

Testimony of David Kills-A-Hundred
Flandreau Santee Sioux Tribe
United State House of Representatives
Committee on Appropriations
Subcommittee on Interior, Environment, and Related Agencies
Wednesday, May 17, 2017

Thank you Chairman Calvert, Ranking Member McCollum, and members of the subcommittee. It is a pleasure to speak with you regarding various funding issues relevant to the Flandreau Santee Sioux Tribe located in South Dakota. I intend to primarily discuss the funding issues present for our Joint Venture Construction Program Health Care Facility and the Flandreau Santee Sioux Tribal Police, but will briefly discuss issues of other critical programs if time permits.

For decades, the health services provided to members of my Tribe have been grossly inadequate. We have utilized Public Law 93-638 contracting to operate the tribal health clinic to the best of our abilities, but due to insufficient and untimely funding, unpaid contract support costs, and limited facilities, we are failing our people. We have lack of privacy issues in our current clinic coupled with inadequate space to fully perform necessary program functions.

The Joint Venture Construction Program found at Section 818(e) of the Indian Health Care Improvement Act authorizes the Indian Health Service to establish projects that allow American Indian and Alaska Native Tribes to construct tribally owned health care facilities in exchange for the IHS providing the post-construction funding for equipment, operations, and maintenance of for a minimum of 20 years.

Left without adequate means to self-fund the construction of a health care facility, in 2007, the Tribe made application to the Indian Health Services to participate in the Joint Venture Construction Program. The Tribe was awarded a commitment in 2009, but took several years to organize its efforts under the program. In 2012, the Tribe aggressively pursued the opportunity and hired a Minnesota architect and a South Dakota construction manager to plan the project. These groups worked extensively with the Indian Health Service to design a state-of-the-art facility which met all federal requirements.

The Tribe and the Indian Health Service formalized the arrangement in July of 2014 by entering into a Joint Venture Agreement. There were new provisions to the Joint Venture Agreement itself that left the Tribe with fewer options to finance the construction. Construction was also pushed back over a year because of a miscommunication between the IHS Area Office in Aberdeen, and IHS Headquarters that kept us out of the President's budget. With financing in sight, the Tribe took the risk and began construction in March of 2016. Regardless of the obstacles faced, the Tribe was able to successfully sell bonds in June of 2016 and construction has continued under budget, and on time with an expected completion date in July of 2017.

The Tribe now faces its largest endeavor. Article VIII of the Joint Venture Agreement provides, "In exchange for the Tribe's design and construction of the Facility . . . , and the Tribe's purchase of the initial equipment for the Facility, **the IHS agrees to provide the equipment, supplies, and staffing for the operation and maintenance of the Facility for an initial period**

of 20 years . . . subject to the provision of appropriations by Congress.” The Tribe must have the funding promised by the IHS appropriated to assure our membership, and all of the non-tribal members that we serve, that we can operate our new facility.

A continuing resolution for fiscal year 2018 would not allocate the additional funding promised, causing a possible default on our financial obligations, and resulting in a grossly underfunded facility. The Tribe pleads with this Subcommittee to fulfill the contractual obligations of the Indian Health Service. We are in the process of needing to hire around fifty new employees to fully staff our facility, and can simply not afford to use tribal funds dedicated to other critical programs to continuously supplement our clinic.

We further have issues with our Police Department funding that I would like to expound on. Public safety is of the utmost importance to all Tribes, especially in South Dakota where the state is becoming plagued by methamphetamine. We have had stagnant funding for the police, while all of our expenses are rising exponentially. The Tribal Police drive arrested individuals on the reservation 125 miles away to be detained, which poses serious community exposure during transportation due to gaps in coverage. The facility 125 miles away was the only detention center willing to house our arrestees.

The Tribe has two police officers, and another who is in the police academy. With our current funding level, we cannot afford to provide the coverage that our community needs. Even a modest increase would have an incredible impact on our small, but equally troubled reservation.

We implore this Subcommittee to consider all of the programs that our membership depends on, and to maintain or increase funding. We are trying to run professional government operations, and we are doing it in the absence of clarity. The Tribe is relying on its funding, and cannot provide adequate services in gridlock. The Tribe further demands parity with the States in all funding matters because of the federal promise of promoting tribal sovereignty and self-sufficiency.

Mr. Chairman, this concludes my prepared remarks, and my colleagues and I are prepared to answer any questions.