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**United States House of Representatives Committee on Appropriations
Subcommittee on Interior, Environment, and Related Agencies**

Testimony on American Indian/Alaska Native Programs

April 17, 2013

My name is Thurman Cournoyer and I am the Chairman of the Yankton Sioux Tribe. The Yankton Sioux Tribe is grateful for the opportunity to present its budget concerns to this Subcommittee. As a treaty tribe, we are troubled by the devastating effects that sequestration has had on the services available to our tribal members. We are equally concerned about the inadequate budgets that have been advanced by the BIA and the IHS for FY 2014. While we fully appreciate the financial difficulties facing our country, trying to solve these national problems by cutting back on what Congress and the Administration openly admit are underfunded BIA and IHS programs is not only unfair, it is unwise.

The federal government's treaties and trust responsibility gives it an essential role and a unique responsibility for ensuring adequate health care to American Indians. Despite what the IHS writes in its reports about being a secondary payer, the fact remains that the IHS today provides the primary basic health care received by over two million American Indians and native Alaskans. The funding cuts created by Congressional decisions like the sequester and the cuts in the buying power that will result from virtually level funding will continue to have serious consequences for our Tribe.

The impacts of the sequester were not unforeseen. A February 27, 2013, National Congress of American Indians report predicted that "[a] potential sequester of the [IHS] would decrease inpatient admissions by 3,000 and outpatient visits by as much as 804,000 in IHS and tribal hospitals and clinics." Additionally, it noted that the IHS may lack resources to pay for staffing and operations of health care facilities constructed by tribes. Indian tribes cannot afford to replace these lost services. I, sir, am here today to advise you that these predictions have already started to come true on the Yankton Sioux Reservation.

In an area like ours, which has high rates of poverty, tribal members are dependent upon the IHS for their medical and health care requirements. The Wagner IHS Facility provides services to tribal members in and near the Yankton Sioux Tribe Indian

Reservation from 7 a.m. to 11 p.m. If services are cut, as we have been told that they will be as a result of sequestration, our local ambulances and patients requiring emergency services will have to be referred directly to Wagner Community Memorial Hospital near the Wagner IHS facility or to Sacred Heart Hospital in Yankton, which is fifty-six miles away. With comparable cuts in health transportation and Contract Health Care dollars, we cannot afford to have these referrals take place.

Fair and competent health care is of incredible importance to my people. We are more than a bit alarmed by the cuts sequestration has triggered and by the impending impacts on our Wagner IHS Facility. Tribal members in South Dakota face soaring health care costs and the pervasive threat of racial or economic discrimination when they are forced to go to the nearest alternative emergency room. This discrimination increases every time that the IHS is unable to pay its bills at these small non-Indian rural facilities.

The Yankton Sioux Tribe is well versed in fighting to ensure that its tribal members receive the health care services they need and deserve. Twice before, the IHS has intended to cut services at the Wagner IHS Facility. Each time, we fought to keep important health care service available to our tribal members, bringing suit in 1994 and again in 2006. To Congress, cutting health care services at an IHS facility seems to be reasonable way to save money. To us, these services are a matter of life or death. In 2005, the IHS commissioned an evaluation of the Wagner Facility. That study found that if the Wagner emergency room were closed, “it could be forecasted that lives would certainly be lost.” This is why our people tremble every time funding to the IHS is threatened.

Perhaps the most alarming effect of the sequester is the disparate impact that it is having on Native Americans. IHS funding was cut despite the fact that Native Americans generally suffer from more diseases and have more health needs than the overall non-Indian population. Indian people have a lower rate of health insurance coverage than the general public so these cuts are falling squarely on the health of our people. But unlike cuts for the IHS, entitlement programs serving Americans receiving care under programs like Social Security, Medicare, Medicaid, the Children’s Health Insurance Program, and Veterans Administration, were spared these reductions. This is not only unfair, it neglects past promises to our people.

At Yankton, funding for Contract Health Services (“CHS”) has consistently dried up by the summer of each year. We recently learned that as a result of the sequester, the Wagner Facility’s budget has a \$719,000 deficit for the first two quarters of 2013. As a result, our local IHS staff has advised us that until further notice, when a tribal member requires a contract health care referral, even for a Priority I case, that person will be notified that CHS funds are unavailable and if they choose to take an appointment, they must do so at their own expense. These CHS appointments are for emergency/acutely urgent care services. One sickness or injury can cripple a family financially, or even worse, kill. Yet those with an emergency will be forced to decide whether to take a chance and forego treatment or undertake a serious debt. This is what sequestration and unrealistic funding from CHS services has done to us. This happens every fall; it just happened earlier this year because of sequester.

While we appreciate your efforts to increase CHS funding over these last few years, those increases have not kept pace with inflation and the IHS proposed increase for

FY 2014 will not do so either. We heard a lot of talk about the so called “death panels” when the Affordable Care Act was being debated, but we have a real one in Indian country and it’s called the IHS contract health care office. Delayed treatment not only hurts the patient, it hurts our economy by burdening taxpayers. People who are sick miss work, have a greater dependency on federal social services and do worse in school. In 2013, no American should suffer from pain simply because the U.S. decides that it cannot afford to provide that person with adequate medical care. It is just that simple.

What is equally disturbing is that the Administration has presented its FY 2014 IHS budget along with press statements using terms like “increase” and “on-going commitment” when it knows full well that the funding it is requesting does not meet actual need. Misleading statements like this are designed to confuse the Congress and the American public into believing that things are far better than they really are. That is why hearings like this are so important. Come to our Wagner health facility and see the lines for yourself, and talk with those people who have been told, and will be told again in FY 2014, that there is no money to send them to the specialist who can ease their physical suffering. I have looked at the FY 2014 budget, and I can assure you from experience that it will not address the problems that I am talking about. That is my reality.

Just this past year, a member of the Yankton Sioux Tribe died in the parking lot of the Wagner IHS Facility. He arrived before the facility opened, so he waited in the parking lot. But he could not wait long enough to receive the life-saving service that he desperately needed. Though he could have gone to Wagner Community Memorial Hospital, he felt that he could not afford to be treated there because he knew that he, and not the IHS, would receive the bill. Individuals should not have to forego emergency procedures simply because they cannot afford to pay for them. We hope that stories like this reveal the severity of the funding cuts in FY 2013, and that the inadequate proposals for FY 2014 will hurt our people.

While we have a current crisis in health care, we are equally concerned about the programs operated by the BIA. Consider this: the BIA is proposing to fund such essential services as burial, social welfare, realty, law enforcement and courts at a level that will be three years old when we finally see those dollars. While the BIA talks about proposed increases in certain programs, when you get into the meat of their FY 2014 budget documents, you see that those increases are all going to pay-raises and the opening of new facilities. This leaves our programs with the same inadequate funding we had in FY 2012.

Then we see the elimination of HIP, which is a program vital the Yankton Sioux people and other Indians who live in an area where winter weather is severe. HIP is the program that allows families living just above the poverty line to fix that broken window before winter, repair the roof that the 60-mile per hour winds blew off, insulate their homes, and repair the ceiling damaged by leaks. Without HIP assistance many people would see their heating and cooling bills rise to a level they could not possibly afford. HIP is not duplicative, especially when HUD has a waiting list that stretches for years.

I would ask this Subcommittee to finally develop a plan to address the real impacts that weather has on our BIA and IHS budgets. When winter storms hit, our law enforcement and road crews work 24/7 and these additional costs are never properly budgeted or even planned for. We live in an area that receives inches, and all too often,

feet of snow fifty-one (51) days a year. That is fifty-one (51) days of overtime for our emergency workers and road crews. One major storm can exhaust a sizable portion of those budgets. For example, we experienced the worst flood in our history in July of 2010, when floodwater more than five feet deep swept through the Reservation, taking with it homes and vehicles. As a Tribal Chairman, I am charged with planning for events like this, and I find it wrong that the federal government is not charged with doing so as well.

Finally, I have to take a few minutes to address education. Education is vital to our survival. We work hard to keep our children in school and encourage them to reach for their dreams. This is hard to do when the very programs that we rely upon to help those children are so underfunded, and when college funding is at a minimum. If you want to see our young people decrease their dependence on the federal government, please help us provide them with the incentive to stay in school and obtain the college and post graduate degrees that they will need to succeed.

Mr. Chairman, thank you for allowing me to present these concerns and please do everything that you can to help my people. I will be happy to answer any questions that you may have.