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**TESTIMONY OF CHAIRMAN HAROLD FRAZIER
CHAIRMAN, CHEYENNE RIVER SIOUX TRIBE
MARCH 6, 2019**

Good Morning Madame Chairwoman:

My name is Harold Frazier and I am the Chairman of the Cheyenne River Sioux Tribe. Thank you for holding this hearing and for continually fighting for adequate funding for Indian programs.

As you are aware, the Aberdeen Area of the Indian Health Service has had some leadership problems over the last few years because we have had one IHS Acting Area Director after another. This has made it difficult for our Tribe and many others in our region to develop and maintain a real working relationship with our Area Office.

I am very proud of the fact that the Cheyenne River Sioux Tribe has worked very hard to secure third party payments at our health facilities. This has taken some creative effort, as most of our members fully understand that health care is a Treaty right and they should therefore not be required to fill out forms for third party programs in order to secure the medical attention that was promised in our treaties. Nonetheless, we have done what is necessary and that has resulted in making us one of the better collection locations in the South Dakota.

What I find frustrating, and what we can use your help with, is the lack of tribal participation in the expenditure of those funds. Year after year we request that a percentage of those monies be expended for the specific types of local services that our people are requesting, and year after year, our requests are ignored. One of those requests has been for our own dialysis center on the reservation.

With the full support of IHS we commissioned a feasibility study for a dialysis clinic on our Reservation because our only on site privately owned dialysis facility was, and still is, over capacity. This forces a large percentage of our dialysis patients to travel up to three hours one-way for treatment.

Despite the fact that we have had carry over funds from our third-party billing, the IHS has done nothing

The blue represents the thunderclouds above the world where live the thunder birds who control the four winds. The rainbow is for the Cheyenne River Sioux people who are keepers of the Most Sacred Calf Pipe, a gift from the White Buffalo Calf Maiden. The eagle feathers at the edges of the rim of the world represent the spotted eagle who is the protector of all Lakota. The two pipes fused together are for unity. One pipe is for the Lakota, the other for all the other Indian Nations. The yellow hoops represent the Sacred Hoop, which shall not be broken. The Sacred Calf Pipe Bundle in red represents Wakan Tanka – The Great Mystery. All the colors of the Lakota are visible. The red, yellow, black and white represent the four major races. The blue is for heaven and the green for Mother Earth.

to advance that effort. In fact, when the bill came for that feasibility study, the IHS made a series of excuses as to why it could not even pay for the work that they themselves said was required to consider our request. I genuinely believe that this has been, at least in part, driven by the IHS's failure to secure a permanent Area Director for Aberdeen. When I go into the Area Director's office, the desk is almost bare, like the person in charge is not planning on being in the job very long. This is disturbing because of the serious medical related problems that we continue to face in the Aberdeen Region.

It often seems that the IHS merely suggests that it is seeking tribal input on local health services because when we provide that input, the Agency never seems to follow through with our suggestions or even with our formal requests. For example, while our number one Tribal need is a dialysis program, the IHS is instead proposing to build a \$1 million wall around our health care facility- a wall that we did not ask for and that we see no need for. In light of recent budget limitations, this seems beyond ridiculous.

The IHS Aberdeen system also fails miserably when it comes to recruiting. At the present time, we have 44 vacancies at our health care facility, all of which we have been told are budgeted and approved but when we go looking for where those jobs are advertised, we cannot find those advertisements. Some of those jobs are for non-skilled positions, like custodial services, which should be advertised locally. No one is going to move to Cheyenne River to be a custodian. When we raise these points to the Area Office, we are told that they have no control over those types of recruiting decisions. So, I ask you, does this make any sense- 44 vacancies that cannot be filled, but no local advertising? Vacancies have been such a problem in the Aberdeen Area, that we would suggest report language in your 2020 bill affording Tribes a direct role in all recruiting efforts for their on-reservation facilities.

Instead of solving their recruiting problems, the IHS is all too quick to hire contractors to address service delivery problems. This gives our people a 50%-50% chance of seeing the same practitioner two visits in a row. Contractors are also very expensive, often costing double what a full time practitioner would charge. This, in turn, results in less services to our people. One of the problems in our area is doctors' salaries. The IHS finds a potential candidate, but that candidate is quickly able to find a job in the private sector for a far higher salary and better benefits. The irony is that many of these same candidates have discovered that they can obtain higher salaries by taking jobs with the very health care contractors that the IHS ends up using to service our facility. Why not allow a Tribe and the IHS to decide locally when a salary cap should be raised in order to secure a prime candidate, especially when third party income is being used to pay that cost. That is what happens in the private sector, and the

IHS' inability to do that is what is leading to a series of high priced contracts that are cutting into the services our people so desperately need.

Among the services needed in the Aberdeen Area is the addition of a residential addiction treatment center. Cheyenne River is the latest tribe in the Aberdeen Region to suffer from a meth epidemic, and the only medically ordered bed space in South Dakota is at a single non-Indian facility with long waiting lists. People who need treatment need it now, not two or three months later. To make matters worse, the only IHS and federally funded addiction treatment facilities are hundreds of miles away, and fail to provide the level of care needed to really help our patients.

I wished that I could say that addiction is going down in our Area, but unfortunately, it has not. We have gone from alcohol, which is still a major problem; to prescription drugs, which are still being stolen from patients and abused, or sold on the street in order to purchase meth, to meth. We need the means to address addiction head-on, in our own community, in our own culturally sensitive facility. Treatment is most effective when it is local, because local treatment allows family participation. I am therefore asking you to fund a multi-tribal pilot program in South Dakota with the full participation of SAMSA and the IHS, who should foot the cost for the construction of the facility, and the long-term staffing of this important health care service. We do not want to see any more of our members lost to these terrible diseases, especially when new treatment programs have been shown to decrease the loss of life. To be successful, however, this facility needs to have permanent funding. No one can run a successful program of this magnitude on grants. You cannot start someone down the path of recovery and then drop them from care simply because a grant runs out. This Congress has expressed its desire to stop the abuse of illegal drugs across America; so please help us to help you do that at Cheyenne River.

We would also like to see a pilot program for suicide prevention. Cheyenne River is the latest Great Plains Tribe to suffer from a suicide epidemic, and the time to act is now. Please consider a special appropriation for us and any other tribe which is suffering the loss of members and families who need our help.

Cheyenne River has been doing its part, working hard to secure every third-party dollar that we can, often over the displeasure of our members. There is no reason that we should be going without medical professionals and needed services like a dialysis clinic or a residential addiction treatment center simply because our local needs fail to fit into an IHS national plan for service delivery.

Finally, I would like to ask for this Subcommittee's support for forward funding for both the Indian Health Service and the BIA. I know how hard the members of this Subcommittee have fought for timely appropriations, but politics being what it is, we know that Continuing Resolutions and Shutdowns are going to happen sometime in the future, and programs like health care, law enforcement, education and social services cannot function effectively on Continuing Resolutions and during federal shutdowns. While our health program got by during the shutdown using carry over funds, this will not always be the case. Many of our other programs were in such serious jeopardy that we actually had to advance, precious tribal dollars to support tribal and federal employees. This endangers lives, decreases our chances at recruitment and retention, and ends up costing our programs money in the long run.

Continuing Resolutions lead to unstable budgets and our inability to handle simple things like overtime during storms and other emergencies. They can also lead to questioned costs, because no matter how hard we work to manage our federal dollars, it is difficult to plan when you don't have a budget to work from. As you are well aware, many of our programs are inter-related- for example, we cannot get children to school when our roads are not plowed and our police cars cannot get where they need to go when gasoline is rationed, so please do whatever is necessary to free us from the costly burdens of Continuing Resolutions and Federal Shutdowns and thank you for continuing to be real advocates for tribal needs.