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Testimony on American Indian/Alaska Native Programs
Amber Bighorse-Suitor, Lt. Governor, Cheyenne and Arapaho Tribes

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Good afternoon. My name is Amber Bighorse-Suitor and I am the Lieutenant Governor of the Cheyenne and Arapaho Tribes. I come here today to ask you for assistance which is vital to the well-being of our tribal members. As you read my testimony, and listen to my remarks, please remember that there are individuals and families whose very lives are directly impacted by the decisions that you make. When Washington uses terms like “budget freeze,” “budget cuts” and “deficit reduction,” it all too often forgets that what they are really talking about are people. As a tribal leader, I am one of the people who hear about those impacts every day. I am also one of the individuals who are left to try to keep our staff and our people’s faith alive when you place a 10% cut on programs that have historically been funded at less than 60% of actual need, and then tell us that we have to absorb those cuts in six (6) month. So allow me to tell you about some real people that are affected by these cuts.

Funding Cuts at Indian Health Services

The Indian Health Services budget has never been adequate to address the Cheyenne and Arapaho Tribes’ actual need. IHS care also comes from Contract Care dollars that run out long before the end of the fiscal year. While the budget experts in Washington talk about “priority one” as an accounting function, our people know that what they are really talking about is just how sick they have to become before they can receive adequate medical treatment. Academics do not have to witness the pain and suffering that we at the local level see every day. While we appreciate the past increase you have given us in contract care, those increases have done little more than cover the costs of inflation. We are still not making a dent in the backlog of procedures like gall stones, cataracts and other debilitating health concerns that plague our tribal members. So, please remember that a human being continues to suffer for every contract health care dollar that goes unfunded.

While IHS provides most of our hospital and clinic services, the Tribes’ utilize IHS funds for a number of programs which are vital to the well-being of our members. These include Emergency Medical Services (EMS), Community Health Representative (CHR) Program, Diabetes Wellness Program (DWP), Health Education, Elder Care, Indian Child Welfare, and Child Protective Services. Our Tribes’ Department of Health provides these services to our tribal members in 10

counties in the western part of Oklahoma as well as to some who reside out-of-state. Each of these programs are designed to fulfill critical, sometimes lifesaving, needs of tribal members.

The Emergency Medical Services (EMS) Program serves 9 counties in Western Oklahoma and offers 24/7 emergency medical care in response to 911 and emergency calls. EMS employs highly trained and qualified paramedics and other Emergency Medical professionals to provide lifesaving and urgent emergency medical care for all of western Oklahoma, even providing emergency medical response to non-Indians when EMS is the closest emergency responder. EMS also provides Critical Care transport for all of Western Oklahoma and is on standby for numerous community events where medical emergencies may occur. EMS is the only ground Ambulance service in Western Oklahoma that has the protocol which enables it to perform lifesaving techniques such as rapid sequence intubation, which is most often needed when a patient has sustained a serious trauma or is experience heart, lung, or liver failure. This procedure often means the difference between life and death for a patient.

The Community Health Representative (CHR) Program provides homemaker services, health education, case management and advocacy for tribal members' health care. I cannot stress strongly enough the importance of our CHR Program. Many of our members are shut ins, or persons who lack the physical or practical ability to get to and from medical appointments. For a tribal member who requires dialysis, safe and timely transportation to that service is critical. Our CHR's ensure many of those who are most on the edge of requiring hospitalization can remain at home and remain as healthy as possible. Our CHR's are also on the forefront of injury prevention, and for many of the people they visit; injuries from falls, from taking the wrong medication or from failing to monitor their glucose levels are a real threat to the individual.

The statistics on Native American diabetes speaks for itself. It is one of our most significant health threats. The Diabetes Wellness Program (DWP) serves 10 counties and provides tribal members with education necessary to prevent, treat and live with diabetes. Tribal members receive glucose monitors, blood pressure monitors, Registered Nurse case management, and home visits where the Nurses monitor blood pressure and blood sugar. In cases where the impacts of the disease are more pronounced, our program provides walkers, crutches, shower chairs, wheelchairs, canes, and special shoes that promote blood flow to the feet. They receive preventive care and education as well to prevent or delay diabetes such as nutrition services by licensed dieticians, a Fitness Staff and Fitness Center, and provision of healthy foods such as buffalo meat.

Health Professionals across the country agree that one of the best ways to curtail health care costs in the United States and for IHS is through prevention. That is why our Health Education Services Program is so important. This program serves all of the counties in the Tribes' territory and helps to educate our people about the causes of diseases such as diabetes, flu, and heart, kidney and liver disease. It works to ensure that our women pay attention to important items like breast cancer screening, and childhood obesity, and that our people understand the importance of exercise and good nutrition. It also provides services to at-risk students facing critical life issues like adolescent drinking, sexual relations, and suicide. The Program serves approximately:

- 100 persons working to obtain their General Education Diploma;

- 300 families with educational assistance benefits including online tutoring and remedial services;
- 200 youth who participate in a summer youth conference programs that enhance public school teacher knowledge of cultural history; and
- 55 youth that currently participate in afterschool services such as tutoring, physical fitness training and recreational experiences in a drug-free environment.

The Indian Child Welfare Program serves the Cheyenne and Arapaho Tribes and other tribes that live in the Tribes' territory. The ICWA Program not only works, it is vital to our tribal children and tribal communities. Program staff go to state court to represent the Tribes in Indian child welfare cases, places children in foster care, makes home visits to foster homes to ensure foster children are in safe and secure homes, locates adoption placements, and fulfills a role similar to the State's Department of Human Services. Too many people forget the studies and statistics that led to the passage of this important legislation in the first place. Those studies showed that a sizable percentage of Indian children removed from their extended families and their Indian communities suffered a multitude of social and emotional problems. They also showed that Native people often lacked the knowhow and the practical ability to have their voices heard when decisions of this magnitude were being made in non-Indian courts. That is why programs like ours are so important. Our workers level the playing field and ensure that the best interest of the child is considered every time one of our children is facing this life altering experience.

Equally important is our Child Protective Services Program. Program staff investigate alleged child abuse, remove children from abusive homes with the BIA police assistance, and perform forensic interviews of allegedly abused children to determine whether abuse has taken place.

The Elder Care Program provides elderly tribal members with food, food cards, food vouchers, food gift certificates, assistance with utilities and rent, shelter, medical care, and medical prescriptions. Often, the Elder Care program is a Program of last resort which saves an elder from starvation, eviction, or life without essentials such as electricity or medical equipment and medicines. In January 2011, Elder Care served approximately 500 tribal members and there are approximately 1500 to 1600 elders as of November 2011. Elder Care clients are among the most vulnerable in our community – many elders live with fixed incomes, are unemployed, and are unable to seek employment at their age or health level. Many elders have severe health issues such as cancer and the majority of Elder Care clients are diabetic; many require wheelchairs, walkers, and medical equipment for their homes which the Program provides.

Funding Cuts at the Bureau of Indian Affairs

As a tribal leader, I recognize that education is the tool that we need in order to advance our community. Today, because of the fine work being done by our tribal education staff, we have the Higher Education Program, the Adult Education Program, Head Start, Tribal Youth Programs, Language Programs, Vocational Rehabilitation Programs, and Culture and Heritage programs. Each Indian education program addresses a different specific need and given the large discrepancy between Indian and non-Indian educational advancement, but more needs to be done. Because so many of our adult members lack the skills to compete for jobs, we need a "No person left behind" philosophy and to continue funding programs that advance the education and job skill programs that better the lives of both children and adults.

Head Start Education is a center-based program open four days per week, five hours per day at three centers with eight classrooms, and serves 133 children. Head Start provides education, meals and transportation to children and staff in the program. Head Start serves all children -- not just enrolled tribal members and receives funding from the State for child food services.

The Vocational Rehabilitation Program provides disabled Native Americans job training and preparation, job placement, and transportation to jobs, and long-term retention. For the first quarter of 2012, the Vocational Rehabilitation Program successfully placed 7 disabled persons in jobs, so they lead fulfilling lives and contribute to their communities and families. There are currently 16 active clients receiving services.

The Adult Education program tutors and tests 100 adults seeking to attain their General Education Diploma. It also provides 300 families with educational assistance benefits including online tutoring and remedial services; 200 youth who will participate in a summer youth conference; and programs to enhance public school teacher knowledge of cultural history. It also oversees the Thomas Title VII Program to serve 15 youth that currently participate in afterschool services including tutoring, cultural and language experiences, and physical fitness training. And finally, it oversees the Tribal Youth Afterschool Program to provide 40 youth with 5 afterschool programs to provide tutoring, and recreational experiences in a drug-free environment.

The BIA funded Housing Improvement Program (HIP) is operated by the Tribes' Housing Authority. Funds are used to build and renovate homes for the neediest of the needy Native Americans as defined in the BIA Housing Improvement Program regulations. The implementation of the HIP fulfill the very basic needs of decent, safe and sanitary housing for needy Cheyenne and Arapaho families who have substandard housing or no housing at all, and have no immediate source of housing assistance. It is used to remedy dilapidated houses that lack weatherproofing.

Conclusion

Mr. Chairman, nothing is more important to the Tribes than the health, safety and general welfare of our tribal members. We know you will hear a lot about the needs of tribal members and you will have to make difficult decisions. These forced spending cuts will limit our overall ability to protect the health, safety and general welfare of the most needy of our tribal members, children and elders. We implore you to take a hard look at the lives that are being directly affected by these cuts. It is a question of basic day to day survival for our members, children and elders. I ask you to remember that over the coming weeks, and remind your colleagues that the problems of this Nation should not be solved on the backs of Indian programs which have always been underfunded to begin with.

Thank you for allowing me to present these important concerns. I will remain available to answer any questions that you may have.