

**Alfreda Doonkeen/Woodward, Founder/CEO – Mekvsukey Band
American Indians for Health Quality**

Asking for increase of 27%, an additional \$40,500,000 for the next 5 years, until; 2019.

Thank you. It's a privilege to be here. Chairman Calvert, Subcommittee Members on Interior, Environment, and Related Agencies. I am Alfreda Doonkeen/Woodward, from the Mekvsukey Band of the Seminole Nation of Oklahoma, Founder and CEO of American Indians for Health Quality. I stand here today with my brothers and sisters from all parts of Indian Country. Thank you ALL. It is an honor to be here at the 2d 113th Congress.

I was born at Pawnee Indian Hospital, with four other siblings born at Indian hospitals across Oklahoma. During my lifetime of being an Indian Health Service registrant I can recall the years my parents would take us to get immunizations, check-ups, dental work and receiving the myriad of pills the physicians would prescribe to each of us traveling 30 miles away and spending all day and half evenings before returning home.. My favorite medicine as a child was the licorice taste of throat lozenges issued by Public Health & Human Service (PHHS).

The United States Census Bureau in year 2000, tabulated 2.3 million American Indians and the same census people counted 5.2 million self identified American Indians/Alaska Natives (AI/AN) in 2010. This is an increase of 39% from years 2000-2010.

Additionally, in 18 states the self-identified AI/AN number increased by 50%, while the increase was 20% more in North Carolina, Delaware and South Dakota. That being said, the AI/AN population soared by 70% in three (3) states alone!

According to the Federal Register/Vol. 78, No. 87 /Monday, May 6, 2013/Notices, DEPARTMENT OF THE INTERIOR, Bureau of Indian Affairs, Indian Entities Recognized and Eligible to receive services from the United States Bureau of Indian affairs is 566 tribes, nations, communities, towns, reservations, Rancherias.

In a letter from I.H.S. Chief Medical Officer dated December 20, 2010, the subject matter is: Final User Population Estimates – FY 2010

IHS	Registrants	Active	Estimates
All Areas	2,497,853	1,520,599	1,523,564
Aberdeen	206,093	122,877	123,109
Alaska	200,630	139,107	139,107
Albuquerque	157,763	86,078	86,078
Bemidji	157,356	104,013	104,123
Billings	123,435	71,487	71,487
California	140,684	81,594	81,594
Nashville	70,089	49,226	51,849
Navajo	367,750	246,000	246,000

Oklahoma	569,194	326,393	326,393
Phoenix	269,861	162,349	162,349
Portland	186,194	105,590	105,590
Tucson	48,804	25,885	25,885

Where I am heading with these facts and figures is to direct attention to the methodology of calculating increases of our American Indian/Alaskan Indian population expansion over a span of 15 years with regards to the *Special Diabetes Program for Indians (SDPI)*.

In response to the diabetes epidemic among American Indians and Alaska Natives, Congress established the SDPI grant programs in 1997. When the Balanced Budget Act of 1997 (Public Law 105-33) was initiated, annual funding was \$30 million dollars per year (1998-2002). With the Consolidated Appropriations Act of 2001 (Public Law 106-554) was implemented, \$70 million dollars was added for 2001-2002. In year 2003, the same Public Law 106-554 granted \$100 million dollars.

House Resolution 5738 (Public Law 107-360) granted \$150 million dollars per year from 2004-2008 for the continuation of diabetes treatment, prevention activities, strengthening the I.H.S. data infrastructure and to develop additional Demonstration Projects for SDPI.

In 2009, Public Health Service Act 23 42 (U.S.C. 254c-3(c) (2) (C)) received the same amount of \$150 million dollars as in House Resolution 6331 (Public Law 110-275) for years 2010-2011, House Resolution 4994, Medicare and Medicaid Extenders Act of 2010 (Public Law 111-309) for years 2012-2013 and lastly, Thank you also, for \$150 million from Congress to continue for one (1) year, which was passed on March 31, 2014.

Now let me share with you the *Economic Costs of Diabetes in the U.S. in 2007*, in estimating the size of diagnosed diabetes in 2002 was approximately 12.1 million affected by the disease however, an actual 17.5 million persons reflected the true population of diagnosed diabetes. The considerations of population growth, aging population (Baby Boomers), rising prevalence of overweight and obesity and also growth in minority populations. From an estimated 12.1 million vs. 17.5 million persons diagnosed, this reflects about 30% unrealized and undiagnosed disease.

Indian Health Service Division is not the culprit in fund expenditures allotted from Congress and other Public Law rules, but I.H.S. is just our guide in this health epidemic scenario. Only government has the resources to effect change on a broad scale. All this behavioral change and modification of lifestyle, exercise, food choices, healthy living habits will continue with education of this diabetes inherent problem.

American Indians on the larger picture want better health, better education, more and higher quality of living resources, all yielding more social involvement for optimal economic accesses.

Addressing these issues of health needs, treatment, education, participation - buy-ins will take commitment, leadership and partnership on the part of government, the Congress, private and non-profit sectors.

Source: Federal Register/Vol. 78, No. 87 /Monday, May 6, 2013/Notices,
DEPARTMENT OF THE INTERIOR, Bureau of Indian Affairs,
<http://www.bia.gov/>

Source: Department of Health & Human Services/Letter/Chief Medical Officer/Final User Population
Estimates – FY 2010 [http://www.ihs.gov/california/assets/File/Training/FY2010-
MemoFinalUserPop.pdf](http://www.ihs.gov/california/assets/File/Training/FY2010-MemoFinalUserPop.pdf)

Source: United States Census Bureau 2000 <http://www.census.gov/geo/reference/pdfs/fedreg/e8-27119.pdf>
United States Census Bureau 2010 <http://www.census.gov/geo/reference/pdfs/fedreg/e8-27119.pdf>

Source: Indian Health Service <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI>

Source: Indian Country Today/Congress Passes Short-term Indian Diabetes Program Funding

Source: <http://care.diabetesjournals.org/content/31/3/596.long> /Economic Costs of Diabetes in the U.S. in 2007.

Source: CDC <http://www.cdc.gov/chronicdisease/resources/publications/AAG/ddt.htm>