

111TH CONGRESS
1ST SESSION

S. 1565

To improve Arctic health.

IN THE SENATE OF THE UNITED STATES

AUGUST 3, 2009

Mr. BEGICH introduced the following bill; which was read twice and referred
to the Committee on Health, Education, Labor, and Pensions

A BILL

To improve Arctic health.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Better Health in the
5 Arctic Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) The United States is an Arctic nation
9 with—

10 (A) an approximately 700-mile border on
11 the Arctic Ocean;

1 (B) more than 100,000,000 acres of land
2 above the Arctic Circle; and

3 (C) an even broader area that is defined as
4 Arctic by temperature, including the Bering Sea
5 and Aleutian Islands.

6 (2) The Arctic region of the United States—

7 (A) is known to the indigenous population
8 as Inuvikput, or the “place where we live”; and

9 (B) is home to an indigenous population
10 that has subsisted for millennia on the abun-
11 dance of marine mammals, fish, and wildlife,
12 many species of which are unique to the Arctic
13 region.

14 (3) Since 1959, temperatures in the Arctic re-
15 gion of the United States have warmed by 3 to 4 de-
16 grees Celsius, a rate of increase more than twice the
17 global average. The Arctic ice pack is rapidly dimin-
18 ishing and thinning, and the National Oceanic and
19 Atmospheric Administration estimates the Arctic
20 Ocean may be ice free during the summer months
21 in as few as 30 years.

22 (4) These changes are having a significant im-
23 pact on the communities and ecosystems of the in-
24 digenous people of the Arctic, and the marine mam-

1 mals, fish, and wildlife upon which the indigenous
2 population depends.

3 (5) The negative impacts of climate change in-
4 clude health problems, which are even more exacer-
5 bated among indigenous people of the North.

6 (6) Northern people have shorter life expect-
7 ancy and increased mortality related to suicide and
8 injuries, when compared to populations living in
9 more moderate climates.

10 (7) Among the greatest health disparities af-
11 fecting Arctic people are higher rates of alcohol
12 abuse, Fetal Alcohol Spectrum Disorder (FASD), di-
13 abetes, high blood pressure, injury, and cancer. The
14 FASD prevalence rate among Alaska Native people
15 (4.8) is 3½ times that for all Alaskans (1.4).

16 (8) Rates of suicide in Alaska are among the
17 highest in the Nation, with the suicide rate among
18 Alaska Native people about 3 times that of non-Na-
19 tive Alaskans and 4 times that of the national aver-
20 age of the United States.

21 (9) Alaska Native children are more than twice
22 as likely to live in poverty than Alaskans of other
23 races, 25.7 percent compared to 10.9 percent.

24 (10) It is unclear why many of these health
25 problems are greater among northern people or

1 whether the health problems are related to toxic in-
2 fluences, socioeconomic status, cultural change, dis-
3 tance from sophisticated medical care, or other fac-
4 tors.

5 (11) More research is necessary into the causes
6 of disparities in rates of particular public health
7 problems in the Arctic and intervention into the pre-
8 vention and treatment of these problems.

9 **SEC. 3. STUDY OF MENTAL, BEHAVIORAL, AND PHYSICAL**
10 **HEALTH ISSUES IN THE ARCTIC.**

11 (a) STUDY AUTHORIZED.—The Arctic Research
12 Commission established under section 103 of the Arctic
13 Research and Policy Act of 1984 (15 U.S.C. 4102) shall,
14 in collaboration with Federal health agencies, directly or
15 through contract, prepare and submit to Congress a 2-
16 year study to examine the science base, gaps in knowledge,
17 and strategies for the prevention and treatment of mental,
18 behavioral, and physical health problems faced by popu-
19 lations in the Arctic, with a focus on Alaska.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated to carry out this section
22 a total of \$1,200,000 for fiscal years 2010 and 2011.

23 **SEC. 4. NATIONAL ARCTIC HEALTH SCIENCE POLICY.**

24 (a) UPDATING 1984 POLICY.—The Director of the
25 National Institutes of Health shall, in collaboration with

1 other governmental agencies and private and nonprofit en-
 2 tities involved in Arctic health issues, develop a national
 3 Arctic health science policy. In developing the policy, the
 4 Director shall review and take into consideration the Na-
 5 tional Arctic Health Science Policy developed by the
 6 American Public Health Association Task Force in 1984.

7 (b) DESK FOR ARCTIC HEALTH.—Section 401(c) of
 8 the Public Health Services Act (42 U.S.C. 281(c)) is
 9 amended by adding at the end the following:

10 “(3) DESK FOR ARCTIC HEALTH.—

11 “(A) ESTABLISHMENT.—Within the Divi-
 12 sion, there is established a Desk for Arctic
 13 Health.

14 “(B) DUTIES.—The Desk for Arctic
 15 Health shall—

16 “(i) work with the Interagency Arctic
 17 Research Policy Committee established
 18 under section 107(b) of the Arctic Re-
 19 search and Policy Act of 1984 (15 U.S.C.
 20 4106(b)) to ensure adequate health rep-
 21 resentation from Federal agencies;

22 “(ii) collaborate and consult with gov-
 23 ernmental entities and United States non-
 24 governmental organizations involved in
 25 Arctic health issues, including the State of

1 Alaska, University of Alaska, and entities
 2 that handle issues regarding the health of
 3 the indigenous people of the Arctic; and
 4 “(iii) collaborate with the Canadian
 5 Institutes of Health Research on indige-
 6 nous Arctic people health issues, in accord-
 7 ance with the 2004 agreement between the
 8 National Institutes of Health and the Ca-
 9 nadian Institutes of Health Research, and
 10 with other international entities dealing
 11 with pan-Arctic health issues.”.

12 **SEC. 5. ARCTIC HEALTH IMPACT ASSESSMENTS.**

13 Part P of title III of the Public Health Service Act
 14 (42 U.S.C. 280g et seq.) is amended by adding at the end
 15 the following:

16 **“SEC. 399U. ARCTIC HEALTH IMPACT ASSESSMENTS.**

17 “(a) FINDINGS.—Congress finds the following:

18 “(1) The health impact assessment process can
 19 be a valuable tool for better Arctic health by objec-
 20 tively evaluating the potential health benefits and
 21 risks of a project or policy before the project or pol-
 22 icy is built or put into place.

23 “(2) Health impact assessments can provide
 24 recommendations to increase positive health out-
 25 comes and minimize adverse health outcomes.

1 “(3) A major benefit of the health impact as-
2 essment process is that it brings public health
3 issues to the attention of people who make decisions
4 about areas that fall outside traditional public health
5 arenas, such as transportation or land use.

6 “(b) IN GENERAL.—The Secretary, acting through
7 the Director of the Centers for Disease Control and Pre-
8 vention, shall establish a program at the National Center
9 of Environmental Health of the Centers for Disease Con-
10 trol and Prevention to foster advances and help provide
11 technical support in the field of Arctic health impact as-
12 sessments.

13 “(c) DEFINITION OF HEALTH IMPACT ASSESS-
14 MENTS.—In this section, the term ‘health impact assess-
15 ment’ means a combination of procedures, methods, and
16 tools by which a policy, program, or project may be judged
17 as to its potential effects on the health of a population,
18 and the distribution of those effects within the popu-
19 lation.”.

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