

# The Council of Large Land Base Tribes

222 North 32<sup>nd</sup> St – Suite 401, Billings, MT 59101 Ph: (406) 252-2550, Fax (406) 254-6355

Resolution: 01-17-2007- \_\_\_\_\_

RESOLUTION REQUESTING THE ADMINISTRATION TO WITHDRAW A DEPARTMENT OF JUSTICE MEMORANDUM AND SUPPORT PASSAGE OF THE INDIAN HEALTH CARE IMPROVEMENT ACT REAUTHORIZATION LEGISLATION WITHOUT FURTHER OPPOSITION

**WHEREAS**, the Council of Large Land Based Tribes is duly authorized as an association of the governments of sovereign Indian Tribes and nations organized within their traditional homelands within the United States of America; and

**WHEREAS**, the members of the Council act in consensus to determine and advance informed policy consistent with the purposes of this organization; and

**WHEREAS**, the federal government of the United States has a unique and special relationship with AI/ANs to provide health care as established through the U.S. Constitution, Treaties with American Indian Tribes, court decisions, and federal legislation; and

**WHEREAS**, over thirty years ago, the Indian Health Care Improvement Act (IHICIA) was first enacted on September 30, 1976, re-affirming the U.S. obligation to provide health care to AI/ANs and to respond to the deplorable state of Indian Health and woeful inadequacy of Indian Health facilities; and

**WHEREAS**, it has been nearly 14 years since the IHICIA was reauthorized, and since its last reauthorization, the health care delivery system in the U.S. has evolved and the Indian Health programs operating under outdated authorities have not kept pace with these changes; and

**WHEREAS**, mainstream American healthcare has changed, for example, it has moved out of hospitals and into people's homes, there has been a shift in focus on preventative care both as a priority and a treatment, and there has been improved coordination of mental health and substance abuse services into comprehensive behavioral health programs. With the reauthorization of the IHICIA, AI/ANs will be able to receive health care services under the same standards of practice as currently available to the general U.S. population; and

**WHEREAS**, there are still wide gaps in general health status between American Indian people and the rest of the U.S. population. The mortality rates from tuberculosis and alcoholism are 6 times higher than the rest of the U.S. while mortality rates from diabetes are 3 times higher than the rest of the U.S. The reauthorization of the IHICIA is necessary to combat the high rates of disease, mortality and health disparities in American Indian country, and to improve the health status of AI/ANs; and

**WHEREAS**, in 1998, tribal leaders first began working on reauthorization of the IHCIA by forming a Tribal National Steering Committee (NSC) and participating in national and regional Tribal consultation meetings with the Indian Health Service, a federal agency within the Department of Health and Human Services, primarily responsible for Indian Health. The Tribal consultation process resulted in an almost complete re-write of the existing IHCIA legislation so that the Indian Health Care Systems more closely reflect the changes to the mainstream health care delivery systems while continuing to address culturally specific Indian Healthcare needs; and

**WHEREAS**, during the 107<sup>th</sup> and 108<sup>th</sup> Congressional Sessions, reauthorization bills, on the Senate and House side, were introduced consistent with the document drafted through the tribal consultation process, and during the Congressional Sessions were further revised, through consultation with the Tribal NSC, to address Congressional committee concerns and concerns of the Administration, however, the IHCIA reauthorization bills were not enacted; and

**WHEREAS**, during the 109<sup>th</sup> Congress, S. 1057, the Indian Health Care Improvement Act Amendments of 2006, was introduced by co-sponsors, Senators McCain (R-AZ) and Dorgan (D-ND), and H.R. 5312, the House companion bill, was introduced by Representative Don Young (R-AK); and

**WHEREAS**, during the 109<sup>th</sup> Congress, four major committees of jurisdiction favorably reported the bill out of committee: Senate Committee on Indian Affairs, Finance, and Health, Education, Labor and Pensions (HELP) and the House Committee on Resources, each with amendments; and

**WHEREAS**, on September 15, 2006, S. 1057 was "hotlined" as an Amendment in the Nature of a Complete Substitute, incorporating amendments from the Finance and HELP committees, and Senate objections were placed on the bill; and

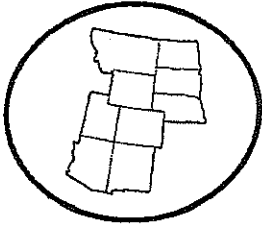
**WHEREAS**, one of the objections to S. 1057 was made by the Republican Steering Committee based on oppositions to the bill as outlined in a Department of Justice (DOJ) White Paper, that is not printed on DOJ letterhead, is not dated, is not signed, and does not include any information as to what office or person issued it; and

**WHEREAS**, a Board member of the NIHB received a copy of the DOJ document from a Senate office on September 29<sup>th</sup>, the last day of the Senate Session before recess, and there was no time for the Tribes to respond to the document before the Senate recessed; and

**WHEREAS**, the DOJ document is critical of the underlying authorities and foundation for the establishment of an Indian Healthcare system and contains inaccurate and erroneous claims by citing provisions of IHCIA that had already been revised per concurrence of the Tribal NSC in their good faith effort to resolve issues raised by the Administration; and

**WHEREAS**, Tribal leaders have met with senior DOJ officials who have confirmed that the document does not represent the formal views of the DOJ and have promised to investigate further; and

**WHEREAS**, the DOJ document was released in a cowardly fashion during the 11<sup>th</sup> hour of the 109<sup>th</sup> Congress, with no opportunity for Tribal response because the document was not printed on DOJ letterhead and was not signed by a DOJ official; and contains erroneous, unfounded and



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unnecessary objections to the IHCIA resulting in a fraudulent misrepresentation of the implications of enactment of the IHCIA legislation; and

**NOW THEREFORE, BE IT RESOLVED**, that the Council of Large Land Based Tribes does hereby request U.S. Attorney General, Alberto Gonzalez, formally and immediately withdraw the DOJ White Paper and notify the Senate that the document does not represent the formal views of the Department; and

**BE IT FURTHER RESOLVED**, that the Council of Large Land Base Tribes urge the President of the United States to fulfill the Federal government's responsibility to provide health care to AI/ANs by supporting passage of the IHCIA with no further objections, so that the Indian Healthcare systems are provided the necessary authorities to provide health care to AI/ANs in a more efficient and effective manner to address health care disparities in Indian Country and to raise health status of all AI/ANs.

## CERTIFICATION

We, the undersigned, of the Council of Large Land Based Tribes, do hereby certify that the foregoing Resolution was duly presented and approved, at the Special Board Meeting of the Council of Large Land Based Tribes, which was held on 17 January 2007 in Washington, DC.

Carl Venne  
President, Council of Large Land Based Tribes