Executive Director Francys Crevier for the National Council of Urban Indian Health
Testimony for the House Indigenous Peoples of the United States Subcommittee Hearing:
"Reviewing the Broken Promises Report: Examining the Chronic Federal Funding Shortfalls in Indian Country"
November 19, 2019

Chairman Gallego, Ranking Member Cook and distinguished members of the committee, good morning and thank you for holding this important hearing. My name is Francys Crevier, I am a member of the Algonquin First Nation with a background in Indian law and policy, and it has been my honor to serve as the Executive Director of the National Council of Urban Indian Health (NCUIH), which represents 41 Title V Urban Indian Organizations (UIOs) across the nation. UIOs provide high-quality, culturally competent care to urban Indian populations, which constitute more than 78% of all American Indians and Alaska Natives (AI/ANs). I appreciate the opportunity to testify before you today as part of the Committee's review of the "Broken Promises" report issued by the U.S. Commission on Civil Rights in December of 2018, which outlinined the chronic federal funding shortfalls in Indian Country.

UIOs were formally recognized by Congress in 1976 under the Indian Health Care Improvement Act to fulfill the federal government's health care-related trust responsibility to Indians who live off the reservations. Each UIO is led by a Board of Directors that must be majority AI/AN. They are collectively represented by the National Council of Urban Indian Health (NCUIH), which is a 501(c)(3), member-based organization devoted to the development of quality, accessible, and culturally sensitive healthcare programs for AI/ANs living in urban communities. UIOs are a critical part of the Indian Health Service (IHS), which oversees a three-prong system for the provision of health care: Indian Health Service, Tribal Programs, and Urban Indian Organizations. This is commonly referred to as the I/T/U system. Throughout the 1700s and 1800s, removal, allotment, and reorganization were the terms used and legally justified by the

government to uproot AI/AN people of this nation for the purpose of gaining land. During the 20th century Indian boarding schools were established, with the main philosophy of "kill the Indian, save the man." As a result of Government actions, AI/AN children were taken away from their reservations and families and inserted into completely foreign environments void of their languages, cultural identity, and traditional values. The federal government's relocation policies of the 1950s and 1960s furthered the attempt to assimilate AI/ANs into mainstream American society when the Bureau of Indian Affairs (BIA) initiated the Urban Indian Relocation Program. Unfortunately, rejection, ignorance, negligence and indifference by the government placed them immediately in a disadvantaged position within the system. These forced movements were carried out under the federal government's relocation policies and justified through laws created to terminate the government's legal obligations to Indian Tribes. The end result was the creation of orphaned AI/AN people - neglected and marginalized by a society into which they were thrown. Despite the federal government's assimilation efforts, AI/AN people managed to maintain their cultural identities. In urban areas, they created community centers and worked to address the severe problems with health, employment, education, housing, etc. of their communities - the problems that the federal government had largely created and then failed to ameliorate.

Through numerous bodies of law including treaties and legislation, the federal government has codified a federal trust responsibility to AI/AN people. Among the most sacred of the duties encompassed within the federal trust responsibility is the duty to provide for Indian health care. Congress has long recognized that the federal government's obligation to provide health care for AI/AN people foff of reservations, declaring: *"The responsibility for the provision of health care, arising from treaties and laws that recognize this responsibility as an exchange for the*

cession of millions of acres of Indian land does not end at the borders of an Indian reservation. Rather, government relocation policies which designated certain urban areas as relocation centers for Indians, have in many instances forced Indian people who did not [want] to leave their reservations to relocate in urban areas, and the responsibility for the provision of health care services follows them there"

Data shows that reoccurring health problems are more acute for AI/ANs living in urban areas. Urban Indians have greater rates of mortality from chronic disease compared to all other populations, this includes a diabetes death rate 1.2 times greater, a chronic liver disease death rate 2.1 times greater, and a tuberculosis death rate 3 times greater. Infant mortality is also higher among urban Indians than the non-Indian urban population, with 7.8 deaths per 1,000 live births compared with 6.4 deaths per 1,000 live births. Urban Indians also have greater suicide rates, at 13 per 100,000 compared with 9.2 per 100,000. Urban Indians are also less likely to receive preventive care compared with the non-Indian urban population and less likely to have health insurance.

UIOs provide culturally competent health care services and resources that are critical to addressing these health care challenges. However, UIOs have struggled with chronic underfunding, severely limiting the services and AI/AN patients they can serve. This constant underfunding from the federal government, in turn, impacts its fulfillment of the federal obligation to AI/AN people – an obligation at which the government is failing. The very issues identified in the Broken Promises report simply cannot be fully resolved while urban Indian health remains an afterthought instead of a funding priority.

Currently, UIOs receive ***less than*** 1% of the IHS budget through **only one line item** – the urban Indian healthcare line item, and the IHS budget is currently underfunded at much less than 50%

of need creating serious budget constraints. The federal trust responsibility to provide health care has never been appropriately funded, and has not been given consideration for inflation or population growth in urban Indian communities. A recent GAO report demonstrates that IHS is underfunded at around $4,000 per patient (as compared to nearly $11,000 per patient at the VHA), and we know for a fact that urban Indian health patients receive even less funding per patient because not only do they just receive less than 1% of the total IHS budget but they don't have access to the other line items such as facilities funding budget. It is because of this historical underfunding that NCUIH supported an initial increase in funding to a minimum of $116 million for the IHS urban Indian healthcare line item, constituting a mere 2% of the total current IHS budget to *begin* to address the needs of urban Indian health. NCUIH is grateful that the House Appropriations Committee passed a $37.3 billion draft spending package in May of this year, with an approximately $30 million increase to the urban line item, but the Senate did not do the same. Even this increase is only a start on the fulfillment of the trust obligation – there is significant disparity in the federal per capita expenditures on other health programs as compared to IHS (and even less for urban Indian health). For instance, taking the GAO's reported per capita spending from the VHA in FY 2017 -- $10,692 -- and multiplying it by the total UIO patients (underreported) reported in 2017 (171,591), yields an amount of $1.8 billion. Although this is a simplistic calculation that does not factor in many considerations, it demonstrates how severely underfunded the Indian health system – and urban Indian health is. With such a low budget of just over $51 million funding 41 UIOs, the $30 million increase would have significant and direct impacts on urban Indian health – but it is merely a start on what is needed to actually resolve the issues described in the Broken Promises report. To illustrate, UIOs are so chronically underfunded that during the shutdown, several UIOs had to

reduce services, lose staff or close their doors entirely, forcing them to leave their patients without adequate care. In a UIO shutdown survey, 5 out of 13 UIOs indicated that they could only maintain normal operations for 30 days. One of those facilities, which runs two UIOs in two states, only receive $491 from IHS for mental health funding for the year. Lack of funding for IHS, lack of IHS parity for UIOs, and IHS parity for VHA are the culprits here.

Congress must i**nclude urban Indians in language for ALL new health programs -** When urban Indians are not explicitly mentioned in programmatic language they are implicitly excluded from participating in such programs. **Urban Indian Organizations are not considered Tribal organizations, which is a common misconception. Therefore, UIOs must be explicitly included to receive parity with the remainder of the I/T/U system.** All too often, Urban Indian Health programs are excluded from laws intended to benefit American Indians and improve their quality of health, because of a lack of the understanding of the history of urban Indian communities and complexity of the Indian health delivery system**. Until such time as Congress acts to include UIOs in their definitions of the IHS system, Congress must expressly mention UIOs to ensure the whole system was included.** Lack of information and bureaucratic complexity has led to the exclusion of Urban Indian Health programs from a number of critical protections enjoyed by IHS and tribal health providers. UIOs have historically struggled without the benefit of these protections, compounding the problem of limited appropriations aimed a general lack of understanding of UIOs critical role in fulfilling the federal Trust Responsibility.

Thank you again for holding this hearing today, and working to end the federal government's unfortunate legacy of broken promises to this continent's first peoples. We look forward to remaining an expert witness and resource.

The Broken promises report, like many other well intentioned reports and research, such as the IHS Urban Indian Needs Assessment and the Urban Indian Organization demonstration projects, raises awareness of these issues, but without a prompt true long-term commitment and subsequent actions to address these disparities, a report is only a report, and has little impact on the health status of our people. We ask Congress to treat this health system like the only one that you, your children and family has.