



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION
ROCKVILLE, MARYLAND 20857

JULY 30, 1979
INDIAN HEALTH SERVICE

The Honorable Henry J. Hyde
House of Representatives
Washington, D.C. 20515

Dear Mr. Hyde:

This is in reply to your communication of May 29, 1979 in which you requested data on abortion and sterilization procedures among American Indians and Alaska Natives.

To the extent possible, the three tables enclosed provide the data as requested in your communication.

Table I shows the number and percent of women of childbearing age (15-44 years) by type of procedure which may have resulted in sterilization, in Indian Health Service (IHS) and contract hospitals, and in U.S. general short-stay hospitals, for 1976-1978. On a percentage basis, Indian women received less than half as many hysterectomies as women in the general U.S. population. The percentage receiving tubal sterilizations was about the same in both populations, except for Alaska Native women, where the percentage was one-half of 1 percent higher.

Table 2 shows the number of births, abortions, and sterilization procedures, and the ratio of abortions and sterilization procedures to births in IHS and contract hospitals as compared to U.S. short-stay general hospitals, for the 1976-1978 period. These data show that ratios for Indian women are considerably below those for the general U.S. population, except for abortions to Alaska Native women. The higher abortion ratio for Alaska Native women in hospitals is probably due to a lack of accessibility to outpatient facilities that is available in other areas of the U.S.

Table 3 shows the number and percent of teenagers who have undergone sterilization procedures and induced abortions 1976, 1977, and 1978. U.S. figures for sterilizations to teenagers are not available. However, the IHS rates are extremely small. The IHS induced abortion percentages are hospital-based, while the U.S. data are for all induced abortions.

We are unable to provide the total number of induced abortions performed by the Indian Health Service because the outpatient collection system records only visits related to abortions. We are also unable to tell whether an abortion actually took place or the kind of abortion, e.g., induced, spontaneous, other.

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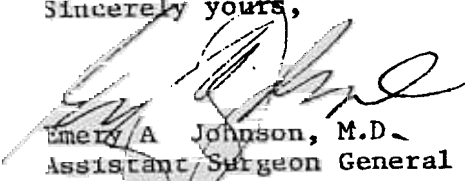
You ask where the Indian Health Service is specifically permitted in authorizing legislation to pay for abortions. Neither abortion nor any other medical procedure or health service, nor the payment for such is specifically provided in authorizing legislation. The authorizing legislation for IHS is the Snyder Act (25 U.S.C. 13) which permits the expenditure of appropriated funds for the "benefit, care, and assistance of the Indians throughout the United States" for a number of purposes including the "relief of distress and conservation of health." The health responsibility and function of the Snyder Act were transferred from the Bureau of Indian Affairs to the Department of Health, Education, and Welfare in 1955 by P.L. 83-568.

The Indian Health Service is frequently the only accessible source of medical care for a substantial proportion of the Indian population. In providing any of our health services we are governed by applicable laws, both Federal and State, court decisions and Departmental policies. All current requirements having been met, and procedures followed, we would have no basis for refusing to pay for abortions.

There is, as you inferred, no restrictions on the use of appropriations for payment for abortions under the present Interior appropriations bill. The Indian Health Service will, of course, fully comply with any directives which may be provided by the Congress in any future Interior appropriations bill.

We hope the above data and information adequately satisfies your request. Your continued interest in the well-being of the Indian people is appreciated.

Sincerely yours,



Emery A. Johnson, M.D.
Assistant Surgeon General
Director, Indian Health Service

Enclosures