

Chairman Frank Pallone, Jr.
Subcommittee on Health Hearing:
H.R. 1328, the Indian Health Care Improvement Act Amendments of 2007

Opening Statement

June 7, 2007

Today we are having a hearing on H.R. 1328, the Indian Health Care Improvement Act Amendments of 2007, a bill that I introduced earlier this year with Representatives Nick Rahall and Don Young to reauthorize the Indian Health Care Improvement Act.

Let me begin by saying today's hearing is long overdue. The Indian Health Care Improvement Act expired seven years ago in 2000. While there have been several attempts to reauthorize the legislation in previous Congresses, sadly none have been successful.

In fact, this is the first time since the law expired that a hearing has been held in the Energy and Commerce Committee on reauthorizing it. As someone who is very familiar with Native American issues, in particular the health care issues that they face, let me be the first to say that the failure of Congress to reauthorize the Indian Health Care Improvement Act has had a very real impact on Indian communities.

It is terrible to say, but I have no doubt that lives have been lost due to our inaction. It is my hope that my colleagues on the Subcommittee will walk away

from today's hearing understanding that Indian Country can no longer afford to wait. The unmet health needs of American Indians and Alaskan Natives are alarmingly severe and grow worse every day we fail to act.

The statistics speak for themselves. Native Americans suffer disproportionately from almost every condition or disease when compared to the general population. From obesity to diabetes and heart Disease to HIV/AIDS, all are epidemics that are ravaging American Indian communities which have too few resources to respond.

A large part of the problem is that American Indians have greater difficulty in accessing quality health care services. For far too many years, there has been a growing divide between the health care services afforded Native American communities and other segments of the population.

In example after example, Native Americans do not receive a level of service comparable to other Americans. I think the most shocking example that often comes to my mind is that we currently spend nearly twice the amount on health care services for federal prisoners than we do for Native Americans. That is unconscionable, especially given our trust responsibility to provide Native Americans with health care services according to the numerous treaties and agreements we have signed with them.

Native Americans have great difficulty in accessing the most simplest of services, which many of us take for granted, such as primary medical care, dental, and vision services. Lengthy wait times, distant locations and transportation challenges act as significant barriers to receiving care. According to the GAO, Native Americans could expect to wait between two and six months, or have to travel between sixty and ninety miles to receive certain services. Needless to say, specialty services are even harder to come by in Indian Country. I can't imagine that any of us would tolerate such conditions. Why should we expect Native Americans to?

Some of my colleagues may be shocked to discover how bad things really are in Indian Country. I know I was when I first started to learn about this issue. But as you will hear from some of the witnesses today, these conditions are fairly commonplace throughout American Indian communities. The sad truth is that Native Americans have had to continue to endure these conditions for far too long and they will continue to do so until we do something about it. That is why we must work diligently to reauthorize the Indian Health Care Improvement Act.

This critical piece of legislation will help improve access to health care for the nearly two million Native Americans in this country. Specifically, this bill would improve the supply of health professionals in the Indian health system by creating new opportunities for American Indians and Alaska Natives to pursue health careers. It would facilitate the construction and maintenance of safe water

and sewage facilities and of hospitals, clinics and other health facilities, and provide funding for urban Indian health programs as well. These are just a few of the provisions in the bill that will help improve the current Indian Health Care system.

As I mentioned in the beginning of my statement, I think today's hearing is long over due and is a much needed step toward accomplishing our goal of reauthorizing this important legislation. I am optimistic that legislation can be passed in this Congress. However, I know it's going to take a lot of hard work.

There is a quote from Lone Man of the Teton Sioux Indians that I was reminded of recently, "I have seen that in any great undertaking it is not enough for a man to depend simply upon himself". Indeed, no one person is going to be able to reauthorize the Indian Health Care Improvement Act; it is going to take the help of members of this Subcommittee and the Full Committee, Administration officials, tribal leaders, health advocates, and all of Indian Country in order to accomplish this goal. I am committed to this goal, and look forward to working with everyone to ensure that our efforts are successful this time around.

I would like to thank the witnesses for appearing before us today, I know that many of you have traveled very far in order to provide us with your testimony. I now recognize my good friend from Georgia, Mr. Deal, for five minutes for the purpose of making an opening statement.

