



The Confederated Tribes of the Colville Reservation



Prepared Statement of the Honorable Michael E. Marchand, Chairman
Confederated Tribes of the Colville Reservation

House Committee on Appropriations
Subcommittee on Interior, Environment and Related Agencies

Public Witness Hearing—Native Americans

May 9, 2018

Good morning Chairman Calvert, Ranking Member McCollum, and members of the Subcommittee. On behalf of the Confederated Tribes of the Colville Reservation (“Colville Tribes” or the “CCT”), I thank you for this opportunity to provide testimony today.

The CCT recommends that the Subcommittee (1) direct the Indian Health Service (“IHS”) to update the Facility Priority List System for health facilities construction; (2) reject proposed cuts and provide a \$10 million increase to BIA Forestry; and (3) reject proposed cuts and provide a \$20 million increase for BIA law enforcement to enable tribes to hire more police officers.

BACKGROUND ON THE COLVILLE TRIBES

Although now considered a single Indian tribe, the Confederated Tribes of the Colville Reservation is, as the name states, a confederation of twelve smaller aboriginal tribes and bands from all across eastern Washington State. The Colville Reservation encompasses approximately 1.4 million acres and is located in north central Washington State. The CCT has nearly 9,500 enrolled members, making it one of the largest Indian tribes in the Pacific Northwest. About half of our tribal members live on or near the Colville Reservation.

INDIAN HEALTH SERVICE FACILITIES

The Colville Tribes requests that the Committee direct the IHS to formulate a new Health Care Facility Construction Priority List (“Priority List”) for Indian health facilities construction. The Priority List has been in effect for more than two decades and provides funding for construction of the facilities included on the List, as well as 80 percent of the annual staffing costs. The projects on the Priority List have been locked since 1992. The current IHS funding for facilities construction is inequitable in that it provides a disproportionate share of funding to a few select Tribal communities based on decades-old data.

According to the IHS 2016 Report to Congress on health care facility needs, over half of all IHS-owned health care facilities are over 30 years old and the average age of IHS hospitals is 40

years old, nearly four times the average age of private-sector hospitals. That Report estimated that a total of \$10.3 billion would be needed for construction of adequate health care facilities to serve all American Indians/Alaska Natives. The estimated cost just to complete the 13 inpatient and outpatient facilities currently on the Priority List is approximately \$2.1 billion. At the current level of funding for IHS health care facilities, it would take 20 years to complete construction of the existing list before any funding would be available to address the other \$8.2 billion needed for facilities construction.

In many cases, the Priority List either did not reflect facilities needs at the time or did not reflect the current needs of tribal communities. This was made clear at the March 9, 2017, oversight hearing held by the House Subcommittee on Indian, Insular and Alaska Native Affairs on “Improving and Expanding Infrastructure in Tribal and Insular Communities.” At that hearing, tribal witnesses, including the Alaska Native Tribal Health Consortium, testified that the Priority List does not reflect current facilities needs in light of the intervening decades since that list was locked.

It has been more than 17 years since the Interior Appropriations Subcommittee directed the IHS to revamp its facilities construction system. The IHS, however, has ignored this request and has never provided an updated facilities construction Priority List methodology.

More recently, in the explanatory statement in the FY 2018 omnibus spending bill, the Committees noted that the IHS “is expected to aggressively work down the current Health Facilities Construction Priority System list, *as well as work with the Department and Tribes to examine alternative financing arrangements and meritorious regional demonstration projects* authorized under the Indian Health Care Improvement Act that would effectively close the service gap.” (emphasis added).

We ask that the Committee direct the IHS to develop an updated Priority List methodology that accurately reflects current needs and allows for changed circumstances.

PROVIDE AN INCREASE TO BIA FORESTRY FOR REFORESTATION AND ADDITIONAL FORESTERS

The Colville Tribes requests that the Committee reject the Administration’s proposed \$4.9 million cut to BIA forestry and instead increase the BIA Forestry Projects Forest Development line item by \$5 million for replanting and thinning; and (2) increase BIA Forestry (TPA) line item by \$5 million to enable tribes to hire additional foresters.

In 2015, the Colville Tribes endured the most destructive fire on an Indian reservation in recorded history. The North Star and Okanogan Complex fires collectively burned more than 255,000 acres on the Colville Reservation—nearly 20 percent of the total land base. Approximately one-fourth of the commercial timber land on the Reservation burned or was affected, which included 788 million board feet of timber. Replanting and restoration activities from those fires are ongoing and will continue for years.

The BIA has a statutory obligation under the National Indian Forest Resources Management Act to replant Indian forest land. The BIA's average annual reforestation budget, however, is approximately \$3.2 million for tribes *nationwide*. The BIA's entire \$3.2 million budget for forest restoration would cover planting of less than 11,000 acres nationwide. At current funding levels, this would mean that hundreds of thousands of acres of forest land burned on the Colville Reservation in 2015 may not be replanted for decades, if ever.

Also important is additional BIA funding for foresters, which are essential personnel to increasing the tribal timber harvests. The BIA remains responsible for a wide range of critical forestry functions in its capacity as trustee. These functions include environmental clearances and approval and oversight for timber and salvage log sales, and the lack of forestry staff to perform these and other trust functions directly constrains harvest levels.

INCREASE BIA LAW ENFORCEMENT FUNDING

There is a constant need for additional funding for tribal law enforcement and detention operations. The CCT requests that the Committee reject the Administration's proposed \$32.9 million cut to the Public Safety and Justice account. Instead, the CCT requests that the Committee provide a \$20 million increase for the Criminal Investigations and Police Services account to enable tribes to hire more police officers.

As the Committee is aware, large land-based tribes usually lack a sufficient number of tribal police officers. The Colville Tribes is no different. This often results in police response times in excess of four hours. There are occasions when the Colville Tribes has only a single officer on duty for the entire 1.4 million acre Reservation.

To make matters worse, the Colville Tribes has seen a rash of gang violence and drug smuggling activity in recent years, including trafficking activity with ties to Mexican cartels. Other Indian tribes have similar or even more harrowing stories. There is a constant need for additional funding for tribal police officer salaries within the BIA's budget. Repeated requests by the Colville Tribes to renegotiate its law enforcement 638 contract with the BIA in recent years have been rejected because of the lack of additional base funding, a point that has been raised in congressional hearings.

The BIA law enforcement account has seen much needed increases during the past few years. These programs continue to be underfunded relative to need, and the Subcommittee should ensure that there is no regression in these funding levels.