

# National Organization for Women

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Dear Representative,

The National Organization for Women salutes the Indian Health Services law, passed in 1976, to address the deplorable health conditions facing first nation families living in Indian Country. It is time to reauthorize this important program, which hasn't been updated since 1992, so that modern health care services can reach the women and their families who are qualified for and rely on Indian Health Services.

The Senate has passed their version of the reauthorization (S.1200) by a vote of 83 – 10 and it is now time for the House to do the same. All 3 House committees with jurisdiction over H.R.1328 (Pallone, D-NJ) have completed their work on the bill and it is now ready for a vote on the House floor.

Thank you for being a sponsor of H.R.1328. Please use your influence and dedication to this issue to convince your colleagues and the House leadership to bring this bill to the floor for a vote before this session of Congress ends. If the House can provide a similar veto-proof margin as the Senate, the Indian Health Care Improvement Act can become law and millions of women, children and their families will have access to the comprehensive health care that they need and deserve.

Over a million Native women and children face great disparities in their quest to lead healthy lives. Their often rural and low income circumstances make it more necessary than ever for them to have an improved Indian health care services and delivery.

American Indian/Alaska Native women:

- Watch their infants die at a rate 150% greater than Caucasians.
- Forty two percent of them have their first child before age 20.
- Are less likely to be screened for breast and cervical cancer.
- Are nearly twice as likely to die of cervical cancer and 60% more likely to have a stroke than whites.
- Have the highest percentage (34%) of rapes, 3.5 times higher than all other communities of women; almost 1/2 of the Indian health centers have no sexual assault protocol or trained personnel.
- Have an alcoholism death rate seven times higher than people of all other racial/ethnic groups.
- Have diabetes rates more than twice as high compared with whites.

Please help bring H.R.1328 to the House floor for a vote in the upcoming weeks. The health and well being of Indian women and children cannot wait for a "better" time or a "better" Congress. I look forward to hearing from you about your plans for passing this important legislation.

Sincerely,

Kim Gandy, President

# Indian Health Service

## *Facts on Indian Health Disparities*

January 2006

<http://info.ihs.gov/Files/DisparitiesFacts-Jan2006.pdf>

Members of more than 560 federally recognized American Indian and Alaska Native Tribes and their descendants are eligible for services provided by the Indian Health Service (IHS). The IHS is an agency within the Department of Health and Human Services that provides a comprehensive health service delivery system for approximately 1.8 million of the nation's estimated 3.3 million American Indians and Alaska Natives (American Indian and Alaska Native alone; bridged 2000 census). Its annual appropriation is approximately \$3 billion. The IHS strives for maximum Tribal involvement in meeting the health needs of its service population, who live mainly on or near reservations and in rural communities in 35 states, mostly in the western United States and Alaska.

Approximately 55% of American Indians and Alaska Natives living in the United States rely on the IHS to provide access to health care services in 49 hospitals and nearly 600 other facilities operated by the IHS, Tribes, and Alaska Native corporations, or purchased from private providers.

The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.

American Indians and Alaska Natives born today have a life expectancy that is 2.4 years less than the U.S. all races population (74.5 years to 76.9 years, respectively; 1999-2001 rates), and American Indian and Alaska Native infants die at a rate of 8.5 per every 1,000 live births, as compared to 6.8 per 1,000 for the U.S. all races population (2000-2002 rates).

American Indians and Alaska Natives die at higher rates than other Americans from tuberculosis (600% higher), alcoholism (510% higher), motor vehicle crashes (229% higher), diabetes (189% higher), unintentional injuries (152% higher), homicide (61% higher) and suicide (62% higher). (Rates adjusted for misreporting of Indian race on state death certificates; 2000-2002 rates.)

Safe and adequate water supply and waste disposal facilities are lacking in approximately 12% of American Indian and Alaska Native homes, compared to 1% of the homes for the U.S. general population.

Given the higher health status enjoyed by most Americans, the lingering health disparities of American Indians and Alaska Natives are troubling. In trying to account for the disparities, health care experts, policymakers, and Tribal leaders are looking at many factors that impact upon the health of Indian people, including the adequacy of funding for the Indian health care delivery system.

The American Indian and Alaska Native population has several characteristics different from the U.S. all races population that would impact upon assessing the cost for providing similar health services enjoyed by most Americans. The Indian population is younger, because of higher mortality, than the U.S. all races. The IHS service population is predominately rural, which should suggest lower costs; however, the disproportionate incidence of disease and medical conditions experienced by the Indian population raises the costs, which almost obliterates the lower cost offsets.

A stakeholder workgroup has developed an actuarial model to estimate the costs of personal health care services for Indian people similar to mainstream health plan benefits enjoyed by many Americans. According to the cost model, the HIS appropriated funding provides only 55% of the necessary federal funding to assure mainstream personal health care services to American Indians and Alaska Natives using the IHS system.