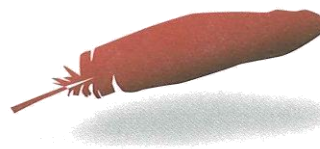


# National Indian Health Board



July 2014

## INDIAN HEALTH CARE 101

The federal promise to provide Indian health services was made long ago. The United States made this promise in a series of treaties with Tribes, exchanging compensation and benefits for Tribal land and peace. Since that time, all branches of the federal government have acknowledged the nation's obligations to the Tribes and the special trust relationship between the United States and American Indians and Alaska Natives.

### **The Trust Responsibility and Congress**

Beyond acknowledgement, all branches of the federal government have the duty to uphold the trust obligation. As the lawmaking body of the federal government, Congress has a special responsibility to American Indians and Alaska Natives. Keeping in mind the trust responsibility, Congress is duty bound to authorize and fund the legislation necessary to fulfill the federal government's promise and pledge to American Indians and Alaska Natives.

### **Indian Health Service**

To facilitate upholding its trust responsibility, the federal government created the Indian Health Service (IHS) and tasked the agency with providing health services to American Indians and Alaska Natives. Since its creation in 1955, IHS has worked toward fulfilling the federal promise to provide health care to Native people. The agency states that its goal is to raise the health status of American Indians and Alaska Natives to the highest possible level. The Indian Health Service operates under the Department of Health and Human Services.

### **Serving the People**

Today, IHS is the principal federal health care provider for American Indian and Alaska Native people. The agency serves approximately 1.9 million people, belonging to 565 federally recognized Tribes. Services provided by IHS mainly consist of primary care, but also may include some specialized practice areas, including behavioral health services and dental care. <sup>i</sup>

### **Delivering Health Services**

IHS delivers health services for Tribes and their members in a variety of ways. IHS provides services directly, through Tribally-contracted and operated health programs, and through services purchased from private providers. IHS also provides some funding for urban Indian health services. This varied system of delivery is known by its initials I/T/U (for IHS, Tribal and urban, respectively). Tribes may choose to receive services directly or through contracting or compacting agreements, or they may combine these options based on their needs and preferences.



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*The Red Feather of Hope and Healing*

## **IHS in Action**

IHS delivers health care services in over 670 IHS and Tribal health care facilities scattered throughout 36 states, mostly in rural and isolated areas. IHS directly operates 31 hospitals, 52 health centers, 2 school health centers, and 31 health stations. Tribes and Tribal organizations, through contracts and compacts, operate almost 50% of the IHS system and provide health care in 15 hospitals, 256 health centers, 9 school health centers, and 282 health stations (including 166 Alaska Native village clinics). The IHS, Tribes or Tribal organizations also operate 11 regional youth substance abuse treatment centers and 2,300 units of staff quarters. In addition, IHS provides funding for Indian health centers located in 34 urban areas.<sup>ii</sup>

## **Funding**

Treaties, laws and the government's role as trustee established a duty, on the part of the United States, to provide health care for American Indian and Alaska Natives. Despite the clarity of this evidence and the federal government's frank acknowledgement of this duty, IHS has been designated as a discretionary program. Funding for IHS, therefore, depends upon yearly appropriations for its continued operation. Unfortunately, over the course of the agency's operation, Congress has failed to fully fund IHS. This chronic under-funding has resulted in a critical shortage of much needed services, such as routine cancer screenings and other preventive care.<sup>iii</sup>

## **Critical Need**

Many American Indians and Alaska Natives rely solely upon IHS-funded health care, especially those individuals living in remote rural areas. For many Indians, reasonable access to alternative providers does not exist. Where alternative providers are available, prohibitive costs create further barriers to access. For these reasons, and given the striking disparities in health outcomes for American Indians and Alaska Natives, the IHS system must be preserved and fully funded.

For more information on Indian Health, please contact Caitrin Shuy, Director of Congressional Relations, at [cs Huy@nihb.org](mailto:cs Huy@nihb.org) or (202) 507-4085.

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<sup>i</sup> See [www.ihs.gov/PublicAffairs/IHS/Brochure](http://www.ihs.gov/PublicAffairs/IHS/Brochure) .

<sup>ii</sup> *Id.*

<sup>iii</sup> For a variety of documents and report discussing the topic, see *Kaiser Family Foundation*, <http://www.kff.org/> .

