

Testimony of Abigail Echo-Hawk, MA
Director of Urban Indian Health Institute
House Committee on Appropriations
Subcommittee on Interior, Environment, and Related Agencies
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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) designated Tribal Epidemiology Center (TEC), where I oversee our policy, research, data, and evaluation 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 both tribal and urban American Indian and Alaska Native (AI/AN) populations. Since their inception, TECs have contributed to the public health data reported on AI/AN communities, including the release of multiple reports and studies documenting the Missing and Murdered Indigenous Women and People (MMIWP) crisis across the United States. In efforts to improve governmental responsibilities for funding TECs, Congress has supported TECs on a bi-partisan basis through annual appropriations. I urge you support full funding of TECs by appropriating \$474.4 million to the IHS Hospitals and Clinics: Tribal Epidemiology Center line item to fulfill their public health authority status and improve culturally attuned research, data, and evaluation services for the over 7 million American Indian and Alaska Native (AI/AN) people across the country.

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; National Academies of Sciences, Engineering, and Medicine (NASEM) Committee on Racial and Ethnic Inequalities; the Robert Wood Johnson Foundation National Commission to Transform Public Health Data Systems and; NIH Office of AIDs Research Advisory Council. I am a co-author of and contributed to nine groundbreaking research studies on sexual violence and Missing and Murdered Indigenous Women and Girls (MMIWG) where I have called national attention to the bureaucratic barriers in data collection, reporting, and analysis of demographic data that perpetuate violence against AI/AN people. I also served as a committee member for the NASEM: Framework for Equitable Allocation of COVID-19 Vaccine¹ where I was the only Native scientist represented.

4 years later: MMIW and Public Health Data

On November 14, 2018, UIHI, in partnership with Senator Murkowski, released a groundbreaking report I co-authored called *Missing and Murdered Indigenous Women and Girls: A snapshot of data from 71 urban cities in the United States*. It

provided the first national data that revealed the horrific crisis on MMIWG. It was instrumental in educating and informing members of Congress of the epidemic of violence Native women experience and supported the successful passage of bipartisan legislation – the Not Invisible Act of 2019 and Savanna’s Act in 2020. The culmination of MMIWG reports I co-authored, grassroots advocacy, and bi-partisan legislation influenced *Executive Order 13898: Establishing the Task Force on Missing and Murdered American Indians and Alaska Natives*. Our report has also supported states in reporting the high rates of MMIWG cases in their respective jurisdictions, resulting in the successful passage of MMIWP taskforces across the U.S..¹ This groundbreaking report was primarily self-funded by \$20,000 that I received in speaking fees and subsidized through staff support received by UIHI (TEC) employees. Our hope was to see sweeping data reform and immediate action across the Department of Justice (DOJ) and state and local law enforcement agencies to appropriately address this crisis – however, we have been drastically disappointed.

What has been done up to this point has been dismal. In October 2021, the Government Accountability Office (GAO) released a report titled *Missing and Murdered Indigenous Women: New Efforts are underway but Opportunities Exist to Improve the Federal Response* which recommended that the DOJ and Department of Interior meet their legislative mandates of the Not Invisible Act and Savanna’s Act by 1) requiring the Attorney General (AG) to develop a plan for accomplishing ongoing data analyses of data in existing federal databases, 2) developing a strategy to educate the public on entering data into the National Missing and Unidentified Persons System (NamUs), 3) developing a plan to conduct specific outreach to tribes, tribal organizations and urban Indian organizations (UIO) regarding their ability to publicly enter data into NamUs, and 4) encouraging the Secretary of the Interior to establish and appoint all members to the Joint Commission of Reducing Violent Crime Against Indians. Of these legislative mandates, only one has been fulfilled – leaving our community to continue being devastated by this crisis which affects individuals of all gender identities.

Congressional efforts have been made to push for accountability including in 2021 the House Committee on Appropriations submitted a report² encouraging the DOJ to act swiftly to implement all provisions of the Savanna’s Act including submission of the required report by October 2021. On May 2, 2022, Senator Murkowski, Senator Tester, and Senator Cortez Masto sent a letter to the AG and Secretary of the Interior³ to address the oversight of the Not Invisible Act and Savanna’s Act. Additionally, our original report which helped spark congressional support focused on the urban AI/AN community, which makes up 76% of the total AI/AN population. Yet the needs of our urban community have been ignored in federal efforts up to this point.

¹ UIHI was cited in AB1314: Emergency notification: Feather Alert, 2022, State of California and HR12: Requesting the Hawaii State Commission to Convene a Task Force, 2021, State of Hawaii.

² U.S. Government Publishing Office. (2021). House Report 117-97. Retrieved from: <https://www.govinfo.gov/content/pkg/CRPT-117/hrpt97/html/CRPT-117/hrpt97.htm>

³ United States Senate. (May 2, 2022). MMIW Laws Oversight Letter from Senator Cortez Masto, Senator Tester, and Senator Murkowski. Retrieved from: <https://www.indianz.com/News/wp-content/uploads/2022/05/04/senate050222.pdf>

Despite a recent extension, the DOJ continues to neglect their legislative mandate to address this crisis in urban and rural Native communities leaving our people to die and go missing in silence.

Why does this matter to UIHI as a TEC? The crisis of violence and MMIWG has a deep impact on the behavioral and physical health of Native people. It exasperates the ongoing behavioral health disparities such as suicide and substance misuse and affects individual's physical wellbeing resulting in high blood pressure, broken bones, unintended pregnancies and more. A TEC's role is to provide data on the health and wellbeing of Native people and to conduct public health services to address issues of concern. MMIWG is beyond a concern, it is a crisis.

The GAO report cited COVID-19 as the reason slow to non-existent implementation of federal mandates. However national research found that intimate partner violence increased 8% nationally⁴ and from research conducted in Native communities, in both rural and urban settings, it was reported that COVID amplified this crisis due to women being quarantined with their abusers resulting in higher rates of physical and sexual assault and murder.

Addressing Public Health Concerns in Indian Country by Investing in TECs

As an epidemiology center, we function under a cooperative agreement with IHS, and in this role **we have done the work that the DOH has not**. With limited funding and support primarily coming from our Epicenter Core grant of \$775,640, UIHI has become one of the leading MMIWG research and data organizations in the nation. Not because we wanted to, but because we had to. We refuse to let this crisis continue and have made meaningful and nationally impactful steps forward on addressing the issue. We are doing what DOJ will not do. For example:

- UIHI partnered with the 13th largest county in the country – King County, Washington, which also includes federally recognized tribes, and reformed King County's data systems to have the appropriate data fields to capture AI/AN and other pertinent information including tribal affiliation and whether violence perpetuated against AI/AN occurred on tribal lands. We used this as a pilot project to create a data system that can be used by law enforcement agencies of any size to reform their data systems. And it has been shown to be successful in one of the nation's largest counties. We intend to take it nationwide in partnership with our law enforcement partners.
- UIHI partnered with NamUs, a federal database on missing persons, to provide trainings nationwide for community members to enter their missing loved ones into the underutilized NamUs database, including the case of a Native woman who went missing in 2010 that had never been entered into NamUs.
- UIHI has created data trainings and used them to train hundreds of members of law enforcement that work directly with victims and survivors. The trainings focus on an

⁴ National commission on COVID-19 and Criminal Justice. (February 2021). Domestic Violence During COVID-19: Evidence form a Systematic Review and Meta-Analysis. Retrieved from: <https://build.neoninspire.com/counciloncj/wp-content/uploads/sites/96/2021/07/Domestic-Violence-During-COVID-19-February-2021.pdf>

understanding of the MMIWP crisis and how to collect appropriate information from victims and their families.

- In addition to the two reports cited above, since 2018, UIHI has published multiple sets of work related to violence against Indigenous women and people, including frameworks to assist with adapting the allocation of essential resources for victims and their families. These studies include *MMIWG: We Demand More*; *Sacred: Womxn of Resilience*; *Service as Ceremony: A Journey Toward Healing*, and; *Building the Sacred: An Indigenous Framework for Programs Serving Native Survivors of Violence*.
- UIHI has provided expert consultation on research, data, and violent crime surveillance for tribal and urban Indian communities in Alaska, Arizona, California, Colorado, Minnesota, Nebraska, New York, Washington, Wisconsin, Wyoming, and more **representing more than 2,000 hours of unpaid work over the span of four years, aside from staff contributions paid for by our TEC funding from IHS.**
- UIHI has directly provided resources and support to AI/AN organizations nationwide to highlight the MMIWP crisis and need for intervention by providing culturally appropriate educational materials and advocacy for data collection, which no one else has been doing up to this point.
- UIHI has also provided monetary contributions to address this crisis within the Native Hawaiian community. On May 5, 2021, the State of Hawaii passed legislation to conduct a report like UIHI's original report. However, the State of Hawaii did not provide substantial funding for this state mandated work. In our dedication to ending violence against all Indigenous people, UIHI provided financial support in the amount of \$100,000 for this report from private funding. However, we recognize this is minimal funding and the Native Hawaiian community deserves more resources to address this crisis.

We are requesting \$474.4 million for TECs that would result in \$39,533,33 being disbursed to each of the 12 TECs. This investment would be a step toward parity for TECs as we strive to provide culturally specific public health services and data to urban and rural tribal communities, for example King County, Washington, has budgeted over \$1.1 billion of its 2023-24 budget for public health, and is spending \$43.6 million on public health initiatives which it received from the American Rescue Plan Act.⁵ In comparison, the twelve TECs had to split \$24 million in COVID supplements and this disparaging funding impacts our staffing and work capacity. In 2023, the DOJ requested a budget over \$37 billion, yet continues to falter on its mandates to address MMIWG while TECs like UIHI, are the ones leading research and implementation of solutions.⁶ We will continue to provide resources, scientific expertise, and research parallel to what is conducted at other public health authorities despite minimal fiscal resources because it is our responsibility to support the health and wellness of our communities. I urge you to support us in these efforts and allocate \$474 million to TECs.

⁵ King County. (2022). 2023-2024 Executive Proposed Budget. Retrieved from: <https://kingcounty.gov/depts/executive/performance-strategy-budget/budget/2023-2024.aspx#:~:text=In%202023%2D2024%2C%20King%20County,incluing%20ongoing%20COVID%2D19%20response>.

⁶ U.S. Department of Justice. (2023). FY2023 Budget Summary. Retrieved from: <https://www.justice.gov/nd/page/file/1489621/download#:~:text=The%20Department%20of%20Justice's%20FY,local%2C%20and%20tribal%20assistance%20programs>.