

**Yakutat Tlingit Tribe**  
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Testimony submitted to the House and Senate Appropriations Subcommittees on Interior,  
Environment and Related Agencies

Concerning the FY 2018 Funding for the Indian Health Service and the  
Environmental Protection Agency

May 16, 2017

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The requests of the Yakutat Tlingit Tribe (hereinafter “YTT” or “Tribe”) for the FY 2018 Indian Health Service and Environmental Protection Agency appropriations are as follows:

- Continue funding for the IHS Joint Venture Program and ensure that funds for staffing packages for completed programs is made available in a timely manner.
- Fully Fund Contract Support Costs.
- Increase the IHS services appropriation for Purchased/Referred Care and the IHS facilities appropriation for Maintenance and Improvement funding for health care facilities.
- Permanently reauthorize the Special Diabetes Program for Indians.
- Support the Environmental Protection Agency’s Indian Environmental General Assistance Program, which is needed for building capacity and administering tribal environmental programs that directly affect human health.

The Yakutat Tlingit Tribe is a federally recognized Indian Tribe located on the eastern shores of the Gulf of Alaska in the City and Borough of Yakutat, Alaska. It is only accessible by air or boat, is 225 miles northwest of Juneau and 220 miles southeast of Cordova, Alaska. Due to the geographic isolation, it is imperative that the Tribe offer high quality services on site in Yakutat. We thus provide a substantial and growing array of community health care services and counseling and prevention services at the Yakutat Community Health Center (YCHC), through funding from the IHS as a co-signer to the Alaska Tribal Health Compact under the Indian Self-Determination and Education Assistance Act, through a community health center grant from the Health Resources and Services Administration, State of Alaska awards, and third-party collections. While the City and Borough of Yakutat operates a volunteer Emergency Medical Services squad, the YCHC is the only provider of health care in the community. The Yakutat Borough is in a Medically Underserved Area and is designated as a Health Professional Shortage Area for medical, dental and mental health.

## **Funding The IHS Joint Venture Program**

Under Section 818(e) of the Indian Health Care Improvement Act, the IHS is authorized to establish a Joint Venture Construction Program for projects in which tribes and tribal organizations construct, acquire or renovate a tribal health care facility, and the IHS commits to funding the initial equipment and a staffing package for operation and maintenance of the new facility. The program is competitive, and priority is given to tribes and tribal organizations who agree to also fund the equipment portion of the project. Proposals are also evaluated on the need for space at the specific location, among other criteria.

The Yakutat Tlingit Tribe was selected from a competitive pool of tribes and tribal organizations to participate in the IHS Joint Venture program, through which the Tribe commits to building a new health care facility and providing equipment funding, and IHS commits to providing recurring funding for staffing on completion of the construction project. The Tribe will be constructing a new health care facility in Yakutat, Alaska on land owned by the Tribe. The facility is expected to encompass just over 11,000 building gross square feet. The new facility will provide improved and increased health service delivery in our remote area, so that the Tribe can expand primary care services and dental care, as well as make space available for visiting specialty providers, health aides, preventive care, behavioral health, and the Tribe's administration staff.

The Tribe believes that it is critically important for Congress to continue to commit to funding staffing packages and equipment related to the IHS joint venture program. Tribes like YTT must commit far in advance to construction costs and are reliant on the funding for staffing being available to them as quickly as possible on completion of the project (or even as the project is being finished). It can otherwise be impossible to plan for and operate a new health care facility without the security of knowing that the funding for staffing will be made available in a timely manner, to allow for the advertisement for and selection of health care professionals and other staff, and to allow time for people to relocate to Yakutat and begin their work.

The Tribe thus asks this Subcommittee to support the continued funding for the IHS Joint Venture Program and ensure that Joint Venture participants received their staffing funds timely.

## **Fully Fund Contract Support Costs (CSC)**

The YTT wishes to thank Congress for fully funding CSC in FYs 2016 and 2017, and for making it an indefinite amount that is in a separate account in both the IHS and BIA budgets. For IHS, we understand the FY 2017 estimate for CSC is \$800 million, and for the BIA it is \$278 million. This funding helps us to meet our own responsibilities under the Indian Self-Determination and Education Assistance Act (ISDEAA), and significantly enhances the federal-tribal government-to-government relationship. We also wish to thank the Subcommittee for listening to tribal comments about how the bill proviso in the FY 2016 enacted bill effectively denied the CSC carryover authority authorized by the ISDEAA, and appreciate that the proviso was absent from the Consolidated Appropriations Act for FY 2017.

We ask this Subcommittee to support the continued full funding of CSC in FY 2018. However, our long-term goal is to ensure the indefinite appropriation of CSC funding—that it be made mandatory and permanent. Under the ISDEAA, the full payment of CSC is not discretionary, but is a legal obligation that has been affirmed by the United States Supreme Court.

### **Increase IHS Services and Facilities Funding**

We ask that the Subcommittee support an increase in funding for the IHS's Purchased/Referred Care (PRC) program. The Indian health system relies heavily on PRC funding to pay for specialty or emergency health care from outside providers. This is especially true in Alaska, given the remote locations and the distance required whenever a patient has to travel vast distances to receive care in a facility in Anchorage, for example, to address an emergency or see a specialist. While there have been increases in funding that IHS receives for PRC is not at all keeping up with the medical rate of inflation, and thus PRC funding has to be stretched further and further to provide needed care to patients.

We also request your support for an increase in the IHS's maintenance and improvement funding (M&I) for health care facilities, a need the Tribal Budget Formulation Workgroup deems "critical." The current IHS estimate of the backlog of essential maintenance, alternation and repair is \$473 million. M&I funding is important to federally-owned and tribally-owned buildings used to provide health care services, for functions such as routine maintenance, such as emergency repairs, preventive maintenance activities, and maintenance supplies and materials; environmental compliance; and improvements, such as those needed for new patient care equipment or new treatment methodologies. This funding thus greatly supports and enhances the delivery of health care and preventive services.

The Yakutat Tlingit Tribe doesn't qualify for M&I funding today as we do not currently own our facility we are currently in. However in FY 2019, when our new clinic is open for business, we will get a line item budget from the YTT JVCP and we will receive funding for: Maintenance & Improvement (M&I), Facility Support Account (FSA), and Biomedical Equipment. It is a huge undertaking to build our own building but will need M&I funding to properly maintain the building.

### **Special Diabetes Program for Indians**

The Special Diabetes Program for Indians (SDPI) provides crucial funding for diabetes treatment and prevention programs for Alaska Natives and American Indians, among whom diabetes continues to be an epidemic. For YTT, we have seen significant outcomes in terms of dramatically increased access to treatment and prevention services. The SDPI has been funded at \$150 million for many years, but oftentimes it is very close to expiring before it is reauthorized for an extended period of time. It is set to expire again on September 30, 2017.

We join with others in Indian Country in recommending the permanent reauthorization and increased funding for the SDPI program. A permanent reauthorization with annual funding of \$200 million would provide stability for our diabetes programs, which will greatly help us to plan the programs and to recruit and retain personnel. While we understand the SDPI

reauthorization bill is not under purview of this Subcommittee, the SDPI definitely affects the health care services we provide and for which this Subcommittee appropriates funding. We request and would appreciate any assistance the Subcommittee members could provide with your colleagues on this issue.

Additionally, as a co-signer to the Alaska Tribal Health Compact (ATHC), we request an amendment to the SDPI that would simplify the process for us to receive our diabetes funding. The current process requires that the co-signers receive SDPI awards via the DHHS grants office and then follow Secretarial regulations before the funds are added to our ISDEAA funding agreements. The grant applications, monitoring and reporting requirements are not only burdensome, but also inefficient. Tribal programs should be authorized to administer SDPI funds as part of their ISDEAA funding agreements and have their funds added directly to their funding agreements without having to go through a grants process. The ATHC's letter and paper dated April 27, 2017, which was sent to the Congressional Diabetes Caucus Co-Chairs DeGette and Reed, provide more detail on our request.

### **USAC**

We bring to your attention a potentially devastating development and that is the proposal by the FCC to pro-rate by 7.5 % the subsidies for internet service. We currently have a subsidy from USAC that pays for our internet so we can connect thru satellite. It is at \$20k a month. Our portion is \$500 after the subsidy. If we don't have that it will sink us. There is no way we can afford an additional \$19,500 per month for connectivity. This will affect not only us but all tribal health organizations in the state. Connectivity is the lifeline for the provision of health services in Alaska. This is obviously a case to be made to the FCC, but we would want this Subcommittee and others to be aware of this issue.

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### **Support Funding The Environmental Protection Agency IGAP**

Any cuts that may be made to EPA program funding will have real-world human costs. For example, the EPA's Indian Environmental General Assistance Program (IGAP) funding helps tribes to build capacity to administer tribal environmental protection programs that relate directly to human health care and safety. The IGAP include a focus on solid waste management, such as solid waste planning, solid waste/recycling collection and disposal services, as well as hazardous waste management. The program also allows us to address other environmental issues, such as water quality monitoring, recycling programs, and renewable energy, to name a few. Having these resources is essential for tribes to be able to address long-standing environmental and human health challenges, and to recruit and retain professionals to develop and carry out our environmental regulatory programs, which can be very difficult in a remote area like Yakutat. Yakutat has been receiving their IGAP funds since FY 1998. The funding has allowed for through assessments to be completed. Along with remediation of WWII clean up. Has provided for Wetland protection. Yakutat is resource rich with the Situk River that has all species of Salmon and Steelhead that run. This funding has allowed for baseline water quality monitoring for the forelands to begin. Our concerns are what is coming from up the River down

to our foreland in Canada and Alsek. More studies need to be completed in this area. Yakutat truly needs a Science Center to study all that is happening at our doorstep.

The Tribe is greatly concerned about the current administration's proposals to cut EPA funding. If EPA tribal programs are not funded, that could result in catastrophic harm to the Tribe and its ability to address environmental concerns, and to the health and well-being of our tribal members. President's Trump's preliminary budget proposal (the "skinny" budget) proposes specifically to eliminate EPA's infrastructure assistance program for Alaska Native Villages. We are facing many vulnerabilities due to the changing climate in Alaska, including rising sea levels and degradation of our lands and food sources. Global warming has produced havoc in all issues. It has brought invasive plant species that choke out the native plants that Yakutat citizens rely on for Subsistence foods. Moreover, the area in which Yakutat is located is pristine and needs to be protected. The Tribe thus requests that the Subcommittee support continued and increased funding for the EPA IGAP program and that it give full and open consideration to the human impacts that any reduction in the EPA budget may cause.

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Thank you for your consideration of the concerns and requests of the Yakutat Tlingit Tribe.