## Testimony Before the House Appropriations Subcommittee – Interior, Environment, and Related Agencies

## May 3, 2011

Good afternoon Chairman Simpson, Ranking Member Moran and Committee Members. I am Dr. Pam Deters, an American Indian of Cherokee and Choctaw heritage. I am a Clinical Psychologist practicing in Louisiana and Mississippi. I am also the President of the Society of Indian Psychologists, whose mission is to advocate for the mental well being of Native American people. And I am a member of the American Psychological Association.

My expertise is in trauma among Native American children, families, and communities, with an emphasis on cultural revitalization and resilience. My people have experienced an extensive history of intergenerational trauma and oppression, including numerous atrocities such as forced assimilation, genocide, compulsory enrollment in boarding schools, involuntary re-locations of entire tribal populations, and the resulting loss of culture and traditional practices.

As a professor at the University of Alaska, my research entailed visiting remote Alaska Native villages and witnessing the devastation of families and communities due to youth suicide, alcohol and substance abuse, and loss of traditional ways and culture. But, I have also witnessed the emergence of wellness programs where communities work to restore and revitalize Native culture, language, dance, and traditional healing practices. I have served as the Statewide Director of Alaska Natives into Psychology, a training program supporting American Indian and Alaska Native students pursuing careers in psychology. I am committed to and passionate about

the importance of training Native students to return to their own reservations and villages to heal the physical and mental ills of our people.

Today, I am representing the Friends of Indian Health – a coalition of health organizations dedicated to improving the health of American Indians and Alaska Natives.

The Friends thanks the Committee for the additional funding in the 2010 bill and for maintaining these levels in the continuing resolutions. The increased support will help provide care without interruption or reductions.

The Friends supports the Administration's proposed 2012 funding level for the Indian Health Service of over 4 billion dollars. This level recognizes the need to close the health disparity gaps experienced by Native people. However, there are priority areas that if not addressed will continue to overwhelm IHS.

The most urgent of these is contract health services. In 2010, over 168 thousand contract health services were denied.

The root cause of this issue lies in the IHS and Tribal delivery system. The IHS and Tribes operate at over 600 locations, the majority of which provide primary medical care but depend on the private sector for secondary and tertiary care. This situation is not going to change.

Therefore, the request for contract health services funds needs to be realistic. The

Administration's request for over 948 million dollars is significant but a more realistic amount would be over 1 billion dollars.

The Friends strongly supports prevention and early treatment programs to reduce the need for contract health services but that depends on a sufficient workforce. Filling vacancies through loan repayment has proven to be the best recruiting and retention tool for IHS. The average retention period for IHS loan repayment recipients is over seven years. Therefore, the Friends have concerns about the Administration's loan repayment request which is 179 thousand dollars less than current funding and will result in 33 fewer contracts.

Before loan repayment can be offered, dedicated, qualified health care professionals have to be recruited. A year ago, the IHS Director commissioned a report on recruitment and retention. The Friends strongly believes 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 from the Director's report.

IHS also needs a strong network of both clinical and support staff. These positions are usually filled by Tribal members, providing important cultural links to patients. However, the salaries for some of these needed positions are so low, that facilities cannot attract sufficient staff. The Friends urges the Committee to seek a report on the effect of the outdated 600 series pay scale on employee recruitment and retention, and what actions need to be taken to finalize a new pay scale.

The Friends is encouraged by the Administration's request because it will help eliminate health disparities faced by Native Americans. But we also encourage the Committee to go beyond the Administration's proposal to assure that IHS is fully staffed so it can "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 on these issues.

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President – Society of Indian Psychologists