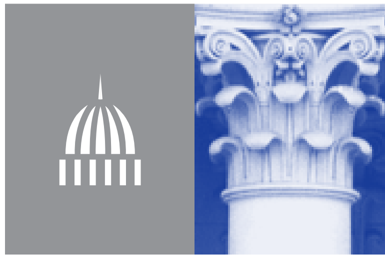

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BRIEFING PAPERS ON THE IMPORTANT ISSUES OF THE DAY

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Health Care in Indian Country

By Sia Davis

Illnesses that plague the general population disproportionately afflict Indians.

American Indians and Alaska Natives can expect to live five years less than members of every other race in the United States. Illnesses that plague the general population—including cancer, heart disease, tuberculosis and diabetes—disproportionately afflict Indians. Also, Indians are more likely to die from alcoholism, sudden infant death syndrome, suicide and car crashes. Mental illness and domestic violence are also more prevalent among American Indians.

Factors that contribute to poor Indian health include rising health care costs and federal budget reductions.

Factors that contribute to poor Indian health include rising health care costs, federal budget reductions, cultural differences and the remote location of many Indians at a time when demand for services is increasing. Adding to this poor status of health is what many believe to be low funding levels for the Indian Health Service (IHS). The IHS is housed within the U.S. Department of Health and Human Services and is the principal health care provider for American Indians and Alaska Natives. The IHS was established in the 1950s based on treaties between Indian tribes and the federal government.

States may want to work with tribes in persuading the federal government that IHS money should be increased. Although the IHS has improved the health of American Indians and Alaska Natives since the 1950s, without state-tribal collaboration, states could end up paying for an unhealthy population that requires frequent and expensive medical care. The fact that diabetes diagnosis and treatment alone could overwhelm the IHS budget is incentive for states and tribes to lobby for increased funding.

The current IHS budget provides an individual average annual average of $1,900 for health care for American Indians.

For FY 2006, President Bush has proposed an IHS budget of $3 billion but, according to a report by the U.S. Commission on Civil Rights, approximately $18 billion a year is needed to adequately fund the IHS in order to provide high quality health care to all American Indians. The current IHS budget provides an individual annual average of $1,900 for health care for American Indians; the national average for non-Indians exceeds $5,000 per person. Prisoners in U.S. penitentiaries receive around $3,500 worth of health care a year.

State Action

New Mexico. An estimated 70 percent of the tribal population in New Mexico is uninsured. The Albuquerque Indian Health Center, an IHS center that serves about 25,000 tribal members, has undergone extensive downsizing due to budget deficits. During 2005, legislation was introduced to support the center using the state's general fund but the bill did not pass and initiatives in Congress by the state's congressional delegation to rescue the center also failed.

New Mexico's situation goes beyond the Indian population. The state ranks second in the nation in overall uninsured citizens. To address the problem, the Legislature created the New Mexico Health Alliance in 1994 to increase access to health insurance coverage for small businesses and the self-employed. A new program, the State Coverage Initiative, helps insure people through their employers. The program combines a basic health plan offered through the employer with partial funding through the state and federal governments.

South Dakota. The low level of IHS funding has resulted in substantial medical bills to South Dakota. In lieu of IHS care, many Indians have gone directly to the hospital in Rapid City. Medicaid covers expenses for those who meet guidelines, but the state pays for all the others. For several years this has added up to about $2 million annually. To help solve this problem, the legislative State-Tribal Relations Committee is working with the IHS to establish recommendations to submit to Congress.

Washington. Washington and Indian tribes within the state have collaborated to address health issues involving their tribal populations. The American Indian Health Commission was formed in 1994 to address Indian health care needs. In 1995, the Legislature created the American Indian Health Care Delivery Plan to identify health concerns of American Indians and Alaska Natives in the state. Also, Senate Concurrent Resolution 8419 created a joint committee to address health disparities in ethnic communities. A provision was included in the legislation that gave tribes the opportunity to provide input, via the American Indian Health Commission, during deliberations.

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Next Steps. Agreements, such as Washington's state-tribal partnership, may serve as a model for other states. In addition, since American Indians are eligible for Medicaid if they meet their established state guidelines, efforts to verify eligibility could increase their health care options. For state lawmakers, acknowledging that Indian health care, by default, becomes their responsibility when federal Indian health care funding is inadequate, could result in better communication and the eventual development of creative approaches to address the problems.

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