

Norton Sound Health Corporation
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Environment and Related Agencies
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The requests of the Norton Sound Health Corporation (NSHC) for the FY 2019 Indian Health Service (I.H.S) budget are as follows:

- Recommend the I.H.S enter into a \$9.6 M demonstration project with Norton Sound Health Corporation to address the opioid and alcohol abuse that will include construction and staffing for a wellness and training center.
- Reform the I.H.S Joint Venture Construction Program to support construction-ready projects and make eligible substance abuse treatment centers for the program.
- Increase funding for opioid response grants specifically for Tribes and Tribal Organizations.
- Increase funding for the small ambulatory clinic fund to assist Tribes and Tribal Health Organizations with a source of funding for replacement health clinics.
- Expand and streamline funding for sewer and water projects.
- Advanced Appropriations for I.H.S to facilitate efficient budget planning, purchasing, hiring, and innovation for Tribal Health Organizations.

Chairman Calvert, Ranking Member McCollum, thank you for the opportunity to provide testimony today. We appreciate the hard work of you and your staff on the Indian Health Service budget.

Headquartered in Nome, Alaska, Norton Sound Health Corporation is owned and managed by the 20 federally recognized tribes of the Bering Strait region. Our tribal system includes a regional hospital and 15 village-based clinics, which we operate under an Indian Self-Determination and Education Assistance Act (ISDEAA) agreement¹. Our rural and remote Arctic region remains unconnected by roads, and we are 500 air miles from Alaska's economic hub of Anchorage. Our service area encompasses 44,000 square miles.

¹ We serve the communities of: Brevig Mission, Council, Diomed, Elim, Gambell, Golovin, King Island, Koyuk, Mary's Igloo, Nome, St. Michael, Savoonga, Shaktoolik, Shishmaref, Solomon, Stebbins, Teller, Unalakleet, Wales, and White Mountain.

Our communities are culturally diverse, representing Yupik, Siberian Yupik, and Inupiaq people. We are fortunate to continue to live our way of life and practice our traditional customs that have sustained our communities for millennia. Integral to community health is our ability to hunt and gather both on our lands and the ocean that surrounds us. We harvest and share across families and communities bowhead whale, walrus, and various species of seals that migrate from the Pacific Ocean to the Arctic Ocean each spring and fall. Our lands, wetlands and rivers provide migratory birds, moose, caribou, reindeer, and salmon species. The well-being, health and spirituality of our people is intricately defined by where and how we live.

Recommend the I.H.S enter into a \$9.6 M demonstration project with Norton Sound Health Corporation to address the opioid and alcohol abuse that will include construction and staffing for a wellness and training center.

Alcohol and opiates continue to impact our families of the Bering Strait region in pervasive and debilitating ways. The economic costs to our society are real with increased high school and vocational drop outs, the high rate of suicide (six times the national average) and lost productivity. Substance abuse is present in 92% of cases involving child protective services, meaning children are taken out of their families and extended families, while the appropriate level of care for local treatment services is unavailable for the majority of parents to become healthy.

In Nome, 95% of referrals to the only women's shelter in our region involve substance abuse. Without access to appropriate health services, keeping our women safe from harm will continue to be a challenge. Anvil Mountain Correctional Center (AMCC), located in Nome has an operating budget of \$5.7 million per year, supported by the State of Alaska. With 95% of people brought to AMCC for substance-related offenses, at \$149.62 per inmate per day, the cost of incarceration for these offenses is \$5,403,556 per year (based on a 108 bed census).

Not unlike many other Native communities in the United States, our families and communities continue to feel the impacts and gravity of historical trauma which manifests itself in alcohol and substance abuse. While many federal decisions played a role in our past, it will take the commitment and partnership of elected leaders today to change the course of history. Our tribally elected leaders have recognized the impacts of historical trauma in our region, and are transforming the delivery of care by providing culturally sensitive, patient centered care. Addressing substance abuse remains our top priority and we hope to partner with I.H.S.

NHSC is developing a new Wellness and Training Center to provide a full continuum of treatment locally, addressing substance use and treatment options in a culturally sensitive manner². While general outpatient services are a critical tool for addressing these concerns, many times people need a higher level of care to receive the deep clinical counseling required to combat a lifetime of substance abuse. The services at the Center will include detoxification, outpatient and intensive outpatient services, day treatment and sober housing. Our families and communities continue to experience the death of loved ones from addiction. This project is essential in the promotion of healing and to mitigate substance abuse within our region.

² Norton Sound Health Corporation Community Needs Assessment, 2016

This multipurpose building will also house our Health Aide Training Program, one of only four Health Aide Training sites in Alaska. Over seventy Health Aides are employed by Norton Sound Health Corporation and deliver nearly 70% of the health care in the region. Their training needs are comprehensive and must be maintained. This new training space will allow for increased classroom sizes to sustain the quality program, and provide a vocational training ground for some of those who enter the treatment facility to address their substance concerns.

NSHC has installed pilings for the new Wellness and Training Center and has raised \$2.2 M toward construction. The Center will be located near the Norton Sound Regional Hospital in Nome. We have funded the design work and initial phases of the project through grant funding and donations, as well as through \$1.9 M of NSHC's own funding. NSHC has pledged another \$2.5 M toward construction, but the outstanding cost of the center remains at \$9.6 M.

NSHC has been advocating for a Wellness and Training Center for the past five years and applied for the Joint Venture Construction Program in 2016, but was deemed ineligible. We highly encourage this Committee examine the eligibility of projects under the program to ensure the I.H.S implements a program that incentivizes private and tribal investment in health facilities, as well as create an acute focus on the need to address substance abuse across Indian Country.

NSHC requests that this comprehensive treatment facility be identified as an emergent need for the Bering Strait Region and be funded as a demonstration project, under Section 307 of the Indian Health Care Improvement Act (25 USC 1637). Additionally, NSHC requests a reasonable staffing package to help sustain program operations in addition to billing for third-party reimbursement. We also ask the Subcommittees to sustain increased funding through opioid grants to fight the opioid epidemic crippling Tribes.

NSHC expresses gratitude for the availability of small ambulatory clinic funding as a source of funding to support replacement clinics in villages and would like to see continued increases to support this fund.

Funding for Water & Sewer Projects. On behalf of our federally recognized tribes of our region, I would like to thank the Chairman for supporting sanitation funds in both the EPA and Indian Health Service budgets. Your continued commitment will make a difference for those most impacted by a lack of running water and sewer: our children. The CDC had documented that in tribal communities without access to clean water and flush toilets, rates of hospitalization for pneumonia, influenza, skin infections, and lower respiratory tract infections are significantly higher. Infants are 11 times more likely to be hospitalized for respiratory infections and five times more likely for skin infections.

Five communities in our region, Diomedea, Wales, Shishmaref, Stebbins, and Teller remain completely unconnected to any running water and sewer. In three other of NSHC's communities, 30-50% of the homes still lack service, and ongoing sewer and water upgrades and maintenance backlogs remain concerns in seven communities. An estimated 465 homes in the Bering Strait region have no running water, nor flush toilets. While there remains a \$2 billion sanitation need in Alaska, with 30 communities or 3300 homes unconnected, we face a \$215 million sanitation need

in the Bering Strait region. The need for clean water, and sanitation systems continues to be a silent crisis.

NSHC would like to direct this committee's attention to some concerning decisions made by the I.H.S in the management of their sanitation funds. As it executes the federal trust responsibility the United States has with federally recognized tribes, over the last 40 years, the I.H.S has prioritized service to Indian communities, and pro-rated funds for Indians that live in non-Indian communities. Last October without any formal notice in writing nor consultation, the I.H.S changed their operation of the program removing the focus to Native communities. We believe this action is a direct assault to the federal trust relationship, and urge that the Committee provide express and clear direction to the I.H.S to maintain its historical operation and focus on improving sanitation in Native communities.

There is much work to be done. As Congress considers infrastructure expansion in the United States, NSHC urges it not forget the dire public infrastructure needs in our Native communities. NSHC believes that it is critical that our self-governance tribes have the ability to innovate how we address the sanitation needs of our communities. We recommend establishing a program within the I.H.S that would allow tribes to be innovative in addressing the need for basic sanitation systems. We thus request the Subcommittees' support for establishing such a program within the I.H.S, and for expanding the current funding within the IHS budget that is allocated toward water and sewer projects. In this day and age, we should not have communities, nor homes within communities, that are unconnected to safe water and sewer.

Increasing temperatures are changing Alaska: thawing permafrost and eroding coastal and river shorelines are damaging and shortening the operating life of critical public infrastructure in Native communities including sanitation systems. The State of Alaska and the federal Government Accountability Office have identified 31 threatened Native communities, 12 of which are looking at relocating their villages. Funding for programs impacted by climate change, such as those related to addressing flooding and erosion, must not be cut, and we ask the Subcommittees to help encourage the federal funding agencies to be more responsive to the need for research and development, in order to address the sewer and water needs in these communities that are threatened by climate change.

Advanced Appropriations for I.H.S. For several years, Tribal Health Organizations have requested advance appropriations to facilitate budget planning, purchasing, hiring, and innovation, similar to the Veterans Administration enacted advanced appropriation in 2009. It has become nearly normal for appropriations to become chronically late. Both the VA and I.H.S provide direct medical care and both are the result of federal policies. It is extremely challenging to prepare an annual operating budget without confirmed funding.

Thank you for your consideration of the concerns and requests of the Norton Sound Health Corporation.