



# USET

SOVEREIGNTY PROTECTION FUND

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*Transmitted via email*

August 16, 2017

The Honorable Lamar Alexander  
Chairman  
Senate HELP Committee  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Senate HELP Committee  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray,

On behalf of United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we write in strong support of the reauthorization of the Special Diabetes Program, a life-saving initiative, which consists of the Special Diabetes Program for Indians (SDPI), type-2 treatment and prevention grants administered through the Indian Health Service (IHS), and its sister program, type-1 diabetes research at the National Institutes of Health. Currently funded at \$150 million per year each through September 30, 2017, we urge you to support a reauthorization of these vital programs this fall.

USET SPF is a non-profit, inter-tribal organization representing 26 federally recognized Tribal Nations from Texas across to Florida and up to Maine<sup>1</sup>. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the Indian Health Service, which contains 36 IHS and Tribal health care facilities. Our citizens receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

As you may know, Indian Country suffers from an incidence of type-2 diabetes that is twice the national average, with a mortality rate that is 3-4 times greater. Further, care for American Indians with diabetes costs the Indian Health System three times more than care for those without. That is why in 1997, Congress established the SDPI. Now in its 20th year, the program has proven to be an enormous return on federal investment. Between 2003 and 2014, SDPI programs in the Nashville Area have increased the number of patients with a blood sugar (a1C) level of <8 (in control) by 20% and improved control of LDL ("bad") cholesterol by 47%. Over the past two decades, the rate of kidney failure among Native Americans dropped 54%. SDPI's investment in prevention allows federal dollars to be redirected to other urgent health care needs in Tribal communities, and saves money on the expensive treatment of diabetes-related complications.

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<sup>1</sup> USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

In May 2017, Senator Tom Udall (D-NM) and Congresswoman Norma Torres (D-CA) introduced S.747 and H.R. 2545, *The Special Diabetes Program for Indians Reauthorization Act of 2017*, which would reauthorize SDPI for 7 years (FY18-FY24) and would provide for increases based on medical inflation. USET SPF strongly supports this legislation, and is urging Congress to reauthorize the SDPI for multiple years at no less \$150 million/year, with incremental increases each year based on medical inflation rates.

In addition, we believe that the reauthorization legislation should include language that allows SDPI programs and funds to be included in the same manner as other Indian Health Service funds and programs in agreements negotiated under the Indian Self Determination and Education Assistance Act. Although included in funding agreements, burdensome grant application, monitoring and reporting requirements continue to apply and other grant terms limit co-signers flexibility to redesign the activities or reallocate funds to best suit local needs. This system is administratively inefficient, and it unnecessarily limits the flexibility of co-signers to utilize these funds in the most effective manner possible. We hope that you will consider supporting Tribal self-determination in this manner.

SDPI must be reauthorized in order to continue to make progress on the devastatingly high incidence of diabetes in Indian Country. Any interruption in funding to SDPI will result in a devastating loss of qualified program staff and thousands of good jobs in Indian Country. It has taken over a decade to build staffing capacity at hundreds of SDPI program sites and it would take years to rebuild, if ever.

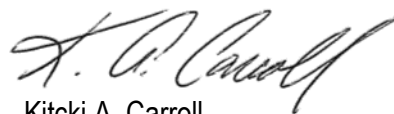
USET SPF Tribal Nations, and nearly every federally-recognized Tribal Nation across the country, depend up on this vital funding to battle this debilitating and costly disease. A prompt, multi-year reauthorization will allow this worthy and effective program to continue to fight type-2 diabetes, while preserving jobs in Indian Country.

Thank you for your consideration of this request. We look forward to our continued work to improve the health of our nation's first people. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at [LMalerba@usetinc.org](mailto:LMalerba@usetinc.org) or 202-624-3550.

Sincerely,



Kirk Francis  
President



Kitcki A. Carroll  
Executive Director

Enclosure

CC: Members of the Senate Committee on Indian Affairs



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## USET SPF Resolution No. 2017 SPF:012

### **SUPPORT FOR THE REAUTHORIZATION OF THE SPECIAL DIABETES PROGRAM FOR INDIANS**


- WHEREAS,** United South and Eastern Tribes Sovereignty Protection Fund (USET SPF) is an intertribal organization comprised of twenty-six (26) federally recognized Tribal Nations; and
- WHEREAS,** the actions taken by the USET SPF Board of Directors officially represent the intentions of each member Tribal Nation, as the Board of Directors comprises delegates from the member Tribal Nations' leadership; and
- WHEREAS,** American Indian and Alaskan Native (AI/AN) suffer the highest rates of diabetes in the world with a prevalence rate among adults as high as 60%; and
- WHEREAS,** diabetes is the fourth leading cause of death for AI/AN communities, which also have a mortality rate 4.8 times higher than the national average; and
- WHEREAS,** in an attempt to address the diabetes epidemic throughout Indian Country, the U.S. Congress appropriated \$30 million in the Balanced Budget Act (BBA) of 1997; and
- WHEREAS,** the U.S. Congress authorized the Indian Health Service (IHS) to develop and implement the Special Diabetes Program for Indians (SDPI) utilizing the funds appropriated in the 1997 BBA; and
- WHEREAS,** because diabetes is so prevalent in Indian communities and \$30 million per year was not enough funding to make an adequate impact at the local level, the U.S. Congress appropriated an additional \$70 million in 2001 and another \$50 million in 2002, bringing the total amount available to \$150 million per year through Fiscal Year (FY) 2009, which was extended in 2008, 2011 and 2014 carrying programs through FY 2017; and
- WHEREAS,** the SDPI has been very successful in the fight to prevent diabetes and continued funding for the program, which expires on September 30, 2017, will support continued progress to treat this disease until a cure may be found; and
- WHEREAS,** loss of funding would be devastating and even more costly to both Tribal governments and the nation because all of the gains made with the current funding would be lost; and
- WHEREAS,** USET SPF member Tribal Nations support an "Ask" that would reauthorize the Special Diabetes Program for Indians for an extended period of time or at least three years at a base funding level of no less than \$150 million per year, with incremental increases each year based on medical inflation rates; and
- WHEREAS,** reauthorization of the Special Diabetes Program for Indians is a top priority for USET SPF and Indian Country and is essential to improving the health status of AI/AN people to the highest possible level; and


**WHEREAS,** in December 2010, the United States recognized the rights of its First Peoples through its support of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), whose provisions and principles support and promote the purposes of this resolution; therefore, be it

**RESOLVED** the USET SPF Board of Directors supports and urges Congress to reauthorize the Special Diabetes Program for Indians during Fiscal Year 2017.

**CERTIFICATION**

This resolution was duly passed at the USET SPF Impact Week Meeting, at which a quorum was present, in Arlington, VA, February 9, 2017.

  
Chief Kirk Francis, Sr., President  
United South and Eastern Tribes  
Sovereignty Protection Fund

  
Chief Lynn Malerba, Secretary  
United South and Eastern Tribes  
Sovereignty Protection Fund