I am Floyd Azure, Chairman of the Assiniboine and Sioux Tribes of the Fort Peck Reservation. I would like to thank the House Appropriations Subcommittee for the opportunity to submit testimony concerning FY 2020 appropriations for the Bureau of Indian Affairs (BIA) and Indian Health Service (IHS).

The Fort Peck Reservation is in northeast Montana, forty miles west of the North Dakota border, and fifty miles south of the Canadian border, with the Missouri River defining its southern border. The Reservation encompasses over two million acres of land. We have approximately 12,000 enrolled tribal members, with approximately 7,000 tribal members living on the Reservation. We have a total Reservation population of approximately 11,000 people.

Congress has long recognized that the foundation for economic development and prosperity in Indian country lay in community stability, which begins with infrastructure such as safe drinking water, roads, public safety, and health care. We thank the Subcommittee for its longs standing support of Tribal programs within the Bureau of Indian Affairs, Bureau of Indian Education and Indian Health Service which are core federal programs serving the Fort Peck Reservation and our members. While we do not have the President’s budget proposal, we understand that it may propose cuts to vital tribal programs, in our view reducing funding for these federal program that are critical to addressing the many challenges facing tribal governments and Indian people is not good policy.

**Human Services: Substance Abuse, Suicide, Indian Child Welfare**

We appreciate the Subcommittee’s continued commitment to addressing substance abuse and the consequential challenges that arise from plague. When someone is suffering from addiction it is not just the person who is impacted it is the entire family and for tribal communities it is the entire Tribe. We face higher poverty, higher foster care rates, higher suicide rates, and in the end our people die at far younger ages than the rest of the United States.

This last summer we had a rash of heroin overdoses, including two fatal overdoses in one month. Every month a child is born testing positive meth or some other drug. We have entire families that are using from grandmothers to grandchildren. There is no doubt that addiction is the leading cause of the 100 children that we have in foster care now. We as a people we cannot survive if we do not acknowledge that what we are doing now is not working.

This level of social dysfunction in communities is no doubt the cause of the high suicide rate in our communities. The suicide rate on Montana Reservations is 22% higher than the rest
of Montana. And for Fort Peck, a 2016 study indicated that 13% of our youth attempted suicide, that means that more than one in ten of our children have tried to take their own lives.

While these statistics are startling, the tragedy is overwhelming for our families and communities because each of these statistics is a child, mother, father, sister, or brother. This last summer on our Reservation Michael Lee, a thirteen-year old boy took his life. This boy, this baby really, had a family that loved him, he played sports, and he was determined to go to college. In many people’s minds he had so much promise and was fortunate to have a family to support him, but something happened and we lost this child. Who knows what we as a Tribe lost because this young man lost hope and took his own life. He could have been a Tribal leader, a teacher, a scientist, a doctor, or maybe what we need most a strong role model as a father. I can only tell you that it is time that we stop burying our children and start working together to combat this tragedy.

We would urge the members of the Subcommittee to continue to emphasize the need for additional mental health and substance abuse treatment. In particular, we support the effort to develop a Special Behavioral Pilot Program similar to the Special Diabetes for Indians Program to combat behavioral/mental health issues in a holistic and culturally appropriate way. We know that having a consistently funded program directly targeted to combating diabetes has reduced amputations and lowered diabetes rates throughout Indian country. It is time that we have the same kind of program to target behavioral and mental health issues.

We also continue support the increased funding for BIA Social Service Programs, including our Indian Child Welfare programs, and the Tiwahe Initiative. We have to address these issues in a holistic fashion, we have to work with individuals as they work to rebuild their lives and their families. We cannot look at a person as one dimension. The same person who is dealing with addiction, is often dealing with child custody issues, health issues, housing issues, and criminal issues. Thus, we need a team of people/programs to work collaboratively with a person to attack each of these challenges.

**BIA ROAD MAINTENANCE**

We are again appreciative of Subcommittee’s recognition of the importance of transportation safety and economic development on Indian reservations by increasing FY 2020 funding for the BIA Road Maintenance Program to $35.8 million. Motor Vehicle deaths on Reservations is one of the leading causes of deaths in Indian country and the poor condition of our roads is no doubt a leading factor in this.

**FORT PECK RESERVATION RURAL SUPPLY SYSTEM**

I want to express my appreciation to the Subcommittee for its continued support of the Fort Peck Reservation Rural Water System. The full funding that the Subcommittee in FY 2019 is critical to the continued operation of this vital project. I also fully endorse the request of the Assiniboine and Sioux Rural Water Board, a newly chartered tribal Agency now charged with the construction and operation of this critical rural water system.
CONCLUSION

We thank the Subcommittee for the opportunity to present testimony concerning the Bureau of Indian Affairs and Indian Health Service FY 2020 budget.