

You and I, truly understand what poverty means to our American Indian and Alaska Native communities. As tribal elected officials and clinical providers, we meet many individuals who are in profound need and suffering from limitations in health care. At the National Indian Health Board, we recognize how difficult it is for our Doctors, Nurses, Community Health Aides and Administrators to deny Indian people of the opportunity to secure tertiary level care to address Diabetes, Heart Disease and Cancers. We understand that very soon, you will limit referrals to life and limb threatening circumstances under Contract Health Care. And that you may have to determine which patient is suffering from a greater level of pain, before you decide who should be referred to specialized care. In Alaska, we often experience the inability to extend the convenience of clean water and sanitation facilities to hundreds of families, because funding is absorbed within the first two or three months of the fiscal year.

At this time of the year, we get excited about what the increases and decreases might be in the Federal Budget for Indian programs, like the IHS and BIA. We look closely at what amount of funding is going to trickle down to the community level. Our staff work hard to determine whether there is equity and fairness in our programs.