

Testimony of Abigail Echo-Hawk, MA (Pawnee)
Director, 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 living in an urban Indian community in Seattle. I am the Director of the Urban Indian Health Institute (UIHI), an Indian Health Services (IHS) designated Tribal Epidemiology Center (TEC), where I oversee our policy, research, data, and evaluation initiatives. **To ensure TECs are appropriately resourced, I request \$73 billion for the Indian Health Services, and \$474.47 million to the Indian Health Services Hospitals and Clinics: Tribal Epidemiology Center line item.**

I am part of numerous efforts to support AI/AN communities in data and research, including co-authoring multiple reports for the National Academies of Science and Medicine in addition to co-authoring of numerous groundbreaking research studies on the impact of violence in Indigenous communities where I have called national attention to the barriers in data collection, reporting, and analysis of demographic data that inhibit the nation's ability to address violence against AI/AN people.

I. TRIBAL EPIDEMIOLOGY CENTERS

TECs are federally recognized as public health authorities under the Indian Health Care Improvement Act (1976). In partnership with tribes and Urban Indian Organizations (UIO), we support the improvement of the health of AI/AN people by collecting and analyzing data, conducting epidemiological surveillance and research, and translating findings into data-driven reports and public health solutions. UIHI is one of twelve TECs nationwide and serves a unique role. While other TECs operate regionally, UIHI serves the national urban AI/AN population which represents more than 76% of the population.¹ Our national focus allows us to generate data analyses useful across Indian Country.

Investing in TECs is necessary for ensuring that federal resources are directed appropriately and efficiently. We provide decision makers high-quality data so tribes can target the most pressing needs. This ultimately produces cost savings.

Funding shortages: Despite their critical role, TECs remain drastically underfunded. We are expected to perform the functions of public health authorities while operating with scarce resources. We continue this work, often without resources, because the lives of our people depend on it, but adequate funding would allow us to do much more. At minimum, I ask you to

¹ U.S. Census Bureau, *2010 Census American Indian and Alaska Native Summary File*, table PCT2, "Urban and Rural; Universe: Total Population; Population Group: American Indian and Alaska Native Alone or in Combination with One or More Races" (2010).

maintain our current funding so TECs can continue their vital work. In the long term, we must look toward meaningful increases to fulfill the federal government's trust and treaty responsibility for quality healthcare, which depends on quality data for informed policymaking.

We support the Indian Programs Advance Appropriations Act. As a next step after advance appropriations for the IHS, we are looking toward mandatory appropriations for these vital programs. This will support the TEC line item and all other components of the system.

Data Access Barriers: Despite our legal status as public health authorities, TECs continue to face barriers in accessing data that we are legally entitled to receive. While the HHS TEC Data Access Policy made improvements, significant challenges remain. I was dismayed to see important public datasets pulled down in 2025; when reinstated, they were missing key variables related to the health of our most vulnerable populations. Without this data, we cannot pinpoint where policy change, program investments, and targeted interventions are needed most. Data specific to AI/AN belong to the Tribes and falls under their governance; restoring this data is a matter of Tribal sovereignty.

In summary, to ensure TECs can fulfill their role in the Indian health care system, I ask that you: (1) maintain and increase TEC funding by providing \$474.47 million to the Indian Health Services Hospitals and Clinics: Tribal Epidemiology Center line item; (2) issue mandatory advance appropriations for IHS at full need, \$73 billion; (3) ensure data access for TECs as public health authorities.

II. VIOLENCE AGAINST AMERICAN INDIAN AND ALASKA NATIVE PEOPLE

UIHI continues to focus on violence prevention including sexual assault, domestic violence, and missing and murdered Indigenous women and persons (MMIWP). Despite continuous efforts by tribes, UIOs, and community members, federal oversight and sustained investment remain inadequate. UIHI has chosen not to stand aside while our people go missing and are murdered, our women and girls are sexually assaulted, and our communities suffer.

National Study on Traumatic Brain Injury: To address unmet needs of AI/AN survivors of domestic violence and sexual assault, we are conducting an unfunded national study on traumatic brain injury (TBI). Despite knowing that domestic violence survivors have a higher rate of TBI than NFL football players,² there is little research on traumatic brain injury among AI/AN survivors, while perpetrators use TBI's effects to control their victims.³

² Eve M. Valera, et al., "Correlates of Brain Injuries in Women Subjected to Intimate Partner Violence: Identifying the Dangers and Raising Awareness," *Journal of Aggression, Maltreatment & Trauma* 28, no. 6 (2019): 695–713; K. L. Costello and others, "Update on Domestic Violence and Traumatic Brain Injury," *Brain Sciences* 12, no. 1 (2022).

³ Ohio Domestic Violence Network, *Working with Brain Injuries and Mental Health in Domestic Violence Programs: Findings from the Field* (Columbus, OH: Ohio Domestic Violence Network, 2020).

In 2022, IHS launched the first efforts to address dementia in Indian Country.⁴ These programs are limited to those over 50 years of age; AI/AN survivors under the age of 50 who experience TBI-related early-onset dementia are not eligible to receive services. This study aims to illuminate the impact of TBI on AI/AN assault survivors while simultaneously advancing policy change to ensure survivors are eligible for the services they need.

Without our work, there would be zero information on this topic. TECs do the work needed without being hampered by academic research infrastructure. We do it as directed by tribal leadership with one driving value: it's for the love of Native people. TEC funding must be increased to ensure TECs can operate sustainably.

Sustainable Funding for Violence Prevention: UIHI recently conducted a national survey of 201 AI/AN organizations providing survivor services. It provides a snapshot of the integral work they do and assesses the impact of funding cuts. In 2025, these organizations reported serving more than 25,074 AI/AN survivors.

However, these programs are in danger. Federal funding plays a crucial role in sustaining them, and is a matter of trust and treaty responsibility. In our survey, 84% of organizations reported that more than half of their operating budgets rely on federal funds. 63.8% reported being substantially impacted by federal funding cuts since January 2025. This includes delayed grant disbursements and elimination of longstanding funding opportunities. As a result, many organizations have reduced services that our communities rely on. These reductions include elder services, human trafficking services, stalking victim support, housing, children's services, and legal advocacy. Organizations reported countless incidents of having to turn away individuals with "unmet needs." Without these services, people will die and communities will suffer.

Tribal Law Enforcement Challenges: Data from this survey also underscored the urgency of improving Tribal law enforcement capacity. Among the organizations that responded, nearly half reported that there are difficulties recruiting Tribal law enforcement officers in their area, and more than 40% reported challenges to retaining them. One of the most commonly cited reasons was the disparity in pay and benefits compared to other law enforcement agencies. In Alaska, the situation is dire. Over 40% of rural Alaska Native villages have no full-time officers, and vast distances mean response times are often delayed.

These data highlight the need for policy change, and the Tribal Law Enforcement Parity Act (HR 4712) seeks to address some of these very factors. Specifically, it would extend to tribal officers the same benefits federal officers already receive, in an effort to strengthen recruitment and retention.

National Technical Assistance: UIHI is the technical assistance provider for the 27 UIOs with

⁴ Indian Health Service, "Indian Health Service Announces Investment to Address Alzheimer's Disease in Indian Country on World Alzheimer's Day," press release, September 21, 2022, <https://www.ihs.gov/newsroom/pressreleases/2022-press-releases/indian-health-service-announces-investment-to-address-alzheimers-disease-in-indian-country-on-world-alzheimers-day/>

IHS grants through the Sexual Assault, Suicide Prevention, and Domestic Violence Prevention project (SASP/DVP). The other 11 TECs provide the same to their regions. We support data collection to ensure decision makers have quality data to appropriately inform programing.

In summary, to address the crisis of violence against AI/AN people, I ask that you:

(1) Maintain and increase TEC funding by providing \$474.47 million to the IHS Hospitals and Clinics: Tribal Epidemiology Center line item; (2) Support the passage of the Tribal Law Enforcement Parity Act (HR 4712); (3) Protect funding through IHS for victim services.

III. AMERICAN INDIAN AND ALASKA NATIVE MATERNAL AND CHILD HEALTH

There is a direct connection between violence and AI/AN maternal health. In our recent survey of organizations serving AI/AN survivors of violence, we found that of the more than 25 thousand people these organizations served last year, 8.2% were pregnant or postpartum, and 28% were children. These numbers are deeply concerning.

AI/AN mothers face higher rates of maternal morbidity and mortality,⁵ with suicide and homicide as two of the leading causes of pregnancy-associated mortality.⁶ AI/AN individuals are less likely to receive perinatal care compared to non-Hispanic white mothers,⁷ and are more likely to experience mistreatment in the care they do access.⁸ Further, rampant misclassification and undercounting of AI/AN populations in surveillance systems render it impossible to even know the full scope of this issue, and limit our ability to take action.

Without sustained investment in research and maternal health programs across the Indian health care system, this crisis will only continue. ***In summary, to improve outcomes for AI/AN mothers and children, I ask that you: (1) Maintain and increase TEC funding; provide \$474.47 million to the Indian Health Services Hospitals and Clinics: Tribal Epidemiology Center line item; (2) expand funding opportunities through IHS to grow the workforce necessary to address the maternal health crisis. (3) Implement the Native Children’s Commission Implementation Act of 2025, including (a) the creation of an Inter-Agency Committee on Indigenous Data Sovereignty to guide AI/AN maternal health work, and (b) the establishment of Tribal Advisory Committees (TACs) across federal agencies that impact maternal health.***

Thank you for this opportunity to testify before the Committee today. I urge you to uphold the federal government’s trust and treaty responsibility. Indigenous lives depend on it.

⁵ Centers for Disease Control and Prevention, “Working Together to Reduce American Indian and Alaska Native Maternal Mortality,” CDC, accessed March 10, 2026, <https://www.cdc.gov/hearher/ai/and/disparities.html>

⁶ Jacquelyn C. Campbell et al., “Pregnancy-Associated Deaths from Homicide, Suicide, and Drug Overdose,” *Obstetrics & Gynecology* 137, no. 2 (2021): 295–302, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8020563/>

⁷ M. A. Hesketh, T. R. Benally, S. S. Johnson, L. R. Tanner, and S. V. Means, “Assessing Social Determinants of Health in a Prenatal and Perinatal Cultural Intervention for American Indians and Alaska Natives,” *International Journal of Environmental Research and Public Health* 18, no. 21 (2021): 11079, <https://doi.org/10.3390/ijerph182111079>

⁸ A. Burns, T. DeAtley, and S. E. Short, “The Maternal Health of American Indian and Alaska Native People: A Scoping Review,” *Social Science & Medicine* 317 (2023): 115584, <https://doi.org/10.1016/j.socscimed.2022.115584>