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Legislative Hearing

Native American Child Protection Act

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Good morning, Chairman Gallego, Ranking Member Cook, and Members of the Subcommittee. I am Brandon Taylor, Rear Admiral, United States Public Health Service and Chief of Staff of the Indian Health Service (IHS). Thank you for the opportunity to testify on the *Native American Child Protection Act*. The IHS mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. As an agency within the Department of Health and Human Services (Department), the IHS provides Federal health services to approximately 2.6 million American Indians and Alaska Natives from 573 federally recognized tribes in 37 states, through a network of over 605 health care facilities, including hospitals, clinics, health stations, and other facility types.

The *Native American Child Protection Act* would amend the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3201 et. seq.) (the Act), a statute that, among other provisions, required the Secretary of Health and Human Services, acting through IHS and in cooperation with the Bureau of Indian Affairs of the Department of the Interior (Bureau), to establish the Indian Child Abuse Treatment Grant Program (Program). IHS does not believe Congress has ever appropriated funding to carry out the Program.

The *Native American Child Protection Act* would replace references to the "Secretary of Health and Human Services" with references to IHS. The draft legislation would also add "psychological or verbal abuse that causes serious emotional or mental injury to a child" to the definition of "child abuse" in section 403 of the Act (25 U.S.C. 3202). The draft legislation would amend section 409 of the Act (25 U.S.C. 3208) to expand the scope of the Program. Current law requires that Program grants be provided for the establishment on Indian

reservations of treatment programs for Indians who have been victims of child sexual abuse. The proposed legislation would expand the scope to treatment programs for Indians who have been victims of child abuse or neglect. The proposed legislation would also allow urban Indian organizations to partner with Indian tribes and intertribal consortium in submitting grant applications.

Additionally, the *Native American Child Protection Act* would amend section 409 of the Act (25 U.S.C. 3208) to require IHS to encourage the use of "culturally appropriate treatment services and programs" in providing grants under the Program. The draft legislation would require IHS to submit a report to Congress, within two years, on the award of Program grants. The report would contain a description of treatment and services for which grantees have used Program funds, and other information that IHS requires. The proposed legislation would authorize $30 million per year for fiscal years 2021 through 2026 to carry out the Program.

Finally, the proposed legislation would amend section 410 of the Act (25 U.S.C. 3209), which currently requires the Secretary of the Interior to establish an Indian Child Resource and Family Services Center within each area office of the Bureau, with staffing for the Centers to be provided in a Memorandum of Agreement with the Secretary of Health and Human Services. The proposed legislation would remove references to the Secretary of Health and Human Services, eliminate the requirement for the Memorandum of Agreement, and require the Secretary of the Interior to establish one National Indian Child Resource and Family Services Center.

The IHS has an important role in improving the lives of native youth. Child maltreatment, a term that encompasses all forms of abuse and neglect, is associated with injuries, delayed physical growth, neurological damage, and death, and is linked with psychological and emotional problems such as aggression, depression, anxiety, low self-esteem, and post-traumatic stress disorder as well as an increased risk for the development of health problems later in life. It is critical to identify and respond to child maltreatment for the health and well-being of children and it requires a comprehensive approach that integrates health care within a collaborative community response. IHS' efforts include early intervention, screening, assessment, education, and community-based programming to build resiliency among children and youth and to promote family engagement.

One program that focuses on domestic violence prevention is the IHS Domestic Violence Prevention Initiative (DVPI). Through this nationally coordinated grant and Federal award program, mandated through statute, IHS funds $11.2 million annually to 83 tribes, tribal organizations, urban Indian organizations, and Federal programs. The DVPI promotes the development of evidence-based and practice-based models that represent culturally appropriate prevention and treatment approaches to domestic and sexual violence from a community-driven context. The DVPI expands outreach and increases awareness by funding projects that provide victim advocacy, intervention, case coordination, policy development, community response teams, sexual assault examiner programs, and community and school education programs.

From 2010-2015, the DVPI resulted in over 78,500 direct service encounters including crisis intervention, victim advocacy, case management, and counseling services. More than 45,000

referrals were made for domestic violence services, culturally-based services, and clinical behavioral health services. In addition, a total of 688 forensic evidence collection kits were submitted to federal, state, and tribal law enforcement.

While the successful administration of the DVPI has assisted our agency in addressing violence, the program largely assists young adults experiencing intimate partner violence. Although child abuse and neglect often overlaps with intimate partner violence, the program does not specifically focus on treatment and recovery of child abuse and neglect victims. This proposed legislation would expand access to child advocacy center services that are often not available within tribal communities such as pediatric forensic examination services, mental health care providers with advanced training in child trauma, and culturally appropriate activities and services geared toward pediatric patients.

We appreciate your efforts in helping us provide the best possible health care services to American Indians and Alaska Natives we serve. Thank you, and I am happy to answer your questions.