



# NATIONAL CONGRESS OF AMERICAN INDIANS

## The National Congress of American Indians Resolution #MKE-17-045

### **TITLE: Urging Congress to Correct the Failure of the Indian Health Service to Provide Funding for the Staffing and Operation of Newly Constructed Health Facilities**

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**WHEREAS**, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

**WHEREAS**, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

**WHEREAS**, the NCAI has been active in supporting the provision of quality health care for American Indians and Alaska Natives; and

**WHEREAS**, the Indian Health Service (IHS) is the federal agency primarily responsible for providing health care services to American Indians and Alaska Natives; and

**WHEREAS**, the provision of health care services by the IHS includes the construction and operation of Health Clinics and Hospitals throughout Indian Country where health service programs can focus on the prevention and the delivery of comprehensive primary care in a community setting; and

**WHEREAS**, the IHS has two facility construction programs. The first is the Health Care Facilities Construction (HCFC) Program, and the second is the Joint Venture Construction Program (JVCP); and

**WHEREAS**, the HCFC Program is funded based on an IHS-wide list of priorities for construction projects. Projects are prioritized based on a methodology developed in consultation with tribal governments during Fiscal Year 1990. The total unmet need to complete the current priority list of projects in the HCFC Program is over \$2 billion. Thus, many facility projects have been on the HCFC priority list for well over a decade; and

**WHEREAS**, once facilities constructed pursuant to the HCFC Program are complete, the IHS is responsible for providing the staffing and operations funding for such facilities; and

**WHEREAS**, facilities constructed as a part of the HCFC Program can be managed and operated by the IHS or by a tribal government pursuant to agreements entered into under the Indian Self Determination and Education Assistance Act (Public Law 93-638, as amended); and

**WHEREAS**, the JVCP allows Tribes who have their own resources to bypass the HCFC Program and construct their own health facilities. In exchange for the Tribes investing their own resources to construct health facilities, the IHS agrees to request Congressional appropriations for additional staffing and operations at these facilities based on the Tribes' projected dates of completion of construction, fully executed beneficial occupancy, and opening of the facility. The JVCP is invaluable to the IHS and saves the federal government tens of millions of dollars; and

**WHEREAS**, NCAI has learned that the IHS failed to request Congressional appropriations for the staffing and operations of newly constructed health facilities that opened during Fiscal Year 2017 or are scheduled to open in Fiscal Year 2018; and

**WHEREAS**, the two health facilities that opened in Fiscal Year 2017 are: the Flandreau Santee Sioux Tribal Health Center in Flandreau, South Dakota, and the Choctaw Nation Regional Medical Clinic in Durant, Oklahoma; and

**WHEREAS**, three additional health care facilities are scheduled to open in Fiscal Year 2018. These include the Fort Yuma Health Center located in Winterhaven, CA which will primarily serve the Cocopah and Quechan tribes; and the Gila River Southeast Health Center (renamed as the Hualapai Red Tail Hawk Health Center) in Chandler, Arizona. These two facilities were constructed as a part of the HCFC Program and Congress provided funding for construction of these facilities in Fiscal Years 2015 and 2016; and

**WHEREAS**, the third facility scheduled to open during Fiscal Year 2018 is the Muscogee (Creek) Nation Health Center in Eufaula, OK. This facility was constructed pursuant to the JVCP; and

**WHEREAS**; the terms of the JVCP required the Nation to provide more than \$20 million to build and equip the Eufaula Indian Health Center, and IHS to request the funding necessary to operate and staff the new facility. However, it has come to the Nation's attention that the new staffing funds requested by the Administration would not be sufficient to support the staffing and opening of the project in the last quarter of FY 18 when it has been completed; and

**WHEREAS**, each of these five health care facilities needs funding for staffing and operations for Fiscal Year 2018 or these facilities will face the prospect of remaining empty and the provision of health care for eligible Native Americans served by those facilities is threatened; and

**WHEREAS**, it is inefficient and poor management of federal resources to provide funding for the construction of these health facilities but fail to request Congressional appropriations to staff and operate such facilities; and

**WHEREAS**, it is a waste of federal monies to construct facilities and leave them empty and vacant; and

**WHEREAS**, it is a waste of tribal resources for the IHS to agree to allow tribal governments to construct health facilities pursuant to the JVCP and then fail to timely request Congressional appropriations to staff and operate such facilities; and

**WHEREAS**, it is violation of the federal trust responsibility to threaten the provision of critical primary care at these health facilities by failing to timely request Congressional appropriations to ensure that such facilities can be opened and operated in a timely fashion.

**NOW THEREFORE BE IT RESOLVED**, that the National Congress of American Indians (NCAI) does hereby request Congress to correct the failure of the IHS to timely request Congressional appropriations for the staffing and operations of newly constructed health facilities; and

**BE IT FURTHER RESOLVED**, that the NCAI urges Congress to obtain the necessary information from the IHS regarding the amount of funding needed to adequately staff and operate newly constructed health facilities, and provide such funding in a timely manner so that these facilities can open and begin providing critical health services on schedule; and

**BE IT FINALLY RESOLVED**, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

#### CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2017 Annual Session of the National Congress of American Indians, held at the Wisconsin Center in Milwaukee, WI, Oct 15, 2017 - Oct 20, 2017, with a quorum present.

  
Jefferson Keel, President

**ATTEST:**

  
Juana Majel Dixon, Recording Secretary