

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

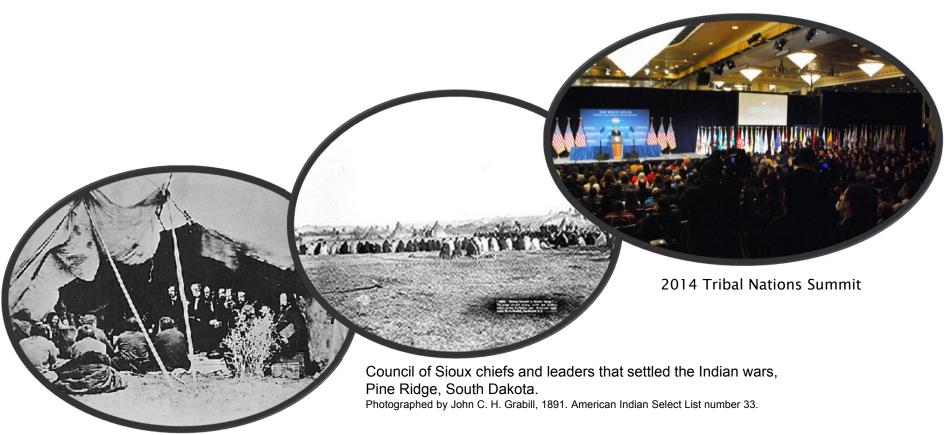
Presented by the National Budget Formulation Tribal Co-chairs:

Councilman Andy Joseph Jr., Confederated Tribes of the Colville Reservation

Councilmember Gary Hayes, Ute Mountain Ute Tribe

FY 2017 TRIBAL BUDGET RECOMMENDATIONS
TO THE DEPARTMENT OF HEALTH & HUMAN SERVICES
ON THE INDIAN HEALTH SERVICE BUDGET
WASHINGTON, DC

TURNING THE CORNER IN INDIAN HEALTH TREATY AND TRUST OBLIGATIONS....



Treaty signing by William T. Sherman and the Sioux at Fort Laramie, Wyoming.

Photographed by Alexander Gardner, 1868. American Indian Select List number 30.

Writing a New Future for American Indians and Alaska Natives....

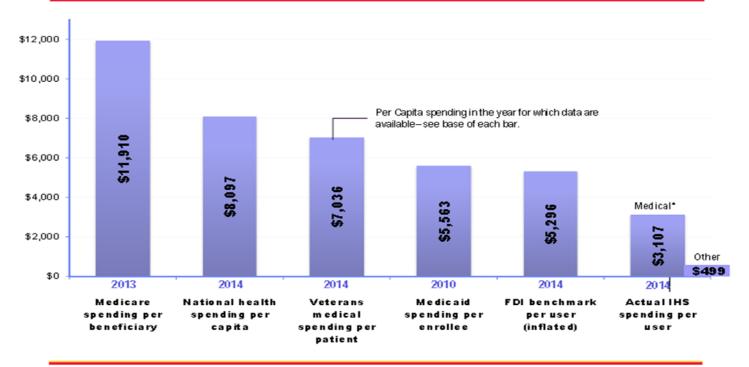


President Barack Obama and First Lady Michelle Obama have lunch with youth from the Standing Rock Sioux Tribe at We The Pizza/Good Stuff Eatery in Washington, D.C., Nov. 20, 2014. (Official White House Photo by Pete Souza)



2014 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita





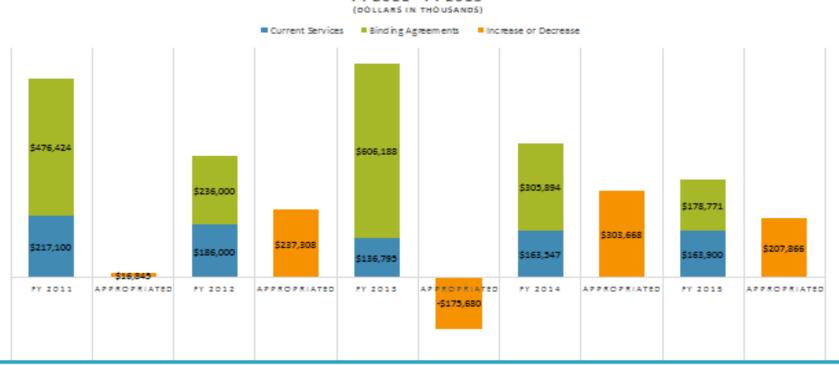
See page 2 notes on reverse for data. "The extent of payments by other sources for medical services provided to AIANs outside IHS is unknown. 2/13/2016

"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

5 Yr Trend: IHS Appropriations Compared to Fixed Costs (Continuing Services & Binding Agreements)

TRIBAL RECOMMENDATION AND APPROPRIATED COMPARISON FY 2011 - FY 2015



"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

Tribal Budget Recommendations for FY2017

- 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





PHASE IN FULL FUNDING OF IHS: \$29.96 Billion Over 12 Years

TOTAL

Total Annualized Services +

One-time Upfront Facilities Upgrades

\$29.96 BILLION TOTAL TRIBAL NEEDS BUDGET

\$29.96 billion request for services & facilities:

• \$15.82 billion for Medical Services

• \$1.66 billion for Dental and Vision Services

• \$3.71 billion for Community & Public

Health Services

• \$8.77 billion for facility upgrades and upfront costs (non-recurring investments) osts (non-recurring investments)

SERVICES	\$ Per Capita	Billions	Billions
Medical Services	\$5,836	\$9.30	\$15.82
Medical services and supplies provided by health care professionals; Surgical and anesthesia services provided by health care professionals; Services provided by a hospital or other facility, and ambulance services; Emergency services/accidents; Mental health and substance abuse benefits; Prescription drug benefits.	Based on 2008 FDI benchmark ; (\$4,100) inflated to 2013 @4% per year	\$ Per Capita *Users	\$ Per Capita* Eligible AIAN
Dental & Vision Services	\$611	\$0.97	\$1.66
Dental and Vision services and supplies as covered in the Federal Employees Dental and Vision Insurance Program	2008 BCBS PPO Vision (\$87) and Dental benchmarks (\$342) inflated to 2012 @4% per year		
Community & Public Health	\$1,369	\$2.18	\$3.71
Public health nursing, community health representatives, environmental health services, sanitation facilities, and supplemental services such as exercise hearing, infant car seats, and traditional healing.			
Total Annualized Services	\$7,816	\$12.46	\$21.19
FACILITIES	\$ Per Capita	Billions	Billions
Facility Upgrades Upfront Costs		\$6.51	\$8.77
Annualized for 30 year useful Life		\$0.38	\$0.51

\$18.97

\$29.96



FY2017: 22% Increase Above FY2016 IHS President's Budget

- Phased- in Full Funding of IHS Total Tribal Needs Budget of \$29.96 Billion 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 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 \$300 million on top of the 22% to begin
- to implement the provisions authorized in the Indian Health Care Improvement Act (IHCIA)
- Permanent exemption from sequestration

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	\$157,440,000		
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	200,000,00		
Dental Services	31,185,90		
Mental Health	67,495,90		
Alcohol and Substance Abuse	77,600,90		
Purchased / Referred Care (formerly CHS)	200,000,00		
Public Health Nursing	584,00		
Health Education	457,00		
Community Health Representatives	557,00		
Alaska Immunization	3,00		
Urban Indian Health	10,000,00		
Indian Health Professions	564,00		
Tribal Management Grants			
Direct Operations	128,00		
Self-Governance	328,00		
Contract Support Costs - New & Expanded	2,799,00		
Program Expansion Increases - Facilities	\$48,514,000		
Maintenance & Improvement	21,589,00		
Sanitation Facilities Construction	13,927,00		
Health Care Facilities Construction-Other Authorities	7,560,00		
Facilities & Environmental Health Support	438,00		
Equipment	5,000,00		
GRAND TOTAL	\$6,225,641,700		
\$ Change over Planning Base	\$1,122,656,700		
% Change over Planning Base	22.0%		
Date	Feb 11, 201		



Top 5 National Tribal Budget Priorities

- 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)



Flexible Funding Increase: Hospitals & Clinics Local Priorities

- To provide additional *flexible*"Services" budget line item funding
- To be used by the IHS Areas to fund local budget priorities



Plus \$300 million:

Implementation of Indian Health Care Improvement Act (IHCIA) New Authorities

- 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
- > 51 st state for Medicaid



A Presidential Legacy



"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."

Acknowledgements with our Appreciation

National Budget Formulation Work Group Representatives & Technical Team



"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

Photo Credit: The Centennial Ride to Wounded Knee

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.

