STATEMENT OF THE

FRIENDS OF INDIAN HEALTH

TO THE

SUBCOMMITTEE ON INTERIOR, ENVIRONMENT, AND RELATED AGENCIES

COMMITTEE ON APPROPRIATIONS

U.S. HOUSE OF REPRESENTATIVES

ON

NATIVE AMERICAN ISSUES

SUBMITTED BY

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MAY 3, 2011

Good Morning Chairman Simpson, Ranking Member Moran and Committee Members. I am Dr Pamela B. Deters. I am a member of the Cherokee/Choctaw tribe, and a licensed Clinical Psychologist currently in private practice in Louisiana and Mississippi. I am also the President of the Society of Indian Psychologists whose mission is to provide an organization for Native American people to advocate for their mental well being by increasing the knowledge and awareness of issues impacting them. I am also a proud and active member of the American Psychological Association.

My expertise is in the area of trauma among Native children, families, and communities, with a particular emphasis on cultural revitalization and resilience subsequent to trauma. I have also served as the Statewide Director of Alaska Natives into Psychology, a training program supporting American Indian and Alaska Native graduate and undergraduate students pursuing careers in psychology.

Today, I am representing the Friends of Indian Health – a coalition of over 50 health organizations and individuals dedicated to improving the health care of American Indian/Alaska Natives (AI/ANs) to the highest levels.

The Friends thanks you, Mr. Chairman, and the Committee, for the additional IHS funding secured in the FY 2010 appropriations bill and for maintaining these funding levels in the continuing resolutions that the 112th Congress has addressed. The increased support will help provide needed services without interruption or reductions.

The Friends supports the Administration's proposed FY 2012 funding level for the IHS of $4,623,808,000, a 14.1% increase. This level is recognition of the great need that still exits to close the gap in disparity of disease and care for AI/AN people. We understand the financial strains that the Committee is under, however, as a representative of health care organizations we want to take this opportunity to identify high priority areas that if not addressed will continue to burden and overwhelm the Indian Health Service.

The most urgent outstanding need of AI/ANs is contract health services. Patients requiring cancer treatments, surgeries, treatment for injuries and additional mental health services need medical care that cannot be provided in IHS or Tribal facilities. In FY 2010, over 168,216 contract health services were denied.

The root cause for this situation lies in the IHS and Tribal delivery system. The IHS and Tribes operate at over 600 locations, which include 45 hospitals, only 19 of which have operating rooms. The majority of facilities mainly provide primary medical care and they must depend on the private sector for secondary and tertiary care. The need to rely on private care is not going to change. In fact, the IHS has plans to convert five hospitals to ambulatory health centers with no inpatient services. Therefore, the request for contract health services funds needs to be realistic. The Administration's budget would raise this account to over $948 million but even that amount doesn't cover all of the need which could be over $1 billion.

The Friends has for many years advocated for additional funding for prevention and early treatment programs to reduce the need for contract health services. But to implement them, the IHS has to have a sufficient health care provider workforce. Filling vacancies through loan repayment has proven to be the IHS' best recruiting and retention tool. In FY 2009, the IHS had 917 requests and awarded 426 new contracts and 197 one-year extensions. We are pleased to see that almost 200 providers wanted to continue their IHS service beyond their original loan repayment obligation because this helps to build a steady workforce and provides continuity of care. In 2008, the IHS reported that the average retention period for loan repayment recipients was over seven years.

The IHS did not report in its FY 2012 budget justification the number of loan repayment requests or the number denied, so it is hard for the Friends to determine the level of need. However, we have concerns about the Administration's request of $21,159,653 which is $179,231 less for loan repayment than current funding and will result in 33 fewer contracts.

We remain greatly concerned that instead of increasing this account, the IHS is decreasing it. Because of the nation's fiscal crisis more graduating health professionals are looking to the public health service as an alternative to private practice. We believe, therefore, that this is an ideal time for the IHS to increase this account in order to have a sufficient workforce. Several years ago, we advocated that the Committee commit an additional $20 million over four years for loan repayment. The Committee included an initial $5 million in FY 2008 but the account has not kept up with meeting this goal. **The Friends encourages the Committee to resume this funding goal and work toward adding an additional $15 million for the loan repayments account.**

Before loan repayment can be offered, dedicated, qualified health care professionals have to be recruited. While some of the IHS divisions are very effective at recruitment, others are not. Equally disturbing are reports that interested candidates are not pursued by the Service or, once interviewed and accepted, are not readily processed. Anecdotal accounts claim that delays in hiring can take up to six months and, as a consequence, qualified personnel take positions outside the IHS. A year ago, the IHS Director commissioned a report on recruitment and retention. We were very pleased to see this action because the Friends strongly believe that if the recruitment process were improved it would have a positive effect on filling vacancies. **We urge the Committee to encourage the Service to put into action recommendations made in the report.**

The IHS also needs a strong network of both clinical and support staff. These are staff members who have completed health education training and are capable of providing needed patient care and health education services. These positions are usually filled by Tribal members, providing a crucial cultural link to patients. However, the salaries for some of these positions are below clerical positions; a receptionist earns more than a dental assistant. An experienced nurse midwife will take a 50 percent pay cut and an experienced nurse practitioner or physician assistant will take a 30 percent cut to work in the IHS. Licensed Practical Nurses (LPNs) in Oklahoma are paid more at Wal-Mart than at an IHS facility.

This situation could be improved if the Office of Personnel Management (OPM) would release its recommendation for a new GS 600 Series pay scale, something it has been working on for eight years. **The Friends strongly urges the Committee to seek a report on employee recruitment and retention that determines the effect of the outdated 600 series pay scale and what actions by the IHS and OPM are needed to finalize a new pay scale**.

In conclusion, the Friends is encouraged that the Administration is seeking additional funding that will help eliminate health disparities faced by AI/ANs. We have included below specific health statistics that if addressed would reduce the disparity of disease for AI/ANs and lead to cost savings. We encourage the Committee to do what it can to support and go beyond the Administration's FY 2012 budget proposal to assure that the IHS is fully staffed and will allow it to fulfill its mission to "raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level." The Friends thanks the Committee for the opportunity to testify today. We look forward to working with you to strengthen the IHS health infrastructure and decrease mortality and morbidity rates of American Indians and Alaska Natives.

Appendix A

Women's Health

- Although AI/AN women across Indian country have lower cancer death rates than U.S. citizens of all races, in Alaska and the Northern Plains, the cancer death rates for AI/AN women are 22% and 42% higher, respectively, than for U.S. citizens of all races.
- The 2002 U.S. prevalence of diagnosed diabetes in women 20 and over was 7.1%. For AI/AN women, it was 15.9%, more than double, the rate. This disease increases complications in childbearing, and elevates the risk that their children will also become diabetic.

Children's Health

- More than one-third of the nation's AI/AN population is under the age of 15, and the health of these children consistently lags behind other populations. For example, the SIDS rates among AI/AN infants are nearly twice that of the general population.
- AI/AN children are more than twice as likely to die in the first four years of life than the general population, and remain twice as likely to die through age 24.
- The rate of type 2 diabetes among AI/AN teens aged 15-19 has increased 109% since 1990.

Mental Health

- Inadequate mental health and substance abuse services contribute to a suicide rate for AI/AN that is about 1.7 times the rate for all races in the U.S.; the suicide rate for males 15 to 34 years of age is over two times the national rate.
- The suicide rate for Indian people is 60% higher than the general population.
- Studies have shown that 69.9% of all suicidal acts (completions and attempts) in AI/AN country involved alcohol use.

Kidney Disease

- American Indians have one of the highest rates of irreversible kidney failure (end stage renal disease, or ESRD) of any population, nearly four times the rate of ESRD for white Americans.
- Diabetes is the leading cause of ESRD and its impact on Native Americans is pronounced. It is the primary cause of chronic kidney failure in fewer than 40% of all Americans, but nearly two-thirds of Native American cases of ESRD. Pima Indians in Arizona are thought to have the highest rate of kidney failure in the world, and 90% of cases of ESRD in this tribe are attributable to diabetes.

Diabetes

- Today diabetes has reached epidemic proportions among AI/ANs. According to 2005 data, 14.2% of the AI/ANs aged 20 years or older who received care from the IHS had diagnosed diabetes. After adjusting for population age differences, 16.5% of the total adult population served by IHS had diagnosed diabetes, with rates varying by region from 6.0% among Alaska Native adults to 29.3% among American Indian adults in southern Arizona.

- AI/ANs carry the heaviest burden of diabetes in the United States, suffering from among the highest rates of diabetes in the world. In some American Indian and Alaska Native communities, diabetes prevalence among adults is as high as 60%.

Podiatric Medicine

- Lower extremity amputation (LEA) is one of the most disabling complications of diabetes.
- More than 60% of non-traumatic lower-limb amputations occur in people with diabetes.
- Each year 71,000 people lose their feet or legs to diabetes. Amputation rates among Native Americans are 3-4 times higher than the general populations.
- Comprehensive foot care programs can reduce amputation rates by 45% to 85%. (Source: CDC).

Vision and Eye Health

- A recent three-year study of Navajo people (the largest Native population) revealed that within the prior two years only about 33% had an eye exam and that only 20% had visual acuity good enough to qualify for a driver's license, even with their present eyeglasses.
- With the high rate of diabetes, it is imperative that timely detection and treatment be available in Indian country. Diabetic retinopathy occurs in 24.4% of Oklahoma Indians.

Oral Health

- 79% of AI/AN children aged 2-5 years had a history of tooth decay
- 78% of AI/AN adults 35-44 years old and 98% of elders 55 years or older had lost at least one tooth because of dental decay, periodontal (gum) disease or oral trauma.

Pharmacy

- Pharmacists play an important role in disease state management, particularly the monitoring of patients suffering from diabetes and other chronic diseases.
- Native Americans benefit from the role of the IHS pharmacist which emphasizes proper medication management and improving patient adherence.
- Through the pharmacy residency training program, now in 17 sites, the IHS plays a significant role in the education of pharmacists interested in pursuing careers in the IHS.

Cardiovascular Disease (CVD)

- While the general U.S. population has seen a 50% decline in cardiovascular mortality, mortality rates among the AI/AN population are rapidly and dramatically increasing.
- CVD is the leading cause of death among AI/ANs and is double the rate of the general U.S. population.

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