

**TESTIMONY OF  
FLOYD AZURE, CHAIRMAN  
ASSINIBOINE AND SIOUX TRIBES  
OF THE FORT PECK RESERVATION  
BEFORE THE HOUSE APPROPRIATIONS SUBCOMMITTEE  
ON INTERIOR AND RELATED AGENCIES  
CONCERNING THE BIA AND IHS FY 2017 BUDGET  
March 18, 2016**

I would like to thank the Subcommittee for inviting me to testify on behalf of the Assiniboiné and Sioux Tribes of the Fort Peck Indian Reservation concerning the BIA and HIS FY 2017 appropriations. My name is Floyd Azure. I am Chairman of the Assiniboiné and Sioux Tribes of the Fort Peck Reservation. I will focus my testimony today on infrastructure, public safety and public health needs for our Tribe which are largely dependent upon the appropriations of this Subcommittee to the Bureau of Indian Affairs, and Indian Health Service. The Tribes also express strong support for the Administration's request for full funding for contract support costs for both the BIA and the IHS. We also fully support the Administration's proposal to make this funding mandatory.

**FORT PECK RESERVATION RURAL WATER SYSTEM**

Congress has long recognized that the foundations for economic development and prosperity in Indian country lay in community stability which begins with infrastructure such as safe drinking water, roads and utilities.

This is why we strongly support the Administration's \$2.262 million request for the Operation and Maintenance (OM&R) funding for the Fort Peck Reservation Rural Water System. This funding is essential for this system to operate, which now provides drinking water to more than 15,000 residents in Northeast Montana and several social and governmental agencies, including the Bureau of Indian Affairs Agency Office, Poplar Schools, and Poplar hospital.

More than 20 years ago, the Tribes realized that a new water source was necessary to ensure the health of our people. Located on a former inland sea with a high saline content, coupled with unprecedented contamination from oil production, water on the Reservation and the surrounding communities is not safe for human consumption. To ensure our future, we sought to find another water source for our people. Congress agreed and in 2000 enacted the Fort Peck Reservation Rural Water System Act to build a modern rural water system for the Reservation (Assiniboiné and Sioux Rural Water System) and to assist the off-reservation communities in Roosevelt, Sheridan, Daniels and Valley Counties (Dry Prairie Rural Water Authority) build a rural water system that would "interconnect" with the Tribes.

We are more than 60% complete and the Project now serves more than 70% of the Reservation population with safe, reliable drinking and industrial water. The statute requires that the OM&R of the Assiniboiné and Sioux Rural Water System – the portion on the Reservation that is held in trust by the federal government – be paid by the BIA as a federal

obligation. This is consistent with the federal trust responsibility to the Tribes, who were promised a permanent home when we agreed to move to the Reservation. A permanent home requires safe drinking water.

To date, the Federal government has invested \$180 million in constructing the Fort Peck Reservation Rural Water System. The Assiniboine and Sioux Rural Water System components – the “common facilities” – must be maintained. The entire system is dependent upon the safe and proper operation of common facilities which includes the Missouri River intake, the pumping system, the water treatment plant, and miles of main transmission lines running east-west and north-south within the Reservation. Adequate funding of the operation and maintenance of our “common facilities” will extend the useful life of this vital infrastructure project. Thus, the \$2.2 million requested for the OM&R of this project is critical. If Congress does not appropriate the required funds for OM&R, then this System will not operate and the people of Northeast Montana will have no drinking water.

## **PUBLIC SAFETY AND DRUG TRAFFICKING**

The Reservation lies immediately west and north of the Bakken and Three Forks Formation and we are already witnessing the economic impacts of oil and gas development in this region. With rapid development come social ills in the form of increased criminal activity, including methamphetamine use, prescription drug abuse and addiction, which is reversing the downward trend our Tribal police achieved through effective policing techniques, task force collaboration and effective education campaigns.

Six years ago, through effective policing techniques, our Chief of Police was seeing a reduction in methamphetamine use on our Reservation, but over the last few years it has returned with a vengeance. The growing population working in the Bakken formation has created an easy source of meth on our Reservation. This problem must be attacked on all fronts: law enforcement; treatment; and improved social services. This is why we support the President’s Generation Indigenous Initiative as a comprehensive interagency response to the challenges facing Indian country, but so much more needs to be done if we are to reverse substance abuse.

### **A. Law Enforcement**

There is no greater need in Indian country than public safety and justice and these programs cannot be sacrificed for any purpose. Our Police Chief estimates that 70%-80% of criminal conduct has a drug component to it, with assaults and burglaries arising out of drug use and addiction. The BIA’s own statistics are alarming; over a five year period, drug related arrests in Indian Country increased nearly ten-fold from 443 arrests in FY 2008 to 4,289 arrests in FY 2013. Our Tribal police department has 18 police officers, two dedicated to drug enforcement, three criminal investigators, and we share dispatchers with Roosevelt County. Our Police Chief said he could use six drug enforcement agents to help with the rising workload. The needs of our community and those throughout Indian country cry out for increase law enforcement and justice funding. We urge you to reject the Administration’s proposal to cut law enforcement funding.

## **B. Social Services**

In the last year, we have had too many infants born addicted to meth. These infants must be placed in foster in families. This causes tremendous stress on our social services program. The Administration's \$53 million request for tribal social service programs and the \$19 million requested for Indian Child Welfare programs will help meet this need. In addition, the \$30 million requested for tribal courts will also ensure that our children are safer as these institutions will have additional resources to supervise and monitor the children in their care.

## **C. Detention Services**

The Fort Peck Tribes completed a modern detention facility to serve the Reservation and other tribes. This allows for inmates to be close to their homes and families. It will do a great deal to ensure continuity in our families. Beyond not requesting additional funds for law enforcement personnel, the Budget does not request sufficient funds for the operation of BIA-or tribally-operated detention facilities that were opened in the last two years, like Fort Peck.

The Tribes worked with the BIA office of Justice Services when we were building this new detention facility, including on the staffing and operations costs. The Tribes entered into a contract with the BIA for the operation of this facility. And while we received some funding associated with this contract, it is approximately 30% of what we negotiated with the BIA to have a fully functional detention center. When we expressed concern, the BIA officials said that the Tribes would be made whole in FY 2016. This did not happen last year. We ask you do this so that we can continue to provide safe and secure detention services in our community and protect the Tribal and Federal investment.

## **ROAD MAINTENANCE**

By its own admission, the Administration's funding request for the Road Maintenance Program for FY 2017 will permit tribes to maintain only 16 percent of BIA-owned roads and 62 percent of BIA-owned bridges in "acceptable" condition. This leaves 8 out of 10 BIA-owned roads and nearly 4 out of 10 BIA-owned bridges with funds to maintain them in their poor or failing condition. This is a safety issue. Most of these routes are gravel and earthen school bus routes that require more frequent maintenance than paved roads. We urge the Committee to add an additional \$9 million to the Road Maintenance Program out of planned increases for the Interior Department for FY 2017. Doing so will increase the percentage of BIA-owned roads and bridges maintained to an "acceptable" condition.

## **INDIAN HEALTH SERVICE**

We continue to build government services and programs on the Reservation and attract businesses to improve the quality of life for our members. The IHS operates two clinics on the Reservation; the Verne E. Gibbs IHS Health Center in Poplar, and the Chief Redstone IHS Health Center in Wolf Point. In-patient services are available at the non-IHS Poplar

Community Hospital and Trinity Hospital in Wolf Point. To combat the high incidence of heart disease, cancer and diabetes, the Tribes supplement health services on the Reservation through our Health Promotion and Disease Prevention (HPDP) Wellness Program, the Spotted Bull Resource and Recovery Center, and nursing services for a Youth Detention Center, which we operate pursuant to an ISDA contract with the IHS.

The Tribes' focus on preventative care is the reason we so strongly support the requested increase of \$48 million for Purchased and Referred Care. This level of funding will allow more Service Units to move beyond life or limb coverage, and provide a fuller range of health care services, instead of crisis care. Everyone agrees that focusing on the health of a person instead of crisis care will improve the health status of our people.

One area I would ask the Committee to address in its report is that for many of our people who have insurance, whether it be private, Medicaid, or Medicare, the Service Unit at Fort Peck will not refer people out for anything but life or limb care. Thus, even if someone has the ability to cover a procedure, like gall bladder surgery, the person's primary provider, who is at the Service Unit, will not refer them out. If the person gets the gall bladder surgery, the IHS will not pay the copay or the deductible because they did not meet the life or limb criteria. Many of our tribal members, who have insurance, are the working poor. They cannot pay these obligations, which are often times substantial. Thus, they consequently get referred to collections. I would ask that the Committee direct the IHS to reconsider its business practices, because waiting until someone is at life or limb stage to address a health issue makes neither good economic or health care sense. It would make more sense to pay the copay and deductible before someone gets dangerously ill.

We are disappointed that the Indian Health Service has yet to implement a portion of the Indian Health Care Improvement Act that allows the IHS to provide dialysis services to patients. More than twenty years ago, the Fort Peck Tribes recognized the need for dialysis services on our Reservation and built and opened a dialysis clinic on the Reservation. This was without any assistance by the IHS because, at that time, the IHS said it did not have the authorization to provide these services. Today, this facility needs to be expanded, and now the IHS has the authority to provide dialysis services. However, the IHS has not requested any funding from Congress to do so. We would urge the subcommittee to direct the IHS to provide an update on how it plans to expand its role in providing dialysis care in Indian Country.

## **CONCLUSION**

We thank the Subcommittee for the opportunity to testify.