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Cherokee Nation
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There are some Members of Congress, though I do not believe they are the ones here today, who believe tribal leaders come to Congress looking for a handout. This is simply not true. I represent the great Cherokee Nation and am honored for the opportunity to share our successes and frustrations with you. We are proud of what we've accomplished under self-governance. We are proud partners with the Department of Interior, and are pleased the department and this administration continues to support tribally-owned businesses in government contracting, which is critically important for our nation and all of Indian Country. However, we are disappointed that the government has failed to meet its obligations and does not treat sovereign tribal nations the way it treats other government contractors.

The United States has a legal obligation and trust responsibility to 566 tribes. This responsibility was established by treaties and agreements – where sovereign tribal governments agreed to cede land in exchange for many promises. While the Cherokee Nation strives to meet the needs of our people, the federal government has failed to comply with its legal and trust obligations. If the government would meet its responsibility, or even come close, we could do so much more for our people in terms of health care, education, and housing, just to name a few examples.

Policies of self-determination have worked well for our Nation. Just recently the Nation and Cherokee Nation Businesses announced the next 100 million dollars of our business profits will go towards expanding our healthcare system, which supports 1.2 million patient visits annually; as a comparison, this is slightly more than Johns Hopkins Community Physicians. We are going to build health clinics and a hospital – creating jobs in our community – while shortening waiting lines, and ultimately providing better care for our people. People like Debbie, a Cherokee citizen who lives in Vinita, OK, who was recently diagnosed with diabetes. She worried about affording treatment for such an expensive disease, but because of our clinic, she is able to receive care in her hometown. If our budgets had not been reduced because of failure to fully pay contract support costs, or projected losses due to sequestration, we could do even more.

Because we operate the largest tribal health care system in the United States, our success depends on whether we have funding to cover fixed costs. This is more than a trust issue, it is a civil rights issue, since Indian tribes are the only federal contractors forced to pay these costs up front. When the federal government does not fully pay contract support costs to tribal contractors, it means we have to reduce services we provide our people. While I am thankful that IHS received an increase in the President's budget, I am frustrated that the same budget also proposes a cap for each tribe on IHS and BIA contract support cost payments.

The federal government is not treating us like other contractors, is failing to meet its trust responsibility and fully fund programs like IHS. This is only the backdrop to our current cuts due to sequestration. Surely, no one here believes the sequester cuts are blind, across-the-board cuts. The Congressional Research Service states that certain Tribal and Indian trust accounts, all prior legal obligations of the federal government, and Indian Health Services and facilities should be exempt from sequestration cuts. Why was Indian Health Services not protected when Social Security, Medicaid, and numerous other programs designed to help the least among us were exempt from sequestration cuts?

The Cherokee Nation efficiently spends a federal dollar better than any federal agency ever could. The nation has continuously received unqualified, clean audits with no material weaknesses identified. Our Treasurer operates our Finance Department with a standard of excellence in efficiency and effectiveness, which should be rewarded. Instead, the Cherokee Nation is forced to cover the shortfall caused by Congress, forcing us to reduce direct services, quality of care, and funding to our health care programs.

The Cherokee Nation has been successful in providing for our citizens, but there is so much more we can and will do if the federal government will honor its legal duty to sovereign tribal governments. I'm simply asking the federal government to fully fund IHS, support our schools, assist with safe and affordable housing, and start treating Cherokee Nation the way it treats other government contractors. I urge this committee to increase funding for IHS and fully pay contract support costs – and strongly oppose efforts for a cap. Neither I nor any other tribal leader should have to stand before this committee, reminding the United States of its obligations. They are outlined in agreements, treaty after treaty, and law after law. I urge you to fulfill the trust obligation owed to the Cherokee Nation and to every other tribe across the country.