

Statement of Cyril L. Scott, President

Rosebud Sioux Tribe

Before the House Appropriations Subcommittee Interior, Environment, and Related Agencies

INTRODUCTION

Mr. Chairman and Members of the Committee, I am Cyril L. Scott, President of the Rosebud Sioux Tribe, which is part of the Great Sioux Nation. Thank you for the opportunity to be here today to provide an overview of the important health funding care issues facing Indian Country and lend my full support to Senate Bill 1570: Indian Health Service Advanced Appropriations Act of 2013.

Thank you and the Members of this Committee for receiving this testimony and for championing other historical laws that have provided critical resources to the people of the Rosebud Sioux Tribe and for promoting an environment that fosters a continued exercise of sovereignty, all of which directly affect the public health. Your efforts to maintain our Indian Health Service (IHS) budget at a time that Congress is seeking ways of cutting federal spending cannot be exaggerated, and the scope of your efforts positively enhance much of our day-to-day lives.

IHS works to provide adequate health care to the people of the Rosebud Sioux Tribe, but it has not adequately upheld the trust responsibility of the United States Government.

The IHS is the primary provider of health care for many American Indians and Alaskan Natives, but is usually only funded to meet about 56 percent of its actual need.

This is very disheartening for a population that, despite the federal government's trust responsibility to provide health care to American Indians and Alaskan Natives, lives with the following realities: (According to IHS data from 2005-2007):

- The American Indian and Alaskan Native life expectancy is 4.1 years less than the rate for the US all races population.
- AI/AN people die at higher rates than other Americans from alcoholism (552 percent higher),
- Diabetes (182 percent higher)
- Unintentional injuries (138 percent higher)
- Homicide (83 percent higher)
- Suicide (74 percent higher).

These are more than just figures pleading for a better funded Indian health care system, to us they are people, grandmothers and grandfathers who died too early, children who didn't get the treatment they needed, and members of our Tribe gone from this earth because they were not priorities on a budget sheet.

President Obama's proposed fiscal year 2015 budget for IHS includes a 4.5 percent increase. This proposed increase signifies a \$200 million increase over the fiscal year 2014 appropriation. A funding increase coupled with the IHS's recent submission of a plan to pay 2014 and 2015 contract support in full, is a step forward to providing and improving health care to one of the Nation's most underserved populations. This is money that is crucial for tribes to achieve and exercise full self-determination. Unfortunately, instead of this legally mandated cost being funded off-budget, as it should be, it is instead cutting back on the actual increases that our programs so desperately need.

This decision came after an initial 2014 Obama administration's proposal to cap contract support costs at levels that would have been vastly below what tribes are owed, and millions below the agency's own estimates.

There were also efforts made to eliminate the tribes' right to seek legal remedies when contract claims are not fully paid. Thanks to Congressional efforts these attempts were not successful. Thank you, Senator Lisa Murkowski (R-AK), who stated, "The administration cannot treat the health of our nation's first people as if it's a line item to prioritize or balance according to their agenda," she went on to state, "It is a requirement of this nation and a promise that has been broken for too long."

Because we have struggled, as we know that you have as well, in getting funding out to the Tribes in a timely manner, Rosebud is lending it's full support to S.1570, which authorizes advance appropriations for the Indian Health Service by providing 2-fiscal-year budget authority, as opposed to 1. This added time to plan and prepare may help the IHS to, as an extension of the federal government, better serve the elders and children of the Rosebud Sioux Tribe and other Indigenous Nations across America that are experiencing health care disparity and fulfill its trust responsibility.

I would like to illustrate some of the unmet health care needs experienced in Rosebud. The following information was provided by the Rosebud Sioux Tribe Health Administration Office:

AMBULANCE SERVICE

The Rosebud Sioux Tribe Ambulance Service provides Emergency Medical Services to approximately 25,000 enrolled Tribal Members residing in the 20 recognized communities which lie within the 922,759 acres making up the boundaries of the Rosebud Sioux Reservation. It would be in the best interest of all Tribes for the Federal Government to create a national Emergency Medical Services line item. It has been several years since the Ambulance Service has seen an increase.

COMMUNITY HEALTH REPRESENTATIVE PROGRAM (CHR)

The Rosebud Sioux Tribe Community Health Representative Program provides services to Tribal members in 20 communities on the Rosebud Indian Reservation. The CHR Program has identified the unmet need of \$456,320. This funding will be utilized to meet needs in the areas of personnel, medical equipment, staff training, local mileage and animal control. We were therefore distressed to see that the entire CRH increase for all sixteen (16) tribes combined is only \$109,000 for all of FY 2015.

RST ALCOHOL AND DRUG PROGRAM & MEDICAL/SOCIAL DETOXIFICATION SERVICES

The unmet need for this program is \$1,094,210 to build and operate a licensed day treatment center specific to the needs of pregnant women and their children. Funding this project will provide the start-up funding and time needed to establish the program, while building the capacity of the program to become sustainable through Third Party Reimbursements. The Rosebud Sioux Tribe is also in need of a social/medical detoxification unit to address the increasing numbers in the Emergency Room and Law Enforcement facilities due to the short and long term effects of alcohol/drug abuse. The unmet need for this project is \$600,000. Rosebud was very excited by the passage of the Tribal Law and Order Act (TLOA), because for the first time we saw Congress recognize the very direct relationship between alcohol and substance abuse and on-reservation crime and social problems. Listening to the hearings on TLOA, we were hopeful that we would see new residential treatment centers and a whole series of new initiatives to combat our alcoholism and substance abuse problems. Instead, we see IHS propose a

combined total increase of just \$22,000 in its FY 2015 which has to be divided among 16 tribes. So I hope that you can understand why our people feel more than a bit disillusioned.

ROSEBUD SIOUX TRIBE LONG TERM CARE FACILITY

The Rosebud Sioux Tribe currently owns and operates its own Nursing Home Facility in White River, SD. The current facility is old, dilapidated and is not large enough to accommodate new residents. It is a continuous struggle for the Administrator to maintain state and federal compliance in a building that has outlived its expectancy. The estimated need to complete the construction of a modern Long Term Care Facility for Senior Citizens is \$6,000,000.

ROSEBUD IHS SERVICE UNIT

Currently, the Rosebud Indian Health Service Unit only receives 60% of its annual funding needed to provide comprehensive services to Native Americans residing within the boundaries of the reservation. Due to this continuous shortage of funding, the Rosebud Service Unit has struggled to meet the basic health care needs of the Sicangu Oyate. The Rosebud Sioux Tribe has estimated a combined need of \$27,415,000 to adequately address the health care needs on the Rosebud Reservation.

While the proposed national increase for Hospital and Clinics is \$71.5 million, the actual proposed increase for the Great Plains Region is only \$2,167,000. That may appear fairly good, until you remember that this increase is going to have to be divided among: 19 service units, seven hospitals, 8 health care centers and several small health stations which collectively serve well in excess of 122,000 people. That equates to an annual increase of less than \$18 per person and that is after receiving a cut of double that amount last year as a result of sequestration. This \$18 dollars per person calculation does not even factor in the over 6,000 additional Indian people who are served by our regional facilities but who are not included in our service unit's base population. Our hard working people at our service unit are not going to come close to meeting our increased local needs with an \$18 per person increase. The cost of our insurances and equipment rentals has increased more than that.

The most critical need for the Rosebud Service Unit is the need for increased Contract Health dollars in the amount of \$21,000,000 Due to the high rate of health disparities such as: Diabetes, Heart Disease, Cancer, Renal and Hepatic Disorders and the Rosebud Service Unit's lack of funding, far too many people are forced to deal with life and death situations; often with fatal outcomes. This was one of the reasons that we were at first very pleased to see what appeared to be a \$55.4 million increase in contract health care, that was until we realized that by the agency's own calculations, \$32.4 million of that money was going for inflation. Factoring in that inflation, and dividing the Great Plains share of those dollars up among our 16 tribes means that the Rosebud Sioux Tribe's buying power will only increase by about \$41 per persons or a combined total of around \$300,000 in FY 2015, which in this day and age does not buy a lot of new hospital service. It not only does not take us off of priority one, and it barely pays for the annual costs of two or three new cancer or heart patients.

The Rosebud Indian Health Service is lacking funds to recruit and hire 13 medical personnel to ensure health care needs are met and to decrease the need for the use of contract health services. Funding needed to meet this need is \$1,715,000.

The Rosebud Sioux Tribe is in need of an Inpatient Behavioral Health Unit to address the increasing behavioral health needs of Tribal Members. This request to address staff and patient safety issues that have arisen during inter-facility transfers. The amount of funding needed to meet this need is

\$2,500,000. Those needs will certainly not be met this year, as the Administration's proposed increase in mental health services is only \$109,000 for all 16 tribes served by the Great Plains Region.

Finally, the Rosebud Service Unit has identified a need for up to 20 staff quarters. Due to the highly rural environment of the Rosebud Reservation, it is imperative that the service unit has appropriate housing accommodations to offer prospective health professionals in our already medically underserved state. The financial need for this project is estimated at \$2,200,000.

If you truly want to see the very real needs that we are experiencing at Rosebud, then we all need to work together to arrive at a budget which is tailored to actual tribal needs and not to some abstract increase over the inadequate amounts which we have been funded for the last thirty years. I know how hard you are trying and I know you will do everything in your power to honor the trust responsibility and treaties.

Now just a few words about the budget proposals of the BIA. While we were pleased to see that the Administration's FY 2015 budget does not propose actual dollar cuts in most of our existing Bureau of Indian Affairs (BIA) programs, we would ask you to remember that if we are ultimately funded at those proposed levels, many of our programs will still be forced to cut back on services. This is because the actual increases that the Administration is proposing simply do not allow those programs to keep pace with the inflation in our area of the country. This is especially true this year, because we lost virtually all of last year's inflation related costs as a result of sequestration. Please keep that fact in mind when you examine the Administration's proposals.

Because most of our BIA programs have always been funded at 60% or less of actual need. We find it difficult when our "trustee" calls us together for a "consultation" to set "budget priorities." What do we prioritize? A police officer to respond to an assault? Teachers for our students? Or safe housing for our members? These are not choices that we should have to make when the Tribes played no role in creating the budget problems facing our country today. The fact that our budgets are already funded so far below minimum requirements should be justification enough for exempting our tribal budgets from future sequestration and from the limitations imposed by the Budget Reform Act and Pay Go. Until that happens, we will be forced to come here every year telling virtually the same story.

Finally, while we are clearly frustrated with the BIA's funding request, we would like to note that we strongly support two of the Administrations recommendations: The new student eligibility count of JOM eligible students, and the restoration of HIP. HIP funding is critically needed on our reservation, and while we are happy that the Administration is not long fighting to eliminate it, we would ask for your help in restoring it to the full funding necessary to meet our local needs. The cut proposed by the Administration will leave us with only a fraction of the highly inadequate amount that we are currently receiving.

Thank you for your attention to this important issue and your commitment to the health of all American Indians and Alaskan Natives.