

of the Indian Health Service of the federal department of Health and Human Services and the director of the Albuquerque area Indian Health Service.

Significant Issues

The primary medical and dental care for the approximately thirty thousand American Indians representing over two hundred tribes residing in and around the city of Albuquerque is provided by the Indian Health Service Albuquerque service unit through the Albuquerque Indian Health Service hospital and the Indian Health Service Southwestern Indian Polytechnic Institute dental clinic, funded annually by the United States congress.

Approximately forty percent of the thirty thousand American Indians living in the Albuquerque area are Navajo, who, in addition to receiving basic health care from the Indian Health Service, are eligible for contract health care provided by the Albuquerque Indian Health Service hospital.

Contracting pursuant to P.L. 93-638, the Indian Self-Determination and Education Assistance Act, has adversely impacted the health care delivery system for the thirty thousand Albuquerque area urban Indians by eliminating or greatly reducing health care services now available to them through the Indian Health Service Albuquerque service unit because all of the funds appropriated by the United States Congress through the Indian Health Service are being contracted or are available for contracting to tribes or pueblos in the Albuquerque service unit for use within their communities and not for use in Albuquerque.

In October 2000, the Indian Health Service Southwestern Indian Polytechnic Institute dental clinic was to be closed due to the redistribution of funding to tribes pursuant to P.L. 93-638 contracts, but urban Indian representatives, with the support of tribes from the surrounding area and the New Mexico congressional delegation managed to keep the dental clinic open with a special one-million-dollar congressional appropriation.

The Albuquerque Indian Health Service hospital will, likewise, be forced to reduce health care services, in the short term, and may be forced to close, in the long term, if local tribes and pueblos under the Indian Health Service Albuquerque service unit continue to contract all available health care services funding from the Albuquerque Indian Health Service unit.

Albuquerque urban Indian representatives support the local tribes and pueblos in taking over the Indian Health Service health care delivery system but, in return, request support from the tribes and pueblos to keep the health care services available to the Albuquerque area urban American Indian population of thirty thousand.

P.L. 94-437, the Indian Health Care Improvement Act, which is now before the United States congress for action, fails to provide for continued health care services and federal funding through the existing urban Albuquerque Indian Health Service facility for the Albuquerque area urban Indian users and, thus, is in conflict with the Snyder Act of 1921.

Although P.L. 93-638 requires the Indian Health Service to consult with Indian communities on health issues, and while tribes and pueblos are represented on the Indian Health Service Albuquerque service unit board that is organized to provide advice on funding and other health policy issues,

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it does not have a similar formal system of receiving public input into matters that affect the grassroots Albuquerque area urban Indian community and, in fact, a request for grassroots urban Indian representation on the Indian Health Service Albuquerque service unit board was previously denied by the Albuquerque area Indian Health Service.

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