

The effects of sequestration on Indian health

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(Garrison, NY) As federal legislators work toward a budget agreement, a new commentary documents the harmful effects of sequestration on the Indian Health Service. Sequestration forced a 5 percent reduction in funds for the Indian Health Service, perpetuating longstanding health care disparities and raising questions about the federal government's legal and moral obligation to Indians, states the commentary, which appears in the [Hastings Center Report](#). It calls for the United States to fundamentally change how the Indian Health Service is funded.

Other important [health care](#) programs were exempted from sequestration, including Veterans Health Administration programs, State Children's Health Insurance Programs, and Medicaid, whereas the Indian Health Service was considered a "discretionary" line item in the federal budget. "Why is there not parity for Indians, whose [health status](#) remains far below that of mainstream America?" writes Marilyn Malerba, the lifetime chief of the Mohegan Tribe and a student in the Yale Doctor of Nursing Program.

The legal obligations of the government to the Indians originate with treaties negotiated in the 1700s between Indian tribes and the Continental Congress, explains Malerba, who chairs the Self-Governance Advisory Committee for Indian Health Service and is a member of the Tribal Nations Leadership Council for the Department of Justice.

"The treaties provide reason to consider the promise of health care to Indians as a matter of social contract as well as a legal contract," she writes. "The United States also has a moral obligation to provide at least

enough for the health care of Indians to elevate their health status to that of mainstream Americans. The treaties established with Indian tribes provide one argument for recognizing that moral obligations are at stake.

"But perhaps the most powerful moral argument involves simply laying out the facts about health and the Indian tribes," Malerba continues. Even before sequestration, federal funding for Indian [health](#) was just 57 percent of need and far lower than funding for other Americans.

"This funding inequity creates the need for the rationing of services, perpetuates longstanding [health care disparities](#), and contributes to an average life expectancy for Indians that is 4.1 years shorter than that of the overall U.S. population," the article says, citing these statistics: American Indians die at higher rates than other Americans from alcoholism (552% higher), diabetes (182% higher), unintentional injuries (138% higher), homicide (83% higher), and suicide (74% higher).

Malerba says that the funding cut will eliminate 804,000 outpatient visits and 3,000 inpatient visits per year and that the IHS Catastrophic Health Emergency Fund will run out of money before the end of the year.

"The obvious requirement is to recognize IHS funding as mandatory," she concludes. "Mandatory funding occurs without further congressional action, avoiding contentious budget cycles."

Provided by The Hastings Center

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