TURNING THE CORNER IN INDIAN HEALTH TREATY AND TRUST OBLIGATIONS:
Writing a New Future for American Indians and Alaska Natives

Presented by the National Budget Formulation Tribal Co-chairs:
Councilman Andy Joseph Jr., Confederated Tribes of the Colville Reservation
Councilmember Gary Hayes, Ute Mountain Ute Tribe
TREATY AND TRUST OBLIGATIONS....


TURNING THE CORNER IN INDIAN HEALTH

2014 Tribal Nations Summit
President Barack Obama and First Lady Michelle Obama have lunch with youth from the Standing Rock Sioux Tribe at We The Pizza/Good Stuff Eatery in Washington, D.C., Nov. 20, 2014. (Official White House Photo by Pete Souza)
“Our need is $29 billion, at the rate we are going we will never get there. Our average age of tribal deaths since 1990 is 50 for males and 54 for females. This is not acceptable.”

Gary Hayes, Tribal Co-Chair, National Budget Formulation Work Group
“One of these days we will move on to the next world some call it Heaven, our Chiefs and passed Council will ask us, “Why did you ask for only a small budget for our People when you could have asked for everything you needed?”

Andy Joseph, Jr. Tribal Co-Chair, National Budget Formulation Work Group
Phase In Full Funding of IHS: $29.96 Billion Over 12 Years

Increase FY 2016 President’s IHS Budget by a minimum 22% in FY 2017:

Request Higher % budget increase in Hospitals & Clinics budget line to provide additional flexible “Services” budget line item funding which will be used by the IHS Areas to fund local budget priorities

Provide an additional $300 million in the “Services” budget line to implement the provisions authorized in the Indian Health Care Improvement Act (IHCIA)

Advocate that Tribes and Tribal programs be permanently exempted from sequestration

*includes placeholder estimates for CSC, Staffing for new facilities
# Phase in Full Funding of IHS: $29.96 Billion Over 12 Years

## Services

<table>
<thead>
<tr>
<th>Services</th>
<th>$ Per Capita</th>
<th>Billions</th>
<th>Billions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Services</td>
<td>$5,836</td>
<td>$9.30</td>
<td>$15.82</td>
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<tr>
<td>Dental &amp; Vision Services</td>
<td>$611</td>
<td>$0.97</td>
<td>$1.66</td>
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<tr>
<td>Community &amp; Public Health</td>
<td>$1,369</td>
<td>$2.18</td>
<td>$3.71</td>
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<tr>
<td>Total Annualized Services</td>
<td>$7,816</td>
<td>$12.46</td>
<td>$21.19</td>
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</table>

## Facilities

<table>
<thead>
<tr>
<th>Facilities</th>
<th>$ Per Capita</th>
<th>Billions</th>
<th>Billions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Upgrades Upfront Costs</td>
<td>$6.51</td>
<td>$8.77</td>
<td>$0.51</td>
</tr>
<tr>
<td>Annualized for 30 yr useful life</td>
<td>$0.38</td>
<td>$0.51</td>
<td></td>
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<tr>
<td>Total</td>
<td></td>
<td>$18.97</td>
<td>$29.96</td>
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</table>

IHS assessed facilities condition (old, outdated, inadequate) and has estimated a one-time cost of $6.51 to upgrade and modernize. A 30 year useful life assumption is used to estimate the annualized cost (assuming 4% interest) of the upgrades.
FY 2017 National Tribal Recommendation
Planning Base - FY 2016 President’s Budget $5,102,985,000

Current Services & Binding Agreements $482,440,000

Current Services
Federal Pay Costs $8,173,000
Tribal Pay Costs $9,989,000
Inflation (non-medical) $8,510,000
Inflation (medical) $63,318,000
Population Growth $67,450,000

Binding Agreements $325,000,000
New Staffing for New & Replacement Facilities $75,000,000
Contract Support Costs - Need $150,000,000
Health Care Facilities Construction (Planned) $100,000,000

Program Expansion Increases - Services $591,702,700
Hospitals & Health Clinics $200,000,000
Dental Services $31,185,900
Mental Health $67,495,900
Alcohol and Substance Abuse $77,600,900
Purchased / Referred Care (formerly CHS) $200,000,000
Public Health Nursing $584,000
Health Education $457,000
Community Health Representatives $557,000
Alaska Immunization $3,000
Urban Indian Health $10,000,000
Indian Health Professions $564,000
Tribal Management Grants $0
Direct Operations $128,000
Self-Governance $328,000
Contract Support Costs - New & Expanded $2,799,000

Program Expansion Increases - Facilities $48,514,000
Maintenance & Improvement $21,589,000
Sanitation Facilities Construction $13,927,000
Health Care Facilities Construction-Other Authorities $7,560,000
Facilities & Environmental Health Support $438,000
Equipment $5,000,000

GRAND TOTAL $6,225,641,700

$ Change over Planning Base $1,122,656,700
% Change over Planning Base 22.0%
Date Feb 11, 2015

1) Phased – in Full Funding of IHS – Total Tribal Needs Budget of $29.96 Billion Over 12 Years
2) A minimum 22% increase in the overall IHS budget over the FY 2016 President’s Budget request, subject to adjustments for actual FY 2017 CSC, New Facility staffing, and New Tribes
3) A higher percentage budget increase in Hospitals & Clinics budget line to allow flexible service expansion funding which will be used by the IHS Areas to fund local budget priorities
4) $300 million on top of the 22% to begin to implement the provisions authorized in the Indian Health Care Improvement Act (IHCIA)
5) Permanent exemption from sequestration
1) Purchased/Referred Care (+200M)
2) Hospitals and Clinics (+200M)
3) Alcohol & Substance Abuse Services (+$77.6 million)
4) Increase funding for Mental Health (+$67.5 million)
5) Increase funding for Dental Services (+$31.2 million)
To provide additional *flexible* “Services” budget line item funding

- To be used by the IHS Areas to fund *local* budget priorities
Modernizes health delivery services: i.e. cancer screenings, home and community based services and long-term care for the elderly and disabled

Establishes a continuum of care through integrated behavioral health programs to address alcohol/substance abuse problems and the social service and mental health needs of Indian people

Supports the health professional development in Indian Country. For instance, Section 112 of the law which Authorizes the Secretary to fund demonstration programs for Indian health programs to address chronic shortages of health professionals.

Authorizes the establishment of a mental health technician program within IHS to train Indians as mental health technicians to provide community-based mental health care to include identification, prevention, education, referral, and treatment services.

Crucial for the Administration to make these funds a priority. With a direct request to make this a priority from the Administration, Congress is much more likely to be amenable to providing funding for these critical programs in FY 2017.
FY2017:
Other Priority IHS Tribal Budget Issues

- CSC Mandatory
- Advanced Appropriations
- Long-Term Renewal of SDPI
- Tribal EpiCenters
FY2017: Other Priority HHS Tribal Budget Issues

- Grants to Tribes
- Expansion of Self Governance at HHS
- 51st state for Medicaid
“There’s no denying that for some Americans the deck has been stacked against them, sometimes for generations. And that’s been the case for many Native Americans. But if we’re working together, we can make things better. We’ve got a long way to go. But if we do our part, I believe that we can turn the corner. We can break old cycles. We can give our children a better future. I know because I’ve talked to these young people. I know they can succeed. I know they’ll be leaders not just in Indian Country, but across America. And we’ve got to invest in them and believe in them and love them, and that starts from the White House all the way down here.”
"Our People continue to live sicker and die younger than other Americans,"

Said the National Indian Health Board Before Senate Committee on Indian Affairs January 28th Hearing - Highlighting Native American priorities for the 114th Congress
On December 29, 1990, photographer James Cook caught sight in the distance of the more than 350 horseback riders who were recreating the ride to Wounded Knee, South Dakota, as part of a centennial memorial of the massacre that occurred there in 1890. The riders were near the end of their 7-day, 300-mile journey.

Since 1986, the descendants of those killed at Wounded Knee Creek have recreated the ride to the site. More than 350 men, women and children were to be escorted by US troops so they could be transported to Omaha, Nebraska, to be resettled on Indian reservations. When a medicine man and others failed to comply, a shoot-out ensued. In less than an hour, 150 Lakota and 25 soldiers were dead. A three-day blizzard followed the battle, freezing the dead bodies and killing the wounded.

The weather Cook experienced as he tried to document the ride mirrored the blizzard of 1890. Temperatures hovered around -54 degrees and harsh winds blew across the arid landscape. He learned early on to rewind the film slowly, or, stiffened by the cold, it would shatter. If he exhaled when his face was too close to the camera, his breath would freeze his face to the viewfinder.

Cook began photographing native peoples in the late 1980s because, as he says, the richness of the culture fascinated him. Cook is of European descent, but says he doesn't know much about his own cultural heritage. "I started realizing that the Native Americans had a lot going with their cultural roots and preserving their heritage," he says. "I admire that; I envy that."

To Cook, photographing Native Americans is about documenting a specific point in history. "It's all evolving, and I think it's important to document things as they are in our day and age," he says. The passage of time is evident in his "The Ride To Wounded Knee" image as well. "We got the headdresses and horses, but one of the riders is wearing a snowmobile outfit as well," he says.