

**PRESIDENT ROBERT CHICKS  
TESTIMONY BEFORE THE HOUSE NATURAL RESOURCES**

**HR 1328 INDIAN HEALTH CARE IMPROVEMENT ACT AMENDMENTS 2007**

**MARCH 14<sup>TH</sup>, 2007**

**INTRODUCTION:**

Good Morning/Afternoon: My name is Robert Chicks, Chairperson of the Stockbridge/Munsee Band of Mohican Indians of Wisconsin.

We are here today on behalf of the 34 Federally recognized American Indian nations in the States of Wisconsin, Minnesota and Michigan, that comprise the Midwest Alliance of Sovereign Tribes (MAST)

It is a pleasure to present data, information and concerns on health care on behalf of the 99,000 Tribal community members, plus the approximately 500,000+ Tribal employees and their families.

We in the Midwest appreciate the opportunity to address the House Natural Resources Committee on the legislative hearing on H.R.1328, the Indian Health Care Improvement Act Amendments of 2007.

It is encouraging by the actions of 110<sup>th</sup> Congress to focus on health care for its constituents especially for the United States of America's First Citizens. Both the House and Senate have taken the courage to address the concerns for our Native people across the nation. We recognize Representative Pallone, and Senator Dorgan, and other Congressional leaders for their willingness to help find solutions for our communities.

We support our colleagues, our advocates, and our relatives at the National Indian Health Board, National Congress of American Indians, and National Council on Urban Indian Health, and others, as they provide guidance, direction and support for the reauthorization of the Indian Health Care Improvement Act.

**INDIAN HEALTH CARE IMPROVEMENT ACT:**

The Indian Health Care Improvement Act gives our health programs the continued strength, direction and resources for success. The IHCA has provisions that represent solutions to address our health disparities prevalent in our communities:

- Title I Indian Health, Human Resources and Development, Title II-Health Services, Title III-Facilities, Title IV-Access all contain many of the provisions, tools and opportunities that are needed in our communities.
  - Dental access is critical across the nation, especially in my own state of Wisconsin, where there is only one Professional Dental School. We are fortunate to have some Tribal preventative dental programs include general dentistry, dental hygiene, fluoride rinse, dental sealants, and dental screening programs for our school-aged community members. These programs are recognized for their preventative nature and value rather than wait for the high cost of gum disease, dentures and prosthetics.
- Therefore, provisions within the Title I – Indian Health, Human Resources and Development (Sec101-127) represent solutions as we ask: “How can ANY community reduce health disparity when the health professionals are NOT in the community?”

### **URBAN INDIAN HEALTH PROGRAMS:**

We need Congress and the Administration to understand that our Urban Indian relatives are in cities and urban centers across the nation because of the US Government’s action in the 1950’s entitled: “Relocation”!

- American Indians were programmed to go to the cities like Chicago, Detroit, Los Angeles, Minneapolis and others because the US Government told Indians that the reservation was no place to live!
- Therefore, we support and strongly request continued funding for our Urban Indian Health programs.

### **SPECIAL DIABETES PROGRAM for INDIANS:**

The Special Diabetes Program for Indians (SPDI) from Congress is succeeding in attacking this debilitating disease that affects American Indians more seriously than most other Americans.

- In the MAST region, we advocate for the continued funding for the SPDI fiscal resources to address a disease that takes more than 15-20 years to develop.
- 5+ years of specialized funding to battle one of many diseases given to the First Americans is inadequate.
- The MAST region has utilized the Government Performance and Results Act (GPRA) as a quantitative method of measuring success when provided with fiscal resources to address the poor health status of American Indians.
- We see the enormous amounts of health care funding going to Iraq to “rebuild” their health care systems, and are wonder “What is the GRPA or PART score for those federal agencies assigned to rebuild Iraq?”

### **FUNDING DISPARITY INCREASE MORTALITY AND MORBIDITY:**

On a regional perspective, we in the MAST/Bemidji Area strongly encourage the House, the Senate and the Administration to address the biggest health disparity for the Tribes of our region: The MAST/Bemidji Area of the Indian Health Service carries the dubious distinction of being the “leader” in health diseases when our Indian people die sooner than other Indian people across the Nation. However, when any resources are allocated for American Indian Health programs, the MAST/Bemidji Area is the “least” funded area than other areas of the IHS. [Table A](#) reflects the seriousness of the dilemma in our communities.

- **LACK OF HEALTH CARE RESOURCES!**
- In terms of health care funding for Indian Health Service, the tribes within the Bemidji Area/MAST area are the **LEAST** funded area of the entire United States.
  - Our tribes have the lowest Level of Need Funding at 45% according to the Federal Disparities Index compared to 57% IHS-wide.
  - Higher regional and local health care costs are contributing factors, with Tribes are left to negotiate individually rather than utilizing economies of scale purchasing options.
  - [Table B](#) and [Table C](#) both reinforce, and validate our issues of inadequate funding when compared with other IHS areas.
- How can any community address serious issues without the resources to address the diseases and health challenges they face?
- Please accept our resolutions for increased Bemidji Area/MAST funding to correct a serious injustice.

Finally, there is never enough time to reflect the concerns of every aspect of life in our communities. Let’s summarize that we as leaders, as program managers, as congressional representatives, owe it to our elderly, our children and ourselves to finish out this decade of the 22<sup>nd</sup> century with more commitment, more effort, and more resources than the century we only finished 6 years ago. [Table D](#) is one of the most disturbing when a prisoner in a Federal Prison receives more fiscal resources than an American Indian. Let us not forget the late President Gerald R. Ford went on record by stating: “...*I am signing this bill because of my own conviction that our first Americans should NOT be last in opportunity.*”

Thank you for your time and are there any questions?