

**Testimony of Roger Trudell  
Chairman, Santee Sioux Nation  
Before the House of Representatives  
Committee on Appropriations, Subcommittee on Interior and Related Agencies  
Hearing on FY 2014 Appropriations  
April 24, 2013**

Good afternoon Mr. Chairman and Members of the Committee. My name is Roger Trudell and I am Chairman of the Santee Sioux Nation. I thank you for the opportunity to provide testimony today on behalf of my Nation on the Fiscal Year 2014 Appropriations requests of IHS and BIA.

The Santee Sioux Indian Reservation is located in a severely economically depressed area of rural northeastern Nebraska. The Reservation covers approximately 184 square miles (approximately 117,000 acres), and its borders are marked by Lewis and Clark Lake and the Missouri River to the north and boundary lines to the east, west, and south. The Nation has approximately 2,900 enrolled members, approximately 800 of whom reside on or near the Santee Sioux Indian Reservation. However, our Clinic provides services to at least 1,300 individuals, both Santee members and members of other tribes. The resident population is primarily centered in the village of Santee in the northernmost portion of the Reservation; however, there are some tribal members who reside in rural parts of the Reservation.

The Santee Sioux Nation has suffered for years due to inadequate funding, high poverty rates, and the loss of much of our land base due to the construction of the Gavins Point Dam. Our extremely rural location has inhibited our ability to develop viable economic ventures to fund critical government and social programs. In addition, the Santee Sioux Nation currently faces an immediate and dangerous crisis due to the influx of methamphetamine onto our lands. Given these critical needs, this is why I was so offended when the BIA and IHS asked me, as the leader of the Santee, to recommend programs which could be cut or eliminated. Mr. Chairman, all of our programs have been underfunded since inception, so none of them have completed the task for which they were created.

We operate a variety of Bureau of Indian Affairs (BIA) and Indian Health Service (IHS) programs – all of which are critical to our tribal members. In addition to providing needed services, these programs also offer some of our areas only employment for both tribal non-members. Because we are a Treaty Tribe, the Santee Sioux Nation must be fully functional 365 days of the year using only federal funds and our limited tribal income. Our assistance from the State of Nebraska is minimal at best. Current BIA and IHS funding, does not, and never has met our basic needs. Now with sequestration, things have gotten worse, and the impacts that are being felt as a result of that decision will last long after sequestration ends.

HEALTH CARE – I am also honored to serve as the Chairman of the Great Plains Tribal Chairmen’s Health Board. Through my participation on this Board, I am also thoroughly familiar with the unique issues and health care needs facing tribes in the Great Plains. Today, you are hearing a variety of tribes from our region present a common theme: The Aberdeen

Region's IHS health care system is underfunded, mismanaged, and our needs are increasing a lot faster than our dollars.

One of the biggest problems facing our area is our lack of adequate Contract Health Care funding. While national CHC appropriations have risen, our costs have risen at a much faster rate. Despite the efforts that you have made, our Santee CHC program still runs out of money well before the end of the fiscal year, and our people are still limited to what IHS artfully refers to as Priority One. I do not know if any of you have had gall stones or other similar "non-priority one" ailments, but they are not a pleasant thing to live with. Pepto Bismal and over the counter medications only do so much. While the Congress and the Administration talk about awarding limited dollars, we at the local level know that what they are really doing is rationing pain. That, Sir, is a sorry state of affairs, and it should be seen as a national embarrassment. Why should an Indian person from Santee lose their vision to cataracts in 2013? People forget that when your vision is impaired or you experience repeated pain or physical, your entire life changes, but unfortunately it does not change enough to force the IHS to request enough money to treat the causes of that discomfort. We are a proud people, but I am not too proud to come here and ask you for help to stop this reoccurring cycle.

Prescription drugs are also something that our people often have to go without because of our lack of CHC dollars. While our clinic tries to stock the basics, those with special needs have to go to outside pharmacies to get the drugs that they need, and many of those pharmacies do not like to accept IHS referrals when their bills to that Agency do not get paid in a timely manner, if at all.

We at Santee are proud of the clinic that we have built and now operate for our people, but that clinic is only going to be successful if the IHS has the dollars to meet the obligations that it has made when we made this investment. Every year we hear the IHS talk about the increases it has requested, but what they fail to tell the public is how those so called increases actually compare with our actual rising costs.

I know that federal funding is tight, but health is not something that can wait, so please do everything in your power to increase the IHS budget, especially contract health care, as high as possible, because our people's lives literally depend on it.

CONTRACT SUPPORT – Since I have just talked about Contract Health Care, I am forced to stop here and talk about the other trick that is being played in the FY 2014 IHS, budget- trading contract health care for contract support dollars. In essence, what the IHS is trying to trick us into doing is picking up a big part of the cost of providing federal services to our people. If contract support was paying for things that we did not absolutely have to have, this trade off might make some sense, but that is not what is happening. Our contract support pays for two things- our mandatory overhead costs like heating, cooling, and lights, and our mandated federal requirements like accounting systems, audits, record keeping and insurance. So in essence, what the IHS is saying to Santee is if you want more money for contract health care, you have to start paying out of your own tribal pocket for the privilege of doing the federal government's job. IHS is replacing our tribal member's \$5 bill from the doctor, with a \$5 bill of a different type, the one that requires the Santee Sioux Nation to write a check immediately simply because we found

it more effective to run some of our own health programs. And, it is doing this because Santee, and over one hundred other Tribes, had the audacity to file a claim and ask the IHS to follow the P.L. 93-638 statute and federal procurement laws that were passed by this Congress. This is not only wrong, it's an abomination.

METH – I mentioned earlier our ever growing crisis with methamphetamine. This requires me to talk about the inadequate law enforcement and court services on our reservation. Today we have only 5 police officers and no criminal investigator. Our Court is only able to operate two days per week every other week, and because of inadequate funding we have no full-time judge, and no full-time prosecutor and no full-time public defender. Many of our members are starting to lose faith in our system, because they have come to believe that crime occurring on Santee will never be prosecuted. This lack of law enforcement manpower has left us an open haven for drugs and illegal activity. Drug dealers and other criminals from outside the reservation look at our law enforcement budget and manpower and see us as open territory for their activities. This has allowed Meth to enter into Santee with relative ease. Meth is a law enforcement problem, a tribal court problem and a health problem. If all three of these areas are not working together, we are not going to solve this problem. Meth brings with it increases in thefts, domestic violence and child abuse and neglect and our local police department and court need the funding, the training and the tools to address these new developments. In short, we need the full participation of all of these services if we are going to stop this epidemic.

LACK OF TREATMENT FACILITIES – Finally, I would like to note that we do not have one tribally operated residential alcohol or drug treatment program in the Great Plains. This is true despite the fact that both the BIA and the IHS have repeatedly acknowledged the direct relationship between these problems and an increase in crime in Indian Country. At Santee, we also do not have a social service program adequately trained and adequately funded to address the impact that meth is having on our tribal families. What good is an arrest and conviction of a tribal meth user, if our court lacks the access to programs and services that can help that person and their family change their lives? Isn't it time that Congress and the IHS started looking at problems like this in a realistic way and tried to find ways of bringing real residential treatment services to those who need them most?

OTHER BIA PROGRAMS – While Santee is smaller than many of the Tribes in the Great Plains, many of its needs are similar, especially our need for programs like Aid to Tribal Government. This program, which the BIA proposes to cut, supports our Temporary Aid to Needy Families, our Tribal Enrollment Office, and our Burial program, as well the basic operation of our Tribal Government and Tribal Council and its staff. Because of our rural location and our lack of assistance from the State, programs like these are vital to our ability to support our membership, enforce our jurisdiction and meet our obligations to the United States and surrounding non-Indian communities.

Our BIA funded social services programs are also vital to our membership. They are the programs that help our families in crisis. Programs like ICWA keep our children protected, programs like TANF keep our families housed and fed, and because we are so isolated, our social workers are often the only link that many of our people have to other state and federally

funded programs which can help them find food, temporary housing, energy assistance other similar help.

While we have a relatively small land base, compared to an area like Rosebud, we still need real estate services and wildlife protection and enforcement just to remain in compliance with applicable federal law. All of these costs have gone up in recent years. That is why it is difficult for me to see the Administration suggest that the BIA can continue to operate these programs in FY 2014 at a level which it itself acknowledged, was inadequate in FY 2012. We know how to read the BIA's budget justification, and we are smart enough to can see that virtually every dollar increase is going to pay raises or staffing for new facilities.

HIP – Because it is so vital to our community, I would like to take just a few minutes to address the BIA's proposed elimination of the HIP program. Today at Santee I have families living in homes with broken doors, leaky roofs and virtually no insulation or weather-stripping, in one of the coldest areas in the United States. How can we expect a child to study under these conditions, or expect a person to stay healthy when they have to sleep in their winter coat just to stay warm at night, and how can we expect a family to advance when every dollar they make goes to pay for heat bills? Many of the people in our area who are eligible for HIP dollars are working, but their income remains near the poverty line because their paycheck also has to go to support their parents, adult children and other relatives who cannot find employment. I can assure you that anyone who says that this program is no longer necessary or that these types of concerns are being adequately addressed by HUD programs has never been to Santee.

I would also like to mention the lack of real economic development assistance in the BIA's FY 2014 budget. Because of our extremely rural location Santee has found it difficult to develop viable economic ventures. We need real economic development training and technical assistance, and all we see coming in the BIA's FY 2014 budget are proposed cuts in the substantially underfunded, but very effective, community economic development program operated at the Office of Indian Energy and Economic Development (OIEED). This leads me to believe that the President's and the Congress' message about stimulating the American economy and creating American jobs is meant to be to everyone except Indian people. We have seen some creative ideas come out of the community economic development program operated at OIEED, so why not support those efforts by providing efforts like that with some real dollars to help us decrease our dependence on federal funds?

In closing, I would like to request as strongly as possible that this Congress pass a FY 2014 Appropriations Bill in a timely manner. Santee and many other Tribes are struggling to operate our BIA and IHS budgets, on the limited dollars that are provided, and our job is made a thousand times more difficult when we are forced to operate in the dark. Continuing resolutions result in delayed awards, and delayed awards slow and decrease the effectiveness of our programs and services. Given what we are experiencing now, as a result of the sequester, we cannot withstand another such delay.

Mr. Chairman, thank you for allowing me this time and this opportunity to speak. I will be happy to answer any questions that you might have.