



National Indian Health Board

Health Reporter

Volume 14, Issue 1, Spring 2008

Montana Tribal Leaders Come Face to Face with Democratic Front Runners



Senator Hillary Clinton (D-NY) meets with Montana's Tribal Leaders.

Tribal Leaders were among those present to represent the Montana Tribes during the 30th Mansfield-Metcalf Dinner in Butte, Montana on Saturday, April 5th, 2008 at the Butte Civic Center. Both Democratic front runners, Hillary Clinton and Barack Obama were on hand to address the crowd of 6,000 people. Clinton spoke to Tribal Leaders privately before she took the stage at the Butte Civic Center.

During the Tribal leaders dialogue with Clinton, Confederated Salish and Kootenai Tribal Chairman James Steel, Jr., (Vice-Chairman for the Montana Wyoming Tribal Leaders Council) asked Clinton about her support for the elevation of the Indian Health Service Director to the level of a Cabinet Secretary. Saying that it is the nature of bureaucracy for people to respond to those who have titles, Clinton said elevating the Director to the level of Secretary is "absolutely critical".

For his part, Obama told the Greater Butte audience that under the Bush Administration, American Indian people in Montana continue to suffer some of the greatest health disparities in the nation. The Illinois Senator plans a Montana wide tour of reservations in the next few weeks.

Republican presumptive nominee John McCain was not present at the event sponsored by the Montana Democratic Party. As of print deadline NIHB staff could not reach campaign staff at McCain headquarters to inquire his plans for addressing the issues faced by Tribal leaders.

When asked about prioritizing tribal issues, Gordon Belcourt, Executive Director of the Montana Wyoming Tribal Leaders Council said the single most important thing that Clinton or any

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May 21-22, 2008

Its time for the National Native Public Health Summit

The National Indian Health Board will hold its first Annual Native Public Health Summit on May 21-22, 2008 in Green Bay, Wisconsin. This Summit is dedicated to discovering and celebrating best practices in and among Tribal disease prevention and health promotion programs.

Three goals that you can take away from this summit are: 1) Strengthening Public Health Partnerships in Indian Country; and, 2) Discovering Your Voice: Advocacy and Marketing; and 3) Discovering Best Practices.



Some of the guest speakers include Robert McSwain, Acting Director of the Indian Health Service (IHS); Garth Graham, MD, MPH, HHS Deputy Assistant Secretary for Minority Health; Kelly Acton, MD, Director of the \$150 million per year Special Diabetes Program for Indians; the HHS Office of Intergovernmental Affairs and its \$1.4 million prevention program across Indian Country. The Summit also will feature critical, pro-sovereignty speakers and workshops on critical areas like legal foundations of public health, accreditation and consultation. Finally, we will feature numerous, outstanding tribal programs.

For more information and to register, please go to www.nihb.org.



National Indian Health Board
 926 Pennsylvania Ave., SE
 Washington, DC 20003
www.nihb.org

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Chairman's Letter

Dear Friends of Indian Health:



NIHB is on the move to advance its mission of better health care for all American Indians and Alaska Natives and you can read more about these events in this newsletter. For example, the first quarter of 2008 has brought numerous exciting and important events for American Indian and Alaska Native (AI/AN) health care and more positive opportunities lie ahead. Some of the events that have happened include:

- Senate approval of the Indian Health Care Improvement Act;
- NIHB launched a highly successful annual Appropriation Summit on increasing funding for AI/AN health care;
- NIHB partnered with the Centers for Disease Control and Prevention (CDC) to conduct the first Tribal/CDC consultation, which took place in Atlanta, Georgia in early February;
- NIHB and Office of Hawaiian Affairs Washington DC Bureau jointly sponsored the 2nd annual HIV/AIDS Fun Walk to commemorate the 2nd National Native HIV/AIDS Awareness Day.

The momentum will continue to grow as the year's planned activities unfold. One of the most exciting events that NIHB is proud to organize is the 1st Annual Public Health Summit. The Summit will take place at the Oneida Nation-owned Radisson Hotel and Conference Center May 21 and 22 in Green Bay, Wisconsin. The successes of the Public Health Day during NIHB's Annual Consumer Conferences, this event will build and expand on these previous and successful activities. All are welcome! Go to www.nihb.org to register and learn more about NIHB's work in this area.

During the first quarter of 2008, NIHB welcomed four new Board Members representing the Areas of Aberdeen, Bemidji, California, and Oklahoma. Learn more about these outstanding individuals in this newsletter.

Finally, April will see NIHB move to its new home, 926 Pennsylvania Avenue, SE in Washington, DC. This Capitol Hill location is within the Eastern Market Neighborhood and has easy access to both Congressional offices and HHS Headquarters. Please know that NIHB's home is your home when visiting Washington, DC. We look forward to seeing you there!

Yours in Health,

H. Sally Smith
 Chairman
 National Indian Health Board



NIHB Rallies National Support:

Indian Health Care Improvement Act Passes Senate by a Vote of 83-10



IHCIA war room, from front, Heather Dawn Thompson, Jim Roberts, Myra Munson, Rachel Joseph (NSC co-chair), Reno Franklin, Ahniwake Rose, Geoff Roth, and Joe Finkbonner.

The Indian Health Care Improvement Act (IHCIA) passed the Senate on February 26, 2008 by an overwhelming margin of 83-10. S. 1200, a bill to amend and reauthorize the IHCIA, was introduced to the Senate Floor on Tuesday, January 22, 2008 as the Senate's first order of business during the opening of the 2nd session of the 110th Congress. Over the course of four weeks, and through a great deal of political maneuvering and negotiation, S. 1200 survived the threat of a potential Presidential veto and the threat of being side-stepped by other national priorities, such as the Foreign Intelligence Surveillance Act and the Economic Stimulus Package.

The conference room at the offices of the National American Indian Housing Council (NAIHC) and National Council of Urban Indian Health (NCUIH) served as the "War Room" where NIHB staff watched and responded to the Senate Floor debate. Alongside them were staff from the National Congress of American Indians (NCAI), NCUIH, NIHB board members, and representatives from the Northwest Portland Area Indian Health Board (NPAIHB), United Southern and Eastern Tribes (USET), California Rural Indian Health Board (CRIHB) and the Alaska Native Health Board (ANHB) and members of the Tribal National Steering Committee (NSC).

Two technical advisors to the NSC were on a conference line from 10:30 am to 8:30 pm – the longest conference call ever in NIHB history. Together we worked to analyze over twenty amendments offered on the bill and developed tribal position papers on the amendments that were transmitted to the Senate Committee on Indian Affairs staff on the Floor. This instant-response and the creation of the tribal position papers were instrumental in providing guidance on identifying and defeating harmful amendments.

During the days of January 22-23, February 13-14 and 25-26, the debate on S. 1200 was not governed by a time agreement. Without a time agreement to limit debate on amendments, Senators opposing S. 1200 could filibuster the bill and not have allowed a vote on

S. 1200. On February 14th, the NIHB learned that the Minority Leadership was preventing the bill from going to a vote. The "War Room" went into action: Emails were sent to Indian Country requesting that calls be made to Minority Leadership offices with the message: "Move this bill!" The phone lines to the Minority Leadership offices of Sens. Mitch McConnell (R-KY) and Jon Kyl (R-AZ) were jammed. In addition, one hundred United National Indian Tribal Youth (UNITY) students made visits to Senate offices. Cynthia Manuel, NIHB Tucson Area Representative, who was scheduled to testify before the Indian Affairs Committee on the FY 2009 President's budget, escorted the students to Capitol Hill.

Senators filed 80 amendments. Many of the amendments were not called to the Senate Floor because either they worked issues out behind the scenes or lacked priority in light of other amendments. Seven Senators spoke on February 13 and eleven additional Senators spoke on February 14 regarding either IHCIA or amendments intended to be attached to IHCIA. A matrix of the most important 41 amendments with their final status and Indian Country's stance is available on the NIHB website, www.nihb.org.

Late on February 14, a time agreement was reached between Senate Party leadership. The time agreement provided that consideration of S. 1200 would continue on Monday, February 25, 2008 with a cloture vote to limit debate scheduled for 5:30 pm EST. On February 25, the Senate proceeded to vote for a motion to invoke cloture on the substitute amendment of S. 1200 (Amd #3988). The cloture vote was overwhelmingly successful with 85 Senators voting for cloture with two Senators opposed.



From front, Kraynal Alfred, Andy Joseph.

On February 26, S. 1200 was overwhelmingly passed by the Senate, 83-10. The ten Senators that voted against the bill: Allard (R-CO), Coburn (R-OK), Corker (R-TN), DeMint (R-SC), Graham (R-SC), Gregg (R-NH), Inhofe (R-OK), Sessions (R-AL), Sununu (R-NH), and Vitter (R-LA). On February 28, S. 1200, the engrossed bill, was delivered to the House of Representatives and referred to the following committees: House Natural Resources; House Energy and Commerce; and House Ways and Means.

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NIHB Welcomes Four New Board Members

Jessica L. Burger, RN

Health Director

Little River Band of Ottawa Indians



Jessica L. Burger, RN, a member of the Little River Band of Ottawa Indians and a Michigan native, came home to Manistee, Michigan in April of 2000 to assume the responsibilities of Health Director for her Tribe. At that time, health operations for Little River Band included part-time physician services and Contract Health benefits administration with a service population of 500. Working with the Bemidji Area Office, she expanded the scope of health delivery to include full time physician services, community health nursing, behavioral health and substance abuse treatment and expanded health benefits administration through CHS. Recognizing the need to assist Tribal citizens residing outside of Little River Bands Service Delivery Area, she worked with her elected officials to create the Extended Health Assistance Program which assists Tribal citizens with health costs. Little River Band's health service delivery touches over 4,000 users annually.

Jessica has worked to advocate the needs of her citizens and the Bemidji Area, serving on the Joint Rulemaking Committee on Tribal and Federal Self-Governance and the Department of Health and Human Services, Indian Health Service Consultation Policy Committee. She was honored by DHHS Secretary's Thompson and Leavitt for her work on those committees. She was also awarded "Director of the Year, 2007" by the Little River Band citing, "Your enduring devotion towards improving the health and wellbeing of our membership is paramount towards building a strong Tribal Nation today; and into future generations."

Jessica is a member of the Tribal Health Directors Association of Michigan, serving as co-chair in 2002. She also serves as a member of the Bemidji Area Tribal Advisory Board Resource Allocation Committee.

Jessica is married to Fred Burger, and has three daughters; Chelsea, Olivia, and Isabel. She and her family are actively involved in the Tribal community and the local school system in Juvenile diabetes education and advocacy efforts.

Reno Keoni Franklin THPO

Kashia Pomo Tribe



Reno Keoni Franklin is a member of the Kashia Band of Pomo Indians and the elected Health Delegate for his tribe.

Mr. Franklin's family comes from the villages of Du ka shal and Aca Sine Cawal Li. He was raised in a traditional Kashaya Family and taught from birth the tools he would need to make it through this life.

Mr. Franklin has spent the last five years on the Board of Directors of Sonoma County Indian Health and the last two on the executive board at CRIHB. He comes from a Fire Fighter/EMT background, having spent a number of years in that field and graduating college with an AS in Fire Science. He has spent a large part of his life proudly serving his Indian community; it is a task that he takes very serious. Today, he works for his own tribe as a Cultural Resources Director, Fire Management Officer and is one of 68 Tribal Historic Preservation Officers in the United States. It is his honor to serve as the Chairman of the Board for CRIHB.

Thomas L. John

*Administrator, Division of Self-Governance
The Chickasaw Nation*



Mr. John obtained a Bachelor of Science degree in Public Relations from Syracuse University in May 1990. He received a graduate Certificate in Public Health from the University of Oklahoma, Health Sciences Center, College of Public Health in May 2006, and is currently enrolled in the master of public health program at the University of Oklahoma. He has worked with American Indian tribes for his entire professional career, including positions in the areas of tribal administration, law enforcement, health, gaming and parks and recreation. His experience working with American Indian tribes has been at the local, regional and national levels.

During this time, Mr. John has been responsible for many multi-million dollar programs, and have had overall supervisory responsibility for as many as 145 staff. He worked with tribal health programs in particular for over thirteen years, including positions for both individual tribes and a tribal consortium. Eight years were specifically related to management of tribal diabetes programs. Other responsibilities have included personnel management, policy and procedure development; grant writing, development of educational and public information materials, program planning and evaluation, and overall organizational administration and fiscal management.

Additionally, Mr. John has been entrusted to represent numerous American Indian tribes on regional and national level policy issues with the federal government. He has been involved with the technical develop-

Scholarship for Technical Training Cancer Control Training Program

The Native Researchers' Cancer Control Training Program is designed to help develop research skills for implementation and evaluation of cancer control programs in Native communities. In addition to the three-week training course, the NRCCTP will provide trainees with mentoring, help with grant proposals, manuscript preparation, and technical assistance with research projects. Opportunities to participate in field research experiences of 3 or 6 months duration will also be provided.

Eligibility:

Anyone in the health care, academic or research field, those interested in cancer research, and/or those who are in a position to implement cancer research or intervention programs in a Native community.

Funding Level:

The Native Researchers' Cancer Control Training Program is offered as an "all expenses paid" scholarship to accepted candidates.

Date:

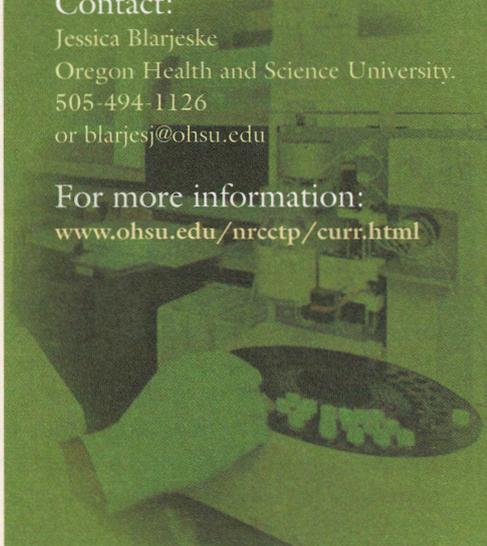
Application deadline is March 15, 2008.

Contact:

Jessica Blarjeske
Oregon Health and Science University.
505-494-1126
or blarjesj@ohsu.edu

For more information:

www.ohsu.edu/nrcctp/curr.html



ment of a variety of federal Indian health policies, including analysis of federal legislation, consultation between Indian tribes and the federal government, health disparities and funding allocation methodologies. Mr. John has also sat on several local, regional and national committees, workgroups and boards relative to American Indian health.

Mr. John is an enrolled member of the Seneca Nation of Indians, and was raised on his tribe's Allegany Territory in New York State. He belongs to the turtle clan, and is also a member to their traditional longhouse. Mr. John is married to Lisa of the Chickasaw Nation, and they have two children, Lauren and Trevor.

Ron His Horse Is Thunder

Tasunka Wakinyan
"His Horse Is Thunder"



His Horse Is Thunder is a member of the Hunkpapa-Lakota Oyate and currently serves as the Tribal Chairman of the Standing Rock Sioux Tribe. In 2002, President George W. Bush appointed him as Chairman of the President's Board of Advisors on Tribal Colleges and Universities (WITCU).

In 1988 he received his Juris Doctorate from the University of South Dakota-Law School. In 1985, he received a Bachelor of Science degree from Black Hills State University. His Horse Is Thunder began his career by serving in several professional capacities, e.g., as an attorney, director, and grants evaluator for the Rosebud and Standing Rock Sioux reservations.

From 1989-1993, His Horse Is Thunder served as president of Sitting Bull College (formerly Standing Rock College), where he was responsible for the overall college operations. He took two years off as college president and headed the American Indian College Fund based in New York, NY, where he served as the president from 1993-1995. In 1995, he accepted the position of president at Little Hoop Community College in Fort Totten, ND. Returning to the presidency of Sitting Bull College in 1996, His Horse is Thunder served in this capacity until his election as Tribal Chairman in 2005.

His Horse Is Thunder has served as a commissioner for the Higher Learning Commission for the North Central Accreditation for Schools and Colleges. He also served on the boards of the American Indian Higher Education Consortium and North Dakota Tribal College Association. He currently serves as the Chairman of the Great Plains Tribal Chairmen's Association and Vice-President of the Native American Business Association NAB. His Horse Is Thunder is married to Deborah Wetsit His Horse Is Thunder. 🌟

Authorization Builds the Car, Appropriations Gives it Gas to Run

National Indian Health Board 2008 Appropriations Summit receives a First Place Finish



U.S. Senator Lisa Murkowski (R-AK)

As a result of a new direction being set by the NIHB Board during its 2007 strategic planning retreat, NIHB held its first Annual Appropriations Summit in Washington DC, on March 6, 2008. The Summit was attended by Tribal leaders and personnel from the Indian Health Service (IHS), Department of Health and Human Service (DHHS) and National Council of Urban Indian Health (NCUIH).

Using the motor vehicle as a metaphor, U.S. Senator Lisa Murkowski explained that the Congressional authorization process “builds the car” and the appropriations process “gives the car its fuel” to run.

Among the distinguished presenters, were U.S. Senator Lisa Murkowski (R-AK); Representative Norm Dicks (D-WA); Mike Stevens, Subcommittee Clerk for the Majority Staff, House Appropriations Subcommittee on the Interior; Cindy Darcy, Deputy Staff Director for the Senate Committee on Indian Affairs; Rhonda Harjo, Minority Deputy Chief Counsel from the Senate Committee on Indian Affairs; and Janet Erickson, Council to Office of Indian Affairs, for the House Committee on Natural Resources.

Currently the IHS is a discretionary program and its funding goes through the Department of Interior and to the DHHS. Unlike an entitlement program where funding is automatically assured each year, Tribes and Tribal leaders must approach Congress yearly and request the funds necessary to operate health services.

Every year, the National IHS Tribal Budget Formulation Work Group makes a budget plea to DHHS to fund current services and requests additional program dollars just to meet basic, demonstrated need. This is done in consideration of a three year cycle, beginning with the current year Administration budget request and in anticipation of the actions by Congress and the President in the following two fiscal years.

During the 2008 NIHB Appropriations Summit, presenters and attendees jumped into the driver’s seat to discuss several key areas of the national Indian health budget.

Contract Support Costs (CSC): Holding true to the analogy of the automobile, this could be considered the frame of the vehicle. It provides structure and ongoing support for Self-Governance Tribal Health programs. In budgetary terms, CSC support things such as mandatory federal employee pay increases and the cost of inflation and population growth. Until the IHS is funded at the actual level of need, CSC will continue to be a budget priority. If CSC or current services are not funded first, the financing necessary to support those mandatory costs then comes out of direct healthcare service dollars. They must be paid by someone: often Tribes who have few, if any of their own discretionary resources foot the bill.

Contract Health Services are allocated through a priority system that provides approval and reimbursement predominantly only in “life or limb” circumstances. Tribal members, who do not have other resources at their disposal for emergency or non emergency situations are among the casualties of an underfunded Indian healthcare system.

Inadequate treatments during the onset of relatively minor health event can escalate and eventually cost the health delivery system hundreds of thousands of additional dollars. Ironically, the lack of adequate funding for Contract Support Costs and other areas of the greater Indian health system, are like many tragic car accidents... completely preventable.

During the 2008 NIHB Appropriations Summit it was affirmed that there is one thing that all tribal leaders generally agree on: Our ancestors ceded over 400 million acres of mineral rich land in exchange for promises (treaties) by the U.S. Government to insure that their descendants would have access to adequate, health, education and welfare: Congressional appropriations for AI/AN healthcare should reflect this.

For Fiscal Year 2010, the National IHS Budget Formulation Work Group will request \$900 million to fill our gas tank. We expect, depending on the priorities of the next Administration and other commitments of the U.S. government, that the level of funding will remain barely sufficient enough to keep us on the road.

In the end, no roadworthy vehicle runs without fuel nor should it traverse the highways without the appropriate tools to keep it running safely.

Knowing that Tribal leaders, Tribal organizations, urban programs and individual Tribal members deserve to be as prepared as possible when making their funding requests to Congress, the National Indian Health Board has designed an Appropriations Tool Kit to help you navigate the legislative process. It also includes tips about preparing budget related testimony and congressional contact information for the 110th Congress.

The NIHB 2008 Appropriations Summit Briefing Book and Appropriations Tool Kit can be accessed online at the National Indian Health Board website: www.nihb.org 

GUIDE TO COMMUNITY Preventive Services

Take Advantage of this Free Resource Today!

The Centers for Disease Control and Prevention (CDC) National Center for Health Marketing has posted an online "Guide to Community Preventive Services (Community Guide)" which serves as a filter for scientific literature on specific health problems. This resource summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease. The growing list of topics ranges from Alcohol to Violence Prevention.

For more information, please visit:
<http://www.thecommunityguide.org>.

Don't Let Depression Go Too Far...

Would You Know What to do if Someone Told You They Wanted to Stop Living?

In the US, more people die by suicide than by homicide. Each year, almost 30,000 people take their own lives, and 70% of those tell someone or give warning signs. That is why it is critical to teach loved ones how to recognize and respond to the signs of suicide.

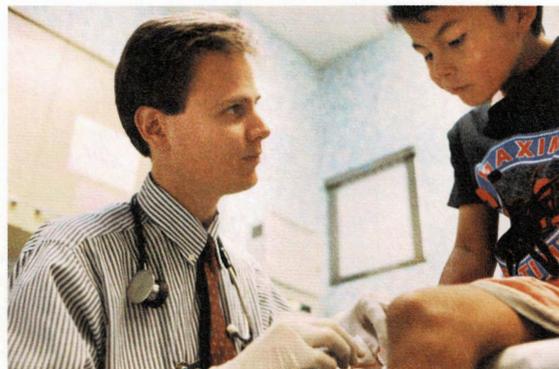
National Depression Screening Day (NDSD) is presenting **Stop a Suicide Today!**, an initiative that aims to empower members of the public to recognize and respond to the warning signs of suicide in a family member or a friend, and highlight the importance of identifying and treating depression and other mental illnesses before a situation becomes urgent.

NDSD is now in its seventeenth year and the National Indian Health Board encourages Indian Country to register for this year's event which will be held on October 10, 2008. Registering has a variety of program options including the in-person screening event and online screening. The program offers materials designed for diverse audiences, including Spanish speakers and older adults.

For more information on the NDSD in-person or online programs visit www.MentalHealthScreening.org.

This article was taken from a press release found at www.mentalhealthscreening.org.

NIHB Announces New Public Health Internship for Native Students:



The NIHB Public Health Summer Fellowship Program is a collaboration of the Morehouse School of Medicine, the Center for Disease Control and Prevention (CDC), Emory University Rollins School of Public Health, the Minority Health Professions Foundation and the National Indian Health Board. Designed to introduce and expose American Indians and Alaska Natives students to public health careers, this fellowship is housed in Atlanta, Georgia. Rising junior and senior undergraduate American Indians and Alaska Natives aged 25 years and younger are eligible. ☒

NIHB is Moving!



In April, the National Indian Health Board will move to its new location at 926 Pennsylvania Avenue, SE in Washington, DC. This Capitol Hill location is in close proximity to Congress and will provide a convenient meeting place for Tribal Leaders conducting business in the Nation's Capital. The space is a three story brownstone that has been completely refurbished to accommodate NIHB's growing staff. Stay tuned to www.nihb.org for more information about this historic move and how to contact us! ☒

Upcoming Events

April 2008

APRIL 1-4, 2008
CDC Tribal Consultation
Advisory Committee
Quarterly Meeting
 Holiday Inn
 Rapid City, SD

APRIL 21-25, 2008
NIHB Offices Relocating to:
 926 Pennsylvania Avenue, SE
 Washington, DC 20003

APRIL 27 – MAY 1, 2008
Annual Tribal
Self-Governance
Department of the Interior
and the Department of
Health and Human Services
Conference
 Las Vegas, NV
<http://tribalselfgov.org/>

May 2008

MAY 14-15, 2008
IHS Tribal Leaders Diabetes
Committee Quarterly
Meeting
 Washington, DC

MAY 21-22, 2008
NIHB Public Health Summit
 Radisson Hotel and Conference
 Center
 Green Bay, WI
 Register Now at: www.nihb.org

MAY 22, 23, 2008
NIHB Quarterly Board
Meeting
 Radisson Hotel and Conference
 Center
 Green Bay, WI

June 2008

JUNE 6-9, 2008
National Congress of
American Indians
Mid-Year Conference and
Tradeshaw
 John Ascuaga's Nugget
 Reno/Sparks, NV
www.ncai.org

JUNE 9-11, 2008
National Indian Women's
Health Resource Center
Keeping the Circle Strong:
Celebrating Native Women's
Health and Well-being
 Albuquerque, NM
www.niwhrc.org

July 2008

JULY 24-29, 2008
Association of American
Indian Physicians
37th Annual Meeting
 Coeur D'Alene Casino and
 Resort Hotel
 Worley, ID
www.aaip.org

JULY 29, 2008
Centers for Medicare and
Medicaid Services
Medicare Medicaid Planning
Committee Quarterly
Meeting
 Washington, DC

JULY 30-31, 2008
Centers for Medicare and
Medicaid Services
Tribal Technical Advisory
Group Quarterly Meeting
 Washington, DC

August 2008

AUGUST 5-7, 2008
Direct Service Tribes
Annual Conference
 Location TBA

September 2008

SEPTEMBER 5-9, 2008
National Indian Council on
Aging Biennial Conference
 Greater Tacoma Convention
 and Trade Center
 Tacoma, WA
www.nicoa.org

SEPTEMBER 22-25, 2008
National Indian Health
Board 25th Annual
Consumer Conference
 Pechanga Resort and Casino
 Temecula, CA
www.nihb.org

Sen. Dorgan (D-ND) Introduces \$1 Billion Amendment to Senate Budget Resolution



On March 13, 2008, during a midday break at the 10th Annual National Department of Human and Health Services Tribal Budget Consultation Session, NIHB Chairman H. Sally Smith announced breaking news that Senator Byron Dorgan (D-ND) introduced an amendment to S. Con. Res. 70, the Senate Budget Resolution, which would increase the Indian Health Service (IHS) by \$1 billion in FY 2009. Later in the day, a great round of applause erupted, when Chairman Smith announced to tribal leaders passage of the \$1 billion amendment in the Senate by a 69-30 vote. The following day, the Senate passed S. Con. Res. 70 passed by a 51-44 vote.

On March 13, the House of Representatives passed H. Con. Res. 312, a related bill to S. Con. Res. 70. However, the House version of the resolution did not include a corresponding amendment to increase the IHS budget by \$1 billion. Since the Senate and the House developed two different sets of budget resolutions, S. Con. Res. 70 and H. Con. Res. 312 will be sent to the Budget Resolution Conference Committee, where they will be reconciled.

The Congressional budget resolution serves as a guide for the House and the Senate appropriations committees as they consider various budget bills, including appropriations and tax measures. A budget resolution is not signed by the President nor is it binding. But, the resolution provides a glimmer of hope that the IHS budget will receive an increase, rather than the President's proposed FY09 budget cut of \$21 million.

In a Senate Floor statement about the amendment, Sen. Dorgan, who NIHB considers a champion of Indian Health Care, said, "Let me say again, people are dying as a result of the underfunding for health care for American Indians. It is a promise we have made, and it is long past the time we keep that promise. This amendment is a step in that direction."

The appropriations process takes several months — when anything could happen. The NIHB has developed a flow chart of the appropriations process to track the IHS FY 09 budget and appropriations. This chart can be accessed on the NIHB website, www.nihb.org. 

Department of Health and Human Services Celebrates a Decade of National Tribal Budget Consultation

On March 12-13, 2008 the Department of Health and Human Services (DHHS) held its 10th Annual Department-Wide Tribal Budget and Policy Consultation Session in Washington, D.C.

H. Sally Smith, NIHB Chairman and Jefferson Keel, NCAI 1st Vice President, delivered opening remarks during the consultation. Among the dignitaries attending the consultation were Charles Johnson, Assistant Secretary for Resources and Technology and Laura Caliguiri, Director, Office of Intergovernmental Affairs.

The National Indian Health Board staff offered direct support, such as research, organizational support and the preparation of testimony and other material(s) for the tribal presenters participating in the DHHS break out sessions on Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Agency for Toxic Substance and Disease Registry (CDC/ATSDR) and the Substance Abuse and Health Services Administration (SAMHSA). Federal administrators gave assurances that priorities outlined by Tribal leaders during the plenary and operating division break out sessions would be given serious consideration.

Restoring the Trust and Leaving a Legacy

In the face of budget cuts to IHS in the President's FY08 budget, the National IHS Budget Formulation Workgroup presented their analysis and recommendations for the FY 2010 Budget Recommendations. Linda Holt, Suquamish Tribal Council Member and NIHB Board Member (Portland Area) and Darryl Red Eagle, Assiniboine and Sioux Tribes of Fort Peck, Montana (Billings Area), served as co-chairs and presenters for the FY 2010 National IHS Budget Formulation Workgroup. They presented the Fiscal Year 2010 Budget Recommendation titled, "Restoring the Trust and Leaving a Legacy".

Like other federal agencies, garnering trust with Tribal leaders will be an ongoing process for DHHS. During the budget formulation and subsequent consultation processes, Tribal Leaders are put in the unenviable position of prioritizing health care needs. Expressing objection to the concept of prioritizing tribal member health needs, Darryl Red Eagle said, "Setting priorities is like telling five of your ten children that they can eat today and telling the other five that they must starve." By overwhelming consensus, tribal leaders agreed that all health issues cannot be prioritized and all health care needs should receive adequate funding.

Although President Bush is serving the last year of his presidency, the policies of his Administration will continue to affect future federal budget targets. The IHS Tribal Budget Workgroup requested that the Administration "[I]et this budget serve as your lasting legacy to eliminate health disparities and honor the federal trust relationship" by increasing the IHS budget by \$458.7 million to meet the basic health care needs of American Indians and Alaska Natives that have accumulated through chronic under-funding.¹

¹ Indian Health Service Budget Work Group. FY 2010 Budget Recommendation: Restoring the Trust and Leaving a Legacy [Testimony], 2008. 

2nd Annual Native HIV/AIDS Awareness Day Walk

March 20, 2008 Marked the 2nd Annual National Native HIV/AIDS Awareness Day.



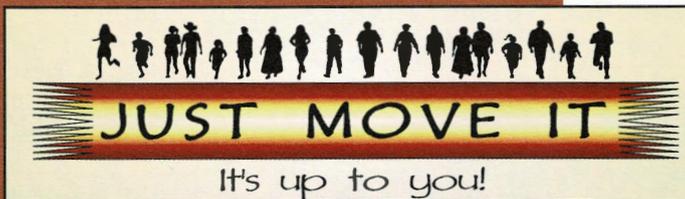
This day was created to bring national attention and awareness to the effect of HIV/AIDS on American Indian/Alaska Natives and Native Hawaiian communities and is the result of the hard work and efforts of the National Native American AIDS Prevention Center (NNAAPC), The Intertribal Council of Arizona (ITCA) and the University of Colorado Center for Applied Studies on American Ethnicity (CASAE). The National Indian Health Board (NIHB) and the Office of Hawaiian Affairs – Washington D.C. Bureau (OHA) collaborated to sponsor the 2nd Annual Fun Walk to commemorate this important day.

The day began with a prayer and a moment of silence in front of the Smithsonian National Museum of the American Indian. The participants then proceeded to walk a one-mile circuit on the National Mall. The walk was attended by representatives from NIHB, OHA, NNAAPC, ITCA, CASAE, National Congress of American Indians (NCAI), National Council on Urban Indian Health (NCUIH), American College of Obstetrics and Gynecology (ACOG) and the National Indian Education Association (NIEA).

The NIHB understands and supports all of the work and effort going on in Indian Country to battle and prevent this disease and is committed to doing whatever is necessary to insure that the national AI/AN voice is heard regarding this issue. The NIHB staff would like to thank each person and organization that participated in this important event and hopes that you will organize or participate in local events commemorating this day in 2009.

For more information on National Native HIV/AIDS Awareness Day go to www.nnaapc.org. 

JUST MOVE IT! And Enter the First Annual NIHB JMI T-Shirt Design Contest



The National Indian Health Board is launching a National T-Shirt Design Contest for the Just Move It (JMI) national campaign, to promote physical activity for American Indians and Alaska Natives. Winning artwork will be featured on the 2008 NIHB Annual Consumer Conference JMI T-shirts. The 2008 Annual Consumer Conference will take place Sept. 22-25 at the Pechanga Resort and Casino in Temecula, CA.

Anyone involved with a JMI community-based activity or whose life has been impacted because of this program may submit art to NIHB from May 15th until July 4th, 2008. Submissions should be related to the theme of increasing fitness, preventing diabetes through physical activity or an inspirational JMI-related theme. The competing entries will be available for review and you may cast your vote on-line to select the winning image at the JMI website between August 1 and September 1, 2008. T-shirts will be given away at our NIHB's Annual Consumer Conference JMI walk and will be also be available (on a limited basis) to Tribal community groups participating in the Just Move It program.

Visit www.justmoveit.org for JMI National T-Shirt Design Contest details.

Aberdeen Area Hosts Health Promotion Disease Prevention Consultation, April 2-4, 2008

The Centers for Disease Control and Prevention Tribal Consultation Advisory Committee (CDC/TCAC), CDC leadership, and staff from the National Indian Health Board travelled to Rapid City, South Dakota April 2-4, 2008 to advance CDC's Tribal Consultation in Indian Country. The purpose of the meeting was to engage Tribal leaders from the Aberdeen Area in discussions about chronic and emergency public health issues and to dialogue with CDC leadership on model health promotion and disease prevention strategies. In addition to the planned listening sessions on chronic disease and environmental health issues, CDC/TCAC members, CDC leadership, and NIHB travelled to the Pine Ridge Indian Reservation, home of the Oglala Lakota Tribe to meet with Tribal leadership, tour the health facilities and learn about the Tribe's culture, history and urgent public health needs.

Tribal leaders are invited to participate in this national consultation initiative and share their concerns about the needs for prevention and health promotion programs in their communities. Tribal leaders who cannot attend the meeting in person may submit comments in writing to:

CDC/TCAC
c/o The National Indian Health Board
926 Pennsylvania Avenue, SE
Washington, DC 20003

Or via email to Lawrence Shorty, Director of Public Health Programs (CDC), at lshorty@nihb.org. ☒

NATIONAL INDIAN HEALTH BOARD
**25th Annual
Consumer Conference**
RESORT & CASINO PECHANGA September 22-25, 2008
Pechanga Resort and Casino
Temecula, California

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NIHB Rallies National Support

To celebrate the resounding bipartisan support of passage by the U.S. Senate, a press rally was held on February 27th near the Senate Russell Building. Chairman Dorgan and Vice-Chairman Murkowski attended along with Senators Tester, Bingaman, and Baucus, and Congressman Frank Pallone (D-NJ). Rachel Joseph, Co-Chair of the NSC, opened the rally by “extending appreciation to the leadership of Senators Dorgan and Murkowski and other key Senators on both sides of the aisle who made passage by the Senate a reality. Indian Country will continue to work with the House leadership to ensure a final bill can be sent to the President for his signature **THIS YEAR!**” Ms. Joseph introduced Chairman Dorgan who remarked “I told people it would be a cold day when this bill was passed and here we are.”



From left, Valerie Davidson, Linda Holt (NIHB Board Member).



From left, Rachel Joseph, Reno Franklin (NIHB Board Member).

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Montana Tribal Leaders Come Face to Face with Democratic Front Runners



of the candidates could deliver to tribes is, “More money and protecting our sovereignty”.

To see what all of the candidates have to say about Indians go to:

- Hillary Clinton:**
<http://www.hillaryclinton.com/news/release/view/?id=4076>
- John McCain:**
<http://www.nativevote.org/documents/John%20McCain%20on%20Native%20American%20Policy.pdf>
- Barack Obama:**
<http://my.barackobama.com/page/content/firstamissues>

NIHB is a non-partisan organization that does not endorse any candidate.



Please Help Support NIHB

...So that your message can be heard on Capital Hill everyday!

We understand *that every dollar of your tribal resources goes directly to the health and wellbeing of your tribal members.*

We are aware *that the travel expenses to Washington DC alone can keep you from being able to communicate the things that you need to be healthy.*

We Can *visit the Halls of Congress everyday to advocate for health issues on your behalf.*

We need *your support, not a lot, whatever you are able to help out with...so that your message can be heard on Capital Hill everyday!*



National Indian Health Board 2008 Donation Slip

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Amount Donated (*circle one*): \$25.00 \$50.00 \$100.00 \$1,000.00

Or mail your check to:
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