



NATIONAL ♦ INDIAN ♦ HEALTH ♦ BOARD

1st Annual National Tribal Health Appropriation Summit

March 6, 2008

Washington, D.C.

How to be Invited to Testify

Senate and House Committees invite witnesses to testify in person on specific issues. Committees often choose witnesses according to known expertise and notoriety in the field. Also, committees tend to invite people who they know or maintain an established relationship with. Sometimes, the committee will issue an “open invitation” where they will accept letters from the public who wish to request to testify.

One way to catch the committee’s attention is to set up meetings with staffers who work for congressman on the committee of interest or who staff the committee itself during your visits to Washington. Setting up meetings on a regular basis creates a relationship with staffers who learn your name and concerns. With name recognition, your chances to be called to testify on upcoming hearings increase.

However, if you are not called to testify in person, written testimony is accepted and equal in value. Be sure to review standards for submitting written testimony. Guidelines on formatting and delivering written testimony are specific and should carefully be followed. Your written testimony will be printed in the Congressional Record and will provide guidance to the Representative/Senator and their staff.

If you are invited to testify, you should prepare two testimonies: oral and written. Your written testimony should include references to your tribal communities and how the policy will affect your members. Remember to cite where information is gathered from and stay on point. It is ok to add headers to sections which will help guide legislative staff through your key points.

Oral testimony should reflect the written testimony but should be limited to about five minutes. Oral testimony should highlight the main points. This is your opportunity to “talk” to the committees – make it personal, give examples of issues raised in your testimony. The committee staff can read your written testimony after the hearing if they need more information.

Whenever you have a chance to testify, seize the moment. It is a time for you to tell the Congress in a formal proceeding of what matters to your community.

Examples of instructions from FY09’s hearings are included in this document.

Example 1-

House Committee on Appropriations Subcommittee on Interior, Environment, and Related Agencies

Instructions for Providing Written Public Testimony

- **Testimony must be received by Thursday, March 13, 2008.**

As in past years, interested parties may submit written testimony to be included in the official record.

All written testimony must comply with the following requirements.

- Do not exceed four pages – testimony that exceeds four pages will not be accepted.
- Type on standard 8.5 by 11 inch letter size paper.
- Single-space type in 12 point font with one inch margins.
- Clearly indicate your name, title, and institutional affiliation (if any) at the top of the first page.
- Clearly state in the first paragraph the agency, program, and amount of money involved in the request.
- Do not include color and detailed photos, since the official record will contain photographically reproduced copies of written testimony. However, use of charts and tables and the use of appropriate bold type and bullets are acceptable, as long as they are within the four page maximum length.
- **Attach testimony to an e-mail with the topic of the testimony as the subject line and send to in.approp@mail.house.gov**

If you have any questions please contact the Subcommittee at (202) 225-3081, or in.approp@mail.house.gov

Example 2-

House Committee on Appropriations Subcommittee on Interior, Environment, and Related Agencies

Instructions for Requesting to Provide Testimony for the Public Witness Hearing March 12 and 13, 2008 10:00 A.M.

B-308 Rayburn House Office Building

A public witness hearing on Native American issues will be held on Wednesday, March 12, 2008. Public witness testimony on other issues will be heard on Thursday March 13, 2008. Both hearings will be at 10:00 A.M., in B-308 Rayburn House Office Building.

DEADLINE: February 15, 2008

Interested parties should contact the Subcommittee no later than Friday, February 15, 2008, expressing their interest to testify in person. Clearly indicate your name, title, and institutional affiliation (if any). Clearly indicate the issue(s) you wish to testify on, and/or the agency, program, and desired funding level.

The Subcommittee prefers that all requests to testify be submitted electronically by e-mail to the following address: in.approp@mail.house.gov with the following subject line:

Request to Testify at Native American Hearing.

Or,

Request to Testify, Other Issues Hearing

If you are unable to submit your request by e-mail, please contact the Subcommittee at 202-225-3081.

Witnesses will be scheduled to the extent time permits, and in the order requests are received. More specific instructions for submitting oral and written testimony will be distributed to each witness after Friday, February 15, 2008.

Example 3-

Subcommittee on Interior and Related Agencies Outside Witness Testimony Instructions FY 2009 Appropriations

At this time no outside witness hearings are scheduled to be conducted by the Senate Subcommittee on Interior and Related Agencies for fiscal year 2009. However, as in the past years, written testimony will be accepted in accordance with the guidelines below.

GUIDELINES

Format:

- Testimony (and supporting material) should be a **maximum** of four (4) pages, on 8 ½ x 11 paper, single sided, single spaced, and have a 1” margin.
- Do not include a cover page. At the top of the first page list the name of the organization submitting testimony, the subcommittee for which the testimony has been prepared, and the Department and/or Agency the testimony is addressing.

Delivery:

- Two (2) high quality originals are required.
- Testimony should be stapled in the top left corner.
- Include contact information (phone, fax, e-mail, and address)
- A disk or an e-mail attachment with an electronic copy of the testimony and any supporting material must be submitted with the printed originals. Label the disk with the word processing software used to prepare the document (Word 6, WordPerfect 10, etc.) and the name of the organization submitting testimony. If using Macintosh software, supply a DOS formatted disk. If submitting a disk, the disk **MUST be hand delivered**.

E-mail:

Please send testimony and any supporting material as attachments to your e-mail addressed to INT@appro.senate.gov with the subject line “OWT.” We will only be accepting testimony and supporting materials formatted in Word Perfect and Microsoft Word. Materials will NOT be accepted in PDF Format.

Deadline:

All material must be received no later than **Friday, April 25, 2008**. This deadline will be strictly enforced.

Due to the heightened mail screening procedures, the subcommittee cannot ensure that testimony submitted through the U.S. postal mail service will be received in a timely manner. Faxed copies of testimony will not be accepted.

Address: Subcommittee on Interior and Related Agencies
Committee on Appropriations
Attention: Outside Witness Testimony
United States Senate, SD-131
Washington, DC 20510
(202) 228-0774

**TESTIMONY OF CYNTHIA MANUEL
TUCSON AREA REPRESENTATIVE
NATIONAL INDIAN HEALTH BOARD**

**BEFORE THE SENATE COMMITTEE ON INDIAN AFFAIRS
ON THE PRESIDENT'S FISCAL YEAR 2009 BUDGET REQUEST FOR
TRIBAL PROGRAMS**

**THURSDAY, FEBRUARY 14, 2007. 9:30 AM
SENATE DIRKSEN BUILDING ROOM 628**

Good Morning, Chairman Dorgan and Vice-Chairman Murkowski, and members of the Committee on Indian Affairs. I am Cynthia Manuel, the Tucson Area Representative on the National Indian Health Board (NIHB) where I represent the two tribal nations from the Tucson Area, the Pascua Yaqui and my tribe, the Tohono O'Oodham.

I have worked in the health care field for over 20 years, and on behalf of the NIHB, it is an honor and pleasure to offer testimony on the President's FY09 Budget.

In March 2007, the Department of Health and Human Services held its 9th Annual Tribal Budget Consultation Session. The IHS Tribal Budget Workgroup, consisting of tribal leaders from each of the 12 IHS Areas, recommended that the President's FY 09 Budget include a \$781 million increase, plus restoration of the urban program funding. My Chairman, Ned Norris, represents the Tucson Area on

this Tribal Workgroup. We are disappointed that the President's Budget does not reflect the Tribal recommendations.

The President's FY09 Budget request for IHS is \$3.3 billion – a decrease of \$21 million from the FY08 funding. We are appreciative that there were increases to certain line items, such as a \$ 9 million increase to CHS. As Robert McSwain, Acting Director of IHS, stated at his nomination hearing on February 7, the increases to CHS are expected to cover CHS expenses through August. So now the saying in Indian Country will be “Don't get sick after August” -- but that is not acceptable to us.

Indian people continue to suffer higher disparities compared to other races:

- Death rates due to cervical cancer: 1.6x higher
- Death rates due to diabetes: 3x higher
- Death rates due to suicide: 1.6x higher

The high incidence of disease and medical conditions in Indian Country should support an increase in funding, not a decrease.

The Administration defends the President's budget by claiming that program funding was reduced or eliminated in order to fulfill the IHS core mission of providing primary care to Indians on or near reservations. The last time I looked the IHS mission was to “raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest degree.” The very foundation of the IHS is to “uphold the Federal government's obligation to promote healthy American Indian and Alaska Native people, communities and cultures, and to honor and protect the inherent sovereign rights of Tribes.”

The President's budget targets two of the most critical line items important to the delivery of direct health care: facilities and health professionals.

In this testimony, we would like to focus on four important areas of the President's budget where program funding was decreased or eliminated: Health Care Facility Construction, Alcohol and Substance Abuse, Indian Health Professionals, and Urban Indian Programs.

Health Care Facility Construction

We are appalled by the President's request of only \$15.8 million for facility construction – a \$20.8 million decrease in funds from FY08.

The IHS Sells Hospital was built in 1961 – almost 50 years ago. The average age of a U.S. hospital is 9 years. While a replacement hospital is on the priority list, construction documents have not been approved because of a lack of funding.

My reservation is 27,000 acres – the size of the State of Connecticut. Since 1999, my community has been in the process of constructing a health care facility to our members on the western end of our reservation --- 50 miles from Sells. Through the Joint Venture Construction Program, I am pleased to report that the San Simon Health Center is completed and will open in approximately 4 months. Our success in the Joint Venture Program demonstrates why funding for all health care facility construction projects is important to provide Tribes with innovative opportunities to construct needed health care facilities.

We recommend health care facility construction line item be increased by \$121 million.

Alcohol and Substance Abuse

The FY 09 President's Budget request to reduce the alcohol and substance abuse line item by \$11 million from FY08 level would devastate the efforts to provide these services in Indian Country. We are also concerned that the elimination of \$14 million for Meth and Suicide Prevention Program will have serious impact.

We recommend that the alcohol and substance abuse line item be increased by \$41 million.

Indian Health Professions

The FY 09 President's Budget request to reduce the health professions line item by \$14 million from FY08 level will result in substantial reductions in the number of scholarships and loan repayments awarded. In a society where cultural relevance is important, it is essential to retain dedicated health professionals who have earned the trust of the community.

We recommend that the Health Professionals line item to be increased by \$15 million.

Reduction in Urban Indian Health Program:

The President's budget proposes the elimination of \$35 million for the urban Indian programs. Many of the 150,000 Indians served by these urban health programs reside in urban areas as a result of Federal relocation programs, or as a result of employment or education. This is the third year that the Administration has zeroed out the program. The Administration has failed to conduct any study nor consulted with Tribes and Tribal organizations.

The Snyder Act authorizes appropriations for the “benefit, care, and assistance of Indians throughout the United States.” Elimination of the urban Indian program could be interpreted as the first step in regressing from the Federal government’s trust responsibility to provide services to AI/ANs, no matter where they might reside.

We recommend that the urban Indian health program line item be restored.

In closing, I appreciate the opportunity to testify on behalf of the NIHB on these important issues. Thank you for Senate Floor remarks about Indian Country’s overwhelming need to improve and modernize the health care system through passage of the Indian Health Care Improvement Act. We appreciate your leadership to champion our bill.

As Tribes, every year, we participate in the HHS Tribal Budget Consultation sessions. Last year, we participated in good faith, yet our recommendations were not heard by this Administration. Today, we have focused on the need to restore funding for four critical components of the IHS budget: facility construction, alcohol and substance abuse, health professionals, and urban programs. We ask you, in closing, that you and other members of the Committee, take our tribal recommendations seriously and move them forward through the Senate Appropriations process.

Thank you for your consideration. I am available to answer any questions you might have.

**TESTIMONY OF CYNTHIA MANUEL
TUCSON AREA REPRESENTATIVE
NATIONAL INDIAN HEALTH BOARD**

**BEFORE THE SENATE COMMITTEE ON INDIAN AFFAIRS
ON THE PRESIDENT'S FISCAL YEAR 2009 BUDGET REQUEST FOR TRIBAL
PROGRAMS**

**THURSDAY, FEBRUARY 14, 2007. 9:30 AM
SENATE DIRKSEN BUILDING ROOM 628**

Good Morning, Chairman Dorgan and Vice-Chairman Murkowski, and members of the Committee on Indian Affairs. I am Cynthia Manuel, the Tucson Area Representative on the National Indian Health Board (NIHB) where I represent the two tribal nations from the Tucson Area, the Pascua Yaqui and the Tohono O'odham. I am a member of Tohono O'odham Nation and represent the Great Gu-Achi District on our Legislative Council, where I serve on the Health & Human Services, Budget & Finance, and Domestic Affairs Committees.

I have worked in the health care field for over 20 years, and on behalf of the NIHB, it is an honor and pleasure to offer my testimony on the President's FY09 Budget relating to the Indian Health Service (IHS). The level of funding for the IHS as proposed by the President has a direct impact on the tribal members in the Tucson Area, as well as all members and descendants of the 561 Federally-recognized Tribes represented by the NIHB.

Established in 1972, NIHB serves Federally Recognized American Indians and Alaska Native Tribal governments by advocating for the improvement of health care delivery to American Indians and Alaska Natives (AI/ANs), as well as upholding the federal government's trust responsibility to American Indian and Alaska Native governments. We strive to advance the level and quality of health care and the adequacy of funding for health services that are operated by the Indian Health Service (IHS), programs operated directly by Tribes and Tribal

organizations pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), and urban Indian organizations pursuant to Title V of the Indian Health Care Improvement Act (IHCIA). Our board members represent each of the twelve areas of IHS and are elected at-large by the respective Tribal Governmental Officials within their area.

Tribal Budget Consultation

On March 28 -29, 2007, the Department of Health and Human Services held its 10th Annual Tribal Budget Consultation Session. At that meeting, the IHS Tribal Budget Formulation Workgroup, consisting of Tribal leaders from each of the 12 IHS Areas, presented the FY 2009 Budget Recommendations and recommended a \$781 million increase, plus restoration of the urban Indian program funding. I have included as part of this testimony a copy of the workgroup’s recommendation, *9th HHS Annual Tribal Budget Consultation Presentation, “Honoring the Promise,” March 28-29, 2007.*

The Tribal Workgroup’s \$781 million recommendation includes increases for pay costs, inflation, population growth, and staffing of new facilities, and includes the following recommended services and facilities increases:

Services		Facilities	
Hospital & Clinics	\$110,000	Health Care Facility Construction	\$100,000
Indian Health Care Improvement Fund	\$40,000	Maintenance & Improvement	\$10,000
Information Technology	\$5,000	Sanitation Facilities Construction	\$20,000
Dental	\$20,000	Facilities & Environmental Health Support	\$2,391
Mental Health	\$25,000	Equipment	\$5,000
Alcohol and Substance Abuse	\$30,000	Joint Venture, Small Ambulatory, YRTC	\$30,000
Contract Health Services	\$110,000		
Public Health Nursing	\$4,000		
Health Education	\$1,000		
Community Health Representatives	\$4,000		
Urban Indian Health	\$3,500		
Indian Health Professionals	\$1,000		
Tribal Management	\$1,000		
Self-Governance	\$160		
Contact Support Costs	\$2,845		
		(Funding increases in thousands)	

Source: 9th HHS Annual Tribal Budget Consultation, “FY 2009 Budget Recommendation: Honoring the Promise,” March 28-29, 2007.

The Tribal Workgroup identified the following tribal national health priorities: Diabetes, Cancer, Heart Disease, Alcohol and Substance Abuse and Mental Health. The Tribal Budget Workgroup’s proposal was developed to ensure that AI/ANs have “access to quality primary and secondary health and basic preventative services.” We are disappointed that the President’s budget does not adequately reflect the recommendations of the Tribal Budget Workgroup.

The President’s Budget

The President’s FY09 Budget request for IHS is \$3.3 billion – a decrease of \$21 million from the FY08 funding. We are appreciative that there were increases to the Hospital and Clinic line item, of \$37.9 million, and to Contract Health Services of \$8.8 million. As Robert McSwain, Acting Director of IHS, stated at his nomination hearing on February 7, the increases to CHS are expected to cover CHS expenses through August. So now the saying in Indian Country will be “Don’t get sick after August” -- but that is not acceptable to Indian Country. Due to limited CHS funding, only life threatening conditions are paid for by the IHS and thus, Indian people are forced to forgo treatment altogether or obtain medical treatment without CHS authorization and risk their credit ratings if the medical bills go unpaid.

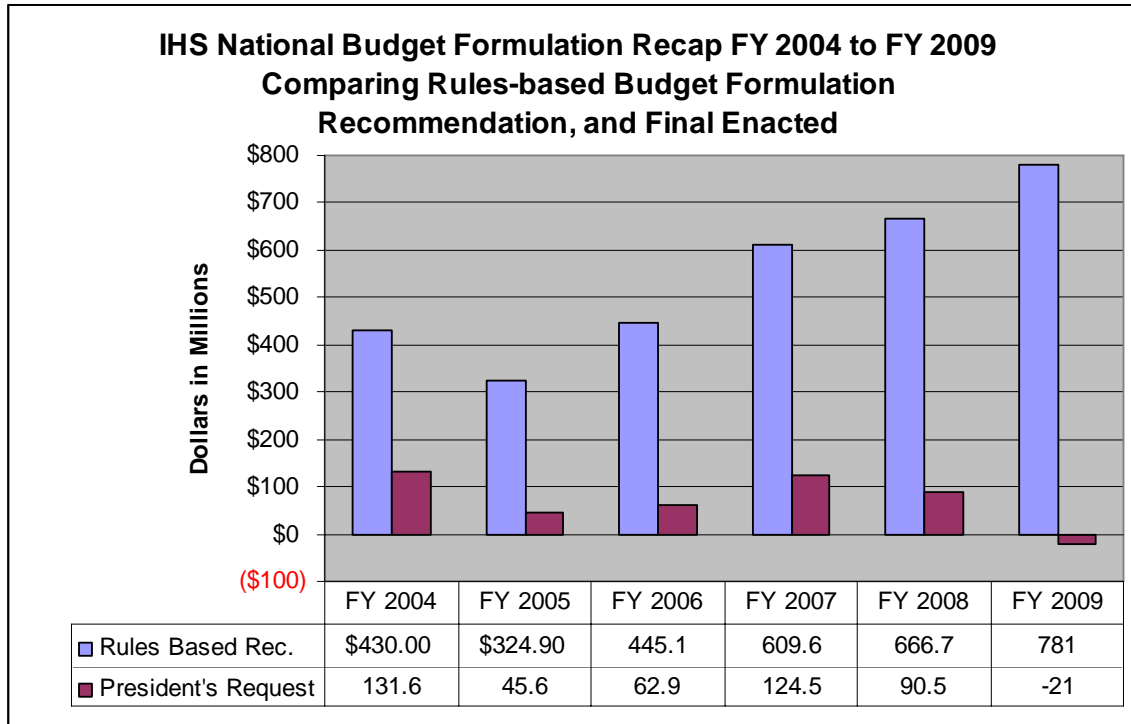
Indian people continue to suffer higher mortality disparities rates compared to U.S. all races:

- Death rates due to cervical cancer: 1.6x higher
- Death rates due to diabetes: 3x higher
- Death rates due to suicide: 1.6x higher

The disproportionate mortality rates and high incidence of disease and medical conditions in Indian Country should support an increase in funding, not a decrease. The IHS appropriated funding represents 55% of the necessary federal funding to ensure the delivery of health care to AI/ANs that are available to the rest of the American population.¹ The IHS mission is to “raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest degree . . . [and to] “uphold the Federal government’s obligation to promote healthy American Indian and Alaska Native people, communities and cultures, and to honor and protect the inherent sovereign rights of Tribes.” The President’s budget does not serve the IHS mission because it does not provide sufficient funding to address the health disparities in Indian Country.

¹ IHS Facts on Indian Health Disparities, January 2007

As shown by the chart below, in prior years, Administrations have not fully considered the Tribal Budget Workgroup recommendations. The FY 09 President’s Budget request and the Tribal Budget Workgroup recommendations are in stark contrast:



Source: 9th HHS Annual Tribal Budget Consultation, “FY 2009 Budget Recommendation: Honoring the Promise,” March 28-29, 2007, modified to include the FY 09 Request.

The Administration defends the President’s budget by claiming that program funding was reduced or eliminated in order to fulfill the IHS core mission of providing primary care to Indians on or near reservations. Yet, the President’s budget targets two of the most critical line items important to the delivery of direct health care: facilities and health professionals. Without adequate health facilities and health professionals, the IHS and Tribes are hindered in their ability to provide direct care.

In this testimony, we would like to focus on four important areas of the President’s budget where program funding was decreased or eliminated: Health Care Facility Construction, Alcohol and Substance Abuse, Indian Health Professionals, and Urban Indian Programs.

Health Care Facility Construction

We are appalled by the President's request of only \$15.8 million for facility construction – a \$20.8 million decrease in funds from FY08. This funding decrease will seriously impact the ability of IHS and Tribes to provide primary direct health care and to attract highly qualified and trained health care professionals.

The FY09 construction funding is limited to one hospital project that is arguably needed by that community. However, there is an enormous backlog of facility projects on a priority list created in 1993, and at this rate of funding, these projects might never be constructed. The President's proposal is detrimental to other Indian communities that do not have a facility on this priority list. There was no funding proposed for alternative construction projects, such as the small ambulatory or joint venture projects.

The IHS Sells Hospital was built in 1961 – almost 50 years ago. The average age of a U.S. hospital is 9 years. While a replacement hospital for Sells is on the priority list, construction documents have not been approved because of a lack of funding. Since 1999, my community has been in the process of constructing a health care facility to our members on the western end of our reservation – 50 miles from Sells. Through the Joint Venture Construction Program, I am pleased to report that the San Simon Health Center is completed and is projected to open in approximately 4 months. Our success in the Joint Venture Program demonstrates why funding for all health care facility construction projects is important to provide Tribes with innovative opportunities to construct needed health care facilities.

At the FY 09 HHS Tribal Budget Consultation Session, the Tribal Budget Workgroup recommended a \$100 million increase in health care facility construction. Taking into consideration the reduction of funding in the President's budget of \$21 million and recommended increases from the Tribal Workgroup, we request that the health care facility construction line item be increased by \$121 million.

Alcohol and Substance Abuse

The FY 09 President's Budget request reduced the alcohol and substance abuse line item by \$11 million from FY08 level. With the statistics showing American Indians die at over 5x the rate than other Americans from alcoholism, an \$11 million loss would devastate the efforts to provide alcohol & substance abuse services, including preventive and treatment based care, in Indian Country. Throughout the years, this funding has supported the development of a holistic and culturally-based approach to reduce dependency on drugs and alcohol.

NIHB is also concerned that the elimination of \$14 million for Methamphetamine and Suicide Prevention Program, as found in the FY 2008 appropriations, will have serious impact on the agency's ability to address specifically suicide prevention, mental health and behavioral issues involving methamphetamine.

At the FY 09 HHS Tribal Budget Consultation Session, the Tribal Budget Workgroup recommended a \$30 million increase in alcohol and substance abuse funding. Taking into consideration the reduction of funding in the President's budget of \$11 million and recommended increases from the Tribal Workgroup, we request that the alcohol and substance abuse line item be increased by \$41 million.

Indian Health Professions

The FY 09 President's Budget request reduced the health professions line item by \$14 million from FY08 level. The Indian Health Professions program was created for the purpose of recruiting and retaining health professionals in IHS through a scholarship and loan repayment program. Incentives are needed to attract and retain quality Indian health professionals to Indian Country. In a society where cultural relevance is important, it is important to retain dedicated health professionals who have earned the trust of the community. A reduction of over \$14 million to the Indian health professions line item will result in substantial reductions in the number of scholarships and loan repayments awarded. For instance, in FY 2009, only an estimated 188 scholarships will be awarded compared to 442 scholarships awarded in 2007. The reduction in funding of health profession scholarship and loan repayment programs is

compounded by increased tuition costs that already contribute to a decrease in the number of new awards.

At the FY 09 HHS Tribal Budget Consultation Session, the Tribal Budget Workgroup recommended a \$1 million increase in Indian Health Professions. Taking into consideration the reduction in funding in the President's budget of \$14 million and recommended increases from the Tribal Workgroup, we request that the Health Professionals line item to be increased by a total of \$15 million.

Reduction in Urban Indian Health Program:

The President's budget proposes the elimination of \$35 million for the urban Indian program. The 36 Urban Indian Health Organizations provide culturally appropriate health care to over 150,000 AI/ANs residing in urban centers. Many of these AI/ANs and their descendants reside in urban areas as a result of Federal relocation programs of the 1950s, or as a result of employment or attending schools of higher education. This is the third year that the Administration has zeroed out the urban Indian program. The IHS FY 09 Congressional Budget Justification indicates the urban Indian funding was reallocated for the provision of health care services in tribal communities on or near the reservation. The Administration has failed to conduct any study nor consulted with Tribes and Tribal organizations as to the impact the elimination of the urban programs would have on tribal health delivery systems and whether this reallocation of funding would be sufficient to provide services to a potentially new population.

We believe the elimination of funding to the urban Indian programs is a manifestation of this Administration's belief that its responsibility to provide health care to AI/ANs is limited to those who reside on or near the reservation. The Snyder Act authorizes appropriations for the "benefit, care, and assistance of Indians throughout the United States." Elimination of the urban Indian program could be interpreted as the first step in regressing from the Federal government's trust responsibility to provide services to AI/ANs, no matter where they might reside.

At the FY 09 HHS Tribal Budget Consultation Session, the Tribal Budget Workgroup recommended a \$3.5 million increase in urban Indian health programs. Taking into

consideration the elimination of funding in the President's budget of \$35 million and recommended increases from the Tribal Workgroup, we request that the urban Indian health program line item be increased by a total of \$38.5 million.

CONCLUSION:

Chairman and Vice-Chairman, Indian Country appreciates your willingness to visit reservations and villages within your respective States and to represent the interests of Indian Country in the Senate. Thank you for Senate Floor remarks about Indian Country's overwhelming need to improve and modernize the health care system through passage of the Indian Health Care Improvement Act. We appreciate your leadership to champion our bill.

As Tribes, every year, we participate in the HHS Tribal Budget Consultation sessions, a process established by the Federal government to hear the health priority and budget needs of our local communities. Last year, we participated in good faith, yet our recommendations were not heard by this Administration. For FY 09, the Tribal Budget Workgroup recommended an increase of \$781 million to the IHS budget. Today, we have focused on the need to restore funding for four critical components of the IHS budget: facility construction, alcohol and substance abuse, health professionals, and urban programs, plus recommended increases from the Tribal Workgroup consultation sessions. We ask you, in closing, that you and other members of this Committee, take the Tribal Budget Workgroup recommendations seriously and move them forward through the Senate Appropriations process.

I appreciate the opportunity to testify on behalf of the NIHB before your Committee on these important issues. Thank you for your consideration. I am available to answer any questions you might have.