

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

A New Partnership

May 19, 2008
Crow Agency, MT

“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



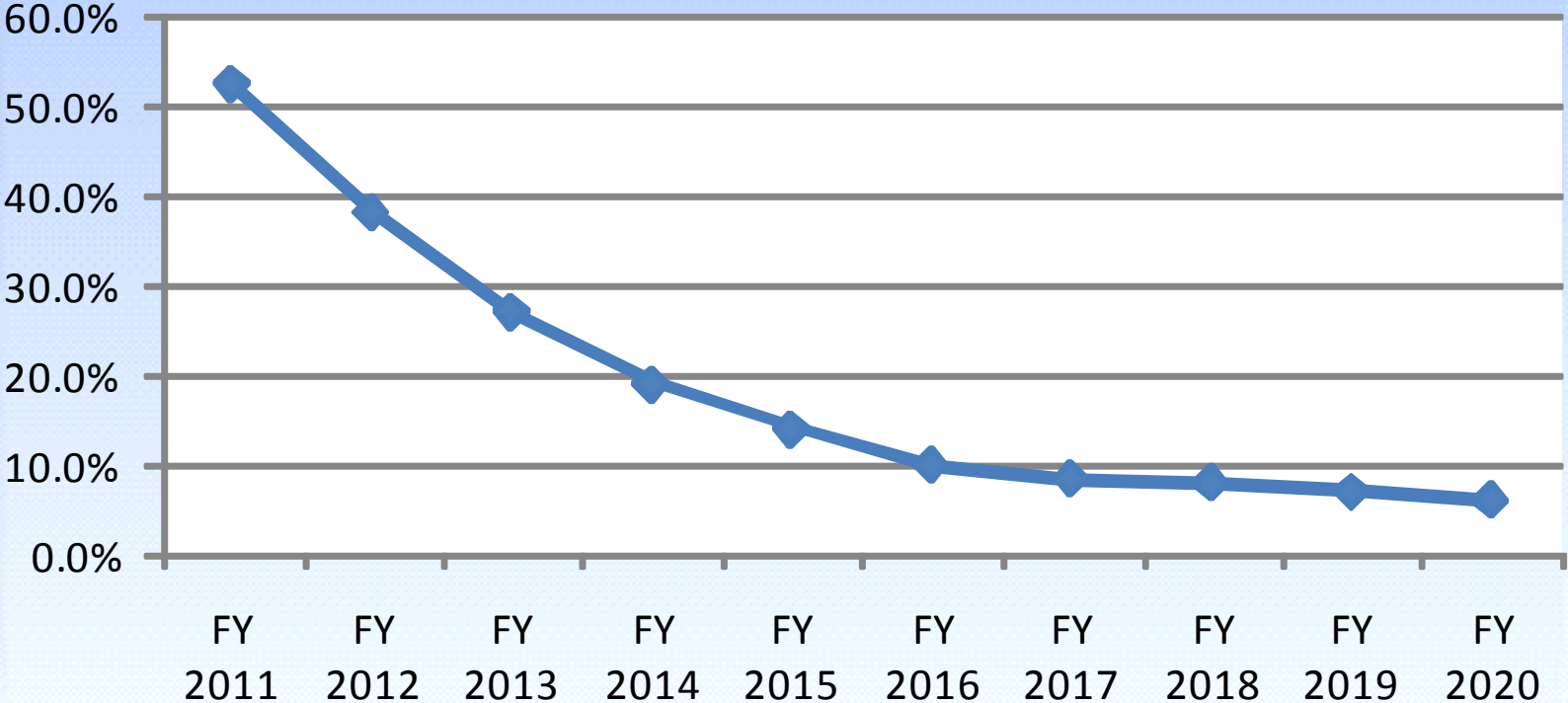
A New Partnership

- 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



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



A State of Emergency

“...the IHS is only funded at about one-half of its need. Clinician shortages are rampant, significant health disparities permeate Indian Country....”

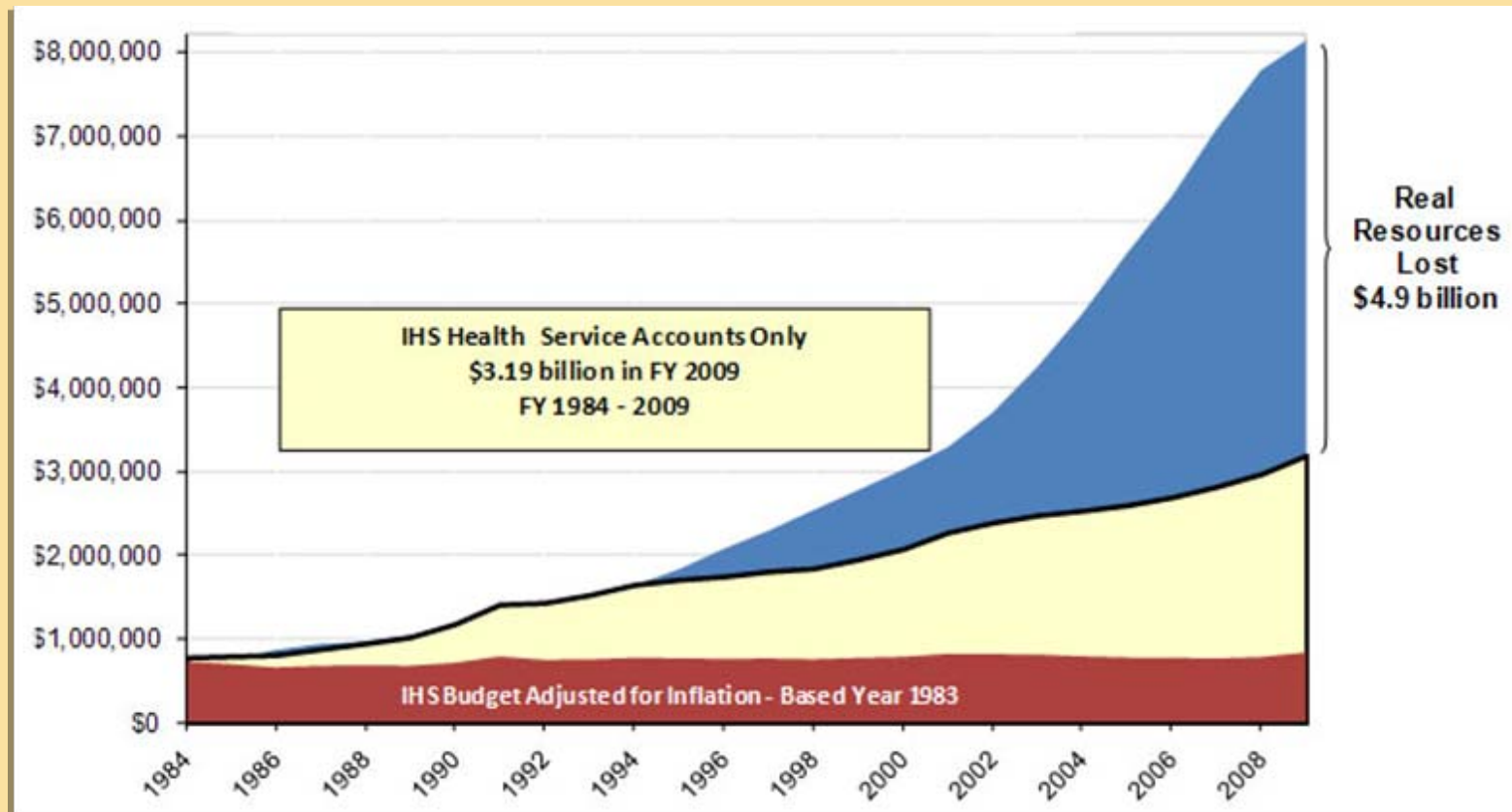


- Senator Byron L. Dorgan
April 23, 2009

Senate Committee on Indian Affairs,
Confirmation Hearing of Yvette Roubideaux, MD, MPH
for Director of IHS

State of Emergency

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)

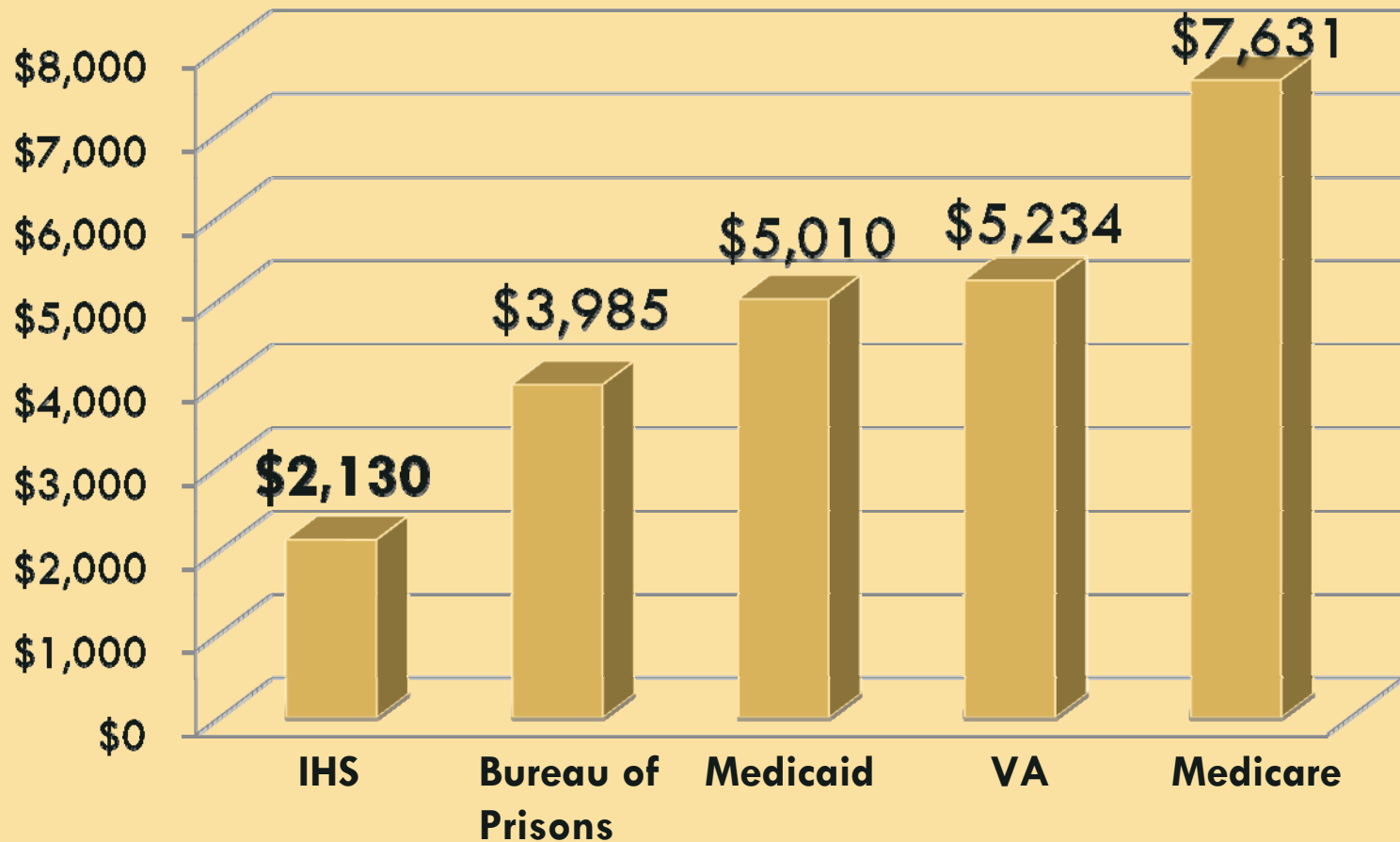


A State of Emergency

- **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.

State of Emergency

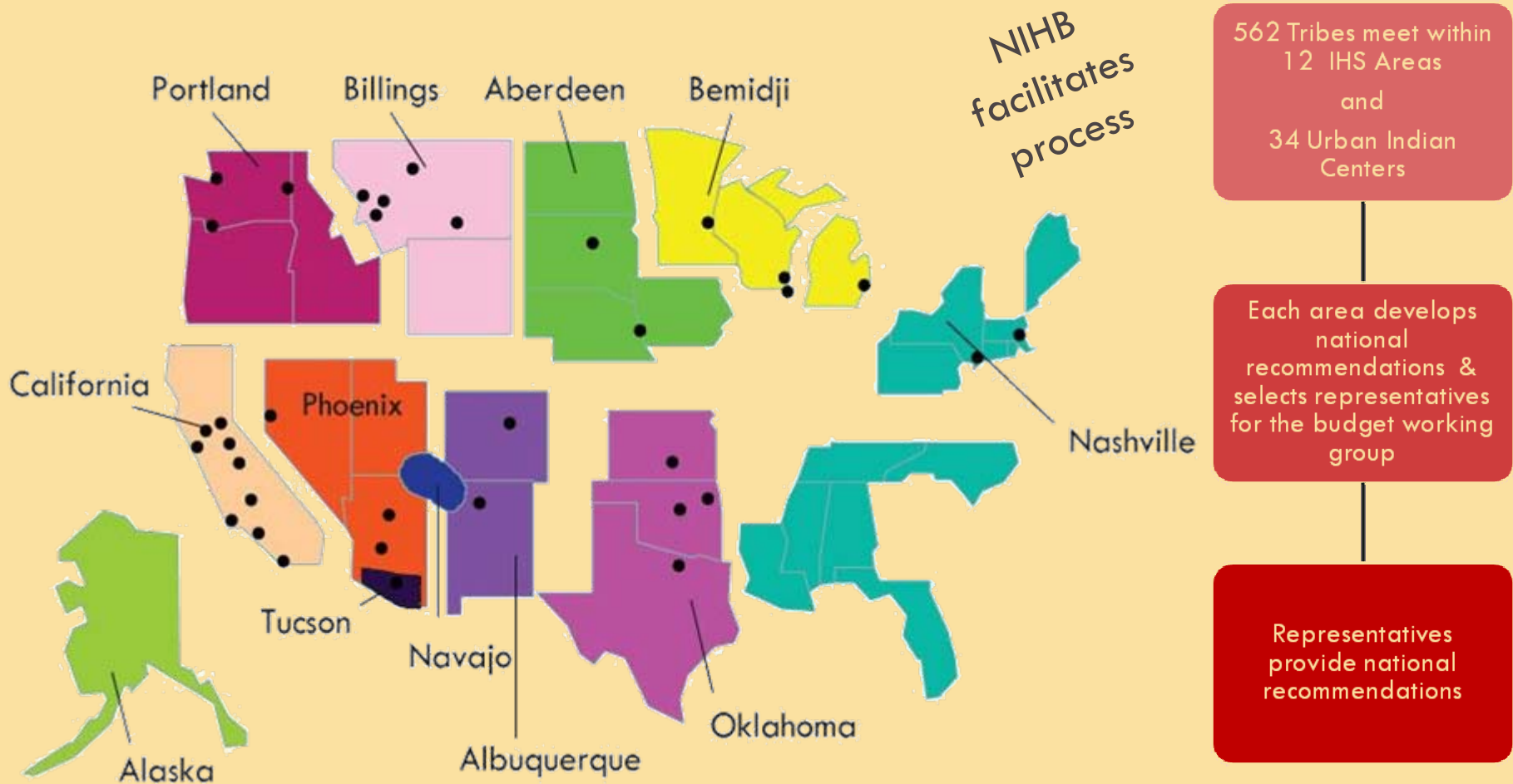
Healthcare Resource Disparities



Developing the Recommendations: Tribal Budget Formulation Process



Consultation & Partnership with Tribes



FY 2011

Tribal Budget Formulation Work Group

Aberdeen	Chairman Joseph Brings Plenty, Cheyenne River Sioux Tribe Dr. Donald Warne, Executive Director, AATCHB
Alaska	Carolyn Crowder, Aleutian Pribilof Islands Association, Inc. Evangelyn Dotomain, Alaska Native Health Board
Albuquerque	Councilman Carleton Albert, Pueblo of Zuni Councilman Greg Mendez, Mescalero Apache Tribe
Bemidji	Co-Chair gaiashkibos, Lac Courte Oreilles Band Terri Terrio, Stockbridge-Munsee Band
Billings	Co-Chair Darryl Red Eagle, Fort Peck Tribe Tracy King, Fort Belknap Tribe Donna Buckles-Whitmer, Assiniboine & Sioux Tribes of Fort Peck
California	Alternative Co-Chair Rachel Joseph, Lone Pine Crista Ray, SVPomo

FY 2011

Tribal Budget Formulation Work Group

Nashville	Patricia Knox-Nicola, Penobscot Nation Health Department Byron Jasper, United South & Eastern Tribes, Inc.
Navajo	Anslem Roanhorse, Navajo Nation Division of Health Theresa Galvan, Navajo Nation Division of Health
Oklahoma City	Lt. Governor Jefferson Keel, Chickasaw Nation Governor Scott Miller, Absentee Shawnee Tribe
Phoenix	Richard Narcia, Gila River Health Care Corporation Alida Montiel, Tribal Health Steering Committee for the Phoenix Area IHS
Portland	Andrew Joseph, Jr., Confederated Tribes of the Colville Indian Reservation Eric Metcalf, Confederated Tribes of Coos, Lower Umpqua & Siuslaw
Tucson	Chairman Ned Norris, Jr., Tohono O'odham Nation & Chairman Peter Yucupicio, Pascua Yaqui Tribe

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



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

FY 2011

Tribal National Health Care Priorities

Life Expectancy in Years:

	<u>Men</u>	<u>Women</u>	<u>Total</u>
U.S.	74.1	79.5	76.9
AI/AN	63.5	71.0	67.3
Disparity:	10.6	8.5	9.6

Average age of death in AZ (2005):

General Population - 72.2

AI/AN Population - **54.7**

FY 2011
Tribal Budget Recommendations



FY 2011

Tribal Budget Recommendations

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

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

Program Increases	Current Services Estimate	Recommended for FY 2011
Hospitals & Clinics		\$500,000,000
Dental		\$30,000,000
Mental Health		\$20,600,000
Alcohol & Substance Abuse		\$19,600,000
Contract Health Services		\$500,000,000
Maintenance & Improvement	\$20,000,000	\$20,000,000
Sanitation Facilities Construction	\$35,000,000	\$35,000,000
Facilities & environmental Health Support	\$12,000,000	\$12,000,000
SUBTOTAL (Current Services + Program Increases)	\$829,045,000	\$2,094,245,000
BASE APPROPRIATION	\$3,346,179,000	\$4,000,000,000
GRAND TOTAL	\$4,175,224,000	\$6,094,245,000

FY 2011

Tribal Budget Recommendations

Program Increases	Current Services Estimate	Recommended for FY 2011
Hospitals & Clinics		\$500,000,000

- \$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

Program Increases	Current Services Estimate	Recommended for FY 2011
Dental		\$30,000,000

- \$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.

FY 2011

Tribal Budget Recommendations

Program Increases	Current Services Estimate	Recommended for FY 2011
Mental Health		\$20,600,000

- 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

Program Increases	Current Services Estimate	Recommended for FY 2011
Alcohol & Substance Abuse		\$19,600,000

- 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

Program Increases	Current Services Estimate	Recommended for FY 2011
Contract Health Service		\$500,000,000

- 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 1/2 of the current need is being met.
- Priority One= Emergency and Acutely Urgent Services.

FY 2011

Tribal Budget Recommendations

Program Increases	Current Services Estimate	Recommended for FY 2011
Urban Indian Health		\$10,000,000

- 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

Program Increases	Current Services Estimate	Recommended for FY 2011
Maintenance & Improvement		\$20,000,000

- \$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.

FY 2011

Tribal Budget Recommendations

Program Increases	Current Services Estimate	Recommended for FY 2011
Sanitation Facilities Construction		\$35,000,000

- 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

Program Increases	Current Services Estimate	Recommended for FY 2011
Facilities & Environmental Health Support		\$12,000,000

- Purpose of funding is to support utility and maintenance costs and the necessary personnel to operate these systems within the system.

May 19, 2008
Crow Agency, MT

“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

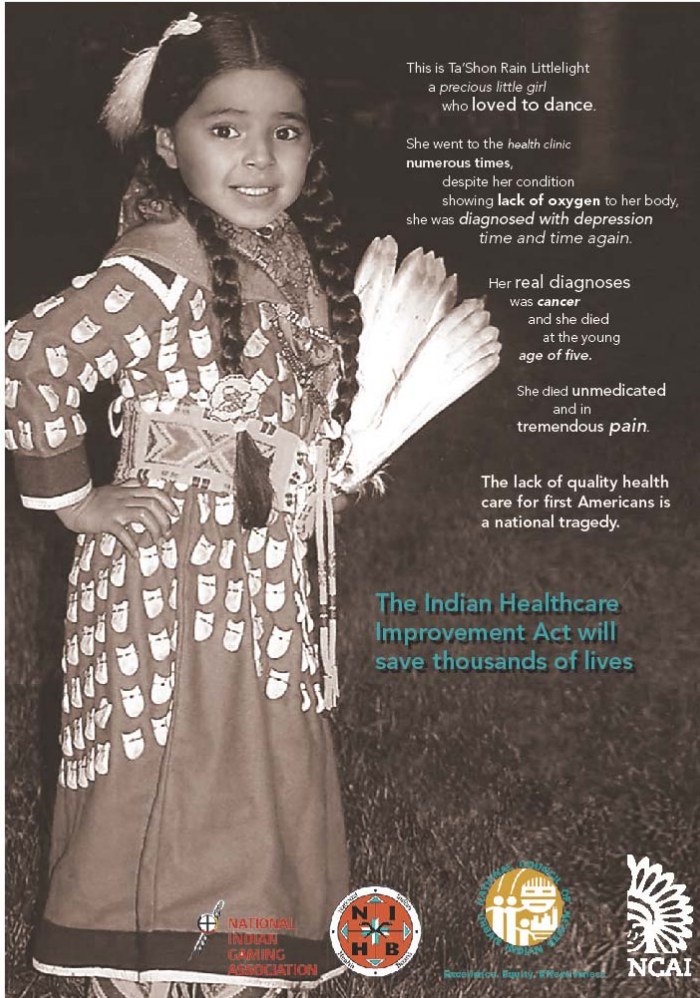
Senate Committee on Indian Affairs,
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for Director of IHS

A New Partnership

“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



This is Ta'Shon Rain Littlelight
a precious little girl
who loved to dance.

She went to the health clinic
numerous times,
despite her condition
showing **lack of oxygen** to her body,
she was **diagnosed with depression**
time and time again.

Her real diagnoses
was **cancer**
and she died
at the young
age of five.

She died unmedicated
and in
tremendous **pain**.

The lack of quality health
care for first Americans is
a national tragedy.

The Indian Healthcare
Improvement Act will
save thousands of lives

NATIONAL INDIAN GAMING ASSOCIATION
NIGB
NCAI

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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