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

galashklbas, 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 Sen. 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

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 PRX-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

National Tribal Budget Recommendations to DHHS - FY2011
**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)

**18,000,000**

**7,000,000**

**6,000,000**

**5,000,000**

**4,000,000**

**3,000,000**

**2,000,000**

**$3.9 billion in FY 2009**

**National Tribal Budget Recommendations to DHHS - FY2011**

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**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

- IHS: $2,130
- Bureau of Prisons: $3,985
- Medicaid: $5,010
- VA: $5,234
- Medicare: $7,631

National Tribal Budget Recommendations to DHHS - FY2011

Developing the Recommendations: Tribal Budget Formulation Process
Consultation & Partnership with Tribes

NIHB facilitates process

National Tribal Budget Recommendations to DHHS - FY2011

Fy 2011
Tribal Budget Formulation Work Group

<table>
<thead>
<tr>
<th>Location</th>
<th>Chairman/Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>Joseph Brings Plenty, Cheyenne River Sioux Tribe</td>
</tr>
<tr>
<td></td>
<td>Dr. Donald Worne, 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 gaiaashkibos, 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>
</tbody>
</table>

National Tribal Budget Recommendations to DHHS - FY2011
## FY 2011
### Tribal Budget Formulation Work Group

<table>
<thead>
<tr>
<th>City</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<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>Anselm 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>
</tr>
<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
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:

<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>Description</th>
<th>Current Budget</th>
<th>Estimate</th>
<th>Recommendation (FY 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Pay Costs</td>
<td>$26,900,000</td>
<td>$26,900,000</td>
<td></td>
</tr>
<tr>
<td>Tribal Pay Costs</td>
<td>$29,200,000</td>
<td>$29,200,000</td>
<td></td>
</tr>
<tr>
<td>Inflation</td>
<td>$63,300,000</td>
<td>$63,300,000</td>
<td></td>
</tr>
<tr>
<td>Additional Medical Inflation</td>
<td>$54,800,000</td>
<td>$54,800,000</td>
<td></td>
</tr>
<tr>
<td>Population Growth</td>
<td>$42,900,000</td>
<td>$42,900,000</td>
<td></td>
</tr>
<tr>
<td>New Staffing for New/Replacement Facilities</td>
<td>$23,000,000</td>
<td>$23,000,000</td>
<td></td>
</tr>
<tr>
<td>Contract Support Costs</td>
<td>$170,100,000</td>
<td>$170,100,000</td>
<td></td>
</tr>
<tr>
<td>Health Care Facilities</td>
<td>$281,324,000</td>
<td>$281,324,000</td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint Venture</td>
<td>$40,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Distribution</td>
<td>$140,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restoration of FY 2007 Rescission (none)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restoration of FY 2008 Rescission</td>
<td>$53,521,000</td>
<td>$53,521,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$747,045,000</td>
<td>$947,045,000</td>
<td></td>
</tr>
</tbody>
</table>

*National Tribal Budget Recommendations to DHHS - FY2011*

**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

*National Tribal Budget Recommendations to DHHS - FY2011*
## FY 2011
### Tribal Budget Recommendations

<table>
<thead>
<tr>
<th>Program Increase</th>
<th>Current Services Estimate</th>
<th>Recommended for FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals &amp; Clinics</td>
<td>$500,000,000</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>$30,000,000</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>$20,600,000</td>
<td></td>
</tr>
<tr>
<td>Alcohol &amp; Substance Abuse</td>
<td>$19,600,000</td>
<td></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>
</tr>
</tbody>
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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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<td>Dental</td>
<td></td>
<td>$30,000,000</td>
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</table>

$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.

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- 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.

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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 1/2 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.
### FY 2011

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- 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.

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### 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.
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,  
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 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 Crawford, Aleutian Pribilof Islands Association, Inc.
- Karol L. Dixon, Alaska Native Tribal Health Consortium
- Evangelina Dolomijn, Alaska Native Health Board
- Theresa Galvan, Navajo Nation Division of Health
- Alfredo Montiel, Tribal Health Steering Committee for the Phoenix Area IHS
- Jim Roberts, Northwest Portland Area Indian Health Board
- Audrey D. Solomon, National Indian Health Board
- Terri Terrio, Stockbridge-Munsee Band

With Support From:

- Gale Marshall & Gerry Curtis, Two Feathers Media/Hager Sharp
- Michael Staklos Photography

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April 29, 2009

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