

**UNITED SOUTH AND EASTERN TRIBES, INC**

**RESOLUTION NO. 93-17NC**

**TRIBAL LEASERS CONSENSUS STATEMENT ON HEALTH CARE REFORM**

- WHEREAS,** the United South and Eastern Tribes, Inc. (USET) is an inter-tribal organization comprised of twenty (20) federally recognized tribes; and
- WHEREAS,** the actions taken by the USET, Inc. Board of Directors officially represent the intentions of each member tribe, as the Board of Directors is comprised of delegates from the member Tribes leadership; and
- WHEREAS,** USET is firmly committed to the goal of advancing the health care status of Indian people to the highest level possible; and
- WHEREAS,** provision of health care services to American Indian/Alaska Native people must occur within a government-to-government relationship that honors and meets the federal government's trust responsibility toward Indian people; and
- WHEREAS,** a separate, but enhanced IHS/Tribal/Urban health care delivery system must be retained for Indian people; and
- WHEREAS,** funding for Indian health care, through the separate IHS/Tribal/Urban programs must be sufficient to guarantee Indian people full access to all services included in the "core benefit package" under national health care reform. Plus, sufficient funding must be included for full implementation of preventive community health and environmental health services that are part of the truly comprehensive health care system to which Indian people are entitled; and
- WHEREAS,** longterm care, comprehensive substance abuse treatment and mental health services should be included in the core benefit package; and
- WHEREAS,** due to the extremely rapid pace at which the health care reform proposal is being developed, Tribal leaders have not had sufficient time to be fully informed about all health care reform issues; and
- WHEREAS,** Tribal leaders and providers must be given additional opportunities in the remainder of the formulation phase and the beginning of the legislative phase to review and comment on the Enhanced IHS/Tribal/Urban health care delivery system and how it will mesh with national health care reform.

**NOW THEREFOR BE IT RESOLVED THAT** the USET Board supports the Consensus Statement on Health Care Reform presented at the 9th Annual IHS/Tribal Consultation Meeting in Denver, Colorado, May 6, 1993.

**CERTIFICATION**

This resolution was duly passed at the Board of Directors Meeting, at which a quorum was present, in Cherokee, NC, on May 15, 1993.

*Eddie L. Tullis*

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Eddie L. Tullis, President  
United South and Eastern Tribes, Inc.

*Keller George*

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Keller George, Secretary  
United South and Eastern Tribes, Inc.

# TRIBAL LEADERS CAUCUS

## NINTH ANNUAL IHS/TRIBAL CONSULTATION MEETING

DENVER, CO -- MAY 6, 1993

### TRIBAL LEADERS CONSENSUS STATEMENT ON HEALTH CARE REFORM

More than 300 tribal leaders spoke on behalf of the more than 1000 participants gathered at the Ninth Annual IHS/Tribal Consultation Meeting Tribal Caucus to express their views, concerns and recommendations and to comment on the recommendations that came forward from the many workshops. The speakers represented the tribes of all twelve regions of the United States.

Health care reform was on everyone's mind. Most of the regions presented resolutions or position papers regarding health care reform. See attached. In addition, most speakers commented about health care reform during the three hours of open comment.

There was near unanimity on several points:

- ◆ Provision of health care services to American Indian/Alaska Native people must occur within a government-to-government relationship that honors and meets the federal government's trust responsibility toward Indian people.
- ◆ A separate, but Enhanced IHS/Tribal/Urban health care delivery system must be retained for Indian people.
- ◆ Funding for Indian health care, through the separate IHS/Tribal/Urban programs must be sufficient to guarantee Indian people full access to all services included in the "core benefit package" under national health care reform.

PLUS sufficient funding must be included for full implementation of preventive community health and environmental health services that are part of the truly comprehensive health care system to which Indian people are entitled.

- ◆ Longterm care, comprehensive substance abuse treatment and mental health services should be included in the core benefit package.
- ◆ Due to the extremely rapid pace at which the health care reform proposal is being developed, tribal leaders have not had sufficient time to be fully informed about all the health care reform issues.

Tribal leaders and providers must be given additional opportunity in the remainder of the formulation phase and the beginning of the legislative phase to review and comment on the Enhanced IHS/Tribal/Urban health care delivery system and how it will mesh with national health reform.

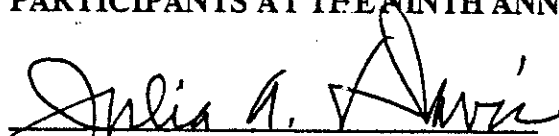
There was total opposition to full integration of Indian health programs with other elements of national health reform. The majority of tribal leaders spoke against the creation of any new health care financing mechanism for Indian people, such as National Indian Health Insurance Purchasing Cooperative.

The Tribal Leaders present at the Ninth Annual IHS/Tribal Consultation Meeting wish to have their views regarding health care reform communicated directly to the First Lady, all officials working on developing health care reform, and the 16A Work Group. The Tribal Leaders expect the 16A Work Group to review these recommendations and to incorporate them in all additional recommendations they make.

Finally, Tribal Leaders recognize that health care reform may take time to achieve. In the meantime Indian people have been guaranteed health care -- through treaties, laws, and 200 years of promises. That guarantee has not been fulfilled.

The other recommendations that emerged from the workshops and from the Tribal Leaders Caucus relate to the inadequacies of the system as it presently exists. Tribal Leaders hope that health care reform will solve these problems and improve the present system, but in the meantime immediate action is needed. The full report of all the recommendations will be transmitted by the National Indian Health Board as soon as it can be organized and finalized. They will be helpful in defining issues that must be resolved as the Enhanced IHS/Tribal/Urban health care model is fully developed.

**AS CO-CHAIRS OF THE TRIBAL LEADERS CAUCUS, WE HEREBY CERTIFY ON MAY 6, 1993, THAT THIS STATEMENT REFLECTS THE CONSENSUS OF THE PARTICIPANTS AT THE NINTH ANNUAL IHS/TRIBAL CONSULTATION MEETING.**



**JULIA A. DAVIS**

Secretary

Nez Perce Tribal Council and  
Vice-Chairman

National Indian Health Board



**BUFORD L. ROLIN**

Vice-Chairman

Porch Band of Creek Indians and  
Secretary

National Indian Health Board