



USET

SOVEREIGNTY PROTECTION FUND

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December 12, 2017

Honorable Lamar Alexander
Chairman
Senate Committee on Health, Education, Labor and
Pensions
428 Dirksen Senate Office Building
Washington, D.C. 20510

Honorable Patty Murray
Ranking Member
Senate Committee on Health, Education, Labor and
Pensions
428 Dirksen Senate Office Building
Washington, D.C. 20510

Honorable Orrin Hatch
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, D.C. 20510

Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairmen Alexander and Hatch and Ranking Members Murray and Wyden,

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 for Indians (SDPI), a life-saving initiative, which consists of type-2 treatment and prevention grants administered through the Indian Health Service (IHS), and its sister program, the Special Diabetes Program (SDP), type-1 diabetes research at the National Institutes of Health. Funding for SDPI had been previously been reauthorized for two years through Fiscal Year (FY) 2017 at \$150 million, and will now expire on December 31, 2017 due to a three month extension included in the Disaster Tax Relief and Airport and Airway Extension Act. As the leadership of Committees which have historically provided for the continuation of SDP/SDPI, we call upon you to ensure these vital programs are reauthorized before the end of the calendar year.

USET SPF is a non-profit, inter-tribal organization representing 27 federally recognized Tribal Nations from Texas across to Florida and up to Maine¹. 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.

¹ 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), Pamunkey Indian Tribe (VA), 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 1997, Congress established the SDPI to address the high prevalence of diabetes in Indian Country, which suffers from an incidence of type-2 diabetes that is twice the national average and a mortality rate which is 3-4 times greater. Further, care for American Indians/Alaska Natives (AI/ANs) with diabetes costs the Indian Health System three times more than care for those without the disease. As a result of programs administered under SDPI, between 2003 and 2014, programs in the IHS Nashville Area 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. Now in its 20th year, implementation of SDPI has not only proven to be an enormous return on federal investment but has been a proven lifesaver for those AI/ANs afflicted with the disease.

In order to continue to make progress on the devastating effects of diabetes within Indian Country, Congress must reauthorize SDPI beyond the first quarter of Fiscal Year (FY) 2018. USET SPF Tribal Nations and other federally recognized Tribal Nations across the country depend on the funding within this vital program to battle this debilitating disease. Any interruption in funding would result in the loss of qualified program staff, thousands of quality jobs providing SDPI services within Indian Country, and jeopardize the advancement made by decades of successful interventions. This worthy and effective program must be allowed to continue to fight type-2 diabetes, while preserving jobs in Indian Country.

With the end of the year fast approaching, USET SPF is seeking your leadership to support the continued progress in the treatment and prevention of this debilitating disease among our Nation's first people. We urge you to include SDPI in any year-end legislation extending programs under your jurisdiction. Tribal Nations depend upon SDPI, a program that has been instrumental in the fight to prevent and treat diabetes. 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 or 202-624-3550.

Sincerely,



Kirk Francis
President



Kitcki A. Carroll
Executive Director

CC: Members of the U.S. Senate Committee on Finance
Members of the U.S. Senate Committee on Health, Education, Labor, and Pensions
Members of the U.S. Senate Committee on Indian Affairs