



Urban Indian Health Institute

A Division of the Seattle Indian Health Board

TESTIMONY OF ABIGAIL ECHO-HAWK, MA
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FOR
HOUSE COMMITTEE ON APPROPRIATIONS- SUBCOMMITTEE
ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES
WEDNESDAY, FEBRUARY 12, 2020

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 Director of the Urban Indian Health Institute (UIHI) and the Chief Research Officer of the Seattle Indian Health Board (SIHB). I am an experienced American Indian and Alaska Native (AI/AN) health researcher in both academic and non-profit settings, and am part of numerous local, state and federal efforts to engage AI/AN communities in research, including serving on the Tribal Collaborations Workgroup for the National Institutes of Health *All of Us* precision medicine initiative, and co-authoring three groundbreaking research studies on sexual violence and Missing and Murdered Indigenous Women and Girls (MMIWG).

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 1.2 million 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, conducting research and evaluation, collecting and analyze data, and providing 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 public health organizations that provide culturally attuned care to AI/AN's living off tribal lands in urban settings. Today, my testimony is directed toward the IHS to urge the increase of culturally appropriate clinical and research practices and resulting interventions for overall health and well-being- specifically for survivors and families impacted by violence.

TECs 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 TECs nationwide, their mission is to improve the

health status of AI/ANs through 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 sister TECs serve regional IHS areas including Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, and Portland.

UIHI's unique service population of urban dwelling AI/ANs represents approximately 71% of the 5.2 million AI/AN peoples (alone or in combination) in this country. This population bears a disproportionate burden of disease and injury, evidenced by sustained and seemingly intractable health disparities.¹ These include chronic disease, infectious disease, behavioral health, 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/ANs, 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, limited economic opportunity, oversexualization of AI/AN women, and jurisdictional loopholes on reservation and village land that result in greater violence. Specifically, AI/AN women experience some of the highest rates of violence including sexual violence, domestic violence, and human trafficking. This has directly resulted in the ongoing crisis of MMIWG with no end in sight.

GAPS IN DATA

Local and state public health jurisdictions rarely disaggregate and/or analyze data separately for the AI/AN population, despite evidence of a distinct set of needs and health risks. Consistently omitted or lumped into categories described as "other" or "statistically insignificant", the AI/AN population and our health concerns are often invisible resulting in crisis levels being reached as illustrated by MMIWG. Overall, AI/AN women experience a higher rate of homicide when compared to Non-Hispanic White (NHW) women (7.3 out of 100,000 v. 5.0 per 100,000). However, these differences are even more extreme within certain counties in the United States. For example, in Bon Homme County, South Dakota the homicide rate for AI/AN women was 111.1 times higher than the national homicide rate for non-Hispanic White women (555.6 per 100,000 AI/AN women)². However, we know this is likely an under-estimation due to rampant issues of racial misclassification and lack of data collection on race for women who go missing or are murdered. This trend of racial misclassification was confirmed in a study that found that AI/AN people are the most likely to be misclassified when compared to people of other races (30% frequency)³. We found rampant racial misclassification in our MMIWG study and continue to identify this issue in other types of health data. Our 2018 MMIWG study was the first of its kind, and despite it being self-funded with only \$20,000, it has made a significant federal and nationwide impact. We intend to continue this work using our

¹ Urban Indian Health Institute, Seattle Indian Health Board. (2016). Community Health Profile: National Aggregate of Urban Indian Health Program Service Areas. Seattle, WA: Urban Indian Health Institute.

² Bachman R, Zaykowski H, Kallmyer R, Poteyeva M, Lanier C. (2008). *Violence Against American Indian and Alaska Native Women and the Criminal Justice Response: What Is Known*. <https://www.ncjrs.gov/pdffiles1/nij/grants/223691.pdf>. Accessed December 5, 2017.

³ Jim MA, Arias E, Seneca DS, et al. (2014). Racial misclassification of American Indians and Alaska Natives by Indian Health Service Contract Health Service Delivery Area. *Am J Public Health*. 104 Suppl 3(Suppl 3):S295-302. doi:10.2105/AJPH.2014.301933

resources as a TEC. However, what impact could this study have had if it had been properly funded?

This gap in the data on violence and the resulting health impacts on the AI/AN community, illustrates the direct impact at the federal, state, and local level as these governments attempt to make data-based decisions on policy and programming. UIHI is an indigenous organization with trusted partnerships with urban and rural tribal communities. We use indigenous knowledge informed methodologies coupled with the highest level of scientific rigor to collect and interpret data and conduct research. We collect primary data and disaggregate and analyze national datasets in partnership with federal agencies, with a specific focus on IHS priorities. As the only agency in the country doing this for the urban Indian population, our services are a key component to ensuring data is collected, disaggregated, and analyzed to provide the needed information for data-based decision making. However, as a direct result of underfunding, UIHI and the other eleven TECs, will lose access to the statistical software previously provided by IHS in the next fiscal year; software that is needed to analyze the data IHS and other agencies provides to us. The TECs are expected to absorb the cost of this software out of already underfunded budgets. While this loss may seem minor, it illustrates a larger issue and an even greater impact. TECs each receive approximately \$340,000 for our core epidemiology programs. This amount has not significantly increased in more than 10 years. The expectation of the TECs to absorb the cost of software illustrates the lack of sustained investment in TECs. Therefore, instead using our funds to do the critical work needed for our community, we will be reallocating and trying to figure out how to cover this loss of support. This is just one of many examples of TECs doing the best we can, with the little we receive.

While we are grateful for the funding that has been allocated by IHS, the TECs remain woefully underfunded despite marked success and un-replicated services. These gaps are illustrated in the number of projects that UIHI self-funds or does with no funding – including volunteer time from staff and other partners like our MMIWG studies and an upcoming research study on the impact of government shutdowns on urban Indian clinics. TECs have seen recent financial support from the Centers for Disease Control and Prevention (CDC), however this still does not bring the TECs into the capacity needed to fully address the needs of our urban and tribal AI/AN communities. We respectfully request an increase of \$24 million dollars, to be equally distributed among the TECs, to address this deficit in funding and to increase our capacity to gather, analyze, and disseminate high quality data.

INCREASE INVESTMENT TO ADDRESS MISSING AND MURDERED INDIGNEOUS WOMEN AND GIRLS (MMIWG)

Since the release of the UIHI report titled *Missing and Murdered Indigenous Women & Girls: A snapshot of data from 71 urban cities in the United States*, in November 2018, the attention around the MMIWG crisis has grown tremendously. Legislators, government agencies, and media have been forced to pay attention because of the relentless work by the families of MMIWG victims, grassroots activists, tribes, and Native organizations across the country. In 2019, for the first time, several states across the country passed legislation meant to

address this crisis in their communities, including developing and investing in resources that will improve the safety of Indigenous women⁴. However, there has been little to no investment in increasing services and collecting data from those impacted by this crisis at the federal, state, or local level. Families left behind by the murder of their loved one and recovered survivors and their families, are faced with the deep impact of physical and behavioral health issues as a direct result of trauma. The people most impacted are too often met with an underfunded health and social service system that is unprepared to provide the services they desperately need. I have sat with families who tell stories of their experience, such as a family who recovered their missing loved one, but because they did not have an IHS facility open near them on the weekend that could provide a rape exam, showered their daughter - washing away any potential evidence of her multiple rapes; or a grandmother, with custody of her three young grandchildren that witnessed their mother's violent murder, who can't find culturally attuned behavioral health services for her grandchildren; or a loving mother, who after being trafficked for sex, no longer has custody of her children due to mis-use of opiates to cope with her trauma.

The research shows us that trauma has lasting effect that can be mitigated with proper resources, including physical and mental health resources. Without these resources many families and survivors use unhealthy coping mechanisms that contribute to the growing health disparities experienced by AI/ANs, both urban and rural. It is integral to collect the data on MMIWG and TECs are uniquely situated to do this. The IHS funded Urban Indian Health Programs (UIHP) are culturally attuned care programs that understand the ongoing trauma and the historical resiliency that is drawn from AI/AN culture. I urge the Committee to increase UIHP funding to \$106 million so they can provide these and other needed services to tribal people living in urban areas. However, this \$106 million allocation needs to be new funding and should not be redirected from any already allocated tribal funding. I strongly believe these investments in the health and well-being of Native people will positively affect the health of the country as a whole, and I look forward to your continued support in our community.

Abigail Echo-Hawk, MA
Director, Urban Indian Health Institute

Cc:

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

⁴ Echo-Hawk, A., Dominguez, A., Echo-Hawk, L. (2019). Missing and Murdered Indigenous Women and Girls: We Demand More Effort. Seattle, WA: Urban Indian Health Institute.