. IHS provides for medical facilities, including the construction, equipping, and maintenance of hospitals, health centers, clinics, and sanitation facilities.

Despite the remaining health disparities that persist in Indian Country, IHS has achieved significant results. Since 1974, life expectancy has risen from 63.5 years to 71, and mortality rates for pneumonia, alcoholism, chronic liver disease, tuberculosis, gastrointestinal disease, injuries, and poisoning have significantly decreased. The U.S. Commission on Civil Rights credits these successes to improved access to quality health care and increased public efforts to control infectious diseases, but cautions that the rate of improvement has diminished in recent years, and without more IHS funding, could be reversed.

Causes of Poor Health and Problems with IHS

American Indian health rates are disproportionately poor for a number of reasons. The U.S. Commission on Civil Rights has found that cultural insensitivity, high poverty rates and low education levels, high staff turnover, and outdated facilities all contribute to poor Indian health. The biggest factor, however, is a severe lack of funding. IHS reports that only 18% of its operating units were funded above 80% of need in 2004, with 61% below 60% of need. This severely limits access to quality health care. For example, James Melbourne, medical director of Montana's Fort Peck Tribe, said in 2008 that the tribe has to pay for its own dialysis machines and sexual abuse examinations, and because there is no tribal nurse anesthesiologist, most babies are born off reservation.

The Federal Trust Relationship

It is important to note that American Indians do not receive preferential treatment for their racial background, but for their political background. The US Constitution's Commerce Clause put tribes on the same level as states and foreign nations, signifying that Congress and tribes, rather than states or towns, shall govern tribal affairs. In 1831, the Supreme Court interpreted this to mean that tribes are "domestic dependent nations," bodies subject to the protection and authority of the federal government but also possess limited political sovereignty. Because of this ruling, treaties that promised medical care in exchange for land, and official U.S. policies that led to widespread poverty, Congress maintains a special "trust relationship" with the tribes.

IN CONGRESS

In order to erase the discrepancy between Indian health and that of the rest of the country, the Episcopal Church supports dramatic increases in IHS funding, expanding IHS services, and extending IHS authorizations. Legislation accomplishing most of these goals has been introduced in Congress every year since 2001 but none has passed. In the 110th Congress (2007-2008), that legislation is the Indian Health Care Improvement Act Amendments of 2008. Although it is unlikely that Congress will vote on this bill in 2008, it has come closer to passage than any similar legislation since 2000. It is hoped that similar legislation will pass the 111th Congress (2009-2010).

S. 1200 and H.R. 1328 are very similar in content. According to the Congressional Research Service, notable provisions would:

- Authorize IHS funding through 2017
- Elevate the position of IHS Director to Assistant Secretary of HHS
- Increase the range of available IHS services
- Allow funding of traditional Indian health care methods
- Expand alcohol and substance abuse programs to include general mental health
- Make cultural orientation and history education mandatory for IHS employees
- Add youth and oral health units to school health education programs
- Expand reimbursement from Medicare, Medicaid, and third-parties in numerous ways

EPISCOPAL CHURCH ACTIONS

General Convention on Health Care

The Church endorsed quality health care for all Americans, including American Indians, with 71st General Convention's passage of Resolution 1994-A057, which declared it the Church's position "that

universal access to quality, cost effective, health care services be considered necessary for everyone in the population.”

General Convention on Native American Ministries

The 68th General Convention passed 1985-B007, which directed “all agencies of the Church to advocate and support the honoring of all Indian treaty rights and the right to internal autonomy and self-determination of Indian Nations and Tribes.” The 72nd General Convention passed Resolution 1997-A035 designating 1997-2007 as “The Decade of Remembrance, Recognition, and Reconciliation for welcoming Native Peoples into congregational life and developing an outreach partnership among urban Native Peoples.” In 2006, the 75th General Convention renewed this mission by passing Resolution 2006-D046, which declared 2007-2017 the Second Decade of Remembrance, Recognition and Reconciliation and reaffirmed the Jamestown Covenant, which calls for justice and reconciliation between the Church and Native peoples.

Jubilee Ministries operates a number of programs in the Native American community in Colorado, Minnesota, Navajoland, South Dakota, Utah and Wyoming.

There is also a Native American Ministries office “to equip Native Peoples to full participation in the life and leadership of the Church.” http://www.episcopalchurch.org/native_american.htm

OTHER RESOURCES

- General Convention Resolution 1985-B007: http://www.episcopalarchives.org/cgi-bin/acts/acts_resolution.pl?resolution=1985-B007
- General Convention Resolution 1994-A057: http://www.episcopalarchives.org/cgi-bin/acts/acts_resolution.pl?resolution=1994-A057
- General Convention Resolution 1997-A035: http://www.episcopalarchives.org/cgi-bin/acts/acts_resolution.pl?resolution=1997-A035
- General Convention Resolution 2006-D046: http://www.episcopalarchives.org/cgi-bin/acts/acts_resolution-complete.pl?resolution=2006-D046
- Episcopal Native American Ministries: http://www.episcopalchurch.org/native_american.htm
- Official Indian Health Service Fact sheets: <http://info.ihs.gov/>
- U.S. Congressional Research Service. *Indian Health Service: Health Care Delivery, Status, Funding, and Legislative Issues* (RL33022; February 12, 2008), by Roger Walke. Unavailable online as of July 2, 2008. Contact <<http://www.pennyhill.com/index.php>> for more information.
- U.S. Commission on Civil Rights: Office of the General Counsel. *Broken Promises: Evaluating the Native American Health Care System*, by John Blakeley and Jenny Kim Park. September 2004. Available online as of July 7, 2008, at <<http://www.usccr.gov/pubs/nahealth/nabroken.pdf>>.
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- U.S. Census Bureau News. *Income Stable, Poverty Up, Numbers of Americans With and Without Health Insurance Rise, Census Bureau Reports.* August 2004. Available online as of July 23, 2008, at <http://www.census.gov/Press-Release/www/releases/archives/income_wealth/002484.html>.
- National Gambling Impact Study Commission. *Native American Gaming*, by NGISC staff. August 1999. Available online as of July 23, 2008, at <<http://govinfo.library.unt.edu/ngisc/research/nagaming.html>>.

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