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AND POLICY CONSULTATION SESSION

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NATIONAL HHS TRIBAL BUDGET FORMULATION

AND CONSULTATION SESSION

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A.M. Session

MR. KEEL: Could I have the tribal leaders go ahead and join us at the table?

Well good morning and welcome to Washington, D.C. I don't live here but I sometimes feel that way. We do spend a lot of time here.-

But on behalf of President Joe Garcia, the President of the National Congress of American Indians, I like to welcome you here on behalf of NCAI.

My name is Jefferson Keel. I'm the Lieutenant Governor of the Chickasaw Nation. I'm also the First Vice-President of the National Congress of American Indians and it's my privilege and honor to be here to assist in this meeting today and tomorrow.

And I want to thank all the tribal leaders for coming.

But before we get started and get into the real business of what we are about here, as is our custom we want to go to our Creator and give thanks and we'll ask the blessing on this meeting.

And I've asked my friend Andrew to honor us with that blessing.

MR. JOSEPH: I ask the Creator to bless each and every one of our people. Also for the ones that we share this land with for the Mother Earth, for the animals, for the medicines and for the food that we eat, for the water, also for the ones that teach us, our Elders. And for the ones that help us with our sicknesses, the doctors, not only the medical but also in the mental.

I ask the Creator to bring in all the Spirits from all the directions to help guide us to help make this world a better place, not only for ourselves but for the ones that we share it with.

I also would like to say a special prayer for all the leaders here today and all the ones that are going to be traveling here, that are still traveling here, will be able to make it and that the Creator will give us the words to say, give us a voice and give us the ears so we can hear what we need to hear and say what we need to say. And the right people will be there and they'll listen.

My language comes from my Dad's side of the family and it ranges from about the middle of B.C., British Columbia in Canada and it comes down to about the north central Washington and clear over to the Columbia and the Arrow Lakes.

Inselics means The People of the Land. As all

the other Nations here, we are a different people, we are of this land and through treaties and executive orders we are entitled by the U.S. Constitution for the work that we're doing here to make sure that our people are taken care of.

So I ask that each leader remember they are people of the land and I ask our government friends here that want to work with us to help us to make life the way it should be for our children.

We don't want to be treated better than anybody else, but we want to be treated at least as equal to the rest of the nation.

Thank you.

MR. KEEL: Thank you. Once again I want to welcome the tribal leaders here and the others who have come to help make this meeting a success.

The purpose of this meeting is to allow us to talk about issues of interest and concern to Indian Country in terms of the budget process.

We'll talk about the consultation process. We've come a long way in the last several years in Indian Country. We are now experiencing a level of participation and assistance from the federal government that we didn't always enjoy.

I want to give my personal appreciation and

thanks to the staffs of the different organizations that have really stepped up and done a great job of getting the information prepared and presented in a format that I believe will be beneficial to all of us.

I know that Stacey and Kim and Jeremy and some of the others that have, that work here in this agency have done a really tremendous job. Stacey from the National Indian Health Board and her staff have done a great job.

Also Jackie Johnson from the National Congress of American Indians, Jennifer Rackliffe and others who have participated in developing and placing this information in a format that we can present and discuss, is really going to be beneficial to all of us.

I believe that the format that we've developed, that we've put together will allow us to talk about issues and concerns and discuss them in a way that will allow us to move forward.

There are often times when we get to a point in our discussions with the federal government, that we kind of get bogged down in bureaucratic delays. And all of us, everyone in this room have come to different meetings with our federal counterparts and we get that bureaucratic nod. You know what I'm talking about.

We say, well, this is what I'd really like to see and they give us that bureaucratic nod. I understand,

can't help you but I understand.

And we sometimes forget and we start focusing on things that are outside of our control.

I want to also let Secretary Johnson, Charlie Johnson and Jack Kalavritinos, also know that I sincerely appreciate their assistance in helping us to get to a point where we are, the point where we are today in terms of negotiations.

We're looking at consultation but, you know, in the past all of us have experienced the consultation or so called consultation process of announce and defend. I believe that we're moving past that now. We have moved to a point where we are truly consulting and talking about how we can improve the level of participation among the tribes, the different tribes across the country and the federal government. And I believe that we're getting to the point where we can really make some progress.

So I want to thank you, Mr. Johnson, Mr. Kalavritinos and your staffs for their support.

Also the other agency, the departments that are involved here, we have Quanah Stamps and I know that some of these folks will be introduced at a later time. But from ANA, thank you for your help Doctor Grim, from the Indian Health Service. And all the other people who come to Indian Country and talk to us in a way that we can

appreciate and we can feel like we're really making progress and that we're actually becoming part of the process and not just defending ourselves from budget cuts and those types of things.

So I want to thank you.

But the reality is that we are experiencing budget cuts for whatever reason in Indian Country in a number of areas. But there are things that we can do to talk about those and that's what we're going to be doing today.

There are a number of things that we can do to influence some positive action, whether that be on The Hill, talking to our Congressman or whether it be talking to the different agencies and looking at administrative changes in the rules and regulations to allow us to focus on things that we can change. If it's within our control or within the control of the agency heads, and I believe that we can talk to them now in a way that will influence them to make those changes. And maybe not, but that's what we're going to try to do, we're going to strive to do that over the next couple of days.

So I believe the format that you have in your packets, the information that's presented is in a format that we can utilize. If there's something that you feel a need to be focused on that needs some additional attention,

you could let someone know and we'll try to answer those questions.

But again I just want to welcome all the tribal leaders here. I'm honored to sit here in front of you and be somewhat of a facilitator, but more of a welcoming voice. And I thank you for coming. I look forward to working with you in the next couple of days. Thank you.

MR. JOHNSON: Thank you, Mr. Keel, thank you for your leadership as a Lieutenant Governor and also your leadership as the First Vice-President of the National Congress. It's great to have your leadership, thank you.

Thank you for that blessing also, that was a very nice blessing, I appreciate that. I enjoy the sense of calm and the feeling that we get when we gather.

It's my pleasure to really welcome you to Washington, D.C. and I'm not sure what the best deal is, I enjoy my trips to Indian Country and I'm just planning another one in speaking with Mr. Keel.

So I hope you enjoy your trip to Washington, D.C.

I'm to welcome you on behalf of Secretary Leavitt. Secretary Leavitt is in Latin America on another health mission. You'll recall the President was in Latin America a couple of weeks ago and has asked some of the

cabinet members to follow up in that country. But he did express that he wanted to express his welcome to you also as we talked about it last Friday before he left on his trip.

This is a very good opportunity. We hope it's more than just nodding our heads because we're at the beginning of the budget process. The timing is perfect. I hope this format is going to work for all of us. We're trying to engage more and get, bring people together, both in our breakout sessions of individual operating divisions, and also in our crosscutting sessions.

The key to this will be that we have interaction. We're not here just to nod heads, but we want to engage with you. We hope you will engage with us.

It is a full agenda and we recognized the agenda that is full.

Let me tell you, at the end of the second day we will have our Secretary's Budget Council. Now, this is the Council that pulls together at the very end, the recommendations from the operating divisions and representatives from those of you who are participating in feeding us information.

And basically at the end of the process this will be the group that does make decisions.

And so our session tomorrow afternoon when we

have the summary of all that goes on in these two days and the meeting with the Secretary of the Budget Council will be a very important session for us.

We will start to send out guidance to all of the operating divisions. We will certainly be conscious of the things that you've talked about to see that those operating plans as they come, the budget requests, do discuss some of the things that are discussed these next two days.

My point is that this is an impact on what happens to the budget process. And I hope both of us, both our side and your side will take full advantage of that as we engage with each other.

So you'll hear from me more later on in the session. I won't take more time today but it would be well now if we made introductions of all of the tribal leaders that are at the table.

Oh, let me just mention one thing. As you go around, if you'll just hit this button here to get the red light as you introduce yourselves, and then hit it again to take it off so that we don't get a lot of feedback.

MR. ROLIN: Thank you, Mr. Johnson. Our good friend Sally Smith couldn't be here today. Sally is the Chairperson of the National Indian Health Board and I serve with her in the capacity of Vice-Chair of that

organization.

But my name is Buford Rolin and I am the Chairman of the Vander Creek Indians in Alabama. Thank you.

MR. MILLER: Good morning, my name is Scott Miller; I'm the Lieutenant Governor of the Absentee Shawnee Tribe. This is my first time here so I'm here to learn about the tribal side of this process.

MS. BECKWITH: Good morning, my name is Gina Beckwith from the Port Gamble S'Klallam Tribe. I'm not a leader in the sense of I'm not appointed or elected or nominated. I apologize, none of my elected officials are here, but I am a community member, I live on the reservation, I raise my children on the reservation and I work for my tribe. So the business that we do here directly impacts something I'm heavily invested in.

So I want to acknowledge all the work to set up the format for this consultation. I do also want to express some concern. I've checked with all of my appropriate officials and cannot verify that anyone at my tribe received timely notice of this consultation, which is very concerning to me. And I know that a message has been sent, but for some reason we weren't in that loop.

And had my tribe had the opportunity we would have liked to put some input in on the format for this

agenda. And I'm especially concerned about the breakout sessions. I think that it doesn't allow for each tribe to hear the issues that are going to be relevant.

And having to choose which session to go to, and I know that the sessions are going to be repeated, but for next year I just want to make sure we're in the communication loop. And we would like to have some input on the format for this agenda.

So I know that the communication isn't perfect, I'm not sure what happened there, but that is a concern I have.

So, thank you.

MR. JOSEPH: Good morning, my name in my language is Badger, my English name is Andrew Joseph, Jr., I Chair the HHS Committee for the Colville Tribes Business Council, and also the Vice-Chair for the Department of Indian Health.

MS. JEFFERSON: Good morning, my name is Evelyn Jefferson. I'm Chairwoman of the Lummi Nation. Thank you for having this time, this consultation process. Thank you for the opportunity to come and express the concerns of the Lummi Nation. Thank you.

MR. JONES: Good morning, my name is Willie Jones, I'm the Vice-Chairman for the Lummi Nation and also I'm on the Self-Governance Advisory Council and I'm glad to

be here. Thank you.

MR. THOMAS: My name is Jim Thomas; I am a Tlingit Indian from Yakutat, Alaska, once upon a time. I am Vice-President of the National Alliance of Tribal TANF. I'm also the Chairman of the TANF Committee for the Affiliated Tribes of Northwest Indians which represents 58 tribes in seven states of the west. And I'm also the Director of Program Development and Budget for the Nooksack Tribal TANF Program in Deming, Washington.

And because I will be talking about a Tribal program with which I am employed, I have been accompanied at the wisdom of the Nooksack Tribe by a member of the council, Rick George.

MR. GEORGE: Good morning, and I'm Rick George.

MR. WARREN: My name is Alvin Warren, I'm the Lieutenant Governor for Santa Clara Pueblo, serving my second term and I'm also a member of the New Mexico Commission on Indian Affairs.

And I want to thank all of you, the First Vice-President and Secretary; it's good to see you again. Thank you for coming to visit us last year.

I want to express my appreciation to all of the individuals from HHS and all the tribal, both leaders and staff and experts that helped to put this agenda together. It was a very collaborative process; I

participated in a couple of the calls over the past couple of months. And I really want to commend everyone for the effort they put into this session. Thank you.

MS. SINYELLA: Good morning, my name is Wynona Sinyella and I am a tribal council member for the Hualapai Tribe in Arizona and I'm here representing the Chairman and Vice Chairman, they couldn't be able to make it. Thanks for allowing us to be here for this consultation.

MR. MOORE: My name is Robert Moore. I am a Council Representative from the Rosebud Sioux Tribe and I'm also honored to be here. And I share your sentiments, Lieutenant Governor Keel, for what you expressed earlier, and I thank the staff for all the work that they've done.

I also serve as the area TTAG, Tribal Technical Advisor for CMS. So my allegiances are a little divided today. I was the President of the Dorothy Dupree Fan Club but today I think I'll be the President of the Stacey Ecoffey Fan Club.

I'm not a doctor but I could play one on TV. but we have lots to do this week and I'm honored to be here to talk about the issues that we have regarding healthcare and our relationship with HHS.

MR. TERRIO: Good morning. My name is Terrie Terrio, I'm the Treasurer, and I'm in my 20th year for the Stockbridge Munsee Tribe. I'm also the alternate

representative for the Budget Formulation Committee for this year.

MR. ALBERT: Good morning, how is everyone this fine day? Good. My name is Carlton Albert, Sr. I am a Tribal Councilman from the Pueblo of Zuni, serving my second term. And I do appreciate that all tribal leaders are here today.

Many times as tribal leaders, there are many conflicting schedules and I commend each and every one of you taking time to come here today and sit around the table and discuss many important issues that we have in terms of the budget consultation.

And with that, my thanks to the staffs. It's going to be a good wonderful two days. Thank you.

MR. LEBEAU: My name is Mark LeBeau; I'm a citizen of the Pit River Nation in northeastern California. I'm also serving in my second term as a health representative official to the Pit River Nation and it's an honor to be here and I look forward to working with all the tribal leaders, tribal community members and government officials in the effort to enhance our Indian healthcare system.

MS. SPURR: Good morning, my name is Lauren Spurr, I'm the Tribal Chair for Huron Potawatomi in the Michigan region and I send greetings from our tribes to

Washington and all the officials here. And we are glad to have the opportunity.

I am here because of the frustrations we feel as tribal members in the Michigan area. If you look at your statistics you can see where we stand. And I think there are ways that we can standardize the care and bring all the tribes, those that are below the 50% level up to an area that we can either make sure that the health service that has been promised, has been promised to our ancestors, and for which our ancestors paid dearly. And we want to make sure that we are able to provide for this in the coming years.

And that's why I felt it important to be here. I'm a nurse by profession. I went to the University of Michigan and so I've worked, not in tribal government, but I've worked in private enterprise for a number of years and I went back to help the tribe.

So I feel that there are many things that we can help to bring to these tribes to make sure that we have the healthcare for our elders and our children.

MR. ETTAWAGESHIK: I'm Frank Ettawageshik, I'm the Tribal Chairman at Little Traverse Bay Band of Odawa Indians in Michigan and I'm glad to be here to be part of this and to have input into this extreme issue and issues that we have.

I think that this should be a very productive discussion and it's always good to talk. I'm hoping the talk actually is able to bring about actions that will help our people. Thank you.

MR. SCHNEIDER: I'm Dan Schneider; I'm the Deputy Assistant Secretary at the Administration for Children and Families. I look forward to having an honest discussion with all of you.

MS. STAMPS: Good morning and I'd like to welcome the tribal leaders and the organizational leaders that are here with us today. My name is Quanah Stamps. I am Cherokee from Oklahoma and I'm the Commissioner for the Administration for Native Americans.

In addition to that, in partnership with Doctor Grim I chair the Secretary's Intradepartmental Council on Native American Affairs. And on behalf of the Council we welcome all of you.

MR. KALAVRITINOS: Great. Well thank you, thank you all for those introductions. I'd like to say a few words and then introduce our Acting Deputy Secretary. Thank you, we thank Governor Keel and Chairman Rolin and all of you.

My name is Jack Kalavritinos, I'm Director of Intergovernmental Affairs for Secretary Leavitt here at HHS and our responsibility is to facilitate conversations,

policy and work with tribal governments, with state and local governments as well.

And we are so very pleased to have this very significant consultation here, one of a package of consultations that we're holding all around the country, this being of utmost significance because of the budget implications.

As part of our office, this meeting today has as its primary focus worked very closely with Assistant Secretary Charlie Johnson's office to put this together. And we really do appreciate the hard work of everyone that has led to this, including those good folks that were part of the planning conversations for this meeting.

We went ahead and made some changes this year after hearing some of the comments. I'm a little concerned that word might not have gotten to everyone and that does concern us. And also we would like to invite you to attend, and anyone else who wants to attend the planning meeting for next year's consultation as well. We really do gain a lot from those conversations and planning and that's why in large measure we've made the changes that we have.

I want to particularly thank Jennifer Rackliff and Stacy Bohlen of the National Indian Health Board and Traci McClellan and Juliet Pittman of the Tribal Self-Governance Group. We appreciate their particular help.

Also from our office, Jeremy Marshall is our emerging leader on a rotation from IHS and I just want to thank Doctor Chuck Grim for giving him to us for this period of time as well as others in our office, Bernice Harper and Amanda Jonas from Secretary Johnson's office for their work.

Also in terms of the Stacey Ecoffey Fan Club I want to formally introduce her because she's playing a big role now. She recently joined our team full time. You all know her from work as a detailee to our office from another part of HHS. But she's the Principal Advisor for Tribal Affairs within IGA and she's a member of the Oglala Sioux Tribe from South Dakota, we now have someone from South Dakota and North Dakota in our office.

And she's our primary advisor on tribal affairs, and really your main point of contact, together with our regional directors who, there are ten of them around the country, and hopefully you know them because they're the ones that host the regional consultations.

So between Stacey and our ten regional directors we want you to know that we have multiple points of contact for you.

I also want to highlight our Deputy, Laura Caliguiri, who plays a key role in our office on tribal issues. She's just back from the Portland area and I'm

1 going out to Iowa next week and I think she's in Montana on
2 an initiative too. So Laura Caliguiri is also someone that
3 I think you'll be running into.
4 We are very pleased that we have our Acting
5 Deputy Secretary, Eric Hargan with us today. He is, as
6 Alex Azar, our Deputy Secretary who has unfortunately moved
7 on, he is the Chief Operating Officer for this, the largest
8 federal agency in the government with a budget of $700
9 billion and 67,000 employees.
10 And he works very closely with Secretary
11 Leavitt on all aspects of this very, very large entity,
12 whether it's Medicare or Medicaid, Indian Health issues,
13 public health research, the entire scope of HHS. And he
14 served as Principal Associate Deputy Secretary as well as
15 the Deputy General Counsel, so it's my pleasure to
16 introduce to you, Eric Hargan.
17 **MR. HARGAN:** Good morning everyone. I'm
18 delighted to have the opportunity to join you for this
19 year's Tribal Budget Consultation Session.
20 This is my first opportunity to address the
21 tribal leaders in my new position. And on behalf of myself
22 and of Secretary Leavitt I'd just like to tell you how much
23 of a pleasure it is for us to host this 9th Annual Tribal
24 Budget Consultation Session.
25 And I'd like to welcome all of you, all the

tribal leaders, all the national tribal organizations and the many tribal and departmental employees who are here today.

As with past years I think you'll find today and tomorrow's consultation very useful and very eye opening for all of us.

And first I'd like to thank Charlie Johnson, our Assistant Secretary for Resources and Technology who is leading this session and Jack Kalavritinos who is facilitating. He's our Intergovernmental Affairs Director as you know. And they are very dedicated and committed to this consultation process, as are we all.

Just to let you know, all of us at HHS are committed to building on our strong partnerships. And in particular, my office and the Deputy Secretary's office, we're committed to working with you all on a government to government basis and to continue reaching out to your communities.

I see our office as continuing what I think is a strong outreach from our office, starting with Deputy Secretary Claude Allen and continuing with Deputy Secretary Azar and we intend, and I intend to continue this in our office.

I've had a few times that I've been able to get out to Indian Country to visit the Mississippi Bank of

Choctaw a couple of years ago, and then also went with my predecessor, Deputy Secretary Azar to Alaska to visit with tribes.

I found that very illuminating, very eye opening and I have encouraged all HHS senior staff to undertake a trip to Indian Country to try to learn more, so that we can really try to apply those lessons when we're back here.

And I would like to say that I think, and I think everyone here thinks that consultation works. For 2006, HHS resources given to the tribes, or spent for the benefit of the tribes totaled about $4.55 billion, which is an increase of $56.6 million over 2005.

The gains came across the department, from appropriated funding, increased tribal access to unearmarked funds as well as an increase in discretionary set asides. And because of processes like this, they reflect better tribal consultation priorities.

I'd also like to thank all the tribal Representatives who have traveled and will travel to our 5th Annual Regional Tribal Consultation Sessions. For those of you, who have not yet had your regional sessions, please be sure to attend them.

That's one of the ways in which we can learn and try, we can learn from you what your priorities are,

because it's only by interacting with you, consulting with you and learning from you, that we can continue to learn what works and what doesn't work in Indian Country.

So it's one of the most vital ways that we can interact with you, is in these consultation sessions, particularly the regional sessions are also very useful. And our regional directors in partnership with the Indian Health Service directors and other divisions of HHS have worked hard to make sure that we fully consult with all tribes across the country, and that our consultations bear fruit.

And as I think Jack just indicated, you know, we would view with concern any sort of idea that we had sort of slipped and not notified people. But I'm sure we'll be on that as soon as this is over.

So I'd like to thank you all in advance for your hard work, for your advice and assistance and I offer my best wishes for another successful consultation. Thank you very much.

MR. KALAVRITINOS: Great, appreciate that, Eric. A couple of housekeeping items, we're running a little bit behind and I apologize for that, we started a little bit late and sometimes our security system down there can delay things a bit.

So just a couple of housekeeping items. One

thing is to remember to wear your badges; they help as we are moving around the building, but also out of the building if you wish to go out, especially for lunch. We have a list of restaurants and there's also a cafeteria conveniently on this floor as well.

If you need any assistance at all during the day we have a number of staff people that can be helpful to you. So maybe if just those folks stand for a moment, just raise their hand in terms of the HHS staff that can be helpful just to that you see.

So great. Now let me just turn to Lieutenant Governor Keel here and we're going to go ahead and get started.

MR. KEEL: Thank you, Jack. And I also want to personally thank the Deputy Secretary for being here. We appreciate your comments and we look forward to working with you as well.

I do believe that you're sincere and as you'll get to know the other folks from Indian Country, we're here to work with you and move our agendas forward and assist you in any way we can.

Having said that, it is time to move into our breakout sessions. And I want to encourage all of the tribal leaders, if you've not been able to introduce yourself, if you've come in after we got started, I

apologize for not acknowledging you and I want to make sure that we do that this afternoon.

Moving into our breakout sessions as you look at your agenda, there are rooms that are noted here. Please make your way to the breakout sessions and be aware of the time. We have a lot of information, a lot of presenters and time may run short, so try to stay on schedule if you can and we'll see you back here I guess after lunch at about 1:30 and we'll try to reconvene promptly after 1:30.

Thank you very much.

MR. JOSEPH: Jefferson, one thing I forgot in the blessing this morning and I ask for forgiveness, is our veterans that are serving our country and we need to not forget them.

MR. KEEL: Okay.

MR. JOSEPH: Hopefully they come home safely with good minds and good hearts.

MR. KEEL: Thank you.

(WHEREUPON, the morning session was concluded at 9:53 a.m.)

MR. ROLIN: If we can have everyone's attention please, it's 3:15, we need to go ahead and get started.

This afternoon, well, good afternoon, my name's Buford Rolin, I'm the Tribal Chairman for the Vander Creek Indians in Alabama.

And we're recording this session and so each one of you that are here at the mikes, when you speak if you would give your name for the record, we will appreciate it.

And with that we'll go ahead and get started.

Jack, do you have comments?

MR. KALAVRITINOS: No, I say we go ahead and get started.

MR. ROLIN: Good, all right. Fine, thank you.

The panel this afternoon is entitled, Indian Health Service Budget Formulation Team Testimony. And with us are Doctor Charles Grim and Elizabeth Fowler. Elizabeth is the Director of the Division of Budget Formulation, Office of Finance and Accounting at the Indian Health Service. Of course we all know that Doctor Grim is the Director, I didn't mean to slight you, sir.

But with that, after their presentation we will have the tribal presenters of Don Kashevaroff and Carole Ann Heart. They will discuss the Indian Health Service Budget Formulation Team and the work that they do in preparation of the budget.

And following that session I'll have a special presentation on the Special Diabetes Program for Indians and following that will be an open tribal testimony and comments and we'll have our closing remarks.

We should be out of here by no later than 5:15.

And with that I'll give the Mike to Doctor Grim. Doctor Grim.

DR. GRIM: Well good afternoon everyone. I'll turn this on, good afternoon everyone. It's a pleasure to see you here today.

And I'm going to ask the facilitator's indulgence here, and in the interest of being able to hear the full tribal presentations, I'd like to offer to see if Don and Carole Ann would like to present first. And I have a number of things that I could say about 07/08 and '09 but I would hate to intrude upon their time since we have had them and all the others come from such a long distance.

So if that's okay with you all, I'll let you go ahead and then whatever time would be left we can either respond to some of those issues or I can tell you some things about 07/08 and the tribal priorities for '09.

And what we were going to do is just very, very briefly go over the '09 budget priorities and I think Don and Carole Ann will cover some of that anyway.

We act as facilitators in the tribal budget formulation process and so I would like to defer to them if they'd like to do that. Don?

MR. KASHEVAROFF: We were thinking that maybe

you could have the first ten minutes to cover as much as you can.

DR. GRIM: Okay.

MR. KASHEVAROFF: And then we'll go and then if there's any more you can't cover in there and we don't cover – because I'm sure folks want questions too, so I don't want –

DR. GRIM: Okay.

MR. KASHEVAROFF: – us to take a lot of time and you to take a lot of time and not be any time for questions.

DR. GRIM: Okay. I will, since I know you're going to talk a lot about '09 since that's why we're here, I will cover a little bit about '07 and '08 because those are still up in the air.

And the amount that we were given for '07 by the Congress in a Joint Resolution was approximately $135 million. There are a number of agencies that received just straight line budgets from their '06 level in the process that was used this year.

The agencies, our agency also has additional funds that we receive in the way of collections, in the way of staff quarter rental collections. The first collections were third party collections. Then also a Special Diabetes Program for Indian monies of $150 million.

So when you total the appropriated dollars at $3.2 billion and those other dollars, health insurance collections of about $700 million, the diabetes of $150 million and staff quarters of $6 million, it would bring our ‘07 level up to about $4 billion in spending.

The Iraq Supplemental Budget has been in the news a lot lately and that bill in both the House and the Senate versions, they are looking at potentially adding provisions that would affect how the Indian Health Service would spend certain portions of their money.

And so we are still at this time not able to tell you exactly what the ‘07 appropriations will look like. Only that a large portion of that $135 million is going to go to the services side of the House. And that was really the intent of both the House and the Senate. And the language that they are placing in there, the House has placed in some language about contract support costs and the Senate I believe has also placed contract support costs as well as some contract health service language.

So we don’t know yet what the outcomes of that will be, but just to let you know that our ‘07 budget was an increase, it was about 4.5% over our ‘06 budget. And we were very, very pleased with that.

Our ‘08 proposed budget, when you consider what we were given in the ‘07 level, and that level, that

dollar amount level won't change but there may be further guidance by the House or the Senate in how we can spend it. Initially there was no guidance whatsoever, it was just here's the money, we'd like to see an operating plan in about 30 days on how you intend to spend it. And we've been going back and forth with the Department and OMB and I'd like to say now that Mr. Johnson has walked in and he's been very supportive at ensuring that we try to get what we feel, or the money placed where we feel we need it. And I would like to thank him publicly for that. So we don't know how that's going to turn out just yet.

At the '08 budget level, when you factor in what we were given for '07 now, is about a $91 million increase or a 3% increase over our, what we are referring to now as our '07 enacted level budget.

When you add in those other three sets of funds that I talked about it brings our level up to about $4.1 billion. So it raises it almost another $100 million.

And again, primarily the funds, about $2.4 billion of that total are going to the clinical services side of the House.

For both of those years you'll see a difference between the numbers I've stated, and I think what Don and Carole Ann will talk about and propose today, that as far as the tribe identified needs that have been

laid out during the Tribal Budget Consultations, we have tried to follow those.

The critical needs that have always come through year after year have been those mandatory sorts of cost increases that you need to keep your health programs running. The Pay Act, inflation, population growth and then staffing for new facilities, we've always included those as mandatory sorts of costs.

And with the Department's help, and I really do believe that without their support and help as it moved on up the chain it would not have occurred. For the last two years, for the first time in well over a decade we have been receiving increases for inflation that recognize that a lot of our budget sub-activities have to deal with medical inflation. And so we've been allowed a medical inflation rate and non-medical inflation rate for those that are non-medical line items.

And we've also had recognized and upheld by the Congress I would say too, the fact that the population that we serve is growing too, it is growing at the rate of about 1.4% to 1.6% a year and so we have been allowed to ask for in the range of 1.4% to 1.6% increases in the funds for those sub-activities, so that it recognizes the number of increased services that you all are having to provide out there.

It just so happens that the clinical numbers that we track also, the number of visits that are being seen in our facilities, both tribal and federal and urban across the nation, happen to be going up at about that same rate, 1.4% to 1.6% a year.

I don’t know if that actually really has anything to do with the population growth, but that is occurring and that’s what the numbers are showing us.

So we have tried to stick very, very closely to what the tribes have asked us to do about that.

The two areas that have been controversial with tribal leaders are the fact that we are now in what we might call a third year of a pause. We started out one, I think it’s two or three years ago, saying it was a one year pause in facility construction and it has continued into a third year. In ‘08 we proposed only a $12 million increase in the facilities budget for a facility in Barrow, Alaska.

And that has been due to overall guidance that has been given, not just to the Indian Health Service, but to all agencies by the Secretary, that he would rather, during times of tight budget constraints which we are under right now, he’d rather focus on services to people as opposed to infrastructure.

It’s not that we still do not believe that facilities are an important part of that growth, but right

now during these tough times we're placing the majority of our funds in the services side of the budget as opposed to the facilities.

However, in '08 as well as in '07 there are facilities that are in process that are still being completed and staffed. Four of them are being staffed in '07 so there are four facilities that were completed then. We'll be completing and staffing two facilities in '08. So I don't want you to go away thinking that there has been a total shutdown in facilities, but the numbers of dollars that have been placed in there have decreased significantly over the last several years in support of trying to place those into the services side.

So I will stop there. That's an update on the '07 and '08 budget. I can talk more about the '09 priorities that we've developed with tribes but I think I'll let Don and Carole Ann go on with that.

And if there's anything that I would add that might be different than what they're saying, I'll talk about that later in the Q&A session.

The last I would add is that Chairman Rolin is going to be speaking about the Special Diabetes Program for Indians. That was not in our '08 budget proposal because it is not up for re-authorization until '09. So that'll be considered in our '09 budget process.

So, Don and Carole Ann, I'll turn the mike over to you.

MR. KASHEVAROFF: Thank you, Doctor Grim. I'm Don Kashevaroff. I'm the President of the Seldovia Village Tribe in Alaska, and also the Co-Chair of the budget work group, it's actually the Indian Tribal Urban Budget Work Group and we meet every year.

As you know, Doctor Grim, all twelve regions or areas of the country meet in the meetings beforehand and they formulate their top priorities in their budget requests. Those recommendations are funneled up into the national meeting.

And so when we met about a month ago we had information from the whole country and then we sat down as a work group finalized it into this request that we will present to you.

On my left is Carole Ann Heart, she's the Executive Director of some long acronym, I don't know why we have to put acronyms up here, the name's too long, but the Aberdeen Area Tribal Chairman's Health Board and she also co-chairs the IHS Budget Work Group.

What we want to do today in a short time is discuss our topic which is honoring the promise, so we want to go over some of the promises that the President has made, Congress has made and we want to touch on those.

We want to compare some of what the Indians get to what the rest of the country gets. We have a few slides on those.

We also want to show our health priorities that we've developed. We're only going to have our top five even though we have a quite a few, we want to concentrate on our top five.

And then we'll finish off today with our budget recommendations.

MS. HEART: Okay, with that then we want to begin with a couple of quotes that we found that we thought were very appropriate that were made by President George W. Bush, that we thought applied to what we're doing.

The first one is, "There is no question in my mind that a proper role for the federal government is to help the poor, the elderly and the diseased get healthcare" – and I think we Indians fit in that category, right? – "and we'll do that. And to the extent that these important programs need to be reformed and strengthened, we will do that as well. And so we will do our duty at the federal level and when we find deficiencies in federal programs we will work to correct them, for the good of citizens and the taxpayers". President George W. Bush, January 25, 2007.

So we can hold him to his word and these are words spoken by our President.

So another we found that we thought was equally as good and really depicted our situation, “And the mission of government is to make sure that the quality of healthcare received by our patients around this country remains the best in the world, the best in the world”. And is Indian Health Service in that category when compared to the private sector? We will see that as we move along. “Private medicine works and we need to make sure private medicine is the norm and quality care is given to as many Americans as possible”. So we hope that he can live up to this word.

And the third slide, Section 3 of the Indian Healthcare Improvement Act which we’ve been waiting on for quite some time and we know is a good law to adhere to. It says that, “The Congress hereby declares that it is the policy of this nation in fulfillment of its special responsibilities and legal obligations to the American Indian People, to assure the highest possible health status for Indians and urban Indians, and to provide all resources necessary to effect that policy”.

MR. KASHEVAROFF: I wanted to point out there that this is the current law in 1996 in the Indian Healthcare Improvement Act and Congress is saying that they should provide all resources necessary.

And I know one of the problems we have with

them providing all resources necessary is they always say the President does not ask for all the resources necessary.

I know it would be nice if the President of the United States would actually ask for those resources that are necessary because Congress has said in the Indian Healthcare Improvement Act that they will provide.

MS. HEART: A lot of us know and have had the experience about the Foundation for Honoring the Promise and the federal health responsibilities for that. We are named in the U.S. Constitution, Article 1, Section 8, it says, “Congress regulates commerce among the states and with the Indian tribes”.

And that gives us a lot of responsibility and it gives the federal government a lot of responsibility to us. And it’s also contained in over 800 ratified treaties, statutory and case law, including the Snyder Act, executive orders and a resolution HHS, 18 of them formerly HR 31, 2002, 2006, acknowledges the federal trust responsibility, supports federal funding level without requiring state subsidy.

Also, Executive Order 13175, consultation and coordination with Indian tribal governments which was issued on November 6, 2000, President Bush affirms that consultation in a memorandum for the heads of executive departments and agencies, issued September 23, 2004 and

Executive Order 13336, American Indian and Alaska Native education, issued 4/30/2004.

MR. KASHEVAROFF: And, you know, we appreciate that the President reaffirmed the consultation policy and that allows us to have these meetings such as we're doing here.

But while I was traveling down here a long ways from Alaska I was thinking about, you know, 100 years ago, 150 years ago when Indians had to travel in from the Midwest and all parts of America to meet with folks back here, to meet with Congress, to meet with the President. And I don't have any of the pictures in here but, you know, we've all seen those pictures of the Indians meeting back in D.C. and sometimes they put the nice little westernized clothes on to meet with them.

So we've been actually, Indians in America have been meeting with D.C. for a long time. We've been meeting with the government here for a long time.

And we have a consultation policy that says that you should meet with us now and that's great. But consultation is good but if we don't actually get anywhere by doing it, it's kind of a waste of time.

And I appreciate the folks up here, Charlie Johnson and Charlie Grim and Jack Kalavritinos that you guys have taken the time out to come here and meet with us.

Our concern is that the needs in Indian Country are so great and all three of you know them because you've heard us before, that we need more than just consultation, we need action. And more action than what we've gotten before.

The IHS requests that have gone in over the last four or five years are in the blue. The dark red ones are what the President actually asked the Congress every year.

And you can see that the Indian Budget Formulation Work Group in consultation with the whole country of Indians asked for a lot more than the President actually asked for.

We started out in '04 asking for $400 million and the President asked for $100 million. It dropped; we asked for a little bit less, he asked for even less. We asked for a little bit more, he asks for a little bit more. So it keeps on going that way.

If you're wondering why the request in '08 is lower than what it shows in Doctor Grim's paper is that we actually took the request off of what the previous request was, not off of what was enacted. In '07 we had a weird year where nothing got increased.

But the actual '08 request from the President isn't $207 million because that's based off of '06 money.

If you add in the '07 increase that should have happened, it wouldn't be that much more either.

And this problem here is that – let's see what the next slide brings us – the problem is that every year we are asking for more and we're not getting it. Every year medical inflation costs are rising and we're not getting medical inflation.

And I know that HHS has been open to and willing to discuss inflation and has advocated for inflation, I know IHS uses inflation as a, I guess as a reason we need more money, and we think we do too.

The problem is, is that the inflation rate that people use is the OMB inflation, which I don't know, is 4% or something like that, something really low.

And anybody walking into a hospital anytime in the last one, two, four or five years knows that inflation is a lot more than 4% in any given year.

Just our healthcare because we used to have Blue Cross up in Alaska, just our healthcare alone, Blue Cross came back to us for two years in a row asking for a 40% increase. We finally dropped them and had to go self-insured.

But that's what they said it cost for that same service we had for our employees the very next year. They needed that much of an increase from us.

And so I know medical inflation isn't going up 40% but I've seen a study where pharmacy goes up 15% to 18% and general medical inflation is around 10%.

How OMB gets 4% I do not know. But every year by not spending inflation we end up with this dark blue line where we should have been. So that dark blue is where we should have been if we would at least just had inflation, nothing else, just give us inflation at the population growth of 1% to 1.5%. We are de-funded up around $7 billion, $8 billion from where we should be.

And our consultation here would be much more lively and happy and we'd probably be serving you guy's donuts and cookies and punch, saying thank you for taking care of the Indians in this country. But as it is now we're down where the yellow is and it has not increased much at all.

There are some of the actual increases. You know, just the Medicaid growth, now it boggles my mind that the same government that tells me that I only have 4% inflation, turns around and says, but for Medicaid you have 8% inflation. I just can't understand it's just the same number.

And so for Medicaid we get 7%, 8%, 9%, 6%, 7%, 8% increases because it's an entitlement, they have to give it so they give the actual, what the real rate is. But

when we come down to the discretionary for the Indian budget, for some reason, I guess the OMB is cooking books and going, well, your inflation is different because you don't provide the same healthcare Medicaid does.

We all know that's not accurate, we provide the exact same thing Medicaid does. We're doing direct healthcare service and Medicaid's paying for direct healthcare service, yet we still have these discrepancies.

You've seen this before, this is a study that was done years ago and we've updated it a little bit, but it just shows that if you're on Medicare or if you're just an average national healthcare expenditure person, well, here's the VA, the guys with the rats running throughout the hospital and if you're on Medicaid you're getting a lot more per capita than if you're an Indian.

And you all have seen this before, if you go to prison you're going to get better healthcare as far as dollars are concerned than if you're an Indian. And it's kind of a shame that you could go to prison and get better healthcare. You could be an illegal alien and get better healthcare than you do if you're an Indian.

And so this is the type of thing that this graph hasn't changed, we need to actually change this graph; we need to put those folks down there on the very bottom up higher.

And it’s not always money, there’s a lot more things to do to the healthcare, but money is a big part of providing healthcare.

And I want to mention the Veterans Administration. We have a lot of Native vets and Indian vets coming back from Iraq, Afghanistan and ones that have served in the past. And many of those folks that are on the reservation or the villages, they don’t get to go to a VA Medical Center; they come to the Indian Medical Center.

Now remember, we’re getting less money than the VA does. Those Indian vets come back and they get into the system that has less money.

So those folks that have served their country double, one, by giving up their land and two, by protecting the land they gave up, get actually worse care.

They reason they stay close to home is they have access issues. In Alaska they’re in a village and the only place they can go for VA care is pretty much in Anchorage, so you’re not going to get it. The same thing on the reservations. And also you get better care, culturally wise on the reservation or in the villages because people are more attuned to how you are thinking and they treat you the right way.

And that’s why people don’t just flock to the VA centers. We know why they don’t go to the VA centers

now, because of the reports that are coming out.

So Native vets need the same amount of money as non-Native vets and they're not getting it.

MS. HEART: So how we arrived at the top five health priorities is really in an organized manner.

And at each area, the area works with the tribes to come up with their priorities. Those priorities then are brought into the national meeting and then we have a session where we have a methodology where we come up with the top five priorities for all the areas, all twelve of the areas.

And we look at whatever are the top five for each of the areas. And this is how it turns out that the number one priority is diabetes. The number two is cancer, heart disease, alcohol and substance abuse and mental health.

And in any one area it might be a little bit different. Maybe alcohol and substance abuse is number one for one area, maybe heart disease is, but all of these top five health priorities cost us a lot of money. And many of them are very much under funded.

If you look at alcohol and substance abuse, that includes the increased use of meth. And there's been a great concentration on meth in Indian Country and also outside of Indian Country. But it's a big, big need for

us.

Chronic disease, when you look at chronic disease, when you treat someone at the end as we learned yesterday at the diabetes session, that treating diabetes cost $21,000 as opposed to preventing it, which is, $2,400, it seems that we should really concentrate on preventing rather than dealing with the end disease in all of these priorities.

So that’s where a lot of the disparities come about and that’s where a lot of the cost comes. So if you look at any of these chronic diseases you will see that there’s a high dollar amount attached to it because we’re not dealing with it up river, we’re dealing with it down river.

MR. KASHEVAROFF: I wanted to talk a little bit about cancer and we’re working on the sound system and I think I boosted it, put it in my file and boosted but I don’t know if it will come through, but I’m going to try to play you a video of a young gentleman and if you’re in the back you can’t hear him. Sorry, but you’re probably living this already so you will know the story.

But hopefully we can hear it up front here. **(WHEREUPON,** the videotape was played.).

MR. KASHEVAROFF: And while, you know, Dan was talking about just Alaska issues that are prevalent

throughout Indian Country in the United States. It's where we need help. I mean cancer is growing fast amongst Indians.

It might be because we've been successful on some of the other fronts and extended our life and live longer but now we're getting picked off by cancer. It's a big issue.

MS HEART: Again if we're to look at the behavioral health inequalities, called disparities, you will see in blue are the American Indian rates, and in burgundy the U.S. average.

And so the health inequities are glaringly almost quadrupled what the other ones are in alcoholism, suicides and homicides.

And we drew a lot of information about those from a lot of the different regions and Senator Dorgan has held hearings on suicides, especially in the Aberdeen area because of the high rate.

And we need a lot of help in this area, and again these areas are severely under funded. And I think today's sessions, when we spoke with SAMHSA and some of the other agencies, it was a great help to know that they are pitching in and assisting to some degree. And if we can have more partnerships of that nature I think that would help to reduce some of these high rates of behavioral

health inequalities.

Again methamphetamine use, we all have heard a lot about it. But if you look at the bottom part of the graph, that's the Native Hawaiian and Pacific Islanders. And earlier Don said, they're beating us, maybe some of us need to start using meth so we're – he said that.

But the American Indian and Alaska Native is the second highest and so we need to really do something about that. And this morning it was kind of scary because on the news they were talking about how now they're mixing chocolate milk and candy with the meth to make it more palatable to young people.

And that is pretty scary.

So there are so many things that are going on in the youth population, we always have to be vigilant, we have to be a step ahead of them and we have to protect them in any way that we can. And meth is taking out a lot of young people.

MR. KASHEVAROFF: We've been basically trying to show you from the bar charts, you know, what you already know, that the Indian health is really on the bottom of American health. We have not the worst healthcare, we have the worst health status amongst all the – we're not even a minority group, but most minority groups or any group that you want to put up against us.

Dorrie Hughes, I asked her to be on the phone, she did not want to be on the phone but she did provide this testimony and I'll share it with you, if everything works right here.

Tell me if you can't hear it though.

(WHEREUPON, the audio was played.).

MR. KASHEVAROFF: We showed you on the previous slide that number wise, you know, we are I guess desperate by numbers, but the actual people we talked to are desperate too for help.

And if we go back to some of the President's promises and statements at the front of our slide show where he was going to look at who needed the help because this great nation should help them, those folks are sitting in front of you here today.

What we have talked about a lot in Indian Country is why we don't ask for the total amount, the total funding. The government has promised to take care of us in healthcare. We've ceded millions of acres of land, we've ceded trillions of dollars worth of resources and I mentioned last year that across from my village, about 80 miles across the bay is one of the largest American gold mines, they're finding more and more gold there every time, the largest gold deposits ever, a trillion dollars worth of gold.

And a Canadian firm has the mining rights, it's on state land. They did not let the Natives select the land when we had Native selection, unfortunately.

That's just one of the trillion bucks there that we gave up. There's a countless amount of oil, the resources of America in the lower 48, the whole country was built upon natural resources and those were once owned by Indian tribes.

Now, the question we've batted around is why don't we just ask for the 10 billion bucks we need? We need $18 billion; we need $10 billion in recurring services and $8 billion in facilities.

And people say, well, you're not going to get it, no one is going to swallow that. But last week at a consultation people were saying we have to ask for the total amount. This is getting crazy because, you know, we've been asking for less and less each year and we get less and less.

So we need to ask for more.

The work group got together and said we need to ask for about 20% increase.

And I'm going to go through a roughly 20% increase. Pay costs, just to keep, well, the President says, everybody gets a 3% raise this year, well, we're like everybody else, we have to pay. So we need money for pay

costs. The inflation rate is just the OMB inflation. We didn't add the formal medical inflation, we just added some additional medical inflation for things such as pharmacy, we know has gone through the roof, we need that. Contract support costs, many tribes have taken on the responsibility to run the programs, to treat their own people, to be the front line. When the people aren't getting care they don't go to the government, they come to the tribe.

For those tribes that have taken on those responsibilities, contract support costs was a small amount of money to say, oh, you took over a program and we didn't have electronic medical records or we didn't have a cost accounting system which none of them do when we take them over, how can we help you to make sure you have the infrastructure to run it just like we expect it to be run?

Healthcare facility construction, Doctor Grim mentioned that we're in the third year of the one year pause.

You know, and your quote was, in times of tight budget constraints these things happen. Indians have been in a tight budget constraint as long as we remember. We've never had a year when we really were funded adequately.

And it doesn't matter if it's a war, if it's a hurricane or bird flu or, I can't remember all the things

during the Clinton Administration but there were always excuses. No matter what administration we go to there's always an excuse of why there's a higher priority.

I want to tell you that if we don't have healthcare facilities being constructed, we have, the average age right now is 32 years is the average age, people have 100 year old facilities and they're sitting there waiting for them to get in service.

We have program service recommendations that we're going to be requesting. These are over and above the money that we've already got. Hospitals and clinics, $100 million along with contract health services $110 million, we also have the Indian Healthcare Improvement Fund at $40 million.

The Indian Healthcare Improvement Fund, the level we need funded recognizes that not every tribe has the exact same funding as many tribes. So some tribes were 30%, 40% of the level of need. The average is around 60%. We want the money to go into that to help out the neediest tribes, to bring them up with the rest of us.

At the same time we don't want all the money to go in there and just forget about those that are funded at 60% because 60% is still not 100%. But we do recognize that we need to fund those, the lowest tribes.

Information technology, we've actually

separated it this year recognizing that, the money is actually, there's no line item for IT, but we really need the IHS to be modernized. We have to rely upon them now. Technology doesn't heal you but with technology you can do a lot more with a lot less and we need that going on.

So those are some of the big ones. On the bottom, youth residential treatment center, we're recommending, we actually have a write up, hopefully you've had a chance to read it. Youth residential treatment center, we recommend that every area at least have one of those. It's a huge problem, we need more than those in each area but we're asking for $30 million for youth residential treatment centers to help a partnership with tribes to build these.

So we're asking for about, oh, just shy of $800 million. That was including, that's over and above, and we wanted the Indian urbans reinstated. I understand how, we understand what goes on, but anyway, we need to reinstate the Indian urbans because it's kind of silly to play the political game, we'll take them out, Congress will put them back in.

I guess that's how we got the pause in construction. We'll take the construction out and Congress will put it back in. Well they did a little bit but why do we have to be the, why do Indians have to be the pawns in

the political game? Why can't we be funded first in America and then everybody else fight over the other trillions of dollars left over? That would be a nice refreshing feeling. First Americans funded first and everybody else fights over the other, the biggest piece of the pie.

(WHEREUPON, there was applause.)

MR. KASHEVAROFF: Oh, you can hear out there, okay. Do you want to finish up?

MS. HEART: Okay, so in conclusion, the promises made to Indian Country by the United States government can be honored by accepting and enacting the budget recommendations as brought forward by the ITU Budget Formulation Work Group.

And we've come together as a group to really support this and our brothers and sisters that are the Indian urbans are in full support of it. We want to support them and so we're all together, we're speaking with one voice and we hope that this will be enacted to the fullest.

Thank you very much.

MR. JOHNSON: Just a comment on the presentation. As usual when we get to the presentations from you they're powerful in their messages and I think we not only hear it here but as we go into Indian Country we

see the needs and we understand the resources.

So it isn't a lack of understanding. I think it is where you sit is how you see things. And of course we at HHS look at budgets and they're all comparative documents, and we look at them and we say we are really going to stretch to help Indian Health Service for example. And we feel good about it.

And then we look at it in relation to total needs and then you say, well it doesn't compare. Well it compares well in our, in what we're dealing with but I recognize it as the need. So I can tell you that we tried really hard within the constraints that we have. But on the other side of it we do see the gaps; I mean we see the gaps as you do. And we promise you effort but effort takes us only so far.

If we had a lot more resource in HHS from the federal government, obviously I think you'd know we put this as a priority.

But I don't know how you catch up gaps. That's the big issue is how do you – you can catch it up incrementally but the gaps are sometimes quite large.

And so I mean I understand the message.

MR. KASHEVAROFF: I guess if I can respond real quick to Charlie, the $800 million that we're asking for doesn't, isn't full funding but if we actually got that for

a few years it would make a huge impact.

I mean I know that, you know, I don't know, in the budget department, I don't know what you do, but I've got a feeling that IHS asked for something less than that and HHS asked for something less than what I just asked and it goes to OMB and they probably cut it down to what we've got now.

Maybe if I could implore upon you guys to try something new this year, that IHS asks for the $800 million and HHS asks for the $800 million and let's blame it all on OMB. And let the Indians try to work on OMB, you just send them the budget that Indians need $800 million. They've been shortchanged for so many years now.

Every year in this President's budget we've been shortchanged, which is a sad reflection because the President has two more budgets and it would be nice for him to turn around and come out showing that he actually does care about Indians like he says he cares and, you know, some of us believe he cares.

And there are a lot of things that they could cut out. The government spends a lot of money on a lot of things that are of lesser importance. So maybe if HHS can just sneak it into the Medicare line. What's another $800 million in the $500 billion? Just sneak it in there as a supplemental to the Indians and try that and let's blame it

on OMB.

DR. GRIM: I think I'm going to wait to make any comments until Chairman Rolin has had a chance to talk about his specific questions or issues that people want to raise with us.

I participate and am briefed fully on what the tribes recommend to us each year and what I will say and what I do want you to know is, even though the dollar amounts are not reflective in what comes out in the President's budget, we try to stick very closely to the priorities that you ask us to do. And when there is only so much money as Mr. Johnson has said, to go around, we try to stick to your highest priorities.

In fact we did just a little brief unscientific look back over the last eight years or so. We had Liz and some of her staff do that. Since we've been doing the tribal budget consultations, you know, the things that the tribes have prioritized versus where we've gotten budget increases, whether they came from the Administration or from Congress, and it really was quite consistent.

So I do want you to know that we don't veer off of what you're asking us to do even though magnitude wise there may be differences. We try to follow your priorities as we go through that process of back and forth with the department and with OMB until we reach the final

President's budget. And I do want you to know that.

MR. MOORE: My name is Robert Moore; I'm the Council Representative for the Rosebud Sioux Tribe. Good to see you again, Doctor Grim.

There is not a single word that any federal employee or and member or Congress or the President himself, that they could say that justifies a child rapist in a federal prison receiving more money per capita for healthcare than I do or than my 85 year old father does. Not a single word justifies that. Not even the words, we try to stick to your priorities.

It's unfathomable to me that there are children who are shooting themselves in the head because they have not been able to find a mental health specialist that we can afford to come to our reservation and work in the mental health fields that IHS is now funding.

There's no reason for that to happen. I'm shocked today. I'm shocked, I'm a new kid on the block and I thought for sure that I have seen a few things in my life already, in fact I used to work in the United States Senate for our good friend, Senator Daschle who helped enlighten us about the disparity of funding between the federal prisoners and who we are as Indian people.

So I don't know, Carole Ann and Don, that there is a single word that anyone can say that can justify

to us today what we're hearing.

I guess I'm in just, I'm in shock. So I apologize for seeming to be so – and I don't want to be antagonistic or condescending to you as well, because you are an advocate for us and I know that you have been a great advocate for what we do.

But you have the ear of people that we will never have a chance to speak to, primarily one, President George W. Bush. It would be a great coup for someone like you who has that ability, to have him come and see us at some of our most desperate conditions on our reservations. He has spent countless hours and time already in New Orleans. We are no less in a state of devastation in our, in many of our healthcare facilities and on our reservations, than what happened in New Orleans.

Not to discredit the lives that were lost there, because they were someone's family member. But we're human beings as well.

The law has recognized as that. Judge Dundee in Lincoln, Nebraska, said you are human beings in the sight of the law. And it's time that – we don't hear folks like, healthcare remains the best in the world in the United States. What do you mean, remains?
We haven't even gotten into that part yet.

So as a tribal leader here today I ask that

you take full advantage of the opportunities that you have to grab the ear of someone who needs to hear it and needs to come see it firsthand, so that when we say, by the way, and even though it may sound a little flip sometimes to say, well, see if we can stick it in the budget, I really like that idea, I thought it was a good one.

It's true, but they need to come and see it. And I know that you have been out there and you've gone to represent your boss, the President of the United States, but he needs to come see it. And if he's sincere, and as you are, which I believe you are, you will help us do that.

We know that you can't compel the budget; we know that you can't create an environment in Congress that's favorable to everybody and all of the needs that we have. But there are many other things that you can do.

And for that we will be behind you to do that. But help us to get the attention of those men who need to see what we're doing and what we don't have.

Thank you.

MR. ROLIN: Lieutenant Governor?

MR. WARREN: First Don and Carole Ann, I want to thank you for the presentation. I want to commend all the members of your committee for the work that they've done, especially our representatives from the southwest. Doctor Grim, it's nice to see you again, and Secretary

Johnson.

I want to express my appreciation to both of you for coming to visit my Pueblo of Santa Clara last year.

My Pueblo is hurting now. We've lost eight people in the last six weeks. Every week one person has died in my community for the last six weeks. We haven't had a council meeting in almost two months because our traditions don't allow us to have meetings out of respect for the family.

You've been to my village; you've seen how small we are. Every single family has been affected by these deaths. The Governor and I have attended every single funeral. We've been there to grieve with the family, to comfort them.

Of those deaths, five of them involved alcohol and substance abuse. And two of them were suicides. Only one was a lady in her seventies who maybe one could say had lived a full life as we ask for in our prayers. The rest were robbed of that life by things that should have not happened, by the lack of a healthcare system that meets their needs, their basic human rights.

And I know that both of you have advocated for us and as others have already said, you don't make the final decision on the budget, but I say these things because I want to strengthen you, I want to empower you.

I want to ask you to do as they've asked you to do. To ask for what we need and let others tell you no. Let us go and make that fight. But don't give in; don't give in from the beginning because these are the things that are hurting our people that are killing our people. And they hurt. (Pueblo expression) – That's what we say in our language, it hurts, it hurts.

I came here in the middle of this time of sadness in my community because the Governor said, go, they need to know what's happening here, they need to be reminded.

And I know that you know these things are happening.

It's a very sad thing to say, at the same time that this is happening that the other sign to us that something's very wrong, is that last year delivery services were ended in our Santa Fe service unit. So in our Santa Fe Hospital there are no longer babies being born.

What does that tell us as Indian people about our future? These things can't be tolerated.

And I apologize for my emotions, but they affect us very deeply. And I would ask that you have the strength and the courage, and I'll pray for you, to take the message that you've been given, and fight for us. And let us go and fight.

But this is the time and this is the year.

Thank you.

MR. ROLIN: Please state your name before you start to speak please.

MR. JOSEPH: My Indian name is Badger; my English name is Andrew Joseph, Jr., Chair of the Health and Human Services Committee for the Colville Tribal Council and also the Vice-Chair for the Indian Health Board.

You know Doctor Grim, I think the last time I met with you and I showed you on my Blackberry similar news about losing our people due to the insufficient and inhumane funding that IHS has been giving our people.

And last week we had to bury four more of my people in similar situations. Our people are living their life to their fullest extent that they could and we're not only losing them at home, we're losing them overseas also.

Our people, like I said this morning I came and attended a service for one of my good friend's son who's buried over here in Arlington. And we are serving our country. It just seems that the government puts prisoners ahead of us. And, you know, are they serving our country as the Native Americans have? We serve our country more than any race in the United States per capita wise, and that's to defend what we have left.

But I work on the national budget with Carole

Ann and Don and a bunch of us have pulled together and come up with our priorities like they said.

What I want to see changed is the process. And I was made aware of this process at the direct service tribes' meeting. After we worked on that budget, it's presented by you to your superiors. And to me that's not true government to government consultation. It should be the tribal leaders at that table with you when you speak on behalf of our tribes and our Alaska Natives.

The Northwest Affiliated Tribes passed a resolution asking that there be a leader from the NCAI, from the National Indian Health Board, a leader from the direct service tribes and a leader from the Self-Governance Tribes at the table with you.

And due to the fact that I was in the service and I know what it's like to be ordered to do what the government expects of you and that is to save as much funding as you can to keep this country rolling.

But when it costs lives we need to make changes.

And I agree with Don, maybe it should come from all the different departments, you know, let them see what it feels like to be taken from and funded at the lower rate. I don't think it's fair to us that serve our country to be treated in the inhumane manner that it is.

Thank you.

MS. TERRIO: Good afternoon. I'm Terrie K. Terrio and I'm the Treasurer for the Stockbridge Munsee Tribe in Wisconsin. I also represent the area on the budget formulation.

And I want to thank Don and Carole Ann for a great job putting forth what the committee had to do. You guys are brave.

I guess I'm here and I want to say something because I feel the desperation. Last week, a week ago Friday a young man who is a star athlete, in basketball, he was a Menominee, which is adjacent to our reservation and our tribes are very close, intermarriage, families back and forth, honor roll, 17 year old senior, came home, told his folks he had broke up with his girlfriend. They kind of spent a lot of time with him over the weekend and he went fishing with his Dad and Monday morning, Mom goes to work, Dad goes to work, they thought he went to school. Monday night they thought he's out late, Mom's up all night. Tuesday morning he's not there. Called the tribal police and they start doing a search.

Thursday in the woods they found him, he had shot himself. We had the funeral on Saturday.

Carole Ann and Don showed us the charts with the per capita expenditure comparisons and although it is

for IHS clinical services, it's $2,130, I'd be remiss and I wouldn't be doing justice to my tribes, my 34 tribes in the area if I didn't let you know that for this area it's $1,325.

We've got the highest, the highest cancer, diabetes rate, mental health issues and we're the lowest funded. All the tribes should be 100% but we're at 43%. And we just, we just can't keep doing this anymore.

I don't know what the answer is. I mean I've been doing this for 20 years and I don't know if we have to work out a strategic plan where we do regular increases but with the change of the political structures every four years it gets left by the wayside. Something's going to have to happen. If it has to be done by law so it doesn't get lost, that's what we're working on.

I guess I just wanted to let you know that it's real critical, real crucial in the area. With what happened with the woman last week I looked just in my country alone in Stockbridge, we had 32 suicides in 2006.

So thank you all for listening to me.

MR. ROLIN: Thank you.

MR. SHIJE: Thank you, my name is Amadeo Shije. I'm Chairman of the Direct Service Tribes and I'm also the former Chairman of the All Indian Pueblo Council and current Vice-Chairman of that same organization.

I too am a victim of these dreadful diseases that have confronted Native America. I lost my family, three members of my family three years in a row starting in 1999. Last year I lost my sister to breast cancer.

I'm the youngest in my family and my brother and I are the only family members left of seven. (Speaking in the Indian language).

As a courtesy to the deceased we are not allowed to speak of the deceased, we're not allowed to bring them up by name because it makes their journey difficult because they're on their way home. If we do that then we are told that they have the tendency to want to come back and they would roam on the face of the world endlessly. So we don't want to do that so we ask permission to do so.

Santa Clara has gone through a lot with this year. We hear of it and as a member of our council, it does not allow them to come to our meetings and be a part of the sessions where we talk about health disparities, health issues within the council.

But just the same we carry on and we will do the best that we can without them knowing that we will respect their wishes and we will do all that we can to support them.

Mr. Secretary Johnson, you made a statement

about gaps. Before I make that statement I want to say I wholeheartedly support the presentation that was made by Mr. Kashevaroff and also Ms. Heart. I think it's something that as tribal members, tribal leaders, we support. And I will support it and I have because I'm a part of that work group.

Mr. Johnson, you made a statement about gaps. Sometimes it's difficult to make up huge gaps, but then again, why not request the total amount that was presented on the screen? It's a large number, but who is to say maybe this is that first incremental gap that you spoke of, do it in incremental phases rather than all at one time.

I mean all these years we have been under funded and in the meantime our people continue to get sick and they become deceased. There has to be a stop somewhere.

So how do we make up for it? You know the government spends approximately $9 billion per month in this war in Iraq, and it's at the expense of the Indian Health Service, it's at the expense of the Indian people. When you really consider it, it's at the expense of Indians right across the board. This land, the minerals that were all this information that was given to us from this presentation, just a small percentage of that $9 billion would make up and assist in the disparities that exist

within Indian Country.

I mean we're not asking for much but then again we, you know, we gave up a lot. But as Indians we seem to not ask for much, but today we are asking you to support that. Today we're asking you to go to the Congress with that figure. The least they can do is probably say no and they could probably not give you the full amount, but at least it would tell us that you really are here on behalf of us as Native American people and you will request that amount. We hope that will at least, anyway.

The statement came out about justification. How do you justify something like that? Well the justification was with those two videos that were presented to us, the story that was told by the Lieutenant Governor from Santa Clara and the experience I had to go through losing the four members of my family.

The justification exists on the reservation on the lands out there in America. Go home and look into the eyes of the elders. They're asking for assistance, they're in pain and they wonder why, you know, when we come out here and we go back home, we have to tell them the same old story. And they have to live without the necessary services to make their lives comfortable and it's not fair.

Look into the eyes of the very young people who have no way of defending themselves from their own

pain. But we don't know that. So all we have to do is to make sure that they are given the necessary services to, again, make their lives a less complicated and more comfortable.

And I think everybody else in between those two spectrums, we can probably work on those individuals because once again I'll say, those individuals who have taken up alcohol and substance abuse and all the ills that this world has to offer, that makes their health break down, now we're having to pay for it simply because they didn't care about themselves.

And I think that's what we need to do is start educating our very young people and telling them, you know, this is where you're going to go to, this is where you're going to get to unless you change your ways of life, your lifestyles.

But my concern basically is for the very young and the elders and to make certain that those that are not born yet, to come into this world knowing that they will be provided for. That's what we have to do.

So I hope you take this message and take this presentation to heart and go to the Congress and say, this is what we need, this is what our people need because you are in fact working on behalf of the Native American people. Without us I guess you wouldn't have a job.

So with that I thank you for allowing me to say a few words.

MR. ROLIN: Thank you. We’ve got about ten more minutes here. I’m not going to cut you off, but what I would suggest, we’d like to hear from as many as we can.

So if you could, just limit your comments so we can hear from – I saw some other hands going up, okay.

MS. SPURR: My name is Lauren Spurr, I’m the Tribal Chair for the Huron Potawatomi in Michigan and I work as a representative for the Michigan area.

And I think that you’ve heard quite compelling stories this afternoon and I would like to suggest that we know in the area, that we had the worst diabetes rate before we had the special appropriations for diabetes. And consequently we no longer have, and we know our tribal governments can use the money effectively to treat diabetes. And that’s how come we have improved. You look at the data and we are no longer on the bottom. We’ve moved up.

And I would ask that you advocate for another special project in addition to the diabetes for chronic illness. And chronic illness can be a broad spectrum. It can be related to mental illness, drug abuse, alcoholism, cardiovascular, hypertension, and make it a large enough area so each tribe can demonstrate what is important for

their tribal community, so that they will have access to additional money to set up these programs that are so necessary.

Because I think it's been demonstrated that diabetes has improved and I think this is another way to help each one of the communities improve those illnesses in their tribes.

Thank you.

MR. ROLIN: Thank you.

MS. HOLT: Thank you, Chairman Rolin. Doctor Grim, it's good to see you. Mr. Johnson, it's good to see you.

I also would like to express my concern from the 43 tribes in Washington, Oregon and Idaho as Chairman of the Northwest Portland Area Indian Health Board. And as such we've seen this struggle with the budget every year and we're faced with the cuts that we have to face. And not only that, but we have to face rescissions that are applied to our budget, not only once, but twice which brings it down even further.

And that is something that we're advocating heavily for. And I too would like to support the recommendation from the work group and commend Don Kashevaroff and Carole Ann Heart for the hard work that they've done on this report, and thank you.

But I think it is time for HHS to step up and say we're going to put in for the full amount that the work group has asked for. And as the Lieutenant Governor has said, let us fight that fight with you, because we certainly will. We will go up on The Hill and we will fight that fight with you, we will stand right beside you.

But step up and ask for what we are recommending, and it's not even at the 100% level.

You know, I think that every tribe here can say that they have lost several loved ones and continue to do so. I had a 24 year old nephew that drank himself to death and there's no reason for that. I have a 37 year old son who's sitting in prison as a meth addict and there's no reason for that. I have a sister-in-law fighting cancer every day. She's a terminal case but she fights every day for her life. And she's had it for two years but was diagnosed with a kidney infection at the IHS facility. And it was cancer all along.

We fight these battles every day and we continue to tell our people that we try, that we try to influence the decisions that are made here. And we come back to Washington, D.C. to try to influence these decisions that are made here. And we bring you our stories and we open our hearts and we open our villages and reservations to you. And I think it's time that we walk

this walk together and that you stand up for the recommendations that have been made here.

But I do thank you both for your continued support for Indian Country.

MS. POOL: My name is Angie Pool and I'm here on behalf of the Pit River Tribe Health Authority Board.

And I apologize for my emotion but our kids are dying and I'm going to tell you about it right now. Just recently we had a girl who went through treatment, she went home, and she didn't have adequate services because we don't have the money. Our tribes that we're seeing out kids don't have adequate after care but we tried to do the best that we could. She relapsed because she didn't have any money to buy her drugs, she slept with somebody for her drugs and at 13 years old she has full blown aids.

We've had kids in our program who have repeatedly attempted suicide. There are no resources for that. And I'm just one, I'm the new Chairperson from the Directors Council and this is something that all of our people are dealing with.

The mount of need in our young people, our next generation, we don't even get a plan for our seventh generation because we're trying to feel, trying to figure out how we're going to deal with the new generation that's already here.

That's not our way. We're always raised to look out for our seventh generation and we don't even have any idea of how we're going to be able to do that.

As a member of our health board, our contract health services are tapped out. Our direct healthcare is tapped out. Out buildings are tapped out. We cannot get much more visits in those buildings, but then I hear that there's no more money for facilities, which most of our buildings are dilapidated already.

I heard I believe Mr. Johnson, talking about resources. You know, we're just trying to work within what we have the means that we have but I don't hear that when I listen to President Bush on TV or what I hear in the Senate or the House or whatever. I never hear about the resources then, because it's already done with. There's already the natural resources that you have, the land that you have. No, it's an afterthought but it isn't for us to be here.

That's really hard; we deal with it every day. And I'm talking from our little kids on up. We just had a 14 year old put on dialysis. And the rates of our diabetes and the prevalence of our health disparities are enormous.

And all we're asking for is that we enforce the trust responsibility, that's it. We're not asking for above and beyond, we're just asking for just the minimum to even be dealt with. Just the minimum, just the trust

1 responsibility.
2 And I believe even the number that we have up
3 there isn't even that.
4 I'm going to sit here and say that, you know,
5 I strongly support this presentation on our behalf, the Pit
6 River Tribe, and I implore you to please listen to what
7 we're saying. I mean we're here with you, we'll fight the
8 fight, we will.
9 But I'm telling you we're losing our kids
10 every day. We used to worry about it was our elders we had
11 to take care of with the diabetes and it's not that any
12 longer.
13 I appreciate it.
14 **MR. ROLIN:** What I'd like to do if we could, is
15 finish the presentation. We do have some time at the end,
16 a little more time here. We could come back to some
17 questions if that's acceptable.
18 I'd like to do my presentation, okay?
19 Good afternoon. I'm Buford Rolin, Chairman of
20 the Ports Vander Creek Indians, Chairman of the Tribal
21 Leaders Diabetes Committee and Vice-Chairman of the
22 National Indian Health Board.
23 On behalf of Indian Country I appreciate the
24 continued funding for the Special Diabetes Program for
25 Indians, SDPI at $150 million, was included in the

President's Fiscal Year 2008 Budget Request.

The SDPI expires October the 1st, 2008.

I'm here today to discuss the SDPI and ask for the Department's continued support of the SDPI by including in the President's Fiscal Year 2009 Budget Request, $200 million per year for five years.

On October the 6th, 2006 the Tribal Leaders Diabetes Committee (TLDC) with the assistance of the National Indian Health Board, mailed a letter to all tribal leaders seeking input as to the future of the SDPI. The letter specifically asked that the tribal leaders, whether they would, they asked the tribal leaders whether they would support the amount of $200 million per year for five years as the amount of funding in Indian Country that Indian Country should ask to the Congress.

The tribes responded unanimously in support of re-authorization of the SDPI, at an amount of $200 million per year for five years.

As Chairman of the TLDC I've had the unique opportunity to work closely with Doctor Kelly Acton, Director of the IHS Division of Diabetes Treatment and Prevention Program, to oversee the development and implementation of the SDPI.

This important program is making a critical difference in the prevention and treatment of diabetes and

cardiovascular disease in American Indian and Alaska Natives and their communities.

The rate of diabetes for American Indians and Alaska Natives are the highest in the U.S., with rates of diagnosed diabetes in it adults as high as 60% in some of our communities.

The prevalence of diabetes varies among different tribes but is increasing in all IHS areas. Between 1997 and 2004 the prevalence of diabetes increased by 45% in all major regions, all ages served by the Indian Health Service. The highest rate of increase has occurred among American Indian and Alaska Native young adults, aged 25 to 34 years, with a 160% increase from 1990 to 2004.

Alarmingly, Type 2 diabetes rose 128% in American Indian and Alaska Native adolescents 15 to 19 years old.

In 1997 Congress authorized the initial SDPI in response to these alarming trends of disproportionately high rates of Type 2 diabetes in American Indian and Alaska Native communities.

In 2002 the Congress re-authorized the SDPI re-authorization for $150 million per year for fiscal years 2004 through 2008.

The IHS was directed to expand the program and implement a competitive grant program. The IHS has

continued to develop and operate the original SDPI grant program with 333 IHS Tribal and Indian Grant Programs in 35 states.

In fiscal year 2004 an additional 66 competitive grants, 30 cardiovascular disease risk reduction grants and 36 diabetes prevention grants were added to the funding.

Today the IHS provides funding and support for diabetes prevention and treatment programs, services and activities in 399 grant programs.

Since its inception in 1997 the SDPI has become an essential and effective program to reduce the incidence of diabetes in American Indian and Alaska Native individuals and communities. In fact, it is proving to be both a successful effort and a good investment.

A study published by the American Diabetes Association on the economic burden of diabetes in the U.S. estimated that it costs over $13,000 per year to care for one person with diabetes, compared with $2,600 per person without diabetes.

Nearly one-third of every Medicare dollar is spent on people with diabetes. Individuals with diabetes have more than twice the prevalence of disability from amputation, loss of vision and other seriously limiting medical conditions.

People with diabetes are at greater risk for diabetes related complications such as stroke, heart attack, blindness, kidney failure, limb amputation, nerve damage, severe dental disease and complications of pregnancy.

The SDPI funding has enable the IHS Tribal Indian Programs to provide expanded prevention and screening activities intended to improve the lives of the American Indian and Alaska Native with diabetes by early detection and management.

For instance, the SDPI activities include control of blood glucose, blood pressure and cholesterol levels. These activities that resulted in blood sugar level, the hemoglobin A1c levels being reduced in the Indian patients from 8.9% to 7.9%. This decrease of 1% results in a 40% decrease in diabetic complications.

Many of the special diabetes programs still face challenges. There’s a lack of staff, and staff takeover. A lack of data case management systems to identify and monitor improvements. And a lack of adequate facility space to provide the basic services and to hold community education and fitness activities.

An overall concern of all these programs is that the number of known American Indian and Alaska Natives with diabetes has increased due to more accurate data

reporting. But the staffing and budget needs have not kept pace.

As we move forward with the re-authorization in SDPI funding, we ask the HHS and OMB to include with the President's budge a request for $200 million for five years. If the SDPI is not re-authorized, all of the work and accomplishments for the last ten years will be lost in many American Indians, Alaska Native lives and communities as well.

We need the Department to stand with us on this. Thank you very much.

Okay. Further questions? Just state your name for the record please.

MR. TOMASKIN: My English name is Matthew Tomaskin. The last time I was in this building I was an elected official and we were going through the same process.

I've served on the Tribes of Northwest Indians as their Second Vice-President. I served as the delegate for the Department of Interior Reorganization. I served as a delegate to the Direct Service Tribes Organization during its inception and I've also served as the delegate to the IHS Reorganization effort taking place about three or four years ago.

In the inception of the IHS Reorganization it

was brought to my attention by tribal leaders that they wanted IHS to be moved out of the Department of Interior to HHS. I stood firmly on my ground in saying that we needed to stay within the Department of Interior.

But what had happened during that transition was they were showing us graphs and pictures and budgets and what have you and the disparities that we're experiencing again today of the IHS funding coming through the Department of Interior was a lot much less comparatively with the HHS budget, which was at that particular time was getting 3%, 4%, 5%, 6% increases on a continuing basis.

I was basically persuaded that we as Indians would benefit from the transition from DOI to HHS because we wouldn't have to do as we're doing what we are today.

Those increases would be automatic because HHS experiences those increases every year. They don't have to beg to OMB or beg to the President for increases, they were automatically happening.

I'm here today as the Legislative Liaison for the Yakama Nation. I work for my tribe. It's been awhile since I've been in the health arena and I'm glad to see some of the same people still here, fighting the good fight for our people; listening to the stories of the devastation that we're experiencing on our reservations, the people

that we're losing. It's on a daily basis.

But yet I'm discouraged in the fact that here we are as tribal leaders basically begging for funding that was promised to us in treaties. I've heard it only once this afternoon – trust obligation.

There's an obligation on the federal government. There's an obligation to serve us as Indian people because of the resources and the land that was taken from us. In return we're supposed to get education, we're supposed to get healthcare, and we're supposed to get housing.

All this was promised to my forefathers, these people's forefathers. But yet here we are as tribal leaders weeping and crying for services that aren't being delivered.

And it's always been said to me that as a tribal leader we go through these consultation processes.

Growing up my father was a tribal leader. Many of you may have known him. His name was Leonard Tomaskin. And he came here to fight the good fight, and I've picked up where he left off and I'm still fighting the good fight.

But he taught me that consultation is government to government, it's not government to staff. If this was true consultation, the Secretary of HHS would be

here listening to these stories, rather than us going through the staff.

Doctor Grim, I welcome you again, it's good to see you again. I don't know if you remember that you came to Yakama, you visited our clinic. But consultation to me is just that. Secretary Leavitt should be here watching the video, watching the presentation. I don't know if this is being piped into his office or not. But he needs to hear from us.

I'm not a tribal leader, but I guess I am because I'm the only representative from Yakama that's here. But these tribal leaders want this word to get across to the Secretary.

Whether it's a small gap or a big gap as you said earlier, that gap needs to be closed. That health disparity that we're experiencing on the reservations need to be closed.

He inherited this problem when he assumed that responsibility from the DOI. He inherited that problem, I understand that. But it's up to him as the Secretary who represents us in the health field, to close that gap, to meet those prisoners in healthcare funding and supersede that.

You know, I heard that, you know, earlier today and I've seen it, I've experienced it. It's been

awhile since I've been back into this healthcare system but federal prisoners receive more funding for healthcare than we do as tribal members.

So I don't want to have to go to prison to get adequate healthcare. I think that there should be an obligation to Doctor Grim, through Mr. Johnson, through Secretary Leavitt, to go to the Administration and say, these people are demanding what's due them.

It's an injustice what's being done this afternoon, the tears that are being shed by these tribal leaders.

We all have our own stories, I have my own story. But I don't want to take up your time with my personal story. I'm here to be, I'm back in the system again, I'm seeing what's happening and I don't like it. I'm very discouraged at the fact that as tribes we have to sit here and beg for funding that should be obligated to us.

So again, I'd like to thank you for allowing me this time to speak. I'd like to thank the leaders for allowing me to sit at the table to have my say because I'm very concerned that we made a transition a few years ago that I was against. But I was persuaded that we wouldn't have to do this again because HHS was going to be an advocate for our tribal people.

And if you can fulfill that obligation, I would like to thank you.

MR. LEBEAU: Mark LeBeau, representative of the Pit River Tribal Health Program in northeastern California.

I'd just like to say a few words and I'll be brief.

In addition to the level of funding provided by IHS to the Pit River Tribal Health Service delivery area, social and economic factors such as income, education and employment are strongly related to health and contribute to health differences among communities.

According to the 2000 census, in our service delivery area of Pit River the median household income for Natives is about $20,400, compared to $32,000 for white households. 36% of Natives live in households with incomes below the federal poverty level compared to 16% for white households.

27% percent of Natives aged 25 or older have no high school diploma in my area compared to 13% for whites. The unemployment rates of Natives in my area aged 16 and over is 11% compared to 3.4% for whites.

17% of Native households in my area have no vehicle, compared to 5% for white households. 19% of Native households are without a telephone in my area compared to 2% for white households. 11% of Native

households have more than one occupant per room compared to 4% for white households.

You know, transportation is a critical issue in the delivery of care to the people that we serve. Telephones, you know, basic telephone calls to the clinics from our clients, at least, you know, 19% of our folks have difficulty making those calls because they have no phone.

Vehicles are a critical issue in the rural parts of California and other areas across Indian Territories. When it rains, when it snows in the rural mountain areas you need 4X4 vehicles. And we have a couple of them but we, you know, we don’t receive any funding support from IHS to provide those vehicles to bring our patients down into our clinic facility.

You know, just briefly I’d like to just stress the need for contract health service budget, you know, a $53 million to $60 million increase is not enough. You know, clearly an additional $300 million is needed on top of the existing $570 million.

You know, as folks earlier, you know, discussed, it’s critical, especially for tribal health programs that have to farm out and send their clients down to other providers because we don’t have the capacity to provide those particular types of services.

So CHS, health service in most of the tribal

programs in California definitely rely on CHS funding.

The cost of living increase, you know, is necessary for the tribal health program employees. Compensation packages for providers, tough to maintain your doctors and nurses in the rural tribal health programs when, you know, there’s a pull into the urban centers, you know, for more money for the providers.

So additional compensation packages that are equal to what other providers can provide is really important to us.

It’s very difficult for the Pit River Health Service and other tribal health programs that are small to access the fund and I urge you to assist in remedying that issue.

So with that I’d just like to close and I thank the formulation team for, you know, convening and bringing forth, you know, this important budget recommendations. And I thank, you know, the federal government representatives for being here in this process of consultation. And, you know, we gave up a lot of land, a lot of minerals, a lot of timber, we gave up a lot of things for these promises, healthcare, education and so on and so forth.

And the government has a trust responsibility to provide those services. So I urge you to support the

recommendations of the formulation team.

Thank you.

MR. ROLIN: Are there others? Let's hear from the others first because I have some other people here and then we'll come back to you, okay?

MR. MOORE: That's fine.

MR. ROLIN: Okay.

MR. ROANHORSE: Thank you. My name is Anselem Roanhorse. I'm the Executive Director for the Navajo Division of Health and I'm here with the distinguished gentleman, this is Thomas Walker, he's the member of the Navajo Nation Council, he serves as the Chairperson for the Health and Social Services Committee.

And I want to say greetings to everyone here, distinguished tribal leaders and also Doctor Grim, Mr. Johnson and Mr. Kalavritinos, I'll just say Mr. K. I can't pronounce your name. And I also want to say thank you to Don and Carole Ann for presenting the budget on behalf of the budget team.

But I just wanted to just also share a few thoughts and comments here on behalf of the Navajo Nation.

And I myself and Mr. Walker serve on the Navajo Area Budget Team members and then we also serve as members to the national meetings.

And we are here to also say that we support

the budget as presented by Don and Carole Ann. And we also want to say that for many years now the Navajo Nation has expressed its needs and I always say that for the last several years the Navajo area has always seen healthcare facilities construction as its number one need. So we continue to say that to this day.

So we think that the request that's now being put forth, the $100 million and we'd like to see that funded. So we are here to support that.

Let me just go down to a quick description of the services. Dental services are another area that we see as a real need for the Navajo in the communities.

Just imagine a situation in one IHS facility for Navajo, we have one facility where patients come in at 5:30 in the morning and then they wait up to about 7:30 in the morning. And then at some point there's a cutoff. If you don't make that cutoff then you have to come back for the next week again. Now just imagine if you have a toothache and you're an elderly person. That's the situation that we're in.

So I heard one story that was given to me last year where there was an elderly man that came in, along with his wife, an elderly lady. They stood in line and they couldn't make the cutoff, so instead of going home they had to just go downtown and then they had to take off

their turquoise jewelry, they had to pawn it, and then go to a private doctor. And then when you go to a private doctor, as you all know, you have to pay for services. So they had to go that far to pawn their precious jewelry in order to come back and get their teeth fixed.

So that's the situation that I've heard about.

So this is the reason why we're saying that I think we really need to support a budget that really does present enough resources that will meet the needs.

So therefore, on behalf of the Navajo Nation we are here to support the budget as presented. I think this is not a whole lot of money if you really look in terms of what has been mentioned before.

We're asking for, right now we're getting $3.2 million, but that $3.2 billion, yeah, it's billion, $3.2 billion is actually less than what the United States spends on the Middle East war. I know there is a need there but the request that we're making is actually less than what they spent on the war for two weeks.

So that's all we're asking. So I think you've heard enough stories and enough examples that show that there's a real need in Indian Country.

So on behalf of the Navajo Nation, the Navajo people and all the Indian communities, we are coming to you and respect you and the government to government

relationship and hope that you will take our requests at heart and be able to do whatever you can do to put our request forward.

Thank you very much.

MR. ROLIN: Are there others?

MS. MITCHELL-ENOS: Good afternoon members of the panel. My name is Violet Mitchell-Enos; I work for the Salt River Pima-Maricopa Indian Community. I'm the Director for Health and Human Services there and I'm also a member of the Yavapai-Prescott Indian community in Arizona.

First of all I'd like to say that the community would be in support of the budget proposed by the formulation team and we would hope that you would agree with that, Doctor Grim.

We also would be in support of the special request for additional funding for the Special Diabetes Program.

Within Salt River, like many other communities we do have a very high rate of diabetes. The youngest so far has been identified as a ten year old. And when you're a ten year old, having Type 2 diabetes, adult onset diabetes that means that there will be renal failure at an earlier age.

And so as we plan to, unfortunately, look at that and plan for how we are going to assume care, it is

critical that there be funds to help prevent diabetes from occurring.

Within Salt River about four years ago, five years ago there was a strategic planning process that was undertaken and in that they gathered communities and the community member input. There were a number of different areas that were identified as a priority, but among them was reduction of diabetes, the reduction of substance abuse and the increased average age of death.

For Salt River in 2006 and the four preceding years the average age of death is 47.65 years of age. This is lower than even for other tribes in Arizona which average out to about 55.4. And if you look at other ethnic groups in Arizona, the average age of death is 71.6 years of age.

So what that means for us is that we have a high number of young people, just as was stated by other people here, a high number of young people that are dying. All related in a big part to substance abuse, methamphetamine, violence, all of those things that are related to that.

I was supposed to give comment this morning on SAMHSA and I had some difficulty in my travel here, so if you don’t mind I’d like to just make a couple of more comments related to SAMHSA.

We have had a couple of grant programs too, and we've had some lessons that we've learned, one of them being that it's very important to provide coordinated care, that there has to be collaboration across many different divisions and departments. It's an impossibility to parse out an individual.

Many times in our community, like other communities you have Grandmas who are caring for their teenaged grandchildren, and the teenage grandchildren may have an issue with education, not going to school, they may have a substance abuse problem. And the Grandma may be concerned about how she's going to pay her rent as well as taking care of her own healthcare needs, perhaps diabetes and trying to find transportation in the midst of all of that.

And so what we've learned from, in big part from our Circles of Care grant through SAMHSA, was that we needed to be smart in the coordination of services within all existing departments. And that's something that we would also like to put forward is that HHS look at better coordinating and being flexible in the funds that are made available to tribes so that they can really use that money for the specific need that they have in that community.

The other thing is that we found it's very important to have people out in the community itself, and

that they don't have to necessarily be professionals, they could be community member helpers, people feeling like there's someone they can go and talk to. It doesn't have to be the traditional eight to five hours; it can be sometime later or earlier in the day.

But really what we saw was the importances for our programming to help have the community take back some of its own care.

A long time ago, before there were huge problems as there are now, Indian people didn't have, or I'll just speak about my tribe, my tribe did not have the resources or people that, professionals that were there to provide services. We relied on, for example, healers, leaders and such.

But the way the culture has gone, that has changed and I think that part of what we can do, at least in Salt River, is try to bring back some of the cultural way, the traditional ways that people had addressed problems. And that probably would be the most important thing that I see, that I could do as an employee there.

The final thing that I wanted to talk about was the FASD Center of Excellence. I think that it's important that intervention and prevention of fetal alcohol spectrum disorder continue. It has a huge impact in its ramifications. For example, in Salt River we're not really

sure of the number of people that are affected by FAS, but we know that it directly impacts employment. It will impact governments. Who will be the future leaders? As a result of that then it will impact economic development.

So we see it as critical that funds continue to be made available for the Center of Excellence for FASD.

And finally we also support the increased funding for treatment services for pregnant women and postpartum women.

Thank you.

MR. ROLIN: Thank you. Are there any other comments before I come back to –

MR. MOORE: Yeah, Robert Moore again, I just wanted to add that, thank you for your support and leadership on the diabetes stuff.

At Rosebud we do have a grant from the diabetes program and we have taken a number of unusual steps in addressing some of the issues related to children being diagnosed with Type 2 diabetes. Particularly those at risk in dealing with mental health issues for those children and finding counselors for those kids, through the Diabetes Prevention Program, to address some of the mental health issues that are causing them to make choices because of their home environment primarily.

And it’s been very successful for us. In fact

when then Deputy Secretary Claude Allen was at Rosebud, he and his staff thought that was significant. We wanted to let you know that it's working for us at Rosebud; we're trying to be innovative and creative in some of the areas that we need to be creative in to utilize the money. So certainly the increase of the $200 million is significant.

I got too angry earlier so I evidenced all the headaches so I'm not going to talk anymore.

MR. ROLIN: Okay, are there others? Okay, Geoff, we'll allow you to go ahead and speak and we'll have one other here because it's getting close and we will need to let Doctor Grim complete his comments please.

MR. ROTH: Thank you. I want to thank the tribal leaders for allowing me to speak.

My name is Geoff Roth; I am the Director of the National Council of Urban Indian Health. And I want to thank the federal panel for being here as well and for listening today.

I wanted to also support the, on behalf of all of the urban clinics, the Tribal Budget Work Group and appreciate the inclusion of the urban programs in that. I also want to thank the Department for inclusion in the fiscal year 2007 Agency Work Plan in insuring that we're included in that.

You know, listening today about the health

disparities really is, and the passion and the serious nature of our health care is in Indian Country right now is, it's powerful to me.

And I just want to say also, that I don't think that disparities or disease knows boundaries and I don't think that it's necessarily just on our reservations, we also see this crisis in our urban communities. There may be access differences and I would like to ask the Department to make sure to include the urban Indian line item in the fiscal year '09 budget as recommended by the budget work group.

Thank you.

MR. ROLIN: Thank you. Are there any other – oh, I'm sorry, go ahead.

MS. BURGER: Good afternoon, my name is Jessica Burger and I'm the Health Director from the Little River Bank of Ottawa Indians in Manistee, Michigan.

And I'd just like to give you a little story to illustrate where we are with funding requests and disparities.

In my tribe we have a young girl named (Indian name) which means Standing Strong Woman, and she's eight year old. She's a jingle dress dancer. For the Three Fires People you know that the jingle dress was given as a gift of healing and an obligation to dance for the

healing of the people.

This young girl on February 27, 2007 was given a diagnosis of Type 1 diabetes. Her life drastically changed and the only risk factor that she had was being an American Indian person. This young jingle dress dancer now tests her blood five times a day and gives herself insulin four times a day. And she is now faced with a lifetime of potential complications including kidney failure and dialysis, blindness and loss of limb.

Her only question to her physician on the day she was given her diagnosis was can I still dance for my people? Because her name is Standing Strong, that’s an obligation that she has.

The economics for her, being the area representative, where we have an annual per capita spending of $1,325 per person, that was expended and then some just with one visit to her endocrinologist.

And I’m here to say that, yes we have to continue to support the Special Diabetic Programs with continuing resolution and continuing funding. I don’t know that $200 million a year for five years is enough. We have to support the full amount of the budget for the Indian Health Service because we are waging a war here on our own soil with these disparities and with these chronic illnesses.

And I can speak to this issue very, very well because this young girl is my daughter. And as the Health Director, people are wondering if I'm going to refocus my efforts. Yes, I am, I'm going to be at more of these national meetings, I'm going to provide more testimony, I'm going to paint these pictures because these are real human beings, real people.

And I know that this young girl tonight will pray, as she does every night as an obligation for the healing of the people, not herself. She never prays for herself. She prays every night for the healing of her people, not just her Ottawa people, not just her Three Fires Nations, but all Indian people as part of her obligation and teachings that I do address.

So please, take these words back, we need the full amount of money because these young lives are dependent upon it.

Thank you for your time.

MS. SPURR: Thank you. I just have one question. In planning the session for next year I would like to see a person from OMB here. They are responsible for funding. We, as tribal leaders do not have any idea of what's being evaluated.

We have heard that the urban program had a low score and that's why it was eliminated. We don't know

whether, what was, what a low score is.

And I think that some of these things need to be presented to our tribal leaders who can make sure that our health departments are aware of the expectations.

I think we're doing a great job considering the funding that we receive. But what do you perceive and what is fair.

So I would really strongly urge that OMB be at these meetings so they can give us guidelines of what their expectations are.

Thank you.

MR. ROLIN: Thank you. Doctor Grim?

DR. GRIM: Well, what do you say? One of the first meetings I attended after I was named the interim Director of the Agency was the Tribal Leaders Diabetes Committee and they introduced me and said we'd like to hear what your vision is to get rid of diabetes in Indian Country.

And I go to different meetings and some of the topics that I'm asked to address are of similar significance and similar complexity. And I don't have all the answers.

I have visited most of the villages and the reservations of the people sitting around this table. I guess I still haven't made it to Michigan and you all do

keep reminding me. And I've been to Portland a lot of times but I haven't been to your site, Linda.

But I've traveled, I've been in this position four and a half years now and I've heard a lot of these stories and seen a lot of them firsthand.

Perhaps one of the most touching ones was one of the YRTCs we visited where we heard from the kids their stories on how they had gotten there and what they had done, how they had ended up there. And I think myself and all the other HHS representatives there, there probably wasn't a dry eye in the house when we were through hearing some of the stories that we heard.

And a lot of times when I come back and talk to my staff I tell them I wish I could let them see what I've seen when I go on these visits. Our people in headquarters, our people in area offices are doing just as much to take care of the health of the people as the people in the clinics are. The people that work with you every day know what you're experiencing.

And one of the things that I would like to say to you is, I think our department has been very much a leader in the federal government in trying to listen to what your needs are and trying to take them into account. We've held sessions on a lot of the different issues as they've arisen, pandemic flu being one of the most recent

in these budget consultations. And I think you're making a difference. I really do.

I mean you have, we don't have the Secretary here right now, he's at another place, but Mr. Johnson is an Assistant Secretary and a Presidential Appointee as am I a Presidential Appointee, as is Jack. You have a lot of the people here that are listening to you that are going to be the people that do take the budget to the Secretary.

I for years have sat with the budget work group and when we say, this is what we're expecting for increases this year and these are the kind of exercises that we'd like you to do, I've seen them refuse to do them every year at the level we've asked, the 2% increase or the 4% increase because we think that's – and you try to present a realistic budget.

I mean I do believe that that's what you did this year and what you do every year. You don't ask for $8 billion or $10 billion or $12 billion all in one year, you ask for some sort of realistic phased increase, you know, that over a period of time will get us there to the level of funding that we need.

The other thing I want to say is what you just said. I think as I've traveled around the country I don't have any way to compare the quality of the care that is delivered in the Bureau of Prisons, and I don't want to sit

here and deface the Bureau of Prisons publicly either. But I have to believe that even though the per capita spending in the Bureau of Prisons, and I get asked that in hearings, and that's a tough one to answer when a Senator or a Congressman says, Doctor Grim, how can you sit there and tell me that this is a good budget when we're spending more on federal prisoners than we do on American Indians and Alaska Natives?

But I've traveled to enough of your sites, I probably spend half my time on the road and we have some of the highest quality programs out there that the money we have can buy, with that caveat. With the money that we have we can't do everything that all of our people need right now, but I also think that there has been a lot of innovation in our programs because we don't have all the money we need.

I think that you and your staff, whether they are tribally run or whether they're federally run have come up with innovative ways like you mentioned in your diabetes program and like I see in youth regional treatment centers and in urban programs and in federal and tribal programs all around the country to try to come up with high quality programs.

We are accredited by JCHO or Triple AHC or whatever groups there are out there, external organizations

that show that you have quality programs. And so I don't want people walking away that might be in the audience or other – and I know Jack and Charlie, who have visited Indian Country, know that we are providing high quality care out there to the extent that funds allow.

But I think you all are doing a great job and your staffs are out there doing a great job. And I will tell you not to give up; I think you're making a difference. Charlie said it, maybe in not so many words, but if you take a look at the charts from year to year, the monies that have been going into Indian Country across HHS, they've increased every year. And I think it's in large part due to what you all are doing today.

I think you make compelling arguments; you put together the numbers that you believe are rational requests. And sometimes we can't live up to those because of constraints that are placed on us, but I can guarantee you that myself and Mr. Johnson and others in the process will take what you've said to heart today and we will try to do the best we can.

I'll talk with him and we'll talk with people and see if we can go $800 million this year, and if not we'll go as close to that as we can.

But I do appreciate everything that you all had to say. We just had our 50th Anniversary of the Indian

Service and we took a look back at things that have occurred 50 years ago and the progress that we've made. We've made a huge amount of progress.

But you all have still pointed out and we still have charts and graphs that show there are still huge disparities between our population and the rest of the U.S. population. And I for one am committed to still working on that with you.

And for those of you that had stories to tell of losses in your communities, some of them I know about, some of them I didn't, I'm sorry for you and your communities, I pray for you and for our staff every day for what you do.

And I will take this message forward to my bosses, to the highest level that I'm able to do that.

Thank you.

MR. JOHNSON: All you tribal members, I've listened to you today as you gave very persuasive accounts of needs and talking about individuals and this is all about individuals.

And I'm touched by being here this afternoon to hear from you.

I'd like to thank you for that and thank you for the service that you're giving because it is a great service that you give and you do make a difference, you

make a difference. As we see other groups and we talk to a lot of groups and I can tell you that you are making a difference.

As we go into Indian Country and see the dedication of people there is a palpable difference.

And so I know at times you think we just seem to keep coming and are they ever listening? The answer is, yes, we are listening. And it impacts us.

The Secretary is not here because he was sent on travel by the President, but as we talked on the Friday before he left he said, I want the group to know that I'm interested in what they have to say and I'll be interested in your report when I get back.

And I just would share with you that to just stay with it, stay with us and keep doing what you're doing. Because the way you survey your tribal members is very helpful and I thank you for that service.

MR. ROLIN: Thank you.

MR. KALAVRITINOS: It is hard to build on those two comments there at the end but I did just want to make one point I guess.

First, reiterating how completely moving and compelling the individual stories were as well as some of those statistics that were shared with us.

But I wanted to, I wrote down a phrase, you're

with us often and I started just trying to recount all the different times during the given year that in a sense you're with us. And you're with us when we're overhearing Doctor Grim talk about the needs in meetings that you might not be in because they're internal. You're with us when we are going around the country and doing the regional consultations that other agencies aren't doing. You're with us when we're at the White House and we're sharing with our colleagues what it is some of the special, special needs and some of the good progress that has been made. And we share what it is that we learn from the road.

And on that front I just wanted to make a point that we were sharing the agenda with the new Director of Intergovernmental Affairs. You may know Ruben Barrales from his six years, but he has moved on to California and so his deputy is now the Director and I was meeting with her and sharing with her some key priorities and one of those priorities was this effort. So I shared the agenda for this meeting as well as the annual consultation book and she said I want that agenda and that consultation. I want to share that with our senior staff because there isn't another agency that is doing what I've heard you describe.

And I came back and talked to Stacy and I think that was confirmed. I mean department wide, this is,

we're talking about HH, I mean we're talking about IHS, that department wide to have such a broad focus on these issues, so much so that there is an entity that was really put to use for the first time under Secretary Thompson, that forces every single operating division to have staff who are tribal liaisons pulling together everything that the bureau does and making sure that the Assistant Secretary is not only aware, but that we are working on trying to make sure that whether it's CDC or FDA or CMS, all the various bureaus are pulling together and supporting all of the work that IHS is doing.

So that just made me proud because it's not only work that we're doing but it's all the time that you all are putting into coming to these consultations that should lead a senior official to say that you all as the HHS family, which we are one really are unique in our model and it should be shared with the other federal agencies.

So I'll just end with a thank you and look forward to tomorrow.

MR. ROLIN: Well thank you all for being here. It's been a good day, a long day. And hopefully you were able to attend as many of the workshops as you could and tomorrow's the second day. And I look forward to you all being here.

Thank you and have a good evening.

1 **(WHEREUPON,** the meeting was adjourned at 5:30 p.m.).
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CAPTION

The foregoing matter was taken on the date, and at the time and place set out on the Title page hereof.

It was requested that the matter be taken by the reporter and that the same be reduced to typewritten form.

Further, as relates to depositions, it was agreed by and between counsel and the parties that the reading and signing of the transcript, be and the same is hereby waived.

CERTIFICATE OF REPORTER

COMMONWEALTH OF VIRGINIA

AT LARGE:

I do hereby certify that the witness in the foregoing transcript was taken on the date, and at the time and place set out on the Title page hereof by me after first being duly sworn to testify the truth, the whole truth, and nothing but the truth; and that the said matter was recorded stenographically and mechanically by me and then reduced to typewritten form under my direction, and constitutes a true record of the transcript as taken, all to the best of my skill and ability.

I further certify that the inspection, reading and signing of said deposition were waived by counsel for the respective parties and by the witness.

I certify that I am not a relative or employee of either counsel, and that I am in no way interested financially, directly or indirectly, in this action.

MARK REIF, COURT REPORTER / NOTARY

SUBMITTED ON MARCH 28, 2007