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DIRECTOR, URBAN INDIAN HEALTH INSTITUTE  
CHIEF RESEARCH OFFICER  
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FOR  
HOUSE APPROPRIATIONS SUBCOMMITTEE  
ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES  
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Chairman McCollum and members of the House Appropriations Subcommittee on Interior, Environment, and Related Agencies, my name is Abigail Echo-Hawk, and I am an enrolled citizen of the Pawnee Nation of Oklahoma, currently living in an urban Indian community in Seattle, Washington. I am the Director of the Urban Indian Health Institute (UIHI) and the Chief Research Officer of the Seattle Indian Health Board (SIHB). I appreciate the opportunity to present testimony today. I am an experienced AI/AN health researcher in both academic and non-profit settings, and am part of numerous local, state and federal efforts to engage American Indians and Alaska Natives (AI/AN) in research, including serving on the Tribal Collaborations Work group for the National Institutes of Health *All of Us* precision medicine initiative. UIHI is an Indian Health Service (IHS)-funded Tribal Epidemiology Center (TEC), providing services to more than 62 Urban Indian Health Programs, social service and faith-based agencies who provide culturally attuned health services in areas that represent approximately 1.5 million American Indians/Alaska Natives (AI/AN) living in urban settings nationwide. UIHI recognizes research, data, and evaluation as an integral part of informed decision making for not only our AI/AN community, but also our policy and funding partners. We assist our communities in making data driven decisions, conduct research and evaluation, collect and analyze data, and provide disease surveillance to improve the health and well-being of our entire AI/AN community. UIHI's mission is to advocate for, provide, and ensure culturally appropriate, high quality, and accessible data for AI/AN organizations providing culturally attuned services to AI/AN's living off tribal lands in urban settings. Our current efforts are inclusive of the social determinants of health and include funded projects with the Centers for Disease Control (CDC) and the IHS, and unfunded research on sexual violence, missing and murdered AI/AN women which falls under the jurisdiction of the Department of Justice (DOJ).

TEC's are IHS, division funded organizations who serve the IHS Direct, Tribal 638, and Urban Indian Health Program (I/T/U) system of care by managing public health information systems, investigating diseases of concern, managing disease prevention and control programs, responding to public health emergencies, and coordinating these activities with other public health authorities. There are currently 12 TEC's nationwide, their mission is to improve the health status of AI/ANs by identification and understanding of health risks and inequities, strengthening public health capacity, and assisting in disease prevention and control. UIHI is unique in that it serves the national urban AI/AN population while its sister TECs serve regional

IHS areas including Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix and Portland. UIHI also works directly with over 120 tribes as the National Coordinating Center of the Center for Disease Control (CDC) Good Health and Wellness in Indian Country (GHWIC) program, this program represents the CDC's largest investment in AI/AN chronic disease prevention to date.

UIHI's unique service population represents approximately 71% of the 5.2 million AI/AN peoples (single or multi race) in this country. This population bears a disproportionate burden of disease, evidenced by sustained and seemingly intractable health disparities. These include chronic disease, infectious disease, and unintended injury with extraordinarily high levels of co-morbidity and mortality that literally translates into shorter lifespans coupled with greater suffering. For all AI/AN, there are systemic issues which give rise to health disparities: genocide, uprooting from homelands and tribal community structure, bans on cultural practices and language, racism, poverty, poor education, and limited economic opportunity. In addition, for urban AI/AN, forced relocation due to 1950's federal relocation and termination policies is another contributing factor. Today, AI/AN come to the city for educational, employment or housing opportunities and the resulting urban population is enormously diverse due to inter-tribal and inter-racial mixing. Local and state public health jurisdictions rarely disaggregate and/or analyze data separately for this population, despite evidence of a distinct set of needs and health risks. Consistently omitted or lumped into categories described as "other" or "statistically insignificant", this population and their health concerns are often invisible. UIHI functions as the only national TEC representing the health needs and resiliencies of urban AI/AN. Without our services, little to no data would be available for this population.

Tribal Epidemiology Centers (TECs) work in partnership with tribes and urban Indian organizations (UIOs) to improve the health and well-being of their community members. We offer culturally attuned data collection, evaluation and research approaches that work toward eliminating health disparities that are faced by AI/AN populations. Accomplishing this often requires the TECs to work with a coordinated approach with the tribes, urban Indian organizations, IHS, other federal agencies, state agencies, and academic institutions throughout the country. TEC's possess a unique ability as tribal organizations to reach, engage, and provide culturally appropriate research, data, and evaluation for AI/AN's, by AI/ANs, and to ensure the funds actually reach and impact our population. Since their inception in 1996, TEC's have been at the forefront of gathering, interpreting and disseminating AI/AN data at the tribal, local, state and federal level. For example, UIHI conducted the first research study of its kind that gathered data on Missing and Murdered Indigenous Women and Girls (MMIWG) in 71 cities across the United States. Tribal leadership has been directly asked the DOJ and other agencies such as the FBI to conduct formative research on MMIWG in their communities for many years, with little success. As a TEC, UIHI answered the request of our tribal and urban Indian leadership and conducted a study in an attempt to understand the rates of MMIWG. We found a lack of standard data collection practices, identified agencies that did not comply with public records requests, and a majority of the agencies were not using standard best practices in collection of race and ethnicity of missing and murdered women. This ground-breaking study has illuminated a distinct injustice that is impacting AI/AN nationwide and is being used at local, state and national levels to create best practices in data collection and informing policy efforts. However, this study was predominantly self-funded with minimal support from our IHS

Cooperative agreement or other federal funders highlighting the need for additional funding in order for TEC's to respond to the urgent needs of our communities.

While we are grateful for the funding that has been allocated by IHS, the TEC's remain woefully underfunded despite marked success and un-replicated services. Additionally, reductions in staff to the TEC granting division of the IHS, the division of Epidemiology, has furthered reduced our support services from IHS. Despite increased financial support from the CDC to build tribal public health capacity, this still does not bring the TECs into the capacity needed to fully address the expressed needs of our urban and tribal AI/AN communities. We respectfully request a line item increase from \$4,433,36 to 24 million dollars to be equally distributed among the TEC's to address this deficit in funding and to increase our capacity to gather, analyze and disseminate high quality data. The current funding of approximately \$341,000 per TEC a year, allows for minimal impact on a population experiencing extreme disparities in socioeconomic and health outcomes. In another self-funded project, UIHI released a study on sexual violence against AI/AN women in Seattle that showed 94% of the women had been sexually assaulted in her lifetime. This is much higher rates than previously known, and it is our hypothesis that these rates would be replicated in other urban areas if given the funding to study and address this issue. Our study also found these women experienced high rates of suicidality, substance mis-use, homelessness and other behavioral health problems indicating a distinct need for further research in order to address these pressing national health concerns. However, our current funding is not sufficient to respond to these identified needs, without an increase of funding, we will not be able to conduct the culturally attuned research needed identify the root causes of health disparities, and instead local, state and national efforts will continue to treat the symptoms of underlying trauma such as suicide and opiate use.

The long, and unfortunately recent, history of health and research abuses against AI/AN has made a strong and lasting impression in urban and rural tribal communities. Part of the work of developing capacity, buy-in, and knowledge around epidemiology, data surveillance, and collection of data includes reclaiming the indigenous traditional value of evaluation, data collection and analysis, and building trusting and engaged relationships. Developing structures that reflect not just the disparities and challenges of AI/AN, but also tell the story of strengths, resilience, and capabilities of these communities, is inherently crucial to all AI/AN people: the story of urban AI/AN data must be grounded in both scientific and cultural rigor. No greater issuer is more evident of this than the lack of data relating to sexual violence and MMIWG and resulting advocacy from the AI/AN community nationwide. In 2018, UIHI released two ground breaking reports on these topics and has become a national leader on researching and addressing these issues. Previous efforts have been undertaken by other non-indigenous organizations without such marked success. Our use of indigenous informed research methodologies along with long-term community relationships, allowed us to gain access to information that previously was undiscovered. These efforts highlight the need for indigenous organizations, such as TEC's, to lead these efforts. UIHI's mission is to decolonize data, for indigenous people, by indigenous people. Our position within the larger AI/AN community creates access and trust from the population we serve, this in turn translates into meaningful research that can be used for data-driven decision making at the local, state and national levels.

AI/AN experience severe underrepresentation in health science and public health professions, which contributes to lack of solutions to these health problems. UIHI provides a

supportive learning environment for AI/AN students in undergraduate, graduate and post-doctoral levels. We provide a structured curriculum that is based in indigenous science and support services. Our current program includes 8 interns who represent medical residents, nurses, public health students, social work students and more. Recent graduates of the program have gone on to medical school, Ivy League public health programs, prestigious research institutions, and directly into tribal and federal public health programs. However, this program is not included in our IHS funding and our only paid internships are limited to a total of \$8,000 per year for two students per year and is funded by the CDC. If we were fully funded, we could increase the support to our internship program and increase the number of highly qualified AI/AN in the health science and public health workforce. Our interns and students have directly contributed to the success of our MMIWG and sexual violence efforts. The MMIWG study was led by a Southern Cheyanne descendant and a cartography doctoral student who maintains the only national database on MMIWG in the country and the sexual violence study was led by a Navajo epidemiologist doctoral student. Their dedication and understanding of the AI/AN community was integral to the success of these studies and highlights the need for investment in building a diverse workforce that is culturally attuned to the population they serve.

UIHI is dedicated to improving the health and well-being of urban AI/AN, is a national leader on the subject, and the strongest partner available to be able to address their public health needs. However, sufficient funding is currently not available for UIHI and its sister TEC's to fully fulfill the needs from our partner organizations and tribal communities. Fully funding TEC's will increase our capacity to provide relevant, timely and culturally competent information to make data driven decisions. UIHI recognizes that data reflects both our resiliencies and the needs of our communities, and as a TEC we are uniquely situated to incorporate cultural methodologies that do not use a deficit-based framework. Improving health outcomes and research for AI/AN communities will not only benefit our population but will positively affect the overall population health of the country as a whole. We urge the committee to increase IHS TEC funding to 24 million dollars per year and to increase funding for staff positions in the IHS division of Epidemiology that are needed to support TECs.



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