



Seattle Indian Health Board
For the Love of Native People

TESTIMONY OF ESTHER LUCERO
CHIEF EXECUTIVE OFFICER
SEATTLE INDIAN HEALTH BOARD
FOR
HOUSE APPROPRIATIONS SUBCOMMITTEE
ON INTERIOR, ENVIRONMENT, AND RELATED AGENCIES
WEDNESDAY MARCH 6, 2019

Chair McCollum, ranking member Joyce, and members of the House Appropriations Subcommittee on Interior, Environment, and Related Agencies, my name is Esther Lucero. I am the Chief Executive Officer for the Seattle Indian Health Board. I am of Navajo and Latina descent. I strongly identify as an urban Indian, as I am the third generation in my family to live outside of our reservation. I am honored to have the opportunity to present testimony today.

The Seattle Indian Health Board (SIHB) is 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). We honor our responsibilities to work with our Tribal partners and to serve all tribal people. Our role is to address the community and health needs of American Indians and Alaska Natives (AI/AN), who have moved off their tribal lands, and are living in cities. Currently, more than 70% of all American Indians and Alaska Natives live in urban environments.

SIHB has been in continuous operation since 1970. We were birthed through the social activist movements of the 1960's, largely led by the American Indian Women's Service League, and we are blessed to be in a city that hosts a number of Seattle Urban Native Nonprofits (SUNN). We are a unique organization due to our status as an UIHP and a HRSA 330 funded Federally Qualified Health Center (FQHC). We offer an array of health and human services including medical, dental, mental health, substance abuse, 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; one of the largest 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. We are currently adapting our program at TTC to support the needs of our MAT patients in an in-patient setting. As an FQHC, we see all people and still we have consistently maintained 70% AI/AN in our patient population. In our treatment center we are now at 80% AI/AN. We also have planned Mental Health Expansion to three additional sites this year.

Our success in patient care is due, in part, to our commitment to workforce development. As the first UIHP to establish an AI/AN, family medicine physician residency training program, 50% of our graduates go on to work in Indian Country and 70% go on to work in underserved communities. This year we also established a Master of Social Work (MSW) Practicum training



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program, to ensure that as we move toward full integration of services, we are treating our Behavioral Health workforce needs with parity.

SIHB has developed our Indigenous Knowledge Informed Systems of Care. This model was designed with the understanding that although our AI/AN population suffers from historical trauma, we also know that we are incredibly resilient. We know that strengthening cultural identities, cultural connection and knowledge are resilience factors. Indigenous Knowledge Informed Systems of Care is the process of grounding all systems and practices in Indigenous ways of knowing. From a care delivery perspective, this means SIHB will have the first integrated system of its kind. It is patient-centered, with a team of providers that consist of a Primary Care Provider, Behavioral Health Provider, Substance Use Provider, Dentist, Clinical Pharmacist, Nutritionist, and Traditional Indian Medicine Practitioner. Other Human Services such as Domestic Violence Advocacy and Case Management will be on-call/mobile and available as needed. By creating a system that is centered on the patient and driven by Traditional Indian Medicine we build on our resilience to build healthier communities.

SIHB is also unique in that we established the Urban Indian Health Institute (UIHI) as our Research Division in 2000. UIHI is one of the 12 Indian Health Service's tribal epidemiology centers and the only one with a focus on the health of urban Indians providing epidemiology, data, training, and technical assistance services to Urban Indian Health Programs across the nation. Most notable this year, we released two of a series of reports addressing Violence against Native Women in urban settings. The first, *Our Bodies, Our Stories: Sexual Violence Among Native Women in Seattle, WA* and the second, *Missing and Murdered Indigenous Women & Girls*. We recognize the value of research and data in addressing public policy issues. We are proud to leverage this work to create true change for our communities both through policy and culturally attuned programs.

I am acutely aware of the Subcommittee's demonstrated commitment to improving the health and wellness of American Indian and Alaska Native people. I have had the privilege of meeting with many of you individually; I am continually impressed with the level of detailed knowledge each of you holds regarding issues that impact our communities such as opioid addiction, diabetes, along with, placed-based challenges like homelessness. The Subcommittee members clearly understand the needs and is ready to meet these challenges. Thank you for last year's recommendation to increase the Urban Health line item to \$60 million, it was the largest I have seen. Still, for FY 19, we were only increased to \$51,315,000. I am not ungrateful, I continue to urge you to strengthen the I/T/U continuum of care in its entirety. In Washington, we are blessed to work closely with our Tribes and in partnership, we are aligned with Northwest Portland Area Indian Health Board's ten-year strategy to bring the I/T/U system to full funding. I am here today seeking your support for increased funding for the Urban Indian Health Program because despite our efforts, the UIHP line-item is still less than one-percent of the overall Indian Health Service budget. We still have an increasing need for services, and we are still



Seattle Indian Health Board
For the Love of Native People

trying to address a lifetime of a grossly underfunded system. This year I am asking the Subcommittee to increase the UIHP line item to \$95 million.

My second ask is related to the incredibly stressful year related to repeated financial threat of a government shutdown. It has been difficult to have our IHS funding held captive using our people as pawns in unrelated political battles. Three times this year we had to prepare a furlough plan for our organization. The last partial government shutdown required us to close our Saturday clinic services and to cut back bed availability at our residential treatment center. IHS funding is 25% of our operating budget. This funding allows us to fulfill our mission and maintain our cultural integrity. It is not mainstream knowledge that healthcare was one of the benefits acquired through treaty agreements that were prepaid through the cessation of Tribal lands. Congress should approve advanced appropriations for IHS funding much like advanced appropriations model implemented for the Department of Veterans Affairs.

In conclusion, we thank the Subcommittee for recognizing that there is a funding disparity in the IHS budget to address the health needs of American Indians and Alaska Natives living in urban areas. We ask that the budget formulation process better reflect the health care needs of the urban American Indian and Alaska Native community and that a feasible budget is established to adequately combat the health disparities experienced by our American Indian and Alaska Native population regardless of where they reside. We also ask that you end the threat of government shutdowns by appropriating this prepaid benefit in advance.

Thank you for your consideration of these requests.

Sincerely,

Esther Lucero, Chief Executive Officer

Cc: Congressman David Joyce, Ranking Member
Congressman Derek Kilmer
Congressman Tom Cole
Congressman Mike Simpson