



NATIONAL CONGRESS OF AMERICAN INDIANS

The National Congress of American Indians Resolution #SAC-06-039

TITLE: CDC to Continue Support American Indian and Alaska Native STD/HIV Education and Prevention Programs

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WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, Sexually Transmitted Diseases (STDs), including HIV, pose a potentially devastating threat to the health and well-being of Indian people and in 2004 the Centers for Disease Control and Prevention (CDC) reported that American Indians and Alaska Natives (AI/AN) had the second highest rates of chlamydia, gonorrhea, and primary and secondary syphilis among all racial and ethnic groups (*Sexually Transmitted Disease Surveillance, CDC, 2004*); and

WHEREAS, AIDS in Indian communities has steadily increased with recent data indicating that it is the ninth leading cause of death for AI/AN people between the ages of 15-44 in 2004, and HIV was newly diagnosed for an estimated 206 AI/ANs with half of all new HIV infections in the U.S. occurring among young people under the age of 25 years (*HIV/AIDS among American Indians and Alaska Natives, CDC, July 6, 2006*); and

WHEREAS, STDs are a critical public health issue because of the integral role they play in facilitating the transmission of human immunodeficiency virus (HIV)¹, their severe and costly consequences for women and infants, and their tremendous impact on the health of adolescents and young adults; and

WHEREAS, there are many benefits to investing in STD and HIV prevention programs in which the estimated lifetime cost of care and treatment for just one HIV positive person is approximately \$200,000 and by keeping people from becoming infected—STD prevention programs not only save lives—but also reduce the number of people needing expensive medical treatments; and

¹ Fleming DT, Wasserheit, JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sex Transm Infect.* 1999 Feb; 75(1):3-17.

WHEREAS, funding for special STD/HIV education and prevention initiative was administered by the Centers for Disease Control and Prevention (CDC) as a result of the FY 2004 Labor-HHS Appropriations bill by providing a \$1 million earmark to bolster tribal capacity to prevent, screen for, and treat sexually transmitted diseases; and

WHEREAS, funding from this special initiative has allowed Tribes to form STD/HIV coalitions, develop a STD/HIV Tribal Action Plans, develop and disseminate culturally appropriate educational materials, leverage additional funds to develop an STD/HIV media campaigns targeting AI/AN youth and high-risk adults, develop working relationships with state and county health departments to improve tribal access to resources and services, provide STD training and technical assistance to over 180 tribal medical providers, health professionals, and community health advocates, and administer comprehensive Tribal STD/HIV capacity assessments; and

WHEREAS, the Tribal STD/HIV education and prevention programs have contributed to strengthen the capacity of tribal health programs to provide STD prevention services and increase community awareness about sexually transmitted diseases and a great deal of work remains to reduce the burden of STD rates among the AI/AN population; and

WHEREAS, the support and commitment to continue to develop these comprehensive, culturally appropriate programs must continue in order to continue to build on the success of the previous efforts and protect the lives of future generations; and

WHEREAS, funding for Tribal STD/HIV prevention programs will sunset in FY 2007 and the Labor-HHS Appropriations bill did not require a sustained commitment by the CDC for STD prevention in Indian Country.

NOW THEREFORE BE IT RESOLVED, that the NCAI does hereby declare its strong support for projects that address STD prevention efforts and eliminate STD-related disparities in Tribal communities; and

BE IT FURTHER RESOLVED, that the NCAI urges CDC to continue to support the work of Tribal STD/HIV education and prevention programs so that they are provided the opportunity to function for an extended period of time in order to ensure continuity and sustained viability—much longer than the three years provided by the existing CDC grants; and

BE IT FURTHER RESOLVED, that the NCAI hereby declares its strong support for CDC to provide on-going non-competitive STD funding to Tribal health departments, allowing tribes to develop and enhance their internal capacity to provide culturally appropriate, tribe-specific STD screening and treatment services; and

BE IT FINALLY RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

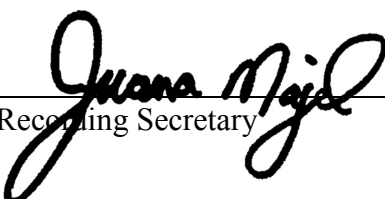
CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2006 63rd Annual Session of the National Congress of American Indians, held at the Sacramento Convention Center in Sacramento, California on October 1-6, 2006, with a quorum present.



President

ATTEST:



Recording Secretary