



Testimony of

**Patrice H. Kunesh
Commissioner of the Administration for Native
Americans and
Deputy Assistant Secretary for Native Affairs
Administration for Children and Families
U.S. Department of Health and Human Services**

Before the

**House Interior, Environment and Related Agencies
Appropriations Subcommittee**

November 20, 2024

Introduction

Chairman Simpson, Ranking Member Pingree, and distinguished Members of the Committee, thank you for the opportunity to join my colleagues from the U.S. Departments of Justice and the Interior to appear before you today on behalf of the U.S. Department of Health and Human Services (HHS or the Department). My name is Patrice Kunesh, and I am the Commissioner of the Administration for Native Americans (ANA). I also am the Deputy Assistant Secretary for Native Affairs in the Administration for Children and Families (ACF) and serve as the Chair of the HHS Intradepartmental Council on Native American Affairs.

My grandfather was born in 1902 on the Fort Berthold Reservation in North Dakota, home of the Three Affiliated Mandan, Hidatsa, and Arikara Tribes, and he grew up in Fort Yates on the Standing Rock Reservation. Like most Native families at the time, his family was impacted by painful separations due to boarding schools like the Carlisle Indian Industrial School. Those scars lasted a lifetime, and the trauma was passed on to the next generations. At the time he was born, Native Americans were not considered citizens of the United States. This year marks the 100th anniversary of the Indian Citizenship Act of 1924, which granted him and other Native Americans full citizenship and paved the way for their voting rights. Growing up, I heard his stories about the hard life of the “old days”, and it feels remarkable that his granddaughter is now leading a federal agency whose sole mission is to support the social and economic development of Native people and promote Tribal governance and the revitalization of their languages and cultures.

I first learned about the ANA as a law student and then as a staff attorney at the Native American Rights Fund (NARF). My first assignment at NARF was to review the procedural protections of the Indian Child Welfare Act (ICWA) of 1978 and assess the gaps in state court

proceedings and options for Tribes to strengthen their programs to rebuild the bonds of families. This extensive, multi-year project was supported by ANA funding. ANA was established by the Native American Programs Act of 1974, so we have cause to celebrate another significant milestone—ANA’s 50th anniversary—and reflect on ANA’s legacy of impactful investments in Native people and communities for five decades.

I am pleased to have the opportunity to share some of HHS’s efforts to promote public safety and the well-being of American Indian, Alaska Native, and Native Hawaiian people and communities. My testimony today will focus on the human and social service supports provided by HHS in addressing two of the most dire public safety crises in Indian Country—missing and murdered Indigenous peoples (MMIP) and human trafficking.

Research indicates that Native people have long experienced violence and crime victimization at rates exceptionally higher than non-Native people. This chronic exposure to violence originates in large part from the federal government’s inhumane reservation and boarding school policies aimed at separating Native people from their land and cultures and Native families from their children. While Native communities have inherent strengths to cope with such generational trauma, mainly through language and cultural lifeways, generations of hostility and loss have left a legacy of broken systems of care and poor health outcomes.

The Department of Health and Human Services is the federal agency responsible for enhancing social and human services at the state and Tribal levels, and for protecting the welfare of children and families. Thus, HHS holds a critical role in the federal government’s collective responsibility to address this legacy and to mend the wounds of generations of trauma and violence against Native people. The Department is committed to honoring our Nation’s obligations to support the health and well-being of Native people and to improving our

coordination of these services and responses with our federal partners. In doing so, we also recognize the responsibility to elevate the capacity of Tribal governments and recognize their essential roles in delivering programs and making decisions about their use of funding and resources.

HHS Partnership and Federal Coordination

HHS provides a full spectrum of integrated and culturally appropriate care to the Native peoples it serves. From the front-line health and triage care provided by the Indian Health Service to the mental and behavioral health services and supports provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as the trauma-informed care provided by ACF, HHS is deeply engaged in providing health and human services in every Native community.

Much of what is being done within HHS to address the consequences of violence in Indian Country is highlighted in the recommendations of the Not Invisible Act Commission (NIAC), which lays out a whole-of-government response to the public safety crisis in Indian Country. I was honored to be one of the three NIAC commissioners for HHS and part of the drafting team for the report and recommendations contained in its final report entitled *Not One More: Findings and Recommendations of the Not Invisible Act Commission*.

The NIAC Commissioners seek real action and substantial investments in public safety and social and human services to prevent further harm and distress to Native people and then to catalyze the healing of whole families and communities. In addition, as Chair of the Interdepartmental Council on Native American Affairs, I led HHS's subsequent and more

detailed response to the NIAC Report, recently submitted to DOI, DOJ, and Congress on November 15, 2024.

The Commissioner of the Administration for Children Youth and Families (ACYF), which oversees the Children's Bureau, and I also are extensively engaged in the interdepartmental ICWA Interagency Work Group, along with principals from the Departments of the Interior and Justice. The ICWA Work Group meets regularly to address interagency issues such as data interoperability, Tribal representation and capacity building, and regulatory changes. For instance, we have collaborated on the implementation of the recommendations of *The Way Forward Report of the Alyce Spotted Bear & Walter Soboleff Commission on Native Children*, as well as recommendations from the Department of the Interior's *Federal Indian Boarding School Initiative Investigative Report*.

HHS has been tackling these issues head-on for some time. Our approach can generally be described as providing services and grant funding specifically related to the prevention, intervention, and healing of all forms of trauma and violence to Native people. HHS has a strong track record in Indian Country of funding programs and providing direct services to address behavioral health and substance use, as well as shelters and emergency and temporary housing, community supports for Tribal governments, and valuable data collection services. For example, ANA has long provided grant funding to Tribes and Native organizations that support trauma-informed services to victims of violence, including combat veterans, and culturally grounded programs such as Native languages, Indigenous art and agriculture ecologies, peer counsellors, Tribal code development, as well as work force training. Some of the most important work we are doing in ANA is helping to preserve and revitalize Native languages, which is central to Native identity and cultural ways of life, and integral to healing and resilience.

Even broader work is being done through our HHS partners. As you know, HHS includes the Indian Health Service (IHS), which provides comprehensive primary health care and disease prevention services to more than 2.8 million American Indian and Alaskan Natives through a network of over 600 hospitals, clinics, and health stations on or near Indian reservations. IHS' work is expansive, but relevant to the topic of today's hearing, I'd like to highlight the work IHS has done in the field of Forensic Nursing, including ensuring the availability of culturally appropriate training, education, and technical assistance for healthcare providers to become Sexual Assault Nurse Examiners/Sexual Assault Examiners/Forensic Nurse Examiners and receive ongoing training and education.

For example, in March 2023, the IHS forensic healthcare team funded programs to support building a community's capacity through forensic healthcare program development and expansion through training opportunities for healthcare providers. The five-year program awarded six applicants, serving 15 federally-operated IHS sites, for a total distribution of \$10 million.

IHS also awarded a Forensic Nursing Consultation Program contract in September 2023 to the Texas A&M University Center of Excellence in Forensic Nursing. This contract will ensure IHS, Tribal, and Urban Indian facilities (I/T/U) forensic programs and healthcare providers receive specialized education to care for patients who have experienced violent crimes, across the lifespan. The contract will offer 40+ hours of forensic healthcare training, clinical hands-on skills training, webinars, mentorship opportunities, and more.

Another example in the area of behavioral health in Native communities is SAMHSA's Project AWARE (Advancing Wellness and Resiliency in Education). This program provides treatment, support, and recovery services to survivors of violence by funding four Tribal-only

grant programs that aim to address mental health and substance use disorders and crisis response in Tribal communities. In addition, the Centers for Disease Control and Prevention, recognizing the importance of accurate data on Native Americans to understand the scope of the crisis of murdered, missing, and trafficked persons, conducts the National Intimate Partner and Sexual Violence Survey (NISVS). This survey collects the most current and comprehensive national and state-level data on intimate partner violence, sexual violence, and stalking victimization in the United States. The data inform both intervention strategies and prevention efforts. These are just some of the ways HHS is working to positively impact health and well-being in Native communities.

ACF Actions to Address MMIP and Human Trafficking in Native Communities

ACF is especially committed to preventing violence and human trafficking and ensuring that victims and survivors of all forms of violence have access to meaningful services and support across the country, including in Native communities. This work is closely informed by both Tribal leaders through our Tribal Advisory Committee and the Native communities we serve.

We know that the MMIP and human trafficking epidemics encompass a wide scope of crimes, including domestic violence. ACF's work in this area is guided by the ACF MMIP Action Plan, which identifies specific ways to leverage ACF's grant funding, community engagement, and rulemaking authority to expand and create more flexibility in funding programs and services to Tribes and Native communities. For example, ACF recently recommended, and the Department of the Interior approved, Tribal Plans to integrate ACF's Family Violence Prevention and Services Act (FVPSA) programs under the Indian Employment, Training, and

Related Services Demonstration Act of 1992 (25 U.S.C. 3401 et seq.). The integration of this and other ACF programs not only enhances funding by streamlining service delivery, it also empowers Tribes to address their particular needs in the most culturally appropriate ways.

Our research and experiences here tell us two things: 1) the most successful and long-lasting work is community-designed and driven, especially in Native communities; and 2) culture is prevention—the evidence shows that culture is a protective social determinant of health for Native people. One of ACF’s most engaged programs in this area is the Office on Trafficking in Persons, OTIP, which supports and leads systems that prevent trafficking and protect survivors, helping them rebuild their lives and become self-sufficient. OTIP serves Native communities in several ways:

- The Victims of Human Trafficking in Native Communities Demonstration Program, provides funding to organizations such as the Alaska Native Justice Center (Anchorage, Alaska), Child and Family Services (Ewa Beach, Hawaii), and the YMCA of the North (Minneapolis, Minnesota), to build, expand, and sustain community and organizational capacity to provide services to Native peoples who have experienced human trafficking.
- The Look Beneath the Surface Campaign raises public awareness about human trafficking and the factors that make certain communities more at risk.
- OTIP and ANA held a listening session on Native Children Missing from Care, both virtual and in-person, to better understand the definition of a “missing” child, gaps in government responses and resources, and services needed for the children and youth in these situations. Specifically, this OTIP and ANA joint listening session heard

directly from stakeholders and partners across the country about their lived experiences so we can develop strategies to intervene and prevent further tragedy.

- OTIP is also building relationships with the IHS' Forensic Nursing team to identify areas where we can more closely collaborate on human trafficking prevention in tribal communities.

In addition, ACF's Office of Family Violence Prevention Services (OFVPS) administers FVPSA programs in Native communities. For 40 years, FVPSA Tribal grants have helped Tribes deliver programs that prevent family violence, domestic violence, and dating violence, and provide immediate shelter and supportive services. I accompanied OFVPS' Tribal team on their visit to one of these programs on the Standing Rock Reservation in South Dakota, my mother's community, and was quite impressed by the extensive services it provides to community members from both North and South Dakota and the adjoining Cheyenne River Sioux Reservation. The FVPSA-funded programs screen for and identify survivors of human trafficking, survivors of domestic violence, and those who have experienced dating violence. Appropriate services are provided to support their unique needs, including temporary housing and child care.

Further, in fiscal year (FY) 2023, OFVPS awarded \$7.5 million of FVPSA funding to support 35 cooperative agreements—such as with the Pacific Community of Alaska, the Nevada Urban Indians, Inc., and the South Dakota Network Against Family Violence and Sexual Assault. These agreements support Culturally Specific Domestic Violence and Sexual Assault grants for Native-serving organizations to build and sustain their organizational capacity in

delivering trauma-informed, developmentally sensitive, culturally relevant services for children, individuals, and families affected by sexual assault, domestic violence, and other traumas.

In addition to these awards, OFVPS supports the StrongHearts Native Helpline. This service offers support to Native survivors of domestic violence and dating violence, including peer support, crisis intervention, personalized safety planning, and referrals for Tribal and Native-centered supportive services to callers. StrongHearts also maintains a Native-specific referral database of over 318 Native-centered direct service providers.

ACF's ACYF also provides a wide range of programs and resources to address the MMIP and human trafficking prevention needs of Native communities. For example, ACYF's Children's Bureau (CB) funds the Child Welfare Capacity Building Collaborative (Collaborative), a partnership among the Center for States, the Center for Tribes, and the Center for Courts. The Collaborative provides tailored technical assistance to jurisdictions that request assistance and resource support to peer groups on Preventing and Addressing Sex Trafficking. One of these groups, the Preventing and Addressing Human Trafficking in Child Welfare Peer Group, promotes collaboration among child welfare professionals responsible for coordinating the response to human trafficking and the multidisciplinary partners they work with, including law enforcement, courts, and service providers. In addition, CB's Capacity Building Collaborative and Regional Offices support Tribal child welfare programs, provide grants to strengthen Tribal courts' capacity to oversee child welfare cases, and funding to strengthen State-Tribal partnerships that promote best practices in Indian child welfare proceedings. Further, Tribes can request technical assistance specifically for issues around sex trafficking from CB's Capacity Building Center for Tribes.

Finally, in addition to the StrongHearts Native Hotline, ACF funds three other hotlines that collectively offer access to assistance and services for MMIP and survivors of human trafficking. These include 1) the National Human Trafficking Hotline, a 24/7, confidential, multilingual resource that provides information and service referrals for people at risk for, currently experiencing, or who have experienced human trafficking; 2) The 24/7 National Runaway Safeline, which operates the National Communication System for Runaway and Homeless Youth program; and 3) The 24/7 National Domestic Violence Hotline, which provides information and assistance to victims, advocates, government officials, law enforcement agencies, and the public.

Regulatory Action

Investing in Native communities by providing them the services and support they need to improve their health and well-being is a high priority for HHS. In addition to the efforts and programs mentioned above, recent regulatory actions by the Biden-Harris Administration will advance this priority by allowing HHS and our federal partners to better understand the status and experiences of children and families in Native communities and to remove institutional barriers that impede their well-being.

Adoption and Foster Care Analysis and Reporting System – Indian Child Welfare Act

As noted above, information systems are integral to intervention and prevention strategies. ACF's robust data systems for collecting and assessing encounters in the child welfare system are also crucial to reducing family separation where possible. One such tool is the Adoption and Foster Care Analysis and Reporting System (AFCARS), the data from which are

used for a variety of requirements, including providing national statistics on the child welfare population and sex trafficking data.

On February 28, 2024, HHS issued a notice of proposed rulemaking that would require state title IV-E agencies to report additional information related to ICWA procedural requirements. This additional AFCARS information would help HHS, researchers, and policymakers better understand the status and experiences of American Indian and Alaskan Native children and families interacting with the state child welfare systems and better address their continuing overrepresentation in foster care and other poor outcomes. Further, the proposed additional data collection would enable HHS, other Federal agencies, states, and Tribes to target policy development, training, and technical assistance to specific areas of need to mitigate disproportionality for American Indian and Alaskan Native children and families engaging with child welfare systems, support pathways to timely permanency for these children, and help maintain the integrity of families and communities.

Kinship Final Rule

ACF believes that families belong together, and we aim to strengthen and rebuild the bonds of Native families. Today, millions of children across the country are cared for primarily by their grandparents, aunts and uncles, and other relatives, who provide a safe and loving home when parents are unable to do so. Research shows the benefits of keeping children with their relatives when parents are unable to take care of them, highlighting the importance of close family and community connections, preservation of cultural identity, and enhanced placement stability when compared to non-relatives. However, despite ICWA protections, Native children are overrepresented in state foster care at a rate almost three times greater than their proportion in

the general population. Nearly every Native family in the United States has been deeply affected by government-induced family separation. Removing Native children from their families has become normalized and systemic—it is done bureaucratically through child welfare systems, court proceedings, and social services.

On September 27, 2023, HHS issued a final regulation that allows states to remove barriers to kin caregivers by creating separate licensing standards for kin caregivers. Importantly, this includes recognizing Native kinship care and Tribal government kinship care licensing procedures. Under this rule, family care providers may become licensed foster care providers and receive full financial support from the state. Previously, all foster homes needed to meet the same licensing standards, regardless of whether the caregiver was family. While all kin caregivers will continue to be subject to criminal background checks, states can now create a more straightforward path to financially supporting Native kinship care. Each state will determine how to operationalize this opportunity. To date, CB has already approved 7 states and 4 tribes to operate licensing standards designed for relative providers.

Increasing Investment

The President's FY 2025 Budget supports the Department's mission to promote the health and well-being of all Americans. This budget outlines increases in Indian Country for the Indian Health Service and specifically for Public Safety, Opioid and Substance Use (an increase of \$10 million for a total of \$21 million). In addition to these funding requests, this Administration has also requested non-budgetary legislative changes that would allow Indian Health Service to better recruit and retain qualified clinical staff. Appropriately funding and

staffing Indian health systems is critical to ensuring the well-being and safety of Native Communities.

In addition, the President's FY 2025 budget offers a historic opportunity for ACF programs to enhance how we support human service delivery to children, families, and communities across the country. The budget also reflects our nation-to-nation commitment to Tribes with a request of \$66 million for Native American Programs, which is a \$5 million increase specifically for Native American Language Programs. In addition to supporting up to 20 new grant awards, the increase includes \$2 million to support a survey on the use of Native American languages in the United States, as required by the Durbin Feeling Native American Languages Act of 2022. The budget also includes a legislative proposal to provide Tribes the authority to create Tribally determined, culturally informed, high-quality early childhood services for young children and their families.

Conclusion

Thank you again for the opportunity to address this Committee on the health, well-being, and safety of Native people throughout the United States. I appreciate the Committee's attention to this vitally important issue. Please let me know if you have any questions. Wopila tanka.