

HISTORICALS OF INDIAN HEALTH SERVICE AND INTER-TRIBAL COUNCIL OF NEVADA

The Inter-Tribal Council of Nevada (ITCN) was incorporated in the State of Nevada on February 23, 1966.

The Council was established to provide services to the twenty-six (26) Indian Tribes and colonies in Nevada. ITCN purpose Briefly stated:

- To secure for Indian people the rights and benefits which should accrue to them pursuant to treaties and all legal, moral and equitable commitments and undertakings of the United States Government;
- To preserve and protect the Indian cultural values and heritage and at the same time increase the understanding of our people and their complete participation in the institutions of free government in the state and communities in which they live;
- To secure and promote the general welfare and education of the Indian people and their full employment and exercise of all of their privileges of citizenship of the United States;
- To hasten and improve the education of the Indian people in a basis of equality of instruction and facilities with other citizens;
- To enlighten the public with respect to Indian Affairs and promote a better understanding between the Indians and their fellow citizens of the State of Nevada and of the United States.

☹ You know your getting older when you can reflect back in time and recall more of history than you care to admit because it reminds us how old we are, where we come from and where we need to go.

☑ (Recall when and how ITCN was conceived).

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The Indian Health Service (IHS) is an agency of the Public Health Service (PHS) within the Department of Health and Human Services. The IHS is responsible for providing Federal health services to American Indians and Alaska Natives. The provision of these services to members of Federally recognized Tribes is based on a special relationship between Indian Tribes and the U.S. Government first set forth in the 1830's by the U.S. Supreme Court. This relationship has been reconfirmed by numerous treaties, laws, constitutional provisions, court decisions, and executive orders.

The Indian Health program became a primary responsibility of the PHS under P.L. 83-568, the Transfer Act, on August 5, 1954. This Act provides "that all functions, responsibilities, authorities, and duties... relating to the maintenance and operation of hospital and health facilities for Indian, and the conservation of Indian health... shall be administered by the Surgeon General of the United States Public Health Service."

The IHS goal is to raise the health status of American Indian and Alaska Natives to the highest possible level. The mission is to provide a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum Tribal involvement in developing and managing programs to meet their health needs. It is also the responsibility of the IHS to work with the people involved in the health delivery programs so that they can be cognizant of entitlements of Indian people, as American citizens, to all Federal, State, and local health programs, in addition to IHS and Tribal services. The IHS also acts as the principle Federal health advocate for American Indian and Alaska Native people in the building of health coalitions, networks, and partnerships with Tribal nations and other government agencies as well as with non-federal organizations, e.g., academic medical centers and private foundations.

The 1975 Indian Self-Determination Act, P.L. 93-638 as amended, builds upon IHS policy by giving Tribes the option of manning and managing IHS programs in their communities, and provides for funding for improvement of Tribal capacity to contract under the Act. The 1976 Indian Health Care Improvement Act, P.L. 94-437 as amended, was intended to elevate the health status of American Indians and Alaska Natives to a level equal to that of the general population through a program of authorized higher resource levels in the IHS budget.

*The Task Force recommended this page be included in the study:
(My appreciation extends further as a P.L. 94-437 Scholarship recipient to obtain my college education.)*

Finding: There are many qualified Indian recipients in Nevada who contribute to the health service delivery. The Task Force advocates IHS continues the development of training programs for health professionals..

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