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### **Vice President Shelly Leads Navajo Participation at U.S. Health and Human Services Tribal Budget Consultation**

WASHINGTON, D.C.—Proposed funding increases for a range of health and human services were the focus at the 10th Annual Tribal Budget Consultation session which ended yesterday.

The consultation is an annual federal government sponsored meeting that gives tribes an opportunity to have involvement in the shaping of future budgets. Tribal leaders gathered in Washington to work on spending for fiscal year 2010.

Some programs under the U.S. Department of Health and Human Services (DHHS) that provide services on Navajo including Head Start, Temporary Assistance to Needy Families, Child Welfare Services, Aging, Child Care, and Substance Abuse.

The Centers for Medicare and Medicaid Services is an important component of the Indian health delivery system," said Vice President Ben Shelly before a group of tribal leaders and U.S. Health and Human Services department officials.

"The Tribal Technical Advisory Group developed and adopted a strategic plan to guide the development of a budget for Medicare and Medicaid as it applies to American Indians and Alaskan Natives," said the vice president.

Medicaid and Medicare programs are funded each year through the mandatory portion of the federal budget, the only portion of federal spending which Congress does not debate decreases or increases in spending. Mandatory spending is deemed automatic spending, set by the Congressional Budget and Impoundment Control Act of 1974.



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“Our tribal advisory members continue to express concerns for the need of policy analysis to respond to the Centers for Medicare and Medicaid Services policies issued in the form of State Medicaid director decisions,” said Vice President Shelly.

Medicare and Medicaid programs are used to offset some health care cost through the Indian Health Service, a \$3.3 billion Indian health care program. Administered separately, Indian Health Service is annually funded through the discretionary portion of the federal budget which is subject to yearly debate in Congress.

“Long term financial commitment of the Tribal Technical Advisory Group is necessary to build the institutional knowledge of Indian health policy issues,” said Vice President Shelly. The Tribal Technical Advisory Group, made up of tribal leaders from the 12 Indian Health Service regions across the United States, was formed in 2004 to give tribal leaders input in HHS programs.

Participating in the Indian Health Service work group session was Anslem Roanhorse, executive director for Navajo Division of Health, and Randall Simmons, legislative associate for the Navajo Nation Washington Office.

“Federal funding for health care facility construction continues to decrease,” said Roanhorse. “In 1993, Congress gave more than \$100 million alone for construction of new and replacement facilities. Today, the president’s budget request to Congress is only for \$13 million. That’s a stark difference of \$87 million less,” said Roanhorse.

“We need to seriously increase funding for dentistry,” said Roanhorse drawing a comparison of dental care among Native Americans and average American households. “We have dental facilities, but no dentists,” said Roanhorse, who explained there are 10 dental chairs on average and only one dentist.

“When one of us has a tooth ache, because there is such a serious lack of funding, the remedy for IHS is to pull teeth,” said Roanhorse, “whereas in private care the goal is to save the tooth. We need an additional 200 dentists,” said Roanhorse advocating for general increases in funding to provide scholarships for Indian dentists and increases in dental health care.

Vice President Shelly continued to emphasize the need to change federal law that requires stringent proof of documentation for Native Americans to receive health care services under Medicare and Medicaid requirements.

“I have problems even with citizenship,” said Vice President Shelly. “I was born at home and have no birth certificate.” There are some 18,000 Navajo people who do



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not have a birth certificate, a federal government requirement to receive Medicare and Medicaid services.

Also participating in the half week budget consultation meetings were Cora Maxx Phillips, executive director for Division of Social Services, and Thomas Cody, legislative analyst for social services.

U.S. Department of Health and Human Services officials will take the input of this week's work sessions and meetings to develop budget priorities and proposed spending levels for HHS programs for 2010. In early February 2009, the new U.S. president will submit a budget to Congress that will include spending for Indian health care and other programs.

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