

Testimony of Abigail Echo-Hawk, MA
Director of the Urban Indian Health Institute
Committee on Appropriations Subcommittee on Interior, Environment, Related Agencies
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Introduction

Members of the House Committee on 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 Executive Vice President of the Seattle Indian Health Board (SIHB) and Director of the Urban Indian Health Institute (UIHI), an Indian Health Service (IHS) contracted Tribal Epidemiology Center (TEC) and Urban Indian Organization (UIO), where I oversee our policy, research, data, and initiatives. There are twelve TECs that are designated public health authorities granted by the Indian Health Care Improvement Act. Of the twelve TECs, eleven operate regionally to serve tribal nations, and UIHI is the only TEC that operates nationally to serve the 76% of the American Indian and Alaska Native (AI/AN) population living in urban areas. Since their inception, TECs have led the public health data reported on AI/AN communities, including the release of multiple reports documenting the COVID-19 infection and related mortality among AI/ANs, surveillance of diabetes, and documenting chronic disease for both tribal and urban Native populations.

I am an American Indian health researcher with more than 20 years of experience in both academic and non-profit settings. I am part of numerous local, state, and federal efforts to support AI/AN communities in research, including serving on the Tribal Collaborations Workgroup for the National Institutes of Health (NIH) All of Us precision medicine initiative, multiple committees for the National Academies of Science and Medicine and was recently honored by Vanderbilt University as the 2025 School of Medicine Satcher Distinguished Lecturer. I am a co-author of numerous groundbreaking research studies on sexual violence and Missing and Murdered Indigenous Women and Girls (MMIWG) where I have called national attention to the barriers in data collection, reporting, and analysis of demographic data that perpetuate violence against AI/AN people. I have spent my career working to ensure the needs of Indian Country are appropriately represented in research and data from the local to federal level.

Impact of Federal Research Funding

Tribal Epidemiology Centers (TECs) are, by statute, public health authorities.¹ TEC research and public health surveillance support Tribes and Urban Indian Organizations (UIO) contracted by the Indian Health Service (IHS) in making data driven decisions regarding policy and programs for their members and patients. The federal government has trust and treaty obligations to support the health and wellbeing of American Indian and Alaska Native (AI/AN) people regardless of where they reside, and the research and

¹ Government Accountability Office. (2022). Tribal Epidemiology Centers: HHS Action Needed to Enhance Data Access. Retrieved from: [Tribal Epidemiology Centers: HHS Actions Needed to Enhance Data Access | U.S. GAO](#)

public health work conducted by TECs is critical to improving their health status by providing data to tribal leaders and policy maker from the local to the federal level to make data driven decisions.

I urge you to maintain current funding levels for TECs, which will continue to provide life-saving research to benefit AI/AN communities. However, this does not allow for the expansion of TEC research and surveillance which is needed to address the rampant health disparities plaguing Indian Country. For example, the economic cost of the maternal mortality crisis in the US is approximately 32.2 billion dollars per year^{2,3} with AI/AN women experiencing some of the highest rates of maternal death.⁴ Our communities are robbed of our women and their babies, and the nation suffers the deep economic cost. Many of these deaths are preventable through low-cost public health and clinical interventions, however, they often need cultural adaptations for implementation in rural and urban tribal communities to which TEC research is essential. This has been demonstrated by the Special Diabetes Program for Indians, which is culturally specific diabetes intervention that has proven to be one of the nation's most successful public health interventions that has reduced end stage renal failure by more than 50% since its inception. TEC's provide the ongoing epidemiological surveillance of this program and work directly with the funded tribal and urban Indian programs to track and evaluate their outcomes which are also communicated to IHS. The unique link between IHS, TECs, and communities has provided the ability to track and continuously adapt programing for IHS, community and individual success. This unprecedented success is why I am asking for the full funding for SDPI of \$845.46 million.⁵ It additionally provides a specific example of the impact of TEC research and surveillance. To further the impact of TEC's in areas such as maternal mortality, I ask for an additional 12 million dollars to be allocated to TECs as we strive to provide tribes and urban Indian organizations the data they need.

Our work has already faced many challenges with its funding. For example, a grant previously distributed by NIH directly to TECs revised the distribution of funding to have a university distribute funding to the 12 TECs. This change significantly lowered potential funding for TECs with a majority of funding going to the university for things such as exorbitant indirect cost rates and university infrastructure, in addition to the university creating a non-TEC directed research agenda. This change occurred without consensus from the TECs resulting in 6 of the 12 TECs, including UIHI, declining participation in this misguided and inappropriately funded effort. When NIH and other federal agencies redirect funds away from Natives or fail to institutionalize essential programs, it undermines our capacity to improve the health of AI/AN communities. I urge members of this Subcommittee, and Congress as a whole, to hold U.S. Department of Health and Human Services accountable to continue funding TEC research and

² Commonwealth Fund. (n.d.). High Costs of Maternal & Postpartum Death. Retrieved from: <https://www.commonwealthfund.org/publications/issue-briefs/2021/nov/high-costs-maternal-morbidity-need-investment-maternal-health>

³ Centers for Disease Control and Prevention. (2021). Opioid Overdose – United States, 2017. Morbidity and Mortality Weekly Report. Retrieved from: [State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose — United States, 2017 | MMWR](https://www.cdc.gov/mmwr/mmwr-reports/2021/sr1101a1.htm)

⁴ Obstetrics and Gynecology. (2023). Changes in Pregnancy-Related Mortality Associated With the Coronavirus Disease 2019 (COVID-19) Pandemic in the United States. Retrieved from: [Changes in Pregnancy-Related Mortality Associated With the Coronavirus Disease 2019 \(COVID-19\) Pandemic in the United States - PubMed](https://pubmed.ncbi.nlm.nih.gov/40111111/)

⁵ National Tribal Budget Formulation Workgroup. (2024). A Path Forward to Fully Fund Tribal Nations. Retrieved from: <https://legacy.nihb.org/resources/NIHB-FY26-Budget.pdf>

public health programming. I again urge you to maintain funding levels for TECs, which will continue to provide life-saving research to benefit AI/AN communities.

Preservation of the National Institute of Health Tribal Advisory Committee and Office of Tribal Research

After decades of ineffective and predatory research by the NIH, tribal leadership from around the nation pushed for the establishment of the NIH Office of Tribal Research. This office is tasked with upholding treaty and trust responsibility for tribally directed research across NIH institutes to address the rampant and costly health disparities experienced by AI/AN communities. This resulted in initiatives such as the HEAL which is directed toward ending the opiate crisis. The devastating impact of opioids in Indian Country cannot be overstated, ranging from mortality related to overdose to increased human trafficking contributing to the 1.5 trillion-dollar cost of opioids in the US in 2020.⁶ This initiative spans several institutes of the NIH and was the result of meaningful tribal consultations that were overseen by the Tribal Research Office in consultation with the Tribal Advisory Committee.⁷ This program has funded numerous tribal research projects, including UIHI and other TEC's. Scientific solutions that are inclusive of cultural considerations that uphold treaty and trust responsibility are integral to ending the opioid crisis. Maintaining this office is essential to addressing opioids and other topics of tribal concern.

It is also imperative to ensure the protection and survival of the NIH Tribal Advisory Committee (TAC), as it plays a critical role in providing expert guidance between Tribes and NIH. The TAC serves to ensure that Tribes and AI/AN people have meaningful and timely input in the development of NIH policies, programs, and priorities. Through the TAC, Tribal representatives and NIH staff exchange information on a range of NIH initiatives affecting AI/AN populations. The committee consists of 17 primary members from each of the twelve geographic areas served by IHS, reinforcing the federal government's commitment to tribal sovereignty while upholding the government-to-government relationship which is the foundation for all tribal consultation policies. Advisory bodies such as the NIH TAC must be safeguarded.

Tribe and Tribal Epidemiology Center Data Access

TECs continuously experience barriers to accessing HHS databases which affects their ability to fulfill functions as a public health authority to improve culturally attuned research, data analysis, and evaluation services for the over 9.8 million AI/AN people across the country. A 2022 GOA report found that HHS had failed in appropriately building systems for data access for tribes and TECs limiting the access to public health surveillance and epidemiological data. In recent weeks, as a result of numerous executive orders, data sets held by the CDC disappeared. With a recent court ruling that mandated the return of these data sets I was dismayed to see numerous variables across dataset were missing. This data is essential to address the previously named crisis of maternal mortality and opioids in addition to other disease, without the data we

⁶ Joint Economic Committee. (2020). The Economic Toll of the Opioid Crisis Reached Nearly \$1.5 Trillion in 2020. Retrieved from: [jec-cost-of-opioids-issue-brief.pdf](#)

⁷ National Institutes of Health. (n.d.). The Helping to End Addiction Long-term® Initiative. Retrieved from: [The Helping to End Addiction Long-term® Initiative | NIH HEAL Initiative](#)

cannot pinpoint the areas for changes in policy, programing and investments. Most importantly, this data belongs to the tribes and falls under their governance, it is an exercise of tribal sovereignty. Under federal law, tribes and TECs, should have immediate access to this data. This data, as it relates to AI/AN, must be immediately restored and access granted to Tribes and TEC's. Without it, people will die and communities will suffer.

Addressing Missing and Murdered Indigenous People

Since UIHI's groundbreaking 2018 data report on Missing and Murdered Indigenous Women and Girls, which shed light on the severity of this crisis, and despite the passage of Savanna's Act and the Not Invisible Act in 2020, little has been done to reduce the rates of disappearances and murders in our communities. Department of Justice (DOJ) and Department of the Interior (DOI) responses⁸ to the Not Invisible Act Commission's report and recommendations⁹ have been severely lackluster, despite the urgency with which this needs to be addressed. I ask that you hold the DOJ and the DOI accountable for addressing the recommendations of the Not Invisible Act Commission. I urge you to hold DOJ accountable in addressing this crisis in urban Indian communities and providing local law enforcement the appropriate training and resources to halt it. DOJ is failing our law enforcement communities, and my agency refuses to let our people die in silence so we did what DOJ wouldn't. We have created trainings for law enforcement in conducting culturally specific investigations, coordinating with tribal law enforcement, and building robust data systems and reporting. We did this with no federal financial resources, and it is time for the DOJ to fulfill its responsibility. I urge you to work with your congressional partners to take action and work to pass legislation to establish an AI/AN alert code within the Federal Communications Commission (FCC). We must also see stronger accountability from the Department of Defense (DOD). In the first MMIWP/Mahu report in Hawaii, they found that 38% of those arrested for soliciting sex from a thirteen-year-old online were active-duty military personnel, illustrating the need for a comprehensive DOD report on the impact of active-duty military on sexual violence, domestic violence, human trafficking, and missing and murdered Indigenous people. I ask you to hold a hearing with the DOD and require them to present the most current data on victimization of AI/AN active-duty military personnel and report the data on active-duty military personnel who are perpetrators of this violence against Indigenous people. Finally, I ask that you to make greater investments in IHS to expand gender-based violence services and violence prevention programming, investments in clinics to establish Sexual Assault Nure Examinations (SANE), and investments in primary care and behavioral health resources to support victims in the hand of trusted providers.

Thank you for this opportunity to testify, and I urge the Committee to uphold treaty and trust responsibility. Indigenous lives depend on it.

⁸ U.S. Department of Justice and U.S. Department of the Interior. (2024). Section 4(c)(2)(C) Response of the Departments of Justice and the Interior to Not One More: Findings and Recommendations of the Not Invisible Act Commission Pursuant to Public Law 116-166. Retrieved from: <https://www.justice.gov/tribal/media/1341181/d?inline>
⁹ Not Invisible Act Commission. (2023). Not One More: Findings and Recommendations of the Not Invisible Act Commission. Retrieved from: https://www.justice.gov/d9/2023-11/34%20NIAC%20Final%20Report_version%2011.1.23_FINAL.pdf