Seattle Indian Health Board

For the Love of Native People

TESTIMONY OF ESTHER LUCERO
CHIEF EXECUTIVE OFFICER
SEATTLE INDIAN HEALTH BOARD
FOR
HOUSE APPROPRIATIONS SUBCOMMITTEE
ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES
TUESDAY MAY 9, 2018

Chairman Calvert, ranking member McCollum, members of the House Appropriations Subcommittee on Interior, Environment, and Related Agencies, my name is Esther Lucero. I am the Chief Executive Officer for the Seattle Indian Health Board. I am of Navajo and Latina descent. I strongly identify as an urban Indian, as I am the third generation in my family to live outside of our reservation. I appreciate the opportunity to present testimony today on behalf of Indian Health Service-funded Urban Indian Health Programs.

The Seattle Indian Health Board (SIHB) is an Urban Indian Health Program, as defined by the Indian Health Service (IHS) under authority of the Indian Health Care Improvement Act. We recognize the value of our role in the IHS continuum of care, which is comprised of IHS Direct Service, Tribal 638, and Urban Indian Health Programs (I/T/U). Our responsibility is to improve the health of American Indians and Alaska Natives, who have moved off their tribal lands, and are living in cities. Currently, more than 70% of all American Indians and Alaska Natives live in urban environments. We do this through the provision of culturally relevant health and human services, commitment to workforce development, leadership in policy and advocacy, and the development of innovative research, epidemiology, and data. SIHB has been in continuous operation since 1970. We were birthed through the social activist movements of the 1960's, through the leadership of the American Indian Women's Service League, and Bernie Whitebear. Currently, we offer a comprehensive array of primary health care services including medical, dental, mental health, substance abuse, nutrition, pharmacy, and traditional health services to more than 4,000 AI/AN people annually representing more than 250 different Indian tribes. We also operate the Thunderbird Treatment Center, a 65-bed residential treatment center; one of the largest in Washington State.

Notable accomplishments for SIHB include: 1. SIHB was the first UIHP to establish an American Indian/Alaska Native, ACGME accredited family medicine physician residency training program. 70% of our graduates go on to work in Indian Country. 2. We operate the Urban Indian Health Institute, one of the 12 Indian Health Service's tribal epidemiology centers and the only one with a focus on the health of urban Indians providing epidemiology, data, training and technical assistance services to Urban Indian Health Programs across the nation. 3. SIHB was the first UIHP to provide Congressional testimony, Luanna Reyes was that champion. 4. SIHB was the first UIHP to become a HRSA 330 funded Federally Qualified Health Center.

I would like to thank the Subcommittee for maintaining its commitment to tribal witness days, particularly given the administration's recent position on Medicaid work requirements and that dismissal of trust and

treaty obligations. In a time where there is much needed education on the Sovereign, political status of Tribes, I am grateful that it is Congress who is responsible for supporting the best interest of Tribes. I never take this opportunity to provide testimony regarding Urban Indian Health Programs lightly or for granted.

I am acutely aware of the Subcommittee's demonstrated commitment to improving the health and wellness of American Indian and Alaska Native (AI/AN) people. I have had the privilege of meeting with many of you individually; I am continually impressed with the level of detailed knowledge each of you holds regarding issues that impact our communities such as opioid addiction, diabetes, along with, placed-based challenges like homelessness. The Subcommittee clearly understand the needs to meet these challenges. Thank you for the $1.6 million increase to the Urban Indian line item, it was a $4 million increase over the President's budget. We also thank you for considering Tribal specific allocations to address the Opioid crisis in Indian Country.

We continue to urge you to strengthen the I/T/U continuum of care in its entirety. In Washington we are blessed to work closely with our Tribes through the American Indian Health Commission, and in the Northwest Portland Area Indian Health Board's (NPAIHB) budget formulation process. This year, we are aligned with NPAIHB's ten-year strategy to bring the I/T/U system to full funding. I am here today seeking your support for increased funding for the Urban Indian Health Program because even with the increases we have received over the last 3 years, the UIHP line-item is still less than one-percent of the overall Indian Health Service budget. In addition, the addition of the seven National Institute on Alcohol Abuse and Alcoholism (NIAAA) sites to the Urban Indian Health Programs will cause a resource strain. We have an increasing need for services, and we are still trying to address a lifetime of a grossly underfunded system. This is of concern given the threats to Medicaid spending and potential work requirements, given that we have depended on Medicaid to supplement the IHS system. For us Medicaid dollars allowed us to grow our Opioid Addiction program that has expanded to and Addiction Medicine M.D., 10 waivered prescribers, group mental health visits, expanded mental health providers, access to outpatient chemical dependency treatment, and access to traditional health services. We have recently adapted our residential treatment model to take in individuals on Medically Assisted Treatment. However, it is our IHS funding and UIHP status that allows us to maintain our cultural integrity. As a Federally Qualified Health Center, we see everyone, but we see everyone in a Native way. Our patient population consistently stays between 65%-75% American Indian and Alaska Native. We would like to continue this progress. If Medicaid and Medicaid Expansion were preserved and UIHPs became eligible for 100% FMAP then we are sure to keep the I/T/U intact. Currently, we have established a tribal partnership with the Cowlitz tribe to provide dental services that are challenging to access. We are working on a partnership with Tlingit and Haida to address homelessness in Seattle. These are just a few examples of how we are working together to expand impressive programs to support a population that historically has provided significant returns on investment.

SIHB requests $81,55,0211 in funding for IHS Urban Indian Health Programs in FY2019. This request is based on the methodology used by tribal representatives at IHS National Tribal Budget Formulation, which uses a funding formula that accounts for and is responsive to the health needs of our entire AI/AN community. SIHB

urgently requests this Subcommittee to consider that the IHS Office of Urban Indian Health Programs is now responsible for 40 (up from 33) Urban Indian Health Programs with the addition of 7 NIAAA sites with no corresponding increase to the Urban Indian Health line item. This rapid expansion of services for urban AI/AN was not accompanied by a corresponding increase in funding for the line item, putting a significant strain on all 40 urban Indian health centers. SIHB also requests $24 million for IHS-funded Tribal Epidemiology Centers (TECs), which are tasked with improving the health status of AI/AN by identifying and understanding health risks and inequities, strengthening public health capacity, and assisting in disease prevention and control.

In conclusion, we thank the committee for recognizing that there is a funding disparity in the IHS budget to address the health needs of AI/ANs living in urban areas. As UIHPs we are a vital component to the I/T/U system of care, it is very important that we are given the opportunity to work with our tribal communities to best meet the needs of all AI/AN people, particularly when they migrate or relocate to urban environments. We ask that the budget formulation process better reflect the health care needs of the urban AI/AN community and that a feasible budget is established to adequately combat the health disparities experienced by our AI/AN population regardless of where they reside.

Thank you for your consideration of these requests.

Sincerely,

Esther Lucero, Chief Executive Officer

Cc: Congresswoman Betty McCollum, Ranking Member

Congressman Mike Simpson

Congressman Tom Cole

Congressman Derek Kilmer