

Testimony of Abigail Echo-Hawk, MA  
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House Committee on Appropriations – Subcommittee on Interior, Environment, and  
Related Agencies  
Agency: Indian Health Service  
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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) designated Tribal Epidemiology Center (TEC), where I oversee our policy, research, data, and evaluation initiatives. I have a continuous record of accomplishment as a research and policy professional, specializing in tribal government and urban Indian relations, and sit on multiple boards and advisory committees as the cultural and tribal government expert and outreach specialist. I have also successfully led teams of Native and non-Native public health professionals to develop health and policy interventions with tribal communities across the United States. I have also provided cultural expertise on working with rural and urban Native American communities for many agencies. I am pleased to submit my testimony today, including a request of \$474.4 million for the Hospitals and Clinics: TEC line item to improve culturally attuned research, data, and evaluation services for the over 9 million American Indian and Alaska Native (AI/AN) people in our nation.

## **Leverage Congressional Authority to Increase Health Equity**

As a member of the National Academies of Sciences, Engineering, and Medicine (NASEM) Standing Committee on the Review of Federal Policies that Contribute to Racial and Ethnic Health Inequities, I urge you to adopt the recommendations in NASEM's *Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity*, published in 2023. One of the recommendations outlined in the report is for the federal government to raise the prominence of agencies with jurisdiction over health equity for AI/AN communities. The report specifically calls for three key Congressional and Presidential actions: 1) Raise the level of the IHS Director to that of an Assistant Secretary, 2) Authorize mandatory funding for IHS, as proposed in the President's Fiscal Year (FY) 2025 budget, and 3) Re-establish an Indian Affairs Committee in the House of Representatives.<sup>1</sup> In addition to these structural reforms, I ask that you also leverage your appropriation authority to adequately resource IHS. In the recently enacted FY 2024 appropriations, IHS received \$6.96 billion, a 0.05% increase from FY 2023 enacted levels, while urban Indian organizations (UIO) and Tribal Epidemiology Centers (TECs) received the same level of funding as in FY 2023 at just \$90.42 million and \$24.4 million, respectively. Funding IHS at need would mean yearly appropriations of \$53.8 billion for IHS, including \$977.4 million for UIOs and \$474.4 million for TECs.

<sup>1</sup> National Academies for Sciences, Engineering, and Medicine. (2023). *Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity*. Retrieved from: <https://nap.nationalacademies.org/catalog/26834/federal-policy-to-advance-racial-ethnic-and-tribal-health-equity>

The urgency of these requests come with the recent news the estimated life expectancy for AI/AN people has dropped from 71.8 years to 62.5 years during the peak of the COVID-19 pandemic.<sup>2</sup> This near-decade loss in life expectancy means that AI/AN people now have the same life expectancy as the general U.S. population in 1944.<sup>3</sup> It is imperative that Congress elevate AI/AN issues and priorities in the executive and legislative branches by addressing decades of chronic underfunding through investment in our public health and healthcare services offered by the Indian healthcare system.

### **Addressing Violence against AI/AN people**

UIHI continues to be a leader on the Missing and Murdered Indigenous Women and People (MMIWP) crisis through our groundbreaking MMIWP reports<sup>4</sup> highlighting the depth of the crisis, identifying gaps in data collection methods and practices, and encouraging investment in cultural frameworks for gender-based violence programs. The collective efforts of community members, researchers, and legislative partners using our reports led to historic passage of Not Invisible Act (NIA) and Savanna's Act.

In November 2023, the *Not One More: Findings and Recommendations of the Not Invisible Act*<sup>5</sup> was released again sparking the contention that federal policies, programs, and services are underserving our community thus perpetuating the violence against AI/AN people. In March 2024, the Department of Justice and Department of Interior released their response to the NIA report, citing existing resources and efforts to address concerns raised in the report. It is clear from this underwhelming response that the legislative intent of NIA and Savanna's Act has not been upheld, which was also illustrated in a 2023 GOA report, and we urge members on the Subcommittee to champion revolutionary change within the IHS to combat the high rates of violence experienced by our community members. As an MMIWP advocate, I urge the investment in IHS to expand gender-based violence services and violence prevention programming, and investment in clinics to establish Sexual Assault Nure Examinations (SANE), and primary care and behavioral health resources support victims in the hand of trusted providers.

As co-chair of the Washington State MIMIWP taskforce, I co-authored legislation creating the nation's first Missing Indigenous Person Alert (MIPA) system, referred to as the Red Alert, in Washington State. The following year, I provided consultation to individuals in California for the creation of the Feather Alert. After decades of education, research, and advocacy championed by Indian County, the Federal Communications Commission (FCC) announced the launch of an Emergency Management System (EMS) for Indigenous populations in March 2024. However, the FCC has not designated a specific code for AI/AN populations. In response, I submitted recommendations to the FCC urging them to designate a code that specifically identifies the system for AI/AN

<sup>2</sup> Goldman N, Andrasfay T. Life Expectancy Loss among Native Americans During the COVID-19 Pandemic. (2022). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8936100/>

<sup>3</sup> National Center for Health Statistics. (2022). Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021. Retrieved from: [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2022/20220831.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm)

<sup>4</sup> Urban Indian Health Institute. (November 14, 2018). Missing and Murdered Indigenous Women & Girls. <https://www.uihi.org/resources/missing-and-murdered-indigenous-women-girls/>; Urban Indian Health Institute. (September 2020). Sacred: Womxn of Resilience. [www.uihi.org/download/supporting-the-sacred-womxn-of-resilience/?wpdmid=18261&refresh=6217b40a4ce3e1645720586](http://www.uihi.org/download/supporting-the-sacred-womxn-of-resilience/?wpdmid=18261&refresh=6217b40a4ce3e1645720586); Urban Indian Health Institute. (February 17, 2022). Service as Ceremony: A Journey Toward Healing. [www.uihi.org/download/service-as-ceremony-a-journey-toward-healing/?wpdmid=19563&refresh=621d39d2458ae1646082514XX](http://www.uihi.org/download/service-as-ceremony-a-journey-toward-healing/?wpdmid=19563&refresh=621d39d2458ae1646082514XX); Urban Indian Health Institute (February 17, 2022). Building the Sacred. [www.uihi.org/download/building-the-sacred-an-indigenous-evaluation-framework-for-programs-serving-native-survivors-of-violence/?wpdmid=19565&refresh=6216aac3cca61645652684](http://www.uihi.org/download/building-the-sacred-an-indigenous-evaluation-framework-for-programs-serving-native-survivors-of-violence/?wpdmid=19565&refresh=6216aac3cca61645652684)

<sup>5</sup> Not Invisible Act Commission. (November 2023). Not One More: Findings & 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](https://www.justice.gov/d9/2023-11/34%20NIAC%20Final%20Report_version%2011.1.23_FINAL.pdf)

populations. Without an identifiable name, there will be a gap in the understanding and use of the system to support missing cases and intervene during human trafficking involving an AI/AN person. The FCC's proposal is evidence that federal action can be monumental and IHS must follow this example through historic investments in MMIWP.

### **Ongoing Impacts of the COVID-19 Pandemic**

We are among the 12 TECs located nationwide who have worked diligently to fill the gaps left by inadequate IHS funding. However, we are the only TEC with a national purview to address the public health needs of the urban Indian population which comprises more than 70% of the overall AI/AN population. For example, in 2023 after the federal Public Health Emergency expired, UIHI sent all 41 IHS-designated UIOs COVID-19 resources which included culturally specific pediatric vaccination schedules, hand washing campaign materials, COVID-19 fact sheets, RSV fact sheets, COVID-19 treatment maps, and educational posters. TECs, while chronically underfunded, are continuing to do our part to address public health needs in our communities.

The Fiscal Responsibility Act of 2023 impacted COVID-19 funding that was sent to IHS, ultimately rescinding \$419 million that were meant to support testing, treatment, and vaccinations as well as the purchase of supplies and the expansion and sustainment of the public health workforce. That is why it is painful to know that programs, vaccines, research, and public health workforce focused on COVID-19 could have been significantly funded if there had been oversight by an Indian Affairs Committee to hold IHS accountable for obligating and distributing these funds appropriately.

### **Improve Maternal and Child Health (MCH) Outcomes**

In 2022, the Secretary of Health and Human Services Advisory Committee on Infant and Maternal Mortality (ACIMM) released recommended actions to improve the health and safety of AI/AN mothers and infants.<sup>6</sup> These recommendations included improvements to IHS including evaluation and funding to improve healthy perinatal outcomes, perinatal workforce expansion and diversification, and federal strategies to address social determinants of health. Before these actions are implemented, it is necessary to improve the data reported by IHS to more accurately capture the MCH health crisis. It is critical for IHS to create a strategy for improving their measurements, evaluation and analysis, and reporting of maternal health collected. IHS will need to work in close partnership with the CDC who continues to inappropriately report on data on AI/AN maternal death. For example, in 2023 the National Center for Health Statistics, a unit of the CDC, published a report on 2021 maternal deaths nationwide but did not include data on AI/AN birthing people citing a lack of "statistically significant data."<sup>7</sup> As the director of a TEC, and a data scientist, I consider this to be inadequate and lazy epidemiology that results in the invisibility of the maternal death crisis in Native communities. The CDC should have used small populations methodologies to ensure AI/AN data was included. It is essential that IHS ensures that CDC is sharing appropriate data with them as most AI/AN babies are delivered in non-IHS facilities but often receive care in IHS systems of care after birth. IHS must begin to implement best practices for collecting data on AI/AN and improve their reporting system to capture trends more accurately on MCH.

<sup>6</sup> Advisory Committee on Infant and Maternal Mortality. (2022). Making Amends: Recommended Strategies and Actions to Improve the Health and Safety of American Indian and Alaska Native Mothers and Infants. Retrieved from: <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/infant-mortality/birth-outcomes-AI-AN-mothers-infants.pdf>

<sup>7</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. (2023). Maternal Mortality Rates in the United States, 2021. Retrieved from: <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.pdf>

ACIMM's recommendations are acutely important today given that the COVID-19 pandemic has exacerbated issues of gender-based violence, behavioral health, and suicide among AI/AN communities.<sup>8</sup> These are all issues that severely impact the quality of life for AI/AN women and inform perinatal health outcomes. Research has shown that AI/AN pregnant and post-partum people are the highest risk of drug related and suicide death.<sup>9</sup> Nationwide, the COVID-19 pandemic intensified intimate partner violence.<sup>10</sup> It is a critical time for this committee to strengthen investments in gender-based violence and behavioral health prevention and intervention services across IHS. Without additional funding and federal collaborations with IHS, it will struggle to provide wrap around services for AI/AN pregnant and parenting people. We ask for your support to address the far-reaching consequences of the pandemic and its impacts on MCH outcomes through the modernization of IHS's data system.

### **Address IHS Data Practices for TECs**

In March of 2022, the U.S. Government Accountability Office (GAO) released a report titled *Tribal Epidemiology Centers: HHS Actions Needed to Enhance Data Access*, which highlighted longstanding and pervasive issues experienced by Tribal public health authorities.<sup>11</sup> Two of the GAO recommendations were directed at IHS. Now two years later, IHS has not addressed these recommendations. I urge this subcommittee to hold IHS accountable and ensure the agency develops written guidance on how TECs can request IHS data, as well as agency procedures on reviewing TEC data requests.

TECs have a unique understanding of the gaps in data practices because of our close working relationships with UIOs and Tribal Nations. We can inform IHS efforts to improve data reporting and quality. UIHI, for example, is the only TEC overseen by a UIO, and has a proven track record in urban AI/AN data and research. In 2020, we published *Best Practices for American Indian and Alaska Native Data Collection* to address incomplete, inaccurate, and unreliable data collection practices which is currently being used as a guide in local, state and federal efforts nationwide.<sup>12</sup> In 2021 we published *Data Genocide of American Indians and Alaska Natives in COVID-19 Data*, a report card grading collection of racial data during COVID-19 and offering recommendations for collecting and reporting data on race and ethnicity.<sup>13</sup> This report has been utilized by states, tribes and UIO's to improve data that is then reported to HHS agencies. In 2023, we published *Decolonizing Data*, a guidebook intended to help understand the guiding principles of what it means to achieve data equity and uphold Indigenous Data Sovereignty.<sup>14</sup> IHS can look to these resources and work with us to improve data reporting on UIOs and Tribal Nations. Together we can ensure that health surveillance data on AI/AN people is more accurately captured and utilized.

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<sup>8</sup> Ruiz A, Luebke J, Moore K, Vann AD, Gonzalez M Jr, Ochoa-Nordstrum B, Barbon R, Gondwe K, Mkandawire-Valhmu L. The impact of the COVID-19 pandemic on help-seeking behaviours of Indigenous and Black women experiencing intimate partner violence in the United States. (2022). *J Adv Nurs*. 2022 Dec 19 : 10.1111/jan.15528. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9878234/>; Haskins C, Noonan C, MacLehose R, Buchwald D, Manson SM. COVID-19 pandemic effects on emotional health and substance use among urban American Indian and Alaska Native people. (2023). *J Psychosom Res*. 2023 Sep; 172: 111424. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10290739/>; Panchal, N., Garfield, R., Cox, C., Artiga, S., Substance Use Issues Are Worsening Alongside Access to Care. (2021). Kaiser Family Foundation. Retrieved from: <https://www.kff.org/policy-watch/substance-use-issues-are-worsening-alongside-access-to-care>

<sup>9</sup> Margerison CE, Roberts MH, Gemmill A, Goldman-Mellor S. (2022). Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010-2019. *Obstet Gynecol*. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8849543/>

<sup>10</sup> Sutton A, Beech H. (2023). The impact of stay-at-home orders on safety and stability for women: A topical review of intimate partner violence and intimate femicide in the United States during the initial phase of COVID-19. *J Fam Violence*. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10041482/>

<sup>11</sup> United States Government Accountability Office. (2022). *Tribal Epidemiology Centers: HHS Actions Needed to Enhance Data Access*. GAO-22-104698. Retrieved from: <https://www.gao.gov/products/gao-22-104698>

<sup>12</sup> Urban Indian Health Institute. (2020). *Best Practices for American Indian and Alaska Native Data Collection*. Retrieved from: <https://www.uihi.org/resources/best-practices-for-american-indian-and-alaska-native-data-collection/>

<sup>13</sup> Urban Indian Health Institute. (2021). *Data Genocide of American Indians and Alaska Natives in COVID-19 Data*. Retrieved from: <https://www.uihi.org/projects/data-genocide-of-american-indians-and-alaska-natives-in-covid-19-data/>

<sup>14</sup> Urban Indian Health Institute. (2023). *Decolonize Data: Accurate Data Tells Accurate Stories*. Retrieved from: <https://www.uihi.org/projects/decolonizing-data-toolkit/>