Draft Policy Issues

Prepared for NNAAPC by The Tomhave Group October 6, 2005

The following is a brief summary of issues and recommendations for the Advisory Group to consider as it develops recommendations to Congress to improve public health policy and practice for native people living with HIV/AIDS in the United States.

1. Treatment for American Indians, Alaska Natives and Native Hawaiians with HIV/AIDS should be supported through dedicated sources of funding.

Explanatory Note: The Indian Health Services and Native Hawaiian Health System budgets essentially have no line item in their annual budget for treating HIV/AIDS.

2. Treatment for American Indians, Alaska Natives and Native Hawaiians with HIV/AIDS should be a portable benefit that qualified individuals may access through any public health system portal, whether at a Federal, State, Tribal, or Local agency.

Explanatory Note: The overarching goal of good public health policy is to prioritize human health over bureaucratic convenience.

3. Public health agencies receiving federal funding should be required to develop protocols that promote information sharing and resource leveraging for HIV/AIDS patients who are American Indian, Alaska Native and Native Hawaiian.

Explanatory Note: Collaboration and partnerships across agencies depend upon the capacity to share information and resources.

4. HIV/AIDS surveillance protocols should be developed to overcome jurisdictional conflicts and inappropriate racial and/or ethnic designations between Federal, State, Tribal and Local agencies.

Explanatory Note: Data drives funding and surveillance determines data.

5. HIV/AIDS treatment, including complimentary therapies and traditional healing treatment and support services, should be provided to American Indians, Alaska Natives and Native Hawaiians in the most culturally appropriate manner practicable.

Explanatory Note: Health and wellness initiatives must be translated into language and practices patients understand in order to be sustainable.