Nathan Small, Chairman, Fort Hall Business Council, Shoshone-Bannock Tribes
House Interior and Related Agencies Appropriations Subcommittee (04/07/2014)

My name is Nathan Small. I serve as Chairman of the Fort Hall Business Council, the governing body of the Shoshone-Bannock Tribes (Tribes) of the Fort Hall Indian Reservation. My testimony focuses on health care, treatment of at-risk Native youth, BIA road maintenance funding, the urgent need to clean up Superfund sites on the Fort Hall Reservation, and needed amendments to federal public lands laws. The Tribes deeply appreciate the work of this Subcommittee and especially our Congressman, Rep. Mike Simpson, for fighting to better meet the government's solemn obligations to tribes in the face of the Budget Control Act's mandates.

Health Care Needs of the Shoshone-Bannock People. The United States holds a legal obligation to provide health care to Native Americans. The U.S. made a specific promise of health care to the Shoshone-Bannock Tribes under the Fort Bridger Treaty of 1868 in return for hundreds of thousands of acres of our homelands. Sadly, this obligation has not been met.

The Tribes are in the process of phasing out direct health care services in order to strengthen self-governance, which will enable local control over the type and administration of our health programs and services. Our Tribal Health and Human Service (THHS) Department has contracted with the Indian Health Service (IHS) to administer Contract Health Services (CHS), Maternal Child Health/Public Health Nursing, Mental Health Services, Community Health Representatives, Alcohol & Drug programs. THHS has also contracted for the BIA Social Services Program. However, the Tribes continue to receive some direct health care services from the IHS clinic. THHS and the local Fort Hall IHS Clinic are the only two facilities in the nation that are jointly accredited through Accreditation Association for Ambulatory Health Care (AAAHC). Both departments operate independently of each but collaborate extensively.

Impacts of Sequestration. Sequestration has hindered our attempts to attain greater local control. The mandatory cuts have forced THHS to downsize to less than 68 employees. Federal funding to the THHS Department covers far less than 70 percent of the need. Part of the shortfall stems from the fact that federal funding levels are based on population formulas that ignore the fact that Fort Hall Health Clinic serves thousands of people outside our service delivery, many from out of state. In FY12, 6,292 patients (3,699 Shoshone-Bannock) made 78,549 visits (53,317 Shoshone-Bannock) to the Clinic.

In addition, sequestration cuts imposed in FY13 further decreased the Fort Hall IHS Clinic's base budgets. Every department had to downsize staff. Unmet staffing needs include: one physician, one RN, six medical assistants, two lab technologists, one radiologist, one pharmacist, two certified pharmacy technicians, one optometrist and two technicians, one dental receptionist and two assistants, one registration clerk, two billers, two housekeepers, one administrative officer, and one maintenance mechanic. In addition, the Clinic facility is aging and needs a variety of improvements and upgrades. Approximately 54% of our patients are uninsured, which prevents the clinic from maximizing third party revenue.

Our Community Health Nursing Program also suffered from sequestration cuts, which limited the amount of direct patient care available to our most valued patients, our children. There is

also a need for more field services, within this Program, especially personal care services to the elderly. Our Community Health Representative Program Staff work with community members at the grass roots level, providing patients with transportation, advocacy, translation services, health education and disease prevention. Prevention is vital to reducing future health care costs, and the Community Health Representative Program in conjunction with our Health Education program are important components of our prevention programs.

All of these programs were subject to severe across the board sequestration cuts mandated by the Budget Control Act. Unlike the federal health and safety-net programs such as Social Security, Medicaid, SNAP, veterans' compensation and health benefits, and others, which were exempt from sequestration, Indian health care was not. In only six months in FY14, sequestration imposed more than $220 million in cuts to Indian health, which led to 3,000 fewer inpatient admissions and 804,000 fewer outpatient visits. Just as this Nation made promises to our veterans for the delivery of health care, the U.S. cannot forget the solemn promises made to Native Americans. The October 2013 government shutdown was a clear example of the need to exempt Indian health care funding from future sequestration cuts, and the need to provide advanced appropriations for Indian health care funding. Delayed funding means health care providers cannot budget with certainty, recruit or retain health professionals, or deliver services. ***We urge the Subcommittee to work with your colleagues to exempt all Indian health care programs from any future sequestration cuts. We also ask that the Subcommittee fund IHS programs and services at $5.3 billion in FY15. This number includes increases for: mental health (+48 million); CHS (+$181 million); Alcohol & Substance Abuse (+$31.7 million); hospitals & clinics (+$119.6 million); among others.***

Our population has a significant need for a long-term care facility on the Reservation. Through the Indian Health Care Improvement Reauthorization and Extension Act of 2009, Congress authorized funding for long-term care in Indian Country. However, the President's Budget proposes no new funding specific to long-term care. ***We ask the Subcommittee provide funding for long-term elder care services authorized at 25 U.S.C. Section 1621d, and direct the IHS to work with tribes on a plan to address the growing needs of long-term elder care services.***

The Four Directions Treatment Center (FDTC) provides drug and alcohol treatment to our community. Effective treatment helps put community members to work, while decreasing disease complications and costs to the health care system. Our FDTC treatment program provides a wide array of services, including: outpatient treatment assessments, counseling, case management, aftercare, prevention, etc. Utilizing our low carry forward dollars, FDTC operates one of the few Native run residential treatment centers in the Western United States. In FY14, Congress funded IHS mental health at $77.9 million and alcohol & substance abuse was funded at $186.4 million. ***We ask the Subcommittee to fund IHS mental health programs at $125.9 million in FY15 and the IHS Alcohol & Substance Abuse programs at $218.1 million in FY15.***

Protecting At-Risk Native Youth: Education and Health Care Needs. The state-of-the-art Fort Hall Reservation Tribal Justice Center has been operational for four years and has improved public safety and justice on the Reservation. One of the Center's primary goals is to rehabilitate our at-risk Native youth. Seventy-five percent of our juveniles are repeat offenders, and their placement in the Justice Center may often be their last opportunity at rehabilitation. Our juvenile

detention center incorporates space for treatment and education. While the BIA and IHS have obligations to serve Native juveniles in custody, the Administration and Congress have failed to provide any funding for these services. If we simply lock up our kids without providing treatment, tools or hope for a better future, we will guarantee they will become career criminals.

The November 2013 Indian Law & Order Commission (ILOC) Report highlighted the dire situation facing many Native youth in custody. The ILOC Report acknowledged, "Indian country juvenile justice exposes the worst consequences of our broken Indian country justice system." The ILOC Report confirmed that "secondary educational services are either lacking or entirely non-existent" in federal facilities operated or funded by the BIA's Office of Justice Services (OJS). The BIE, which is statutorily responsible for providing educational services and programs within OJS juvenile detention centers, confirmed to the ILOC Commission that no funding has been appropriated for juvenile education in recent years. This means that Native children behind bars are not receiving any classroom teaching or other educational instruction or services at all.

In FY11, juvenile education received $619,000 for the 24 BIA-funded juvenile detention centers across Indian Country. The BIA eliminated funding for juvenile education in FY12. The FY15 Budget again requests zero funding for juvenile education. No other federal program exists to assist at-risk Native youth. The Department of Education has also rejected requests to fund education services for juveniles in BIA-funded facilities even though the Department funds education for juveniles in non-BIA facilities.

Congress acknowledged the need to treat and educate at-risk Native youth when it enacted the Tribal Law and Order Act of 2010 (TLOA). TLOA directed the Secretary of the Interior to work with the Attorney General, in consultation with tribes, to develop a long-term plan for the construction and operation of Indian juvenile detention and treatment centers and alternatives to detention for juvenile offenders by July 29, 2011. TLOA also required BIE and IHS to coordinate with tribal and BIA juvenile detention centers to provide health and education services to those centers. TLOA authorized $7 million for this purpose. To date, we are unaware of the existence of the long-term plan or the BIE/IHS efforts to provide these services.

In the FY14 Omnibus Appropriations Report for Interior Appropriations, Congress clarified that "educational services to juveniles in custody [are] allowable costs for detention/corrections program funding." The Report acknowledged the unmet needs of American Indian youth in custody at tribal detention centers. We are extremely grateful for this clarification, as it enables administrators at our juvenile detention center to use corrections funding to educate and rehabilitate Native youth in our custody. However, at-risk Native youth require even more help in the form of treatment and education services to provide them with an opportunity for a better future. ***We urge the Committee to fund juvenile education at BIA-funded detention facilities at 100% of need, including $7 million as authorized under TLOA for juvenile education and health care. We also urge the inclusion of report language that directs the Department of Education, BIA, BIE and IHS to work together to provide educational, health, and treatment services to juveniles and other at-risk youth in BIA and tribal facilities. Finally, we ask the Subcommittee to include report language to clarify that having BIE teachers provide education services in tribal juvenile detention centers is not a form of grade expansion.***

Increase Funding for BIA Road Maintenance. BIA Road Maintenance Program funding has been stagnant for 30 years. In FY92, Congress appropriated $41 million for the BIA Road Maintenance Program to purchase new equipment and replace antiquated equipment for routine and emergency road repairs. In FY93, funding dropped to $27 million. In FY13 and FY14, Road Maintenance was funded at $24.3 million. The lack of Road Maintenance funding costs lives and is a waste of resources. According to the FHA, "American Indians have the highest rates of pedestrian injury and death per capita of any racial or ethnic group in the United States." Over the past 25 years, 5,962 fatal motor vehicle crashes occurred on Indian reservation roads, with 7,093 lives lost. Lack of maintenance dollars also cuts useful life of Indian roads, and wastes the millions of dollars appropriated to rebuild and construct new roads and bridges, which should last 20+ years. ***We urge the Subcommittee to appropriate $50 million for the BIA Road Maintenance Program in FY15 to purchase heavy equipment and supplies, materials and fuel to address the growing deferred road maintenance needs throughout Indian Country.***

BIA Housing Program. The BIA Housing Program is a safety net for extremely low-income families who cannot meet HUD program income requirements. It provides housing assistance that does not require repayment. The program is targeted for those eligible applicants most in need of assistance based upon a priority ranking that includes factors such as income, age, disability, and dependent children. This Program has been sorely underfunded for years. ***We ask the Subcommittee to restore BIA Housing Program funding to the FY09 level of $13.6 million.***

EPA Support to Clean Up Eastern Michaud Flats Superfund Site on Ft. Hall Reservation. For more than 60 years, the health, environment, and safety of our residents have been subjected to hazardous pollution caused by the FMC Corporation, which began phosphate mining on and near our Reservation lands in 1940. The EPA detected arsenic, cadmium, and selenium in monitoring wells at the plant, and in 1990, listed the FMC site on the National Priority List as the Eastern Michaud Flats (EMF) Superfund Site. For decades, FMC held the hazardous waste in unlined holding ponds with unknown damage and contamination done to the earth and ground water. After EPA listed the Site, FMC lined the ponds that held the hazardous waste, but it severely mismanaged the ponds, and they caught fire on a number of occasions. FMC shut down operations in 2001 and dismantled the then-existing treatment system. Poisons continue to pollute the air and seep into the groundwater west of Pocatello. Thousands of mammals and birds that have come into contact with the Site have died. The Site has also affected the Bottoms area, our sacred hunting grounds. The contamination of our groundwater remains a significant concern. All of this leads to the obvious concern for the health and safety of our people. ***We request that the Subcommittee direct the EPA to clean and treat the EMF Site or permit a pilot study to treat and remove the hazardous waste that is polluting our waters and our community.***

FLTFA Reauthorization Must Include Treaty Protections. The President's Budget proposes to reauthorize the Federal Land Transaction Facilitation Act (FLTFA), which expired in July 2011. The U.S. owes a *specific* treaty obligation to protect the Shoshone-Bannock Tribes' property rights to hunt, fish, trap, and gather on unoccupied federal lands and to practice cultural and religious activities on such lands. If Congress reauthorizes FLTFA, it must protect these rights. Congress should also amend FLTFA and related public lands laws to transfer federal lands identified for disposal within the Tribes' original Reservation boundaries back to the Tribes and provide the Tribes with a right of first refusal to acquire federal lands identified for disposal.