

**Testimony for the Record by**

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**APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN  
SERVICES, EDUCATION, AND RELATED AGENCIES  
U.S. HOUSE OF REPRESENTATIVES**

**CONTINUED APPROPRIATIONS FOR THE  
HEALTH AND HUMAN SERVICES--RURAL COMMUNITY DEVELOPMENT  
(RCD) FUNDING PROGRAM**

**Public Witnesses Hearing  
Washington, D.C.**

**April 29, 2015**

On behalf of its 21 Member Tribes located within the state of Arizona and whose lands extend into the states of California, Nevada, New Mexico, and Utah,<sup>1</sup> the Inter Tribal Association of Arizona (ITAA) appreciates this opportunity to provide testimony to the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies on the urgent need to restore \$7.5 Million in appropriations to the Community Services Block Grant/Rural Community Development program at the U.S. Department of Health and Human Services (HHS). Since 1983, ITAA Member Tribes, and tribes throughout the country, have relied on the public health workforce capacity development programs funded by the multi-year Rural Community Development (RCD) grant program of the HHS—Administration for

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<sup>1</sup> The Members of the ITAA are the Ak-Chin Indian Community, Cocopah Indian Tribe, Colorado River Indian Tribes, Fort McDowell Yavapai Nation, Fort Mojave Indian Tribe, Gila River Indian Community, Havasupai Tribe, Hopi Tribe, Hualapai Tribe, Kaibab Band of Paiute Indians, Pascua Yaqui Tribe, Pueblo of Zuni, Quechan Tribe, Salt River Pima-Maricopa Indian Community, San Carlos Apache Tribe, San Juan Southern Paiute Tribe, Tohono O'odham Nation, Tonto Apache Tribe, White Mountain Apache Tribe, Yavapai-Apache Nation, and the Yavapai-Prescott Indian Community.

Children and Families. Although there continues to be a strong need for the RCD program and, in particular, the vital tribal water operator certification programs it has supported for 30-years, funding for the program was zeroed out in the President's FY 2016 budget. ITAA urges that this funding be restored.

The human health, economic well-being and self-determination of tribal communities throughout the Nation are directly dependent on the services that are funded by the RCD program. The RCD program is a life-line for tribal communities nationwide because it is the primary source of funding for tribally-led certification programs and related activities that are desperately needed to ensure that tribal personnel have the knowledge, skills, and abilities to safely operate and maintain tribal drinking water and wastewater systems on tribal lands. While there is funding available under the EPA Drinking Water and Clean Water State Revolving Funds (SRF) for certification and training programs for State operators, there is not a similar source of funding for tribal operators working Indian Country. The RCD program has filled this gap.

Currently, there are 566 federally-recognized tribes in the United States. Tribal lands, if combined into one area, would be approximately the size of the fourth largest state in the Union. According to the U.S. Census Bureau, American Indians & Alaska Natives have the highest poverty rate of any race group in the U.S. The rural, poverty-stricken conditions in Indian Country commonly manifest themselves in the form of inadequate drinking water and wastewater facilities. Approximately 13% of the homes in Indian Country lack access to safe drinking water and adequate sanitation (0.6% is the national rate of homes lacking such access). The U.S. EPA reports there were 985 tribal public water systems in 2012 that supplied drinking water to 1.3 million customers in Indian Country. According to U.S. EPA National Public Water Systems Compliance Reports, over the 17-year time period of 1996 to 2012, an average of 48%

of tribal public water systems nationwide had significant violations of the Safe Drinking Water Act. In 2009, the U.S. EPA concluded in the annual report that customers of small public water systems in Indian Country are disproportionately affected by noncompliance challenges shared by small systems.

Federal agencies annually spend hundreds of millions of taxpayers' dollars on infrastructure construction (increasingly complex systems of piping, treatment, storage and distribution) as an attempt to improve access to safe drinking water and basic sanitation in Indian Country. Yet, building infrastructure is only part of the solution. There remains a crucial need to ensure that tribes have trained and certified professionals who are dedicated to operating and maintaining the water and wastewater infrastructure in Indian Country. The RCD program is the primary source of funding for these tribal certification programs. The loss of these funds would dangerously undermine the future of safe drinking water and sanitation in Indian Country.

Once water/wastewater infrastructure is constructed, such systems require ongoing operation and maintenance by trained and certified personnel in order to protect the return on tax-payers' investments in the construction. Certification designates the water/wastewater system operator as a public health professional and demonstrates the operator has the necessary credentials to deliver safe drinking water or to provide protective sanitation services. In many instances, water and wastewater systems in Indian Country are required to have an operator that is certified by a U.S. EPA-approved certification authority. This leaves tribes with little choice but to employ or contract state-certified water operators, many of whom are not from the tribal community where they are employed and lack commitment to the tribal community. This results in high turnover rates and a lack of operational continuity for water/wastewater systems in Indian Country. State certification programs are often incongruent with the jurisdictional framework that exists on federal trust tribal lands.

These important points were overlooked in the FY 2016 HHS-ACF Congressional Budget Justification, which rationalized zeroing out the RCD program based upon the misconception that the services funded by the RCD program are duplicative of other agencies, such as the EPA and USDA. This is simply incorrect when addressing tribal needs. Specifically, the Budget Justification refers to the U.S. EPA and the Department of Agriculture funding programs for local communities for wastewater and drinking water systems. However, this justification fails to take into consideration that these funding sources are generally not addressing the critical tribal needs for water and wastewater certification and training programs in Indian Country.

The EPA SDWA and CWA State Revolving Funds are used by States for infrastructure construction, as well as for workforce capacity development and program implementation (e.g., state operator certification programs). The Tribal Set-Aside Program, which currently receives a 2% allocation of the SRF, is statutorily restricted to funding only infrastructure construction. This lack of parity creates an unfunded mandate for tribal water operator certification. Other funding sources have also fallen far short.

While the U.S. Department of Agriculture—Rural Utilities Service has offered short-term (12-months) water/wastewater workforce capacity building funds, these funds have limited benefits for capacity building in Indian Country. They heavily favor large national organizations and implement scoring penalties for repeat grant applicants. This undermines a sustained program for capacity building in Indian Country. The Indian Health Services Sanitation Facilities Construction Program focuses on construction, not tribal training and certification. For these reasons, when compared to the federal government's investments in infrastructure construction, the skills that are needed by the tribal communities in order to operate and maintain

increasingly complex water and sanitation systems go largely unaddressed. This is why the RCD program remains a crucial source of funding for tribes.

The economic viability of tribal communities, as well as surrounding non-tribal communities (and hundreds of thousands of non-tribal employees, tourists, and visitors), cannot exist without reliable safe drinking water and adequate sanitation. This need cannot be met without having certified professional water/wastewater system tribal operators dedicated to and working in Indian Country. Self-governance and local control are American core-values that are particularly applicable to the unique conditions faced by water/wastewater utilities of small rural communities. The same is true in Indian Country.

The maximization and protection of the return on tax-payers' investments in the construction of expensive water/wastewater infrastructure in Indian Country can only be achieved through proper operations and maintenance conducted by skilled tribal professionals. It therefore remains imperative that Congress continue to support and fund the RCD program.

On behalf of the ITAA and tribes across the United States, we urge you to restore appropriations of \$7.5 Million for the U.S. Department of Health and Human Services—Community Services Block Grant/Rural Community Development (RCD) program.