



**Seattle Indian Health Board**

| **SIHB** | **50** |

Celebrating  
Fifty Years  
For the Love  
of Native  
People

TESTIMONY OF ESTHER LUCERO  
CHIEF EXECUTIVE OFFICER  
SEATTLE INDIAN HEALTH BOARD

FOR

HOUSE COMMITTEE ON APPROPRIATIONS- SUBCOMMITTEE  
ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES

TUESDAY, FEBRUARY 11, 2020

Chair McCollum, Ranking Member Joyce, members of the House Committee on Appropriations - Subcommittee on Interior, Environment, and Related Agencies, my name is Esther Lucero. I am of Diné and Latina descent. As the third generation in my family to live outside of our reservation, I strongly identify as an urban Indian. I am honored to have the opportunity to present testimony today.

This year the Seattle Indian Health Board (SIHB) will celebrate our 50th consecutive year in operation! This is a testament to the strength and resilience of our American Indian and Alaska Native people. I have had the privilege of serving as the Chief Executive Officer for the SIHB for the last 4 years. In that time, SIHB has gone through an incredible transformation. We have increased our operating budget by 80%, while staying true to our social justice spirit, building upon our strengths, and expanding our scope to better serve the needs of our people.

SIHB is best known for our health and human services which we provide through our status as 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 system of care). We honor our responsibilities to work with our Tribal partners and to serve all tribal people, regardless of where they reside. Our role is to address the community and health needs of American Indians and Alaska Natives, who have moved off their tribal lands, and are living in urban area. Currently, more than 70% of all American Indian and Alaska Native people live in urban environments.



We are also a HRSA 330 funded Federally Qualified Health Center, which allows us to see all people who come through our doors, regardless of their ability to pay. Currently, our patient population stays consistently between 67%-70% American Indian and Alaska Native. We offer an array of services including medical, dental, mental health, substance misuse, nutrition, pharmacy, and traditional health services. We provide in-patient substance use treatment through our Thunderbird Treatment Center (TTC), a 65-bed residential recovery program and one of the largest in-patient treatment facilities in Washington State. We have added a low-barrier, out-patient, Medically Assisted Treatment (MAT) program to do our part in addressing the Opioid crisis.

This year through Washington State's Medicaid 1115 waiver and Medicaid Transformation projects, we made a significant investment in our Traditional Indian Health services. We have established a Traditional Health Department with contracted Traditional Indian Medicine Practitioners and a Traditional Indian Medicine Apprenticeship Program, which increased our Traditional Indian Medicine encounters from 156 per month to an average of 1,302 per month. Traditional Indian Medicine is the foundation for our Indigenous Knowledge Informed Systems of Care model. With a slight monetary investment from the State, our community was able to increase access to culturally attuned services that meet their needs.

Through HRSA expansion funds, SIHB opened three new satellite sites. We now provide clinical services at the Chief Seattle Club- a homeless day shelter serving American Indians and Alaska Native in Seattle, Washington- and at Thunderbird Treatment Center. We also received funds to purchase a mobile dental van to ensure we can assist our rural tribal and urban Indian partners in meeting their dental health needs. We are dedicated to bringing services to our people while they are suffering the impacts of rapid gentrification, which has produced an incredible economic imbalance.

Homelessness is a crisis in the Seattle area and is a precursor to poor health conditions. If you are American Indian or Alaska Native, living in Seattle, you are seven times more likely to experience homelessness. For this reason, SIHB partnered with three Seattle-based and Native-led organizations to address this issue. Through city investments, our organizations were able to increase the number of American Indian and Alaska Native people getting into permanent supportive housing by 10% within a year. It is my hope that the IHS offer expansion opportunities, model on those offered by HRSA. The combination of funding will ensure that our expansion efforts do not compromise our cultural integrity and allow us to stay true to needs of the communities we serve.



I am continuously grateful for the Subcommittee's demonstrated commitment to improving the health and wellness of American Indian and Alaska Native people. The FY20 appropriations included \$1 million (now \$5.4 million) increase to Tribal Epidemiology Centers. Thank you! As you know, the Tribal Epidemiology Centers have been flat lined in the IHS budget for many years. Despite the flat line in funding, each of the 12 Tribal Epidemiology Centers continues to produce incredible work with limited budgets.

The Urban Indian Health Institute (UIHI) is the research, epidemiology, data and evaluation arm of the SIHB. UIHI one of the 12 Tribal Epidemiology Centers, and the only one with a national scope, serving over 60 urban Indian organizations. UIHI's report on Missing and Murdered Women and Girls (MMIWG) catalyzed a 30-year grassroots movement into the political spotlight. Sadly, although the report focused on the data gaps for American Indian and Alaska Native living in urban areas, few pieces of legislation have included this population in their policy responses.

Additional funding to Tribal Epidemiology Centers will address some of the longstanding funding disparities and we will see more groundbreaking work as a result. Imagine what the Tribal Epidemiology Centers could do with a \$24 million budget. It would give each of them a \$2 million annual operating budget, which is not an unreasonable ask. It would allow Urban Indian Health Programs and Tribal organizations to tell our stories through data, research, and evaluation.

Additionally, I want to thank the Subcommittee for your \$81 million recommendation for Urban Indian Health Programs. The final appropriation of \$57.6 million still constitutes a \$6 million increase for Urban Indian Health Programs. I am hopeful that we will move toward addressing the incredible disparity between the growing demand for Urban Indian Health Program services and the underfunded line item that often equates to only 1% of the IHS budget.

We are not asking to increase the percentage in the Urban Indian Health Program line item, but to align with the Northwest Portland Area Indian Health Board and the National Tribal Budget Formulation Workgroup's recommendation to implement a 10-year strategy to get the I/T/U system to full funding as a whole. For the Urban Indian Health Program line item, that would take \$106 million in the FY21 appropriation.

Finally, the constant looming threats to cap Medicaid spending undermines the strategy to supplement IHS funding through Medicaid. This coupled with the recent experience of government shutdowns brings me to two important asks. Please implement advanced



appropriations for IHS by supporting S. 2541/H.R. 1135- IHS Advanced Appropriations Act and please support S. 1180/H.R. 2316- Urban Indian Health Parity Act to allow 100% FMAP for Urban Indian Health Programs.

Thank you for your support and consideration.

Best,

Esther Lucero, Chief Executive Officer

Cc: Representative David Joyce, Ranking Member  
Representative Chellie Pingree  
Representative Derek Kilmer  
Representative José Serrano  
Representative Bonnie Watson Coleman  
Representative Brenda Lawrence  
Representative Mike Simpson  
Representative Chris Stewart  
Representative Mark Amodei