



**March 29, 2023**

**Written Testimony of Maureen Rosette (NCUIH)  
House Natural Resources Committee  
Subcommittee on Indian and Insular Affairs**

My name is Maureen Rosette, I am a citizen of the Chippewa Cree Nation and the Chief Operations Officer of the NATIVE Project, an urban Indian organization (UIO) in Spokane, Washington. I am also a Board member of the National Council of Urban Indian Health (NCUIH), the national advocate for health care for the over 70% of American Indians and Alaska Natives (AI/ANs) living off-reservation, and the 41 UIOs that help serve these populations. I would like to thank Chair Hageman, Ranking member Fernandez, and members of the Subcommittee for inviting NCUIH to testify at this hearing.

## The Beginnings of Urban Indian Organizations

The Declaration on National Indian Health Policy in the Indian Health Care Improvement Act states that “Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy”. In fulfillment of the National Indian Health Policy, the Indian Health Service funds three health programs to provide health care to AI/ANs: IHS sites, tribally operated health programs, and Urban Indian Organizations (referred to as the I/T/U system).

As a preliminary issue, “urban Indian” refers to any American Indian or Alaska Native (AI/AN) person who is not living on a reservation, either permanently or temporarily. UIOs were created in the 1950s by American Indians and Alaska Natives living in urban areas, with the support of Tribal leaders, to address severe problems with health, education, employment, and housing caused by the federal government’s forced relocation policies.<sup>1</sup> Congress formally incorporated UIOs into the Indian Health System in 1976 with the passage of the Indian Health Care Improvement Act (IHCA). Today, UIOs continue to play a critical role in fulfilling the federal government’s responsibility to provide health care for AI/ANs and are an integral part of the Indian health system. UIOs serve as critical health care access points for and work to help provide high-quality, culturally competent care to the over 70% of AI/ANs living in urban settings.

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<sup>1</sup> Relocation, National Council for Urban Indian Health, 2018. [2018\\_0519\\_Relocation.pdf\(Shared\)-Adobe cloud storage](#)





## Consistent and Full Funding Leads to Accountability and Solutions

In 2017, IHS was first added to the Government Accountability Office's (GAO) *High-Risk Series* report, where several key recommendations were identified for IHS to undertake in order to remove the High-Risk designation. Since then, IHS has continuously worked to address the recommendations, closing out almost all of GAO's initial recommendations.<sup>2</sup>

The GAO has cited a lack of consistent and full funding as a barrier for IHS. Up until the passage of the *Consolidated Appropriations Act, 2023*, IHS was the only federally funded health care provider that did not receive advance appropriations. This uncertainty and disruption drastically impacted the ability of IHS to make important, long-term and cost saving purchases, as stated by the Congressional Research Service.<sup>3</sup> This new funding stability will also allow for IHS, and UIOs, to continue to serve their communities and patients regardless of the status of a funding package, which will decrease administrative burdens on both the agency and UIOs. For example, with each continuing resolution (CR), UIOs must negotiate and execute brand new contracts with IHS, specific to the timing of the package, sometimes delaying the distribution of funding until the end of the resolution. For a population that not only has significantly poorer health disparities and has seen a significant decrease in life expectancy<sup>4</sup>, and delays in funding can be the difference between life and death.

Full, stable and reliable funding is the most critical piece to allow IHS to truly begin to address its outstanding issues and improve the care it provides to Indian country. When IHS can issue payments to UIOs on time, UIOs are able to create long-term plans and better improve the care and resources they provide to their communities. It is for this reason that we request that the Committee work with appropriators to maintain advance appropriations for IHS and protect IHS from sequestration.

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## UIOs Use of Critical Funds Positively Impacts Communities and Tribal Partners

It is important to note that UIOs are excellent stewards of the funding they receive and fill a critical role in fulfilling the trust responsibility. While UIOs are funded through a single line item in the IHS budget, they have been able to do as much as possible, and then some, for their patients and communities. Most UIOs have a service area with a Native population of tens of thousands, and that does not include patients who may drive hours to come to a UIO specifically for the culturally competent care it offers.

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<sup>2</sup> High-Risk Series: Substantial Efforts Needed to Achieve Greater Progress on High-Risk Areas, US Government Accountability Office, 2019.

<https://www.gao.gov/products/gao-19-157sp>

<sup>3</sup> Advance Appropriations for the Indian Health Service: Issues and Options for Congress, Congressional Research Services, 2022.

<sup>4</sup> Provisional Life Expectancy Estimates for 2021, Elizabeth Arias, Betzaida Tejada-Vera, Kenneth Kochanek, and Farida Ahmad, 2022.

<https://www.cdc.gov/nchs/data/vsrr/vsrr023.pdf>





Since the last Congressional session, with the passage of the *Infrastructure Investment and Jobs Act*, UIOs are now allowed to use existing IHS contracts and funding to upgrade their facilities. Since then, six UIOs have opened new facilities in the past year and an additional 16 UIOs have plans to open new facilities over the next two years.

In fact, the NATIVE Project was able to break ground in May 2022 on a new wellness center focused on child and youth wellness.<sup>5</sup> This new building will provide not only behavioral and mental health resources, such as therapy and wellness practices, but will also provide space for traditional Indigenous practices. During a ceremony held the day we broke ground, a Kalispel elder spoke about the significance of keeping children at the center of work like this and praised the NATIVE Project for our work. “It’s important for me to note that my life and the life of many of us are well, we are well in heart because of concepts (such as) the NATIVE Project” said Francis Cullooya, whose Indian name ‘Tšišulex’ translates to ‘standing on the ground’. The NATIVE Project is also honoring elder Cullooya by dedicating a room in the new building to him.

The work UIOs do is critical not only to their communities and their patients, but also to our Tribal neighbors. Many UIOs work in partnership with neighboring Tribes to provide overflow patient care when Tribal facilities are at capacity. Andrew Joseph Jr., a member of the Colville Tribe, the Health and Human Services Chair for the Colville Business Council and Co-Chair of the IHS Tribal Budget Formulation Workgroup, has repeatedly praised the NATIVE Project for taking care of his Tribal citizens. “The Colville Tribe has, I would say, over 2,000 tribal members that utilize the NATIVE Project, over 160 families that utilize the NATIVE Project, and the way IHS is funded, if the NATIVE Project wasn’t there, our people would come home to a depleted... low funded IHS facility, so the NATIVE Project actually does a lot of work in saving our people’s lives” said Chair Joseph in a video of support. Therefore, it is essential that IHS continues to receive the support it needs, through funding and prompt appointment of leadership. Without it, UIOs cannot continue to increase the care and resources we provide to our communities.

These funds are critical to UIOs, and yet, due to lack of full funding for IHS, it has taken over a year to receive funds due to the administrative burden it takes for IHS to receive these funds, create guidance, and distribute funds with the lack of resources, personnel, and funding to issue these funds in a timely manner.

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<sup>5</sup> *Watch and learn from our children’: The Native Project breaks ground on new youth wellness center inspired by the kids it will serve*, Amber D. Dodd, The Spokesman-Review, 2022. <https://www.spokesman.com/stories/2022/may/20/watch-and-learn-from-our-children-the-native-proje/>





## Administrative and Leadership Turnover Impacts Communication and Transparency with UIOs

Another regular recommendation that GAO provides to IHS is the need for stable leadership and senior staff. Since 2015, IHS has routinely gone for extended periods of time without a permanent Director due to nomination delays.<sup>6</sup> This can lead to concerns and questions over the legitimacy of the policy decisions that these acting directors make. Recently, IHS was functioning under the direction of an Acting Director, Elizabeth Fowler, for nearly two years, prior to President Biden's nomination of Director Roselyn Tso. And again, it took the Senate over 6 months to confirm Director Tso to the position.<sup>7</sup>

The lack of an IHS Director has routinely prevented Tribes, Tribal organizations, and UIOs from addressing the health care needs of their Native American populations. For urban Indian organizations, we were unable to share our priorities for our communities with the IHS Director until mid-December 2022, nearly three years into this administration's tenure. Additionally, the lack of consistent leadership and the constant turnover of acting leadership has led to lapses in communication, particularly with urban Indian organizations. On several occasions, UIOs have not received updates on a number of key policy changes, updates and collaborations. For example, UIOs experienced the lack of communication regarding the implementation of the VA-IHS Memorandum of Understanding (MOU). IHS did not facilitate conversations between VA and UIOs prior to the publication of the VA's rule on identification for Native veterans. With the expansion of the VA Reimbursement Agreement Program (RAP) to include UIOs, through the MOU, there are currently less than one-tenth of UIOs enrolled to receive reimbursement from the VA for care to Native veterans. UIOs have requested additional guidance be provided from both VA and IHS to assist with increasing UIO enrollment in the Reimbursement Agreement Program to improve health outcomes for our Native veterans.

While awaiting confirmation of a director, IHS has been working to fill a number of key senior agency positions. Specifically, Dr. Rose Weahkee became Director of the Office of Urban Indian Health Programs in 2020 and it has been under her leadership that UIOs, and NCUIH, have experienced increased interaction with the agency. For example, because of the leadership that Dr. Weahkee provides, the Office of Urban Indian Health Programs has been involved in a collaborative process with UIOs for over a year now in the development of the OUIHP Strategic Plan. Throughout this process, the Office of Urban Indian Health Programs has held several Urban Confers with UIOs and NCUIH, as well as continuously incorporated the feedback and edits to the Strategic Plan, from UIOs and NCUIH, that have resulted from these confers.

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<sup>6</sup> Crisis at Indian Health Service, Indianz.com, 2019. <https://www.indianz.com/News/2019/02/06/ihs-leadership-crisis.asp>

<sup>7</sup> Senate Confirms Roselyn Tso as Director of the Indian Health Service, National Council of Urban Indian Health, 2022. <https://ncuih.org/2022/09/21/senate-confirms-roselyn-tso-as-director-of-the-indian-health-service/#:~:text=Today%2C%20September%2021%2C%202022%2C.without%20a%20permanent%20IHS%20Director>





Since her confirmation, Director Tso has greatly stepped up to fill the void from the continued lack of a permanent Director. In the first 5 months of her tenure, Director Tso has visited at least three different urban Indian organizations – one in California, one in Arizona and one in Nebraska. Director Tso has also made an effort to ensure that UIOs are being heard throughout the agency and that IHS is as transparent as possible with our organizations and NCUIH. As mentioned previously, the Director was able to attend the NCUIH Board of Directors quarterly meeting. During this meeting, we were able to highlight several of our concerns, including communication challenges. Despite challenges highlighted within the GAO report and the impact of the political process, IHS has consistently made efforts and worked to address the outstanding issues, making great strides in improving the agency’s relationship, collaboration, and partnership with the UIOs.

## Conclusion

Among the most important legal obligations within the federal trust responsibility is the duty to provide for Indian health care, and the I/T/U system is essential to executing this trust and treaty responsibility. As IHS works to address the key issues and recommendations provided by the GAO, they must not be hindered by a lack of full funding, funding stability, budgetary cuts, and administrative and leadership turnover. Full, stable funding and exemptions from budget cuts and shutdowns are the only way to truly invest in the oversight of IHS and support the optimal care that our people deserve. We urge Congress to take this obligation seriously and work with IHS to ensure they have the resources necessary to protect Native lives.

