



Affiliated Tribes of Northwest Indians

**Prepared Statement of Andrew Joseph, Jr.
Chairman, ATNI Health Subcommittee
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*Subcommittee on Department Operations, Oversight, Nutrition and Forestry
Public Hearing, "To review the Food Distribution Program on Indian Reservations"*

**U.S. House of Representatives
House Committee on Agriculture**

June 23, 2010

Good morning Chairman Baca, Ranking Member Fortenberry, and distinguished members of the Committee. My name is Andrew Joseph, Jr., and I serve as a Tribal Council member for the Confederated Tribes of the Colville Reservation. I also serve as the Chairman of the Northwest Portland Area Indian Health Board, which serves as the Health Subcommittee for the Affiliated Tribes of Northwest Indians. I am pleased to provide views on the "Food Distribution Program on Indian Reservations" on behalf of ATNI's Health Subcommittee and the Confederated Tribes of the Colville Reservation.

Background on ATNI

Founded in 1953, ATNI represents 57 tribal governments from Alaska, California, Idaho, Montana, Nevada, Oregon, and Washington. As the Subcommittee may be aware, ATNI and its member tribes in the Pacific Northwest have been outspoken supporters about the manner in which the federal government administers its federal trust responsibility and resources that emanate from that fact. ATNI has established its Health Subcommittee comprised of Northwest Tribal leaders, health directors, and technical staff to monitor health issues that affect Northwest Tribes including food nutrition programs. ATNI's support for advocacy is grounded in its commitment to maintaining the integrity of the federal trust responsibility that is based upon the historical cession of millions of acres of ancestral lands by the tribes. Against this backdrop, ATNI appreciates this opportunity to provide its views on the Food Distribution Program on Indian Reservations (FDPIR).

Discussion on the FDPIR

The Food Distribution Program on Indian Reservations (FDPIR) program is administered by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture. The FDPIR is administered locally by either Indian Tribal Organizations (ITOs) or a State government agency. Currently, there are approximately 271 tribes receiving benefits under the FDPIR through 99 ITOs and 5 State agencies. The U.S. Department of Agriculture (USDA) purchases and delivers commodities to the ITOs or State agencies based on their selection from a list of available foods. These administering agencies store and distribute the food, determine applicant eligibility, and provide nutrition education to recipients. USDA provides the administering agencies with funds for program administrative costs.

For Indian Country, the FDPIR is more than a supplemental program, in many cases it is the sole source of food for low income American Indian and Alaska Natives (AI/AN) people living on or near geographically isolated reservations. According to census data, approximately 1.5% of the United States population is comprised of AI/AN people. Poverty disproportionately affects AI/AN people, with approximately 25% living with an income at or below poverty level. The median income of AI/AN in the U.S. is just over \$30,000, relative to the median income of \$41,000 for all Americans. The rate of poverty is substantially higher on Indian reservations. As an example, on Indian reservations in South Dakota as many as 44% of AI/AN people live below the poverty level. In fact, in the seven poorest counties in the nation, five consist of AI/AN people that make up the majority of the population. This stands to reason that AI/AN people are affected by poverty and food insecurity at a greater rate than most in America. The consequence of these poor economic standards is that 43% of AI/AN children under the age of 5 are also living in poverty. This poverty causes food insecurity that leads to other medical and public health issues, as well as affects the learning ability of our Indian children when participating in the educational system.

Historically, food packages have included what remains of federal commodity programs, such as bleached flour, sugar, potatoes, corn, and butter. The immediate and drastic shift from healthy subsistence and traditional foods to foods high in sugar, starch and fat created an epidemic of obesity and diabetes across Indian Country. Overall, AI/ANs have the highest age-adjusted prevalence (percent) of diabetes among all U.S. racial and ethnic groups. It has been documented that over 16% of all AI/AN adults have diabetes and that AI/AN mortality from diabetes is 4.3 times higher than the general U.S. population. Even though Type-2 diabetes used to be rare in individuals under the age of 40, the prevalence (percent) of diabetes among AI/ANs aged 25-34 years increased 112% from 1994 – 2004. Because of this it is imperative that food assistance to Indian tribes be improved to deliver healthier alternatives to improve health for tribal members receiving foods from FDPIR.

The FDPIR is a critical program that assists to meet the nutritional needs of many AI/AN people. While access to grocery stores in many parts of the country have improved, the remote distances and the lack of reliable and economical transportation for most AI/AN people continues to be a barrier to accessing grocery stores and nutritional food sources. In most instances if the FDPIR were to be reduced or eliminated it would have a devastating impact on the food security of large numbers of eligible families residing on Indian reservations and risk starvation.

Recommendations to Improve the FDPIR

1. Given the importance of this program to Indian Country, tribal leaders have long stressed the importance of following appropriate government-to-government protocols and respecting existing treaty agreements when making changes to FDPIR.
2. For decades the USDA's answer to Tribal requests for the inclusion of healthier and more traditional Native foods in the FDPIR food packages has been that the program has insufficient funds. The FDPIR is a crucial program for Indian Tribes, and it is imperative that Congress provide increased funding needed to improve the nutrition content of food packages and offset rising transportation and maintenance costs.
3. Many Tribes have suggested the need for improvements in the quality of the food package to ensure that it meets dietary guidelines and for improvements in delivery to ensure that food products are distributed before their expiration dates.
4. Tribes have always been concerned about efforts to establish a more equitable methodology for allocating FDPIR administrative funds among the Independent Tribal Organizations (ITO) and State agencies, with many voicing concerns about potential funding cuts and some proposing provisions to protect against funding cuts. Again, it is critical that Congress provide adequate funding for the FDPIR so that such administrative issues do not reduce the level of food and services provided to AI/AN people.
5. Integration of health promotion and disease prevention along with nutritional counseling should be incorporated with the FDPIR along with increased funding to carry-out these functions. This will assist to address the high rates of obesity and diabetes in Tribal communities.
6. Many Tribes have requested and support including traditional food choices such as Indian corn, bison, and smoked salmon (etc. accounting for differences among tribes) as permanent items in the food package.

Conclusion:

Given the improved state of health most Americans are benefiting from, the lingering health disparity among AI/ANs is troubling. Food insecurity, poverty and health problems continue to disproportionately affect AI/AN people. Food assistance programs continue to be a key factor in building healthy and economically strong communities. Strengthening federal nutrition programs requires enhancing and not reducing benefits.

Thank you, Mr. Chairman and members of the Committee, and I remain ready to answer any questions or provide additional information you may require.