FY 2011 TRIBAL BUDGET RECOMMENDATIONS
TO THE U.S. DEPARTMENT OF HEALTH &
HUMAN SERVICES

Budget Formulation Workgroup Presenters:

Darryl Red Eagle, Co-Chair
Ft. Peck Assiniboine and Sioux Tribes

gaiashkibos, Co-Chair
Lac Courte Oreilles Band of Lake Superior Chippewa Indians

April 29, 2009
DHHS Hubert Humphrey Building, Washington, DC
“So let me be clear, I believe treaty commitments are paramount law, I will fulfill those commitments as President of the United States”. – Then Senator, Barack Obama
A New Partnership

Legal Basis for Federal Services

- United States Constitution
- The Snyder Act of 1921
- The Transfer Act of 1954
- Indian Sanitation Facilities and Services Action of 1959
- The Indian Self-Determination and Education Assistance Act (enacted 1975)
- Indian Health Care Improvement Act of 1976
- The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986
- The Indian Child Protection and Family Violence Prevention Act of 1990
A New Partnership

- Built on Principles for Stronger Tribal Communities (from the Obama ’08 Campaign)
  - Sovereignty
  - Tribal-Federal, Government-to-Government Relations (Consultation and Inclusion)
  - Honoring Trust Responsibility

National Tribal Budget Recommendations to DHHS - FY2011
A New Partnership

Needs Based Budget: 10 year Phasing-in Plan
FY 2011 to FY 2020 - $21.2 billion
A New Partnership

- **FY 2011:** Indian Health Service Budget Request:
  - Increase of $2.1 Billion

- **FY 2020:** Indian Health Service Budget Ten Year Phase-In of:
  - $21.2 Billion
State of Emergency

The National Congress of American Indians does hereby declare a State of Emergency for Indian health programs; and.. urge(s) Congress to provide emergency funding to deal with the Indian Health Care Crisis.

National Congress of American Indians Resolution
Resolution PHX-08-030
October 2008
“...the IHS is only funded at about one-half of its need. Clinician shortages are rampant, significant health disparities permeate Indian Country....”

- Senator Byron L. Dorgan
April 23, 2009
Senate Committee on Indian Affairs,
Confirmation Hearing of Yvette Roubideaux, MD, MPH
for Director of IHS
Diminished Purchasing Power - A 25 year look at the IHS Health Services Accounts: Actual expenditures adjusted for the inflation and compared to lost purchasing power when adjusted for inflation and population growth. (Fiscal years 1984 to 2009)
A State of Emergency

- **Medicare & Medicaid** – Entitlement programs adjusted by formula for inflation, including medical inflation.

- **Social Security** – Entitlement program adjusted by formula to recognize cost of living changes.

- **Indian Health Care** – Discretionary funding, battered by high health care inflation for decades.
Developing the Recommendations: Tribal Budget Formulation Process
Consultation & Partnership with Tribes

562 Tribes meet within 12 IHS Areas and 34 Urban Indian Centers

Each area develops national recommendations & selects representatives for the budget working group

Representatives provide national recommendations

National Tribal Budget Recommendations to DHHS - FY2011
<table>
<thead>
<tr>
<th>Location</th>
<th>Representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>Chairman Joseph Brings Plenty, Cheyenne River Sioux Tribe</td>
</tr>
<tr>
<td></td>
<td>Dr. Donald Warne, Executive Director, AATCHB</td>
</tr>
<tr>
<td>Alaska</td>
<td>Carolyn Crowder, Aleutian Pribilof Islands Association, Inc.</td>
</tr>
<tr>
<td></td>
<td>Evangelyn Dotomain, Alaska Native Health Board</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>Councilman Carleton Albert, Pueblo of Zuni</td>
</tr>
<tr>
<td></td>
<td>Councilman Greg Mendez, Mescalero Apache Tribe</td>
</tr>
<tr>
<td>Bemidji</td>
<td>Co-Chair gaiashkibos, Lac Courte Oreilles Band</td>
</tr>
<tr>
<td></td>
<td>Terri Terrio, Stockbridge-Munsee Band</td>
</tr>
<tr>
<td>Billings</td>
<td>Co-Chair Darryl Red Eagle, Fort Peck Tribe</td>
</tr>
<tr>
<td></td>
<td>Tracy King, Fort Belknap Tribe</td>
</tr>
<tr>
<td></td>
<td>Donna Buckles-Whitmer, Assiniboine &amp; Sioux Tribes of Fort Peck</td>
</tr>
<tr>
<td>California</td>
<td>Alternative Co-Chair Rachel Joseph, Lone Pine</td>
</tr>
<tr>
<td></td>
<td>Crista Ray, SVPomo</td>
</tr>
<tr>
<td>Location</td>
<td>Name and Organization</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Nashville</td>
<td>Patricia Knox-Nicola, Penobscot Nation Health Department, Byron Jasper, United South &amp; Eastern Tribes, Inc.</td>
</tr>
<tr>
<td>Navajo</td>
<td>Anslem Roanhorse, Navajo Nation Division of Health, Theresa Galvan, Navajo Nation Division of Health</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>Lt. Governor Jefferson Keel, Chickasaw Nation, Governor Scott Miller, Absentee Shawnee Tribe</td>
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<tr>
<td>Phoenix</td>
<td>Richard Narcia, Gila River Health Care Corporation, Alida Montiel, Tribal Health Steering Committee for the Phoenix Area IHS</td>
</tr>
<tr>
<td>Portland</td>
<td>Andrew Joseph, Jr., Confederated Tribes of the Colville Indian Reservation, Eric Metcalf, Confederated Tribes of Coos, Lower Umpqua &amp; Siuslaw</td>
</tr>
<tr>
<td>Tucson</td>
<td>Chairman Ned Norris, Jr., Tohono O’odham Nation &amp; Chairman Peter Yucupicio, Pascua Yaqui Tribe</td>
</tr>
</tbody>
</table>
Full Assessment of IHS Needs

- 594 Indian Health Service Facilities
  - 49 hospitals
  - 231 health centers
  - 5 school-based health centers
  - 34 urban Indian health programs
  - 133 health stations
  - 176 Alaska village clinics
Full Assessment of IHS Needs

- Indian Health Service Care Delivery
  - IHS Direct Operated Programs
  - Tribally-Operated Programs
  - Urban Indian Health Facilities
  - Contract Care
FY 2011
Tribal National Health Care Priorities
FY 2011
Tribal National Health Care Priorities

- Diabetes
- Cancer
- Behavioral Health/Alcohol/Substance Abuse/Mental Health
- Cardiovascular Disease/Heart Disease/Stroke
- Health Promotion/Injury Prevention
FY 2011
Tribal National Health Care Priorities

- Injuries/Injury Prevention
- Maternal and Child Care
- Dental Health
- Water and Sanitation
- Respiratory/Pulmonary

National Tribal Budget Recommendations to DHHS - FY2011
FY2011
Tribal National Health Care Priorities

Each Priority Area Addresses a Health Disparity for American Indians and Alaska Natives

- Tuberculosis: 600X
- Alcoholism: 500X
- Diabetes: 10X
- Teen Suicide 10X
Personal Testimony

Dora Mae Hughes

February 2009
### Life Expectancy in Years:

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>74.1</td>
<td>79.5</td>
<td>76.9</td>
</tr>
<tr>
<td>AI/AN</td>
<td>63.5</td>
<td>71.0</td>
<td>67.3</td>
</tr>
<tr>
<td>Disparity:</td>
<td>10.6</td>
<td>8.5</td>
<td>9.6</td>
</tr>
</tbody>
</table>

**Average age of death in AZ (2005):**
- General Population - 72.2
- AI/AN Population - 54.7
## FY 2011

### Tribal Budget Recommendations

<table>
<thead>
<tr>
<th>Current Services</th>
<th>Current Services Estimate</th>
<th>Recommended for FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Pay Costs</td>
<td>$26,900,000</td>
<td>$26,900,000</td>
</tr>
<tr>
<td>Tribal Pay Costs</td>
<td>$29,200,000</td>
<td>$29,200,000</td>
</tr>
<tr>
<td>Inflation</td>
<td>$63,300,000</td>
<td>$63,300,000</td>
</tr>
<tr>
<td>Additional Medical Inflation</td>
<td>$54,800,000</td>
<td>$54,800,000</td>
</tr>
<tr>
<td>Population Growth</td>
<td>$42,900,000</td>
<td>$42,900,000</td>
</tr>
<tr>
<td>New Staffing for New/Replacement Facilities</td>
<td>$25,000,000</td>
<td>$25,000,000</td>
</tr>
<tr>
<td>Contract Support Costs</td>
<td>$170,100,000</td>
<td>$170,100,000</td>
</tr>
<tr>
<td>Health Care Facilities Construction</td>
<td>$281,324,000</td>
<td>$281,324,000</td>
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<tr>
<td>Joint Venture</td>
<td></td>
<td>$60,000,000</td>
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<tr>
<td>Area Distribution</td>
<td></td>
<td>$140,000,000</td>
</tr>
<tr>
<td>Restoration of FY 2007 Rescission (none)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restoration of FY 2008 Rescission</td>
<td>$53,521,000</td>
<td>$53,521,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$747,045,000</strong></td>
<td><strong>$947,045,000</strong></td>
</tr>
</tbody>
</table>
FY 2011
Tribal Budget Recommendations

- **Maintaining Current Services is a Fundamental Budget Principle**
  - Failure to maintain current services results in cuts in health care services; simply no other way to absorb these mandatory costs.

- **Maintaining Current Services Fails to Address the State of Emergency**

- **Significant Program Increases are Required to Address the State of Emergency & to Address the National Tribal Health Care Priorities**
## FY 2011 Tribal Budget Recommendations

<table>
<thead>
<tr>
<th>Program Increases</th>
<th>Current Services Estimate</th>
<th>Recommended for FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals &amp; Clinics</td>
<td></td>
<td>$500,000,000</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td>$30,000,000</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td>$20,600,000</td>
</tr>
<tr>
<td>Alcohol &amp; Substance Abuse</td>
<td></td>
<td>$19,600,000</td>
</tr>
<tr>
<td>Contract Health Services</td>
<td></td>
<td>$500,000,000</td>
</tr>
<tr>
<td>Maintenance &amp; Improvement</td>
<td>$20,000,000</td>
<td>$20,000,000</td>
</tr>
<tr>
<td>Sanitation Facilities Construction</td>
<td>$35,000,000</td>
<td>$35,000,000</td>
</tr>
<tr>
<td>Facilities &amp; environmental Health Support</td>
<td>$12,000,000</td>
<td>$12,000,000</td>
</tr>
<tr>
<td><strong>SUBTOTAL (Current Services + Program Increases)</strong></td>
<td><strong>$829,045,000</strong></td>
<td><strong>$2,094,245,000</strong></td>
</tr>
<tr>
<td><strong>BASE APPROPRIATION</strong></td>
<td><strong>$3,346,179,000</strong></td>
<td><strong>$4,000,000,000</strong></td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$4,175,224,000</strong></td>
<td><strong>$6,094,245,000</strong></td>
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<td>$500,000,000</td>
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- $500 million will support IHS and Tribal-Operated Programs. Treat chronic diseases including diabetes, cancer and heart disease.
- This includes the Indian Health Care Improvement Fund and Information Technology.
### FY 2011

**Tribal Budget Recommendations**

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- $30 million will address an extraordinary disparity in dental care.
- AI/AN’s have the highest rates of tooth decay and gum diseases in the United States.
- Only 25% of AI/AN’s have access to dental care.
- Oral health is at the core of chronic care.
Depression, suicide and other mental health issues are destroying Tribal communities and families.

Suicide is the #2 cause of death for AI/AN 15-34 years olds, or 2.2 times higher than the average US population.

Access to timely, culturally appropriate mental health care services.

Wellness is not just physical – an approach to whole person wellness is necessary.
# FY 2011 Tribal Budget Recommendations

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- AI/ANs are 550% more likely to die from alcoholism than all other US populations.
- Methamphetamine and inhalant abuse are an epidemic in Tribal communities.
- There is an overwhelming demand for substance abuse and alcohol treatment, aftercare and prevention.
## FY 2011 Tribal Budget Recommendations

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<td>Contract Health Service</td>
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- Demonstrated Need Easily Exceeds $1 billion.
- It used to be “don’t get sick after June 1st” – Now it is “don’t get sick at all”.
- Less than ½ of the current need is being met.
- Priority One = Emergency and Acutely Urgent Services.
## FY 2011 Tribal Budget Recommendations

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<tr>
<td>Urban Indian Health</td>
<td></td>
<td>$10,000,000</td>
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- Only place providing culturally appropriate health care to urban AI/ANs in fulfillment of the trust responsibility to off-reservation Indians.
- Without them, many American Indians would have to return home for their health care.
FY 2011
Tribal Budget Recommendations

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- $80 million is the documented need to just maintain Federal and Tribally-owned health facilities in their current condition.

- $371 million is the current IHS estimate to address the backlog of need.
Availability of adequate in-home plumbing is needed to prevent disease.

12% of AI/AN homes do not have plumbing.

This request is minimal considering the need and the weight of this matter for one’s health.
FY 2011 Tribal Budget Recommendations

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- Purpose of funding is to support utility and maintenance costs and the necessary personnel to operate these systems within the system.
“Too often, Washington has paid lip service to working with the tribes…” – Then Senator, Barack Obama
A New Partnership

“...Need your help to write a new Indian Health Care Bill... We are determined to do that...”

“[it needs to] step up to a broader reform...”

- Senator Byron L. Dorgan
  April 23, 2009
  Senate Committee on Indian Affairs,
  Confirmation Hearing of Yvette Roubideaux, MD, MPH
  for Director of IHS

National Tribal Budget Recommendations to DHHS - FY2011
“For more than fourteen years, Congress has failed to reauthorize the Indian Health Care Improvement Act and comprehensively modernize Native American health care services. This is unfair and unacceptable.”

- Then Senator Barack Obama
  January 18, 2008
  US Senate Floor
A New Partnership

A new partnership to address the health care needs of 1.9 million individual American Indians and Alaska Natives
A New Partnership

- **2011**: Indian Health Service Budget Request:
  - Increase of $2.1 Billion

- **2020**: Indian Health Service Budget Ten Year Phase-In of:
  - $21.2 Billion
Thank you to the Tribal Budget Formulation Technical Workgroup:

Stacy A. Bohlen, National Indian Health Board
Carolyn Crowder, Aleutian Pribilof Islands Association, Inc.
Karol L. Dixon, Alaska Native Tribal Health Consortium
Evangelyn Dotomain, Alaska Native Health Board
Theresa Galvan, Navajo Nation Division of Health
Alida Montiel, Tribal Health Steering Committee for the Phoenix Area IHS
Jim Roberts, Northwest Portland Area Indian Health Board
Audrey D. Solimon, National Indian Health Board
Terri Terrio, Stockbridge-Munsee Band

With Support From:
Gale Marshall & Garry Curtis, Two Feathers Media/Hager Sharp
Michael Stoklos Photography

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