



PLEASE DEFEND AND SUPPORT THE VITALITY OF URBAN INDIAN HEALTH PROGRAMS!

VOTE “NO”AND SPEAK UP AGAINST HOSTILE AMENDMENTS TO THE INDIAN HEALTH CARE IMPROVEMENT ACT AMENDMENTS OF 2007 S.1200

A small but critical link in Native health care. Although the Urban Indian Health Program (UIHP) constitutes only 1% of the Indian Health Service budget, it provides an important link in the circle of health services that connects the reservation Indian population and the Urban Indian population (between which there is an ongoing mixing and movement). Removing Urban Indians from the IHCIA would also be a complete financial debacle for Tribal Programs nation-wide. This proved to be the case with the closing of the IHS operated urban facility in Albuquerque in 2005. Urban Indians were forced to return to reservations to obtain medical care, consuming the scarce resources available in the already overburdened Tribal facilities. The end result of the closing of this urban facility was indeed financial chaos for a series of Tribes; especially if we consider that- according to the 2000 Census- 67 % of Americans identifying themselves as of American Indian or Alaska Native heritage live in urban areas.

The UIHP has been a fixture of the Indian Health Care Improvement Act since its initial passage in 1976, principally serving urban Indian communities in those cities where the Federal government relocated Indians during the 1960’s and 1970’s. Although the UIHP overwhelmingly serves citizens of federally recognized tribes, it has the authority to serve other Native Americans, largely those who have descended from the Federal relocatees. S. 1200 provides a modest expansion of authority for the UIHP to engage in a wider array of health related programs, consistent with the many changes that have occurred in health delivery in the United States since the IHCIA was last reauthorized fourteen years ago.

Proposals to eliminate or even limit the Urban Indian Health Program within the Indian Health Service would have far reaching and devastating consequences. Urban Indian health clinics report that the elimination of federal support would result in bankruptcies, lease defaults, elimination of services to tens of thousands of Indians **who may not seek care elsewhere**, an increase in the health care disparity for American Indians and Alaska Natives and the near annihilation of a body of medical and cultural knowledge addressing the unique cultural and medical needs of the urban Indian population held almost exclusively by these programs. Notably, Urban Indian health clinics typically leverage IHS funding 2:1 from other sources.

Urban Indian Health Clinics provide unique and non-duplicable assistance to Urban Indians who face extraordinary barriers to accessing mainstream health care.

- *Urban Indian health clinics overcome cultural barriers.* Many Native Americans are reluctant to go to health care providers who are unfamiliar with and insensitive to Native cultures. Urban Indian programs not only enjoy the confidence of their clients, but also play a vital role in educating other health care providers in the community to the unique needs and cultural conditions of the urban Indian population.
- *Urban Indian health clinics save costs and improve medical care by getting Urban Indians to seek medical attention earlier.*
- *Urban Indian health clinics are better positioned to identify health issues particular to the Native community.*
- *Urban Indian health clinics are better able to address the fact that movement back and forth has an impact on health care in both the reservation and urban environment.*
- *Urban Indian health clinics are a key provider of care to the large population of uninsured Urban Indians who might not go elsewhere.*
- *Urban Indian health clinics reduce costs to other parts of the Indian Health Service system by reducing their patient load.*