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Testimony of Bill John Baker, Principal Chief, Cherokee Nation
House Interior Appropriations Subcommittee
May 9, 2018

Chairman Calvert, Ranking Member McCollum, and members of the subcommittee:

Osiyo. My name is Bill John Baker, and it is my true honor to serve as Principal Chief of our country's largest Native American tribe, the Cherokee Nation. I deeply appreciate the opportunity to testify before you today.

The Cherokee Nation is one of the great success stories in Indian Country. We are the economic engine of northeast Oklahoma, with an economic impact that exceeds $2.2 billion annually. The Cherokee Nation and Cherokee Nation Businesses have a combined annual budget of about $2 billion, and directly employ more than 11,000 men and women.

But there is still so much work to do.

We are not in business just to be in business. We are in business to give our 360,000 citizens and all the residents of northeast Oklahoma a chance at a better life.

And in my estimation, a better life begins with better healthcare and better education.

Staffing and Operations Costs for Newly-Constructed IHS Facilities

The President's fiscal year 2019 budget request includes $159,096,000 for Staffing and Operations Costs for Newly-Constructed Healthcare Facilities. This funding will support staffing and operations at seven newly-constructed Indian Health Service projects, including the Cherokee Nation Regional Health Center in northeast Oklahoma, and we urge the subcommittee to provide the full amount in its FY 2019 appropriations bill.

The Cherokee Nation oversees the largest tribally-operated health system in the U.S, and the new health center will be the crown jewel of this system. When it opens in 2019, the 470,000-square foot facility will serve as the primary health access point for American Indians and Alaska Natives residing in the Tahlequah Service Area, and help transform the healthcare landscape for the entire region.

The center—which, when completed, will be the largest tribal healthcare center in the U.S.—will provide primary care with integrated behavioral health, preventive care, and a complement of medical specialties with support services. Outpatient services will relocate to the new facility from W.W. Hastings Hospital, which, when constructed more than three decades ago, was designed to serve 60,000 patient visits annually. In 2017, this facility handled more than 500,000

patient visits—nearly half of the 1.1 million patient visits to Cherokee National Health Services facilities.

Inpatient operations, emergency services, labor and delivery, diagnostic imaging, and inpatient pharmacy will remain at Hastings Hospital. Negotiations are underway to convert the vacated space in the hospital into a new medical school in partnership with Oklahoma State University. It will be the first medical school located in Indian Country.

More than 850 new health care professionals and support staff will bring new and enhanced medical services to our community. The new ambulatory surgery center, with five operating suites and two endoscopy suites for patients with surgical needs, will enable current hospital operating rooms to focus on inpatient surgery and obstetrical needs.

Cherokee Nation Regional Health Center further demonstrates the Nation's ongoing commitment to the health and well-being of its citizens and AI/ANs. In recent years the Nation has prioritized the expansion and modernization of its healthcare facilities, and at the heart of this effort is a $260 million investment toward the construction and equipping of the new health center. This federal-tribal partnership saves money and helps ease the significant IHS construction backlog.

This project is critical to the future of healthcare in the Cherokee Nation and all of northeast Oklahoma, and its impact cannot be overstated. We are very appreciative that the Indian Health Service prioritized funding for the health center in its fiscal year 2019 budget request, and ask that you appropriate the requested amount of funding in your fiscal year 2019 spending measure.

Proposed Elimination of CHR and Health Education Programs

The Community Health Representative (CHR) and Health Education Programs were established in 1968 under the authority of the 1921 Snyder Act (25 U.S.C. § 13). These programs are integral to our communities, as they focus on health care that is culturally sensitive and promote the highest possible health level to American Indians by providing medically-guided primary health care services where no other resources are available. Services offered by the CHR program include patient advocacy, patient education, health promotion, and disease prevention, and the program also may act as a liaison between clients, tribal and community resources.

The Health Education Program provides preventive health education, emergency response and public health, and chronic and communicable disease education. The program specifically assists in building healthy communities by promoting health and ultimately increases the life expectancy of tribal communities. Health Education is essential for prevention and prevention is essential to turn the tide for chronic health conditions and worsening health disparities seen across the United States in American Indian communities. The CHR and Health Education Programs have contributed to lowering mortality rates; and in short, are part of the direct provision of health services, especially for the most vulnerable American Indians.

We oppose the elimination of the CHR and Health Education Programs as requested in the President's fiscal year 2019 budget request and urge the subcommittee to continue providing funding for the CHR and Health Education programs.

BIE School Construction

In recent years we have strongly urged the subcommittee to support the creation of a BIE equivalent of the IHS joint venture program, and therefore we were quite pleased to see Congress take a great first step in the FY 2018 omnibus.

The Joint Explanatory Statement accompanying the bill reiterates the directive found in House Report 115-238 regarding the establishment of joint venture programs for schools:

> *Joint Ventures.—The Committee has embraced the joint venture construction model for the Indian Health Service because of the significant savings to the Federal government. It is time to explore the same approach for justice centers and schools. Expanding the joint venture approach acknowledges the reality that the Federal budget has not kept pace with immediate needs. Indian Affairs is directed to investigate establishing joint venture construction programs for justice centers and schools that are modeled after the Indian Health Service joint venture program. Indian Affairs should consult with the Indian Health Service and Tribes to develop proposed models for implementation. Tribes are urged to consider the use of existing Federal tax credits as a way to support the joint venture concept.*

I strongly applaud your efforts on this front, and request that you to continue to push BIA toward the creation of a Joint Venture program for schools.

As I have testified previously, the Cherokee Nation operates Sequoyah High School, a BIE school in Tahlequah, OK. Sequoyah has an enrollment of 367 students from 24 tribes and has a strict focus on academic success. Sixty-five of these students are housed on campus.

Our students achieve in spite of Sequoyah's aging and generally insufficient facilities. Sequoyah consists of 17 structures, 13 of which are more than 40 years old. The concessions and bathroom facilities at Sequoyah are 101 years old. The main high school and the science classrooms are 52 years old, and the robotics classroom is 88 years old and located more than a quarter-mile from the main high school. In the face of these challenges, the robotics team recently as two years ago captured a state championship.

Aged plumbing systems have caused leakage issues at the Sequoyah complex and continues be a problem. This greatly contributes to the mold concerns that require extensive abatement and repair.

In addition, security and safety concerns have become a critical concern for the school. The layout of the current school infrastructure, as well as a lack of space, has increased security risks on campus. Currently, classes are being held in the campus storm shelter, which could lead to a capacity issue in the event of severe weather.

BIE's Operation and Maintenance funding is not enough to meet the needs of the school, and, as such, the buildings continue to degrade, space continues to be an issue, and enrollment continues to fall.

Like so many BIE schools, Sequoyah requires immediate assistance, as the needed repairs to our campus are widespread. And we cannot simply wait for funding that is unlikely to come anytime soon. The challenges are too great, and the consequences of delay are too grave.

This is why we need new ideas and solutions. If tribes were able to incur construction costs for these facilities in exchange for fixed operations and maintenance costs—like the IHS joint venture—we might be able to begin to alleviate some of the significant backlog and create new educational opportunities in Indian Country. If we maintain the status quo and wait for BIE to go through the entire construction list, we'll be in the same place year after year.

So we urge the subcommittee and all of Indian Country to continue to rally around new solutions to the problem of school construction, including a new joint venture-like program for BIE.

Proposed Elimination of the Johnson O'Malley Program

The Johnson O'Malley (JOM) program provides books, fees, equipment and other necessities to American Indian students that would not otherwise be provided through the school districts. The program incorporates unique tribal culture and heritage lessons in the base education curriculum.

Cherokee Nation currently serves more than 26,000 students in 71 schools. Our JOM allocation used to be $125 per student—today, it's a little more than $35 per student. As our student count increases, our JOM per student allocation continues to dwindle. JOM needs increased funding, not elimination. We oppose the President's fiscal year 2019 budget request to eliminate the JOM program and urge the subcommittee to continue funding JOM.

CMS Position on Medicaid Waivers/ Impact on Indian Health Service

We are deeply concerned by the recent decision of the Center for Medicare and Medicaid Services (CMS) to no longer approve State Medicaid Demonstration Waivers and Medicaid State Plan Amendments that protect the Indian Health Service Medicaid reimbursement mechanisms established in Section 1911 of the Social Security Act. Section 1911 was enacted to ensure that Medicaid funding would be directed to the Indian healthcare system.

The CMS claims that such approvals raise "civil rights issues" are flawed and undermine federal policy and Supreme Court decisions that have long affirmed the political status of tribal governments. CMS's decision will also decrease funding to the already-underfunded Indian Health Service. We urge the subcommittee to carefully review this matter and exercise oversight through the FY 2019 appropriations bill.

Thank you again for this opportunity to testify.

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