



**Written Testimony of Lucy R. Simpson
Executive Director of the National Indigenous Women's Resource Center**

Before the U.S. Senate Committee on Indian Affairs Oversight Hearing, “Delivering Essential Public Health and Social Services to Native Americans - Examining Federal Programs serving Native Americans across the Operating Divisions at the U.S. Department of Health and Human Services”

May 14, 2025

Thank you, Chairman Murkowski, Vice Chairman Schatz, and members of the Committee, for the opportunity to testify today on the critical role of Health and Human Services (HHS) programs serving Indian Country—particularly those programs that address the health and safety of Native women, families, and survivors of violence.

My name is Lucy Simpson. I am a citizen of the Navajo Nation and the Executive Director of the National Indigenous Women's Resource Center (NIWRC). NIWRC is a Native-led nonprofit organization dedicated to restoring sovereignty and safety for Native women and their families. We serve as the statutorily mandated National Indian Resource Center (NIRC) Addressing Domestic Violence and Safety for Indian Women and the Tribal Safe Housing Capacity Building Center under the Family Violence Prevention and Services Act (FVPSA).

I first want to ground this testimony in what must remain the guiding principle of the federal government's work: its trust and treaty responsibility to Tribal Nations.

This responsibility is not abstract; it is a legal and moral obligation. HHS plays a crucial role in fulfilling this obligation, not only by providing public health services through the Indian Health Service, but also in providing services “which are necessary to raise the standard of living and social well-being of the Indian people to a level comparable to the non-Indian society,”¹ including those programs that address the public health crisis that is violence against Indigenous people.

Congress reaffirmed this obligation in the Violence Against Women Act (VAWA) reauthorization of 2005, stating that “Indian tribes require additional criminal justice and victim services resources to respond to violent assaults against women; and the unique legal relationship of the United States to Indian tribes creates a Federal trust responsibility to assist tribal governments in safeguarding the lives of Indian women.”²

By investing in Tribal Nations and Native-led organizations as they design and implement community-driven, culturally grounded services, HHS programs become instruments of self-determination.

Such programs include the Administration for Children and Families (ACF) Office of Family Violence Prevention and Services (OFVPS), which administers FVPSA. For more than 40 years, FVPSA has been the cornerstone of our nation's response to family, domestic, and dating violence. It remains the only federal funding

¹ Administration for Native Americans. U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved January 31, 2025, from <https://www.acf.hhs.gov/ana>

² Violence Against Women and Department of Justice Reauthorization Act of 2005, Pub. L. No. 109-162, § 901(6), 119 Stat. 2960, 3077 (2006).

source specifically dedicated to emergency shelter and related services for victims and their children. FVPSA programs are essential for Tribal Nations and American Indian, Alaska Native, and Native Hawaiian victims of violence.

According to the National Institute of Justice, more than 4 in 5 American Indian and Alaska Native (AI/AN) women (84.3 percent) have experienced violence in their lifetime, and more than half have experienced sexual violence (56.1%) and intimate partner violence (55.5%).³ These statistics reflect a public health and safety crisis. One that is devastatingly complex, often involving jurisdictional confusion, a lack of law enforcement presence, geographic isolation, historical trauma, and distrust of systems.

Yet, despite the pervasive levels of violence, many Tribal communities still lack access to the most basic safety services. Fewer than 60 Native-centered domestic violence shelters exist across all of Indian Country, and access to specialized legal aid and programs aimed at improving the mental, emotional, physical, spiritual, and cultural health of survivors as they seek to rebuild their lives is extremely limited.

FVPSA funding is often the only lifeline preventing Native survivors from falling through the cracks. Through NIWRC's role as the National Indian Resource Center, since 2011, we have responded to nearly 15,000 requests for technical assistance, hosted more than 700 trainings and community engagement sessions, trained close to 100,000 individuals, and distributed more than 800,000 resources to support survivors, advocates, and programs nationwide. Our digital resources have been accessed more than 6 million times, a clear indication of both the reach and ongoing need for culturally specific, Native-led solutions.

With continued FVPSA funding, NIWRC leads national efforts to implement prevention strategies that address the root causes of violence, promote healthy relationships, and break cycles of intergenerational trauma—and we are not alone in this work.

FVPSA provides essential funding to Tribal shelters, counseling services, Tribal domestic violence programs, and resource centers like NIWRC, including the Alaska Native Tribal Resource Center on Domestic Violence and the Native Hawaiian Resource Center on Domestic Violence. These ensure that culturally appropriate services are available where they are most needed.

Among the most vital efforts supported by FVPSA is the StrongHearts Native Helpline, a free, confidential, 24/7 service that connects Native survivors to advocacy, shelter, and support. Organizations like ours also fill critical data gaps by conducting research, evaluating program impact, and tracking trends that inform future prevention and response strategies. Data that too often does not exist elsewhere for Native communities.

In Fiscal Year 2024, FVPSA supported more than 230 Tribal domestic violence programs, most of which are the sole service providers in their communities. Yet, all but 36 of those programs received grants of just \$58,000—barely enough to support one full-time advocate. The number of eligible Tribes has nearly doubled

³ Rosay, André B., "Violence Against American Indian and Alaska Native Women and Men," NIJ Journal 277 (2016): 38-45, available at National Institute of Justice, *Violence against American Indians and Alaska Natives*, National Institute of Justice, <http://nij.gov/journals/277/Pages/violence-against-american-indians-alaska-natives.aspx>.

since 1993, but the Tribal set-aside has not meaningfully increased. We recommend raising the Tribal set-aside to 12.5%, both to reflect the expanded eligibility and to build on the proven success of existing programs.

Domestic violence, however, is never an isolated issue. Native survivors often face multiple overlapping challenges: housing insecurity, substance use disorders, chronic health conditions, poverty, and high rates of maternal and infant mortality, all of which are rooted in historical and intergenerational trauma.⁴ Addressing this requires a coordinated federal response that bridges healthcare, social services, and justice systems, with Native voices leading the way.

Programs like the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, which includes a Tribal set-aside (TMIECHV) administered by ACF, are a critical part of that solution. TMIECHV offers culturally grounded, evidence-based strategies, including domestic violence screening and social support connections, that identify and address risk factors early in the lives of Native families.

In just four years, TMIECHV grantees have demonstrated measurable improvements across 17 performance indicators, including screening child injury prevention, maternal health, and domestic violence.⁵ These outcomes underscore the deep connection between public health and safety—and the vital role of Native-led, community-based programs in advancing both.

HHS also provides funding for Tribal Nations and Tribal organizations to run programs such as the Low Income Home Energy Assistance Program (LIHEAP) and Temporary Assistance for Needy Families (TANF). These programs help strengthen Native families by assisting low-income households in meeting the costs of home energy and helping needy families care for their children in their own homes or in the homes of relatives. Funding integrated, culturally appropriate services such as these is essential to protecting Native women and families and building healthier, more resilient Tribal communities.

But recent and abrupt changes within HHS, specifically the removal of experienced staff and leadership from agencies and programs that serve Indian Country, threaten to destabilize the progress made by these services. These programs rely on staff who have cultivated trusted relationships with Tribal Nations, relationships that take years to build, alongside cultural competence, trauma-informed expertise, and a deep understanding of the complex realities facing our communities.

Sudden changes in leadership and staffing, especially without Tribal consultation, can disrupt the continuity of services, erode trust, and delay funding for life-saving programs. At a time when Native women face the highest rates of murder, rape, and abuse in the country, preserving institutional knowledge and maintaining stable, informed, and responsive leadership is not just a matter of continuity, but it is a matter of life and death.

Since time immemorial, Native women have been leaders, caregivers, knowledge keepers, and protectors of our cultures, languages, and traditions. Every day, we hear from frontline advocates who, with limited resources, are

⁴ Centers for Disease Control and Prevention, *Health disparities affecting American Indian/Alaska Native people*, Centers for Disease Control and Prevention, <https://www.cdc.gov/hearher/aijan/disparities.html>.

⁵ Administration for Children & Families, *Tribal Home Visiting Action Plan, 2020–2023*, Administration for Children & Families, <https://acf.gov/ecd/data/tribal-home-visiting-action-2020-2023>.

saving lives. They are creating safe homes, traditional healing circles, and language-based advocacy services that allow survivors to heal in ways that reflect their values and culture. Most importantly, survivors are able to disclose abuse and access support in spaces that feel safe, familiar, and trusted. This leads to better healing outcomes.

Given the unique historical, cultural, geographic, and socio-economic barriers facing Native people, the federal government must continue to expand, not scale back, its support for Native-led domestic, sexual, and family violence prevention and response programs. These programs are best positioned to foster healing, strengthen social support networks, and provide trauma-informed care that reflects Indigenous values and healing practices.

When we invest in Native women, we invest in the future of Tribal Nations. Continued federal funding for culturally grounded, community-led solutions is a trust and treaty obligation.

We respectfully urge Congress and the Department of Health and Human Services to continue to prioritize, strengthen, and expand all programs that impact the health and safety of Native peoples, and to engage in meaningful government-to-government consultation with Tribal Nations before making changes to program structure, leadership, or funding.

The National Indigenous Women's Resource Center is honored to support the lifesaving work of Tribal programs across the country. Thank you for your commitment to safety, justice, and sovereignty. I welcome your questions.