

Terry Rambler, Chairman, San Carlos Apache Tribe
House Interior and Related Agencies Appropriations Subcommittee (5/10/2018)

Good morning Chairman Calvert, Ranking Member McCollum and Members of the Subcommittee. I am Terry Rambler, and I am honored to serve as Chairman of the San Carlos Apache Tribe, representing 16,500 tribal citizens. The San Carlos Apache Reservation spans 1.8 million acres in southeastern Arizona. My testimony today focuses on the Tribe's needs relating to public safety, water, education, veterans housing and health care.

1. Public Safety & Justice Construction Funding. The San Carlos Police Department ("SCAPD") was housed in BIA Building 86 since we first contracted for law enforcement services in the 1990s. The facility was constructed in the 1970s to house BIA police and adult detention corrections. After decades of neglect, in 2009 the BIA ordered the Building condemned and moved its Criminal Investigators into a refurbished federal facility. Our police and courts continued to work in this facility for 6 years until the BIA moved our police and courts into temporary modulars in 2015 with the verbal promise to provide a permanent replacement facility. While the modulars provided some desperately needed, extra space, the structures are beset with problems—the overall space requirements for both SCAPD and the court are insufficient; the generator does not provide power to the SCAPD patrol or court sections; water service remains intermittent; SCAPD does not have enough space for evidence and property; the floor cannot securely support safes needed for evidence storage, including cash and drugs; BIA maintains the building only once a week; and, there's not enough parking space. From 2009-17, BIA supported our DOJ grant proposals for a permanent facility. However, DOJ made the unilateral decision in FY14 to cease new and replacement tribal justice facility construction. **Request:** We applaud funding in the FY18 omnibus to restart BIA public safety and justice construction. Due to the backlog from DOJ's unilateral construction moratorium, we urge the Subcommittee to increase new and replacement construction in FY19 to \$30 million and require BIA to prioritize replacement of all tribal justice facilities that it condemned.

2. Need for New Water Wells and other Water Infrastructure Projects. The current primary water supply for the Tribe comes from a series of shallow wells producing from an alluvial aquifer fed by the San Carlos River and its tributaries. These wells rely on seasonal precipitation. Decades of drought and above-average temperatures have led to a cycle of increased demand and reduced recharge, leaving key community wells depleted. Further, the drinking water quality on the Reservation is poor, containing periodic high arsenic levels and high levels of manganese and iron that leave the water putrid smelling and with a dark color. The Tribe has been working with IHS and EPA to site 2 new wells that would serve the San Carlos High School and other Reservation communities to meet their water needs and to mitigate arsenic, manganese and lead infiltration. The Tribe has been working with IHS on these projects and IHS commissioned studies for siting and construction of these wells. **Request:** We respectfully request the Subcommittee's assistance in expediting IHS construction of these 2 new wells and other water infrastructure project needs on the Reservation.

3. Support for San Carlos Apache College. The San Carlos Apache College ("SCAC") is one of America's newest tribal institutions of higher education, having opened its doors to the Apache people on August 14, 2017. SCAC helps our students achieve educational excellence

and success, focusing on preservation of Apache language and culture and spearheading nation-building through research and development initiatives that will meet the most urgent economic, environmental, health, and social advancement needs of the Tribe. We are excited about the future of SCAC and all other tribal colleges and seek the Subcommittee's support for tribal colleges and their vital roles in the community. **Request:** We respectfully request consideration of the following language in the Committee's report accompanying the FY19 Interior appropriations bill: *"The Committee recognizes the Federal government's unique and continuing treaty and trust relationship with Indian tribes and supports opportunities for higher education for American Indians and Alaska Natives to help strengthen tribal nations and their communities. The Federal government will continue to work with and support tribal colleges and universities given their important roles in offering a high quality college education, providing career and technical education, job training, and other career building programs, preserving Native languages and cultural traditions, and serving as anchors in some of the country's poorest and most remote areas. The Committee commends the efforts of tribes to establish and develop tribal colleges and universities in their communities, including the efforts of the San Carlos Apache Tribe to establish the San Carlos Apache College, and encourages the Bureau to continue working with tribes on these efforts."* The proposed report language would express the Committee's support for tribal college programs administered by the BIA and other agencies, and will express support for the Tribe's efforts to develop its College.

4. Support of Tribal HUD-VASH Program. Ending homelessness among veterans—including Native American veterans—is a national priority. In 2015, the VA and HUD initiated a demonstration program that brought this mission to Indian Country. The Tribal HUD ("THUD")-Veteran Affairs Supportive Housing ("VASH") program awarded 26 tribes, including our Tribe, \$5.9 million in funding for rental assistance and support for Native veterans who are homeless or at risk of homelessness living on a reservation or within an authorized service area. Unfortunately, an overly bureaucratic HUD rule has restricted tribes and tribal housing authorities from using the THUD-VASH funds to house veterans in housing built with NAHASDA funds, which has perpetuated the vicious cycle of homelessness among Native American veterans. Though outside the jurisdiction of this Subcommittee, we seek the Subcommittee's assistance to resolve this problem. **Request:** Tribes and tribal housing authorities across the country request congressional support to include the following no-cost sentence in the FY19 Transportation, HUD appropriations bill under the provision for Public and Indian Housing—Tenant-Based Rental Assistance: *"Provided further, That grant recipients may use funds to house veterans in dwelling units that are owned or operated by a recipient of Native American Housing Block Grant funds or that are assisted or supported by Indian Housing Block Grant funds, as authorized under title I of the Native American Housing and Self-Determination Act."* There is wide-spread bi-partisan support for this simple fix.

5. Education of Native Youth in Custody and Health Care for All Inmates. Our Tribe is fortunate to have a BIA-funded detention and rehabilitation center that serves our at-risk youth. Through a funding agreement with a local government, we hired an amazing teacher that has been able to reach the most at-risk youth in our community. Working on a shoestring budget, we have significantly reduced recidivism among juveniles in our community. We receive consistent positive reports back from families of youth that leave our center. We thank the Subcommittee for restoring the \$500,000 BIA juvenile detention education line in FY17 and FY18. These

limited funds go far in helping heal at-risk Native youth. Regarding the absence of health care at tribal detention facilities, the lack of medical services compromises all inmates and officers. In 2004, the Interior Inspector General recommended that the BIA establish an MOU with IHS to provide onsite medical assistance at all detention facilities with more than 20 inmates. While the BIA met with IHS on several occasions the agencies have failed to reach final agreement. BIA-OJS has made the provision of tribal inmate health care a priority, but IHS maintains the position that each area office develop its priorities. Our detention and rehabilitation center faces similar problems when seeking to provide health and mental health services to detained Native youth and adults. **Request:** While the President's FY19 budget proposes its elimination, we urge the Subcommittee to not only retain the \$500,000 for BIA juvenile detention education line in FY19 but consider increasing this critical funding and mandate flexibility in other BIA and BIE programs to utilize resources to help educate Native youth in custody. We further urge the inclusion of report language clarifying the flexible use of BIA corrections and IHS funding to address health needs in tribal detention facilities and language that directs the BIA and IHS to enter an MOU to for the provision of health care at tribal detention facilities.

6. Opioid Prevention/Treatment Funding. A November 2017 Senate Indian Affairs Committee Roundtable highlighted the scourge of opioids in Indian Country, noting that the problem is “particularly complex in tribal communities given the lack of access to medical care, shortage of law enforcement and insufficient data on substance abuse.” In March, Secretary Zinke stated that the opioid epidemic is “an American issue across the board, but it tends to hit the tribes and nations much harder for many reasons.” The San Carlos Apache Healthcare Corporation (“SCAHC”) is proactively fighting the opioid epidemic and established a multi-disciplinary team to address the opioid crisis on the Reservation. SCAHC utilizes standardized screening and assessment tools, drugs screens, and random pill counts to identify patients who are at risk for abuse; working with clinical staff, pharmacy staff, and law enforcement services to identify and implement ‘Rx Drug Drop off locations’; increasing community awareness and education on prevention, assessment, and treatment of opioid use disorder; and expanding naloxone distribution to individuals and/or subgroups that are at high risk for overdose. These efforts strain already depleted resources. **Request:** Federal funding to combat the opioid epidemic is scattered throughout the FY18 Omnibus and the President's FY19 Budget proposal. For example, the President's budget proposes *\$10 billion* in new funding to combat opioids. IHS would receive \$150 million in competitive grants for opioid “recovery support in Indian Country.” BIA law enforcement would receive \$2.5 million as part of its special initiatives for drug interdiction programs. We urge the Subcommittee to prioritize substantial direct funding to tribes to address the opioid crisis, and urge the IHS, BIA and other federal agencies to coordinate an approach in consultation with Indian tribes to stop the scourge of opioids in Indian Country.

7. CMS Section 1115 Demonstration Waiver. Funding for the health care of Native Americans is part of the federal government's solemn treaty and trust obligations to Indian tribes and tribal citizens. The National Indian Health Board estimates that the full needs-based budget for the Indian Health Service is \$32 billion in 2019. We applaud this Subcommittee for funding IHS at \$5.5 billion in FY18. Third-party billing is key to helping address the huge gap in unmet need for Indian health care. IHS and tribal government health providers receive significant funding from third-party payers, including Medicare, Medicaid, the Veterans Administration, and private insurance. A total of \$1.3 billion was collected from third-party payers in FY2017, with the largest share—\$810 million—coming from Medicaid. Medicaid coverage helps to fill

gaps in employer-sponsored insurance for Native Americans, enables Natives to access a broader array of services and providers than offered through IHS, and provides a key source of financing for IHS and Tribal providers. *These funds are under attack.* On several occasions now, this Administration has questioned the constitutionality of programs or targeted accommodations for Native Americans as racial classifications, ignoring the political government-to-government relationship between the U.S. and tribes, federal statutes, and rulings of the U.S. Supreme Court. Recently, the Centers for Medicare and Medicaid Services (“CMS”) took the position that exempting Native Americans from state-imposed requirements to Medicaid implemented pursuant to the Section 1115 Waiver process would be unconstitutional. CMS officials indicated that their position would stand regardless of whether or not a State supported an exemption for Native Americans from its Section 1115 Waiver. On April 12, 2018, Arizona Governor Doug Ducey signed H.B. 2228 into law to exempt American Indians or Alaska Natives eligible for services through the federal Indian health care system from work requirements and time limits under Arizona’s Section 1115 Demonstration Waiver applications. The Arizona Senate and House of Representatives unanimously supported the measure. The State of Arizona’s Legislative Counsel correctly determined that this exception from the State’s Section 1115 Waiver for Native Americans arises out of the special “unique legal status” accorded to Indian tribes and does not amount to a racial preference. **Request:** We respectfully urge the Subcommittee to include legislative language in the FY19 Appropriations bills that clarify that tribes are political sovereigns and that CMS and other federal agencies have a duty to provide services to American Indians free from state-imposed barriers to access.

8. Community Health Representatives (CHR) funding. For over 50 years, the CHR program has provided our members with vital healthcare services, while also linking patients to the Indian health care system. CHRs prevent avoidable hospital readmissions and emergency department visits through home visits to patients with chronic health conditions such as asthma, diabetes, and hypertension. The CHR Program provides case management services, care coordination, patient screenings, health education and environmental review of homes, while also promoting disease prevention, wellness and injury prevention, translation and interpretation, transportation to medical appointments, and delivery of medical supplies and equipment. With just 15 employees, our CHRs make an average of 384 home visits per month, some 348 non-emergent medical transportation runs, and even conduct about 40 medical referrals or consults for inmates. **Request:** We urge you to reject the Administration’s request to eliminate the CHR program and continue to fund CHR at least at the FY18 level of \$62.9 million.

9. Special Diabetes Program for Indians (“SDPI”). Congress enacted the SDPI in 1998 to attack the plague that diabetes has on Native communities. SDPI provides funding for diabetes treatment and prevention to approximately 301 tribal and urban Indian health grant programs. Congress reauthorized mandatory funding for SDPI at \$150 million FY18 and FY19. Last year, our Diabetes program had 18,000 visits, which resulted in dramatic weight loss and fewer diabetes related complications. The President’s budget proposes moving SDPI from mandatory to discretionary spending, which will subject this vital program to future reductions or elimination. **Request:** The federal investment in SDPI has shown significant improvements and is advancing the quality of our health care. We respectfully request that the Subcommittee maintain SDPI as mandatory spending.