



SOUTHERN INDIAN HEALTH COUNCIL, INC.

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**ORAL TESTIMONY PRESENTED BY LAURA L. QUAHA, ENROLLED MEMBER OF
THE CAMPO BAND OF MISSION INDIANS,
SOUTHERN INDIAN HEALTH COUNCIL, INC.,
ON THE FISCAL YEAR 2016 BUDGETS FOR IHS AND BIA TO THE U.S. HOUSE
OF REPRESENTATIVES
COMMITTEE ON APPROPRIATIONS, SUBCOMMITTEE ON INTERIOR,
ENVIRONMENT AND RELATED AGENCIES
March 25, 2015**

Good afternoon to distinguished members of the Subcommittee. Thank you for inviting Southern Indian Health Council, Inc. to present oral testimony on the fiscal year 2016 President's Proposed Budgets for the Indian Health Service (IHS) and the Bureau of Indian Affairs.

I bring to the subcommittee the unfortunate news that Southern Indian's Chairman, Leroy Elliott, walked on last week, after a long and courageous battle with cancer. I am here delivering his message, as he was the originally intended speaker for today.

My name is Laura Quaha. I am a mother, a daughter, a respiratory therapist, and I am an enrolled member of the Campo Band of Mission Indians. I have served my tribal government in the Environmental Protection Agency and Gaming Commission. I have been a tribal Youth Coordinator. I am an employee of our healthcare clinic, Southern Indian Health Council and I appreciate this opportunity to provide the Council's testimony to the Subcommittee.

You see, in Indian Country, to safeguard the success for our future generations we serve in many roles to create wellness for our people. We work in dynamic ways to sustain economic development, grants, appropriations, and other sources of funding to ensure the prosperity of our culture, traditions, and values for the Kumeyaay Nation.

Through my experience directly caring for tribal members, my healthcare experience, both as an advocate for Native American quality of care and direct care as a respiratory therapist, I come to speak with you today to discuss the health needs of the community I live. Your decisions regarding the funding of these IHS programs affect me and my family and the generations to come, as it does the members of the seven tribal governments that depend on us.

The primary messages that I bring to you include the following:

1. The amount of funding for our programs is, and has been, insufficient to complete the tasks that we are required to undertake. It is clear through President Obama's budget proposal, the administration recognizes this and we appreciate and support the current proposed budget. It is a great start.
2. We need your support for increased Tribal Behavioral Health Grants and other funding for Social Service programs. Our region is suffering all time highs in youth

substance abuse and increasing suicides, among other troubling trends. We must stop this trend and we need your support, through appropriations, to help us do so.

3. We need Congress to provide predictable funding so that health clinics, like Southern Indian Health Council, can operate with financial certainty through regular, predictable funding, by eliminating the impacts of
 - a. sequestration;
 - b. piecemeal funding and;
 - c. annual uncertainty of funding amounts undermine Southern Indian Health Council's ability to effectively budget, recruit and deliver healthcare services.

I will address each of these priorities in turn.

1. We support the President's proposed budget.

We support the President's proposed budget and its 8% increase in IHS proposed appropriations—In fact it is absolutely necessary. With inflation, rising healthcare costs, increased population and CSC costs, if funding is not increased for our programs, we have no choice but to cut health programs further. Moreover, we are wary of the fact it is only partially funded at this time. IHS appropriations remain below federal inmate appropriations.

Over the years, Tribal programs are expected to complete more community priorities with less funding. While the programs still operate, they are not as vibrant and as effective as they should be to meet our people's needs. Other mandated programs—such as Electronic Healthcare Records—have been chronically underfunded, but expected to be fully implemented.

Our people and our staff are resilient despite inadequate funding. Increased funding is needed for our programs, and the FY2016 President's Budget Proposal is a good start. But it really needs to be a budget that we can depend on. We encourage Congress to ensure full, immediate and advance funding of IHS programs, so that we can do our jobs in our communities.

2. We need an increased emphasis on funding and developing Tribal Behavioral Health Grants and Youth Grants, as a measure toward better healthcare.

Our communities are in a difficult state—I see it myself through my work with SIHC and my work in my community. Substance abuse and suicide rates among our youth are at an all time high. We cannot keep losing this next generation. Domestic violence and sexual assault among Native women occurs at an appalling rate—today, one in three Native American women are sexually assaulted—these types of numbers are simply unacceptable.

We seek to combat these challenges through integrated programs combining traditional health care with behavior health preventative initiatives. However, we are woefully understaffed and overmatched against enormous fiscal and geographic challenges. Our clinics serve seven tribal governments that are separated by as many as 50 miles. A program in one location cannot be

effective and available to Tribal members 50 miles away—we need the ability to build capacity into our mental health programs to serve our people.

By your supporting increased targeted funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) Tribal Behavioral Health Grants, Congress can directly benefit Indian Country.

Southern Indian Health Council also requests additional congressional support for Tribal Behavioral Health for Native Youth programs as part of the Generation Indigenous Programs.

3. Southern Indian Health Council asks Congress to create financial certainty through regular, predictable funding.

Southern Indian Health Council and other tribal programs are significantly hampered in their ability to serve their communities because the funding is uncertain year-to-year and at times, uncertain throughout the year. This unpredictability of funding has significant, lasting effects with the clinics. Behavioral health effectiveness is directly tied to trust and reliability; however, if programs erode year-to-year due to unpredictable funding, behavior health programs cannot be depended on by the community.

With the instability of funding, comes the instability of programs and compromised results from those programs. Clinics cannot plan and develop medical and counseling programs that build off of each success, when there is little certainty that a program will be funded the next year. The historic uncertainty of funding on a year-to-year basis is crippling these programs and making our jobs even more difficult. And the uncertainty is not necessary. Other federal healthcare programs, such as the VA, do not suffer these uncertainties.

Congress can take significant steps to resolve this situation:

a) Mandate full Contract Support Costs Funding without damaging other programs.

Congress should reclassify CSC as a mandatory appropriation beginning in FY 2017. And this should not impact other available Tribal program funding. In 2014 and 2015, CSC appropriations were fully funded at the expense of other Tribal programs. This is not the intent of the law and should be corrected immediately.

b) Protect the IHS budget from sequestration.

Southern Indian Health Council requests that Congress ensure ALL Tribal programs are exempt from sequestrations and the like. Native communities rely heavily on federal appropriations. The 2013 sequestration meant our members did not have access to mental health workers and critical services that cause deaths to tribal members across Indian Country and in our communities from likely preventable deaths like suicide. We believe that as a direct result of these sequester-driven reductions, we lost lives in our communities.

We recognize that FY 2015 is the final year of the Ryan-Murray Bipartisan Budget Act of 2013; we also recognize that health services for our Native communities continue to be funded at only 56% of benchmarked need. This will not allow us to do our jobs. Please act immediately to exempt tribal program funding and ensure we can proactively plan for our continued health care during a sequestration. We want to put trust back in the trust responsibility.

c) Develop a system for Advanced Appropriations for Indian Health Service.

Southern Indian Health Council asks that Congress support advance appropriations for the IHS. Because Congress has enacted appropriations by the beginning of the fiscal year only once since 1998, Southern Indian Health Council cannot effectively plan for our tribal members needs. Congress has the power to fix this situation by funding IHS one year in advance and giving tribal health providers adequate time to plan and deliver health care without interference.

Legislation in support of this budget option has been introduced in both chambers during the last Congress (HR. 3229 and S. 1570). The American Medical Association supports this request and this would address the continuous late appropriations to IHS that delays funding to SIHC that puts our services at risk and creates insecurity in our community.

Moreover, you have done it before. Congress successfully passed legislation in 2010 to provide advance appropriations for health care accounts of the Veterans Administration. Similar in operations, the VA and the IHS are the only agencies to provide direct, federally funded healthcare to specific populations, and should have similar access to advance appropriations. Please enable us to have stability in our funding and ensure timely payment to IHS by ensuring advanced appropriations empower SIHC to truly embrace self-determination and self-governance for tribal members by being fiscally responsible and planning critical services.

Southern Indian Health Council also supports the budget requests of the National Congress of American Indians and the National Indian Health Board. These requests include the vital 5-year reauthorization of the Special Diabetes Program for Indians, one of the top diagnosis codes in our clinic.

This Subcommittee directly impacts the probability that our children will have counselors when they are depressed and may be considering suicide. This Subcommittee directly impacts the odds of how many of our girls will go to high school or college or become teen moms. This Subcommittee determines how much funding will be appropriated to support the basic essential needs for Native people to ensure the United States' is fulfilling its trust responsibility.

Thank you for your time and consideration of our requests today, as we work to ensure that there are future generations of healthy tribal leaders and families.