

# Busy with Indian Country health issues in D.C.



**CATHY ABRAMSON, DIRECTOR,  
UNIT I  
Secretary's Tribal Advisory  
Committee**

For the last two months, I have been quite busy at the national level. In February, I attended the Secretary's Tribal Advisory Committee. Some of the major issues and concerns brought forward to Secretary Sebelius were 1) Advanced appropriations: this is a minimum to help address arbitrary funding interruptions; 2) Congress is making a statement that we need to fully fund Contract Support Costs in the future, as well; 3) Joint consultations should be held with IHS and BIA as we deal with these challenging issues for efficiency; 4) Exempt Indian programs from sequestration and rescissions; 5) Resolve issue of Medicaid expansion for states that haven't taken those options so that there are equitable services for tribal members, and 6) Office of Management and Budget (OMB): tribes need OMB representatives who understand IHS.

## **Centers for Disease Control Tribal Advisory Committee**

Also in February, I attended the Centers for Disease Control Tribal Advisory Committee meeting and 10<sup>th</sup> biannual Tribal Consultation Session. I am the Bemidji area representative to this TAC. Some of the needs that I highlighted below come from a variety of resources, including a 2010 Community Health data profile of Michigan, Minnesota

and Wisconsin tribal communities, completed by the Great Lakes Inter-Tribal Epidemiology Center.

It is a leading cause of death and disability and takes a huge toll on individuals and their families. It also impacts communities in negative ways, as treatment for diabetes accounts for a large percentage of health and disease related expenditures.

The prevalence of diabetes for Native Americans is more than twice that of U.S. adults overall. With this prevalence, we also see higher rates of cardiovascular disease, higher blood pressures and depression.

In the area of maternal-child health, Native people also suffer from some dramatic health disparities.

In the Bemidji area, infant mortality is higher for Native populations compared to the all races rates.

A disproportionate number of deaths occur due to SIDS in the Native population compared to the all race population. Two times as many Native infants die from SIDS compared to the all-race population.

Because many risk factors for SIDS are controllable, like reducing commercial tobacco smoking and improving sleep environments, this disparity is ripe for stepped up intervention in the form of increased outreach and education.

There are a greater percentage of births to teenage mothers of Native people as compared with all races. Both prevention and intervention efforts may be appropriate to address this disparity. Teen mothers are less likely to finish high school than girls who do not become pregnant during their teen years. Young mothers may not seek prenatal care as soon as older mothers and give birth prematurely or to low birth weight infants and have more problems delivering. There is a great need for smoking cessation programs, outreach and education for pregnant women. In the Bemidji area, statistics show that

approximately one-third of mothers of Native people smoked during their pregnancies, compared with 13.6 percent of mothers of all races infants.

For hundreds of years, Native people have used traditional tobacco as spiritual and physical medicine. In more recent times, many people have taken up commercial tobacco. The prevalence of smoking of Native people was more than 40 percent – way above any other racial or ethnic group. In the Bemidji area, we see some of the leading causes of death are cancer, lung cancer, and chronic lower respiratory disease. It is estimated that approximately 80 percent of chronic lower respiratory disease is caused by smoking.

We need more prevention activities. Therefore, we need to allocate the resources to ensure people never start smoking commercial tobacco in the first place. We also need to focus special attention on our youth and help them develop strong and healthy habits that will keep them from disease.

Obesity is also a concern in the Bemidji area. Forty percent of the Native population is obese and 35 percent is overweight. Related illnesses from this include coronary heart disease, stroke, high blood pressure, type 2 diabetes, cancers, sleep apnea and respiratory problems.

While it is true that there are agencies that have been set up to fulfill their trust responsibility, like IHS, it is also true that the duty has not been fulfilled. IHS is funded at approximately 56 percent of need. Because the federal government must meet it's solemn obligations to the tribes, it should, in fact – IT MUST look at every other possible avenue to discharge its duty. In the area of public health, the federal government must respond to these urgent unmet needs with CDC resources.

As the lead federal public health agency, CDC is both equipped and obligated to provide direct funding, training and

technical assistance to tribes, to assist tribes as they tackle the formidable public health challenges already mentioned. Where funding is competitive, funding opportunities need to be written and evaluated so that tribes have a fair chance of winning awards. Funding all too often winds up far from the communities that need it most. Funding that goes to states often is allocated based upon data that includes the needs of Native populations. Unfortunately, that funding, often, does not make its way back to the tribes or does not return in anything close to fair proportion. Federal partners, including CDC, can increase the oversight they exercise over states receiving funding to ensure the funding is used as was proposed.

CDC can provide resources to allow tribes to successfully and comprehensively collect, use, store, share and protect American Indian/Alaska Native data. These resources should include funding support training and technical assistance.

Having this comprehensive and reliable data will allow tribes to view the most accurate picture of need, develop and carry out targeted interventions and evaluate their efforts. These data also can demonstrate AI/AN needs to those deciding funding priorities.

CDC should make every effort to reach out to the tribes, with every means available. We need to see our federal partners reaching out and engaging in regular and meaningful consultation and collaboration with tribal officials on all matters that have tribal implications.

Each federal agency is responsible for strengthening the government-to-government relations between the U.S. and tribal nations.

With that being said, I am happy to announce that the Bemidji area will be hosting our next CDC Tribal Advisory Committee meeting and Tribal Consultation Session. This meeting will be held in August either in Sault Ste. Marie or Traverse City. I look forward to sharing

a wonderful woodland experience with all our relations across Indian country.

## **Tribal Leaders Diabetes Committee**

Just last week, I attended the Tribal Leaders Diabetes Committee meeting. This committee worked very hard on the various decision-making advice that we will be giving to Dr. Yvette Roubideaux, if and when the Special Diabetes Program for Indians gets reauthorized by Congress.

The day before the meeting, a few of us walked the Hill and met with the staffer of Congressman Whitfield. Congressman Whitfield is on the Energy and Commerce Committee and the Subcommittee on Health which has jurisdiction on SDPI and the Medicare Extenders. Whitfield is the top Republican on the diabetes caucus.

We meet with the staffers of Congressman Reed who is on the Ways and Means Committee which has jurisdiction on SDPI. Rep. Reed is also a vice chair of the Diabetes Caucus

We met with Congresswoman Degette, who is on the Energy and Commerce Committee and chair on the Diabetes Committee. She is the biggest champion on SDPI in the House and spoken at NIHB conferences in the past on this topic.

We met with staffers from Congressman Pitts who is chairman of the Subcommittee on Health for the Energy and Commerce Committee.

Finally, last but certainly not least, we met with Congressman Cole, co-chair of the Congressional Native American Caucus, and very good friend of Indian Country.

While in Washington, D.C., I gave testimony for the FY 2016 Department wide Budget Consultation. I was extremely busy all the while and I look forward to staying home for awhile.

If you have any questions or comments, please contact me at [cabramson@saulttribe.net](mailto:cabramson@saulttribe.net).

Thank you.