

Council of Athabascan Tribal Governments

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**Testimony submitted to the House and Senate Appropriations Subcommittees
on Interior, Environment, and Related Agencies
Regarding FY 2019 Indian Programs Appropriations**

April 27, 2018

The Council of Athabascan Tribal Governments (CATG) is a consortium of ten tribal governments located along the Yukon River and its tributaries in northeastern Alaska. Our organization provides a variety of services to the tribal citizens of our region, including full healthcare services at the Yukon Flats Health Center and village-based clinics in four of our Villages. We have Self-Governance agreements with the Fish and Wildlife Service and with the Bureau of Land Management.

**CATG requests the following considerations be implemented in the FY 2019
Appropriations cycle:**

- **Telecommunications Subsidies:** Support elimination of the arbitrary cap on Internet subsidies for critical telecommunications connectivity.
- **Section 105(l) Leases:** Support funding for health care facility leases under Section 105(l) of the Indian Self-Determination and Education Assistance Act (ISDEAA).
- **Budget Increases:** Support behavioral health increases to the IHS and BIA budgets.
- **Advance Appropriations for IHS:** Support advance funding for the IHS.
- **Contract Support Cost (CSC) Funding:** Support continued full and mandatory CSC funding for the IHS and BIA.
- **Expand Self-Governance:** Expand Self-Governance and fully fund Annual Funding Agreements.

Telecommunications Subsidies

CATG is aware that the Subcommittees do not directly control funding subsidies of the Federal Communications Commission (FCC) and Universal Service Administrative Company (USAC); however, we would like to inform you of our serious concerns with recent development to telecommunications subsidies. Due to a funding cap, the USAC recently implemented a pro-rata reduction in Rural Health Care funding that subsidizes the extremely high costs of Internet connectivity and telecommunications in Alaska. Internet connectivity is critical to providing

health care services to our remote villages. The funding cap has resulted in \$50 million in cuts nationally, and for this year alone, tribal health programs in Alaska will undergo an unplanned \$18.1 million shortfall for connectivity. CATG has been told to expect more than twice that impact next year, which could exceed \$35 million for Alaska tribal health programs. As such, we request the Subcommittees' full support and engagement in eliminating the arbitrary cap and reinstating the full USAC subsidies to tribal health programs throughout the State of Alaska.

Section 105(l) Leases

Tribes and tribal organizations increasingly rely on section 105(l) leases to address chronically underfunded facilities operation, maintenance, and replacement costs. Section 105(l) of the Indian Self Determination and Education Assistance Act (ISDEAA) provides for fully funded leases that are used by tribes and tribal organizations to carry out services under ISDEAA agreements. The funding is critical to being able to operate and maintain health clinics, which have historically been so severely underfunded that many clinics without Section 105(l) leases are either dangerous or unfit for the delivery of health services. The federal court's decision in *Maniilaq Association v. Burwell*, 170 F. Supp. 3d 243 (D.D.C. 2016) identified a key source of funding to help remedy the problem of severely underfunded clinics. The court determined that Section 105(l) of the ISDEAA provides a just entitlement to full compensation for leases of tribal facilities being used to carry out ISDEAA agreements. Rather than supporting the court's solution, the Administration requested to amend the law in order to avoid full compensation for leases. Thankfully, Congress declined to include such a provision in the FY 2018 IHS appropriation bill. The Administration has once again proposed bill language intended to overrule the *Maniilaq* decision. The proposed language would exclude section 105(l) of the ISDEAA as a source of entitlement to funding for Section 105(l) leases, leaving it entirely within the discretion of the IHS. We request the Subcommittees treat the Administration's flawed proposal the same way it did in the FY 2018 IHS appropriations bill and decline to include the language in the FY 2019 bill.

Budget Increases

CATG's communities in rural Alaska have extreme rates of suicide, alcohol and substance abuse; issues that contribute to a multitude of other adverse problems such as crime, domestic violence, child abuse and neglect. Frequently, tribes in Alaska have difficulty working through the State of Alaska to provide behavioral and social services, which adds burdensome layers and undue regulation. CATG believes that tribes and tribal organizations should receive behavioral funds directly, because programs that implement traditional cultural values have proven to be far more successful than those that do not. We ask for your support in this effort. CATG also asks for support in expanding the *Generations Indigenous (Gen-I)* initiative, which provides increased resources for tribes to address youth behavioral, mental health and substance abuse issues, as well as expansion of the *Tiwahe Initiative*, designed to address the inter-related problems of poverty, violence and substance abuse faced by Native communities.

Advance Appropriations for IHS

CATG again requests your support in placing the IHS budget on an advance appropriation basis as Congress has done for the Veterans Administration health accounts since FY 2010. IHS healthcare is similar to Veterans healthcare in that both the VA and the IHS provide direct medical care and both are the result of federal policies. Predictability, continuity, and certainty are essential for providing stable quality health care. This issue continues to be important to Alaska Native and American Indian patients, particularly in a budget climate of seemingly endless Continuing Resolutions (CR). When IHS funding is subject to a CR, as it has been repeatedly over many years, tribal healthcare providers receive only a portion of funding at a time, making it particularly difficult to implement long-range planning and to effectively use and leverage limited resources. Partial funding also requires the same processing and manpower for each incomplete payment as one full apportionment. Having advance notice of funding levels would greatly aid CATG and other tribal health providers in program planning, recruitment and retention of essential healthcare professionals. Under advance appropriations, we would know a year in advance what the budget would be and it would resolve much of the uncertainty we have experienced because full appropriations were not enacted at the first of the federal fiscal year. The IHS budget should be afforded the same status consideration as VA health programs.

Contract Support Cost (CSC) Funding

CATG would like to thank the House and Senate Subcommittees for their leadership and commitment to fully funding CSC for IHS and BIA ISDEAA agreements. We appreciate the full funding of CSC over the past few fiscal years, that the funding is indefinite (“such sums as may be necessary”, and that the funding is in separate accounts in the IHS and BIA budgets. We request that the Subcommittees continue to fully fund CSC. Such action is crucial to strengthening the ability of tribal governments’ to successfully exercise their rights and responsibilities as sovereign nations.

Expand Self-Governance

CATG is proud to be one of the first Tribal consortiums in the country to develop non-BIA DOI Self-Governance Annual Funding Agreements (AFA). However, we remain concerned that Contract Support Costs (CSC) for the AFA’s to manage programs, functions, services, and activities, remain underfunded. We are also concerned that DOI scopes of work are being limited and the original intent and practice of Self-Governance, which is to build tribal capacity to take on increasing levels of responsibility, is not being properly carried out. We request your support in fully funding AFA CSC and to expand Self-Governance practice and agreements beyond BIA.

Conclusion

CATG greatly appreciates your consideration of our requests outlined in this testimony. On behalf of our organization and all of the people we serve, I would be happy to provide any other additional information as requested by the Subcommittees.