

Written Statement of
The Honorable Sandra Ortega, Chairwoman
Direct Service Tribes Advisory Committee
Before the
Indian Health Service National Tribal Budget Formulation Workgroup
On the
Direct Service Tribes Advisory Committee's Fiscal Year 2017 Budget Priorities
February 10-11, 2015

Good day members of the Workgroup: I am Sandra Ortega, Chairwoman of the Direct Service Tribes Advisory Committee (DSTAC); I am a member of the Legislative Council of the Tohono O'odham Nation. I am happy to be here today for the Indian Health Service (IHS) National Tribal Budget Formulation Workgroup. It is my honor to present the DSTAC budget priorities for fiscal year (FY) 2017 on behalf of the Direct Service Tribes.

The DSTAC was established in 2005 to help represent Indian Tribes that choose to receive healthcare services directly from the IHS. We currently represent ten Direct Service Tribes of the 12 IHS Areas, including Albuquerque, Bemidji, Billings, Great Plains, Nashville, Navajo, Oklahoma City, Phoenix, Portland, and Tucson. In the development of our FY 2017 priorities we discussed and identified health issues affecting people and communities. The Direct Service Tribes continue to advocate for our priorities, which primarily remain constant. We kept the same priorities of FY 2016,

with the addition of oral health. We will continue to advocate these priorities until they are no longer a health disparity in our communities.

In accordance with IHS Circular 2005-02, DSTAC Charter, and IHS Circular 2006-01, Tribal Consultation Policy, the DSTAC hereby presents our budget priorities for FY 2017:

1. Budget – Despite the recent increases in the IHS budget, several programs continuously lack funds. Purchased and Referred Care and Contract Support Costs remain top of our priority list, due to the large unmet need. The DSTAC supports full funding of Contract Support Costs, but not at expense of the Direct Service Tribes. Despite our best efforts to address our ailments, there also remains an underlying need for healthcare facilities construction and maintenance. Many of our IHS facilities are well over 32 years old, which make it challenging to accommodate an increasing population. In addition, with the advancement of health care delivery systems, most of these facilities were not built to support technological, medical equipment requirements, or patient flow. Therefore, healthcare facilities also remains a priority.
2. Chronic Disease Initiative Management (Diabetes, Heart Disease, Cancer) – American Indians and Alaska Natives have the highest rate of type 2 diabetes among all racial and ethnic groups in the United States. This disease is becoming more prevalent in our youth. Patients residing in our communities also have increased rates of cancer, stroke, and cardiovascular disease with associated

- complications. The DSTAC advocates for prevention, education and treatment for diabetes, cancer, heart disease and other chronic conditions.
3. Mental Health – Funding for mental and behavioral health programs remain a top priority to combat the wide-spectrum of conditions that affect our population: methamphetamine and other substance abuse, depression, anxiety, domestic violence and suicide.
 4. Health Promotion and Disease Prevention – This important program educates and motivates individuals, communities and Indian Tribes to advance in all areas of wellness. This includes increased access to long term care service, those with disabilities, and injury prevention. We cannot rely on clinicians alone to improve our health and eliminate the illnesses that afflict us. We must take ownership of our well-being and health. The Health Promotion and Disease Prevention program gives us the information and tools to succeed.
 5. Maternal Child Health Care – Enhances services provided to children beginning at conception. Too many of our babies are born premature, which is a leading cause of infant death. DSTAC supports strategies and programs to prevent infant mortality and increase maternal child health care.
 6. Oral Health – Our communities are disproportionately affected by oral disease, specifically our children compared with the general population. Our community members should have unlimited access to professional oral health care, however, many remain in great need of this important service. DSTAC supports the availability of oral health for all tribal members.

Budget cuts remain a concern for all Tribes; we advocate to keep IHS harmless from any decrease in the IHS FY 2017 budget. Together we can improve and extend the quality of life and health of our family, friends and communities at large.

Members of the Workgroup, this concludes my statement. Thank you for the opportunity to convey the DSTAC budget priorities and recommendations. The DSTAC looks forward to working with you to advocate for increased resources and to raise the physical, mental, social, and spiritual health of our American Indian and Alaska Native family and communities.