

**Dr. Aaron Payment, Chairman of the
Sault Ste. Marie Tribe of Chippewa Indians
To the House Appropriations Committee
Subcommittee on Interior and Related Agencies
Concerning the FY 2021 Indian Health Service's Budget
February 11, 2020**

My name is Dr. Aaron Payment. I am the Chairman of the Sault Ste. Marie Tribe of Chippewa Indians. I would like to thank the Subcommittee for the time to testify today on the Indian Health Service's FY 2021 budget. I also want to thank the Subcommittee for its bipartisan support of Tribes and Tribal programs. This Subcommittee represents the very best of what it means to be a member of Congress.

The Sault Ste. Marie Tribe of Chippewa Indians is located in the Upper Peninsula of Michigan. The Tribe administers 23 governmental divisions and manages over 75 federal, State, local and tribally funded programs across our seven-county service area—Alger, Chippewa, Delta, Luce, Mackinac, Marquette and Schoolcraft counties. We have a tribal membership of 43,376. Our territory includes 2,800 acres of trust land and our ceded territories throughout Michigan where we exercise our Treaty reserved rights to fish, hunt and gather. For almost fifty years the Sault Ste. Marie Tribe has built its governmental capacity to provide the full range of services to its members including health care, education, elder services, law enforcement, housing, family and social services, and cultural programs.

The Tribe operates 8 health clinics across our seven county service area. In these clinics we offer a wide range of services including medical, dental, behavioral health, special diabetes, nutrition, pharmacy, wellness programs, and traditional medicine. We are proud of the healthcare our clinics provide, but we believe there is a void and it is time to fill this void.

Thus, the focus of my testimony today is to request that the Appropriations Committee examine how the Indian Health Service is addressing health care facility needs throughout Indian country. Specifically, whether the facilities that the Indian Health Service is supporting are responding to the needs of Indian country in 2020 or is the Agency adhering to a priority list that was developed in the 1980s. The delivery of health care has changed and the illnesses and diseases that we are seeking to treat have changed, in some cases substantially. We have learned that health care cannot be provided in isolation rather it must be provided in a holistic comprehensive way, grounded in traditional beliefs and practices.

We believe the team based model of care is how we will be able to combat our top health care priority and that is drug and alcohol addiction. In February, 2019 we announced a collaboration with the Hazelden Betty Ford Foundation to expand our substance abuse treatment and recovery services and enhance our integrated health and wellness center to build a true team based facility to support those in our community and throughout the Region who are in the throes of addiction.

The Recovery Hospital and Campus is a product of the Tribe's Tribal Action Plan,

approved in 2016 by the Tribe, with the input from the membership. From this process we heard the membership's demand for a Recovery Hospital close to home, with Traditional Medicine at its core. We have learned that incorporating traditional beliefs and culture are critical to combatting the cultural identity crisis that has plagued tribal communities since the 1800's. Our idea is to incorporate culturally traditional and modern treatment modalities, while working not only with the addict but his family as well. Only through family support and healthy living, will be able to effectively combat this plague.

This facility when built will be a "one-stop shop" for those struggling with addiction. It will have a detoxification program. It will have inpatient treatment. It will have an intensive outpatient program. Importantly, it will have recovery housing for those who have received treatment. It will provide family support and education while simultaneously treating the addict – creating a never before family reunification process built on healing and healthy living. It seems so simple, but one of the biggest factors to staying sober is the person having a place to live where he can begin his life as a sober person. All too often, a person goes into treatment only to come home to the same house and the same social dynamic he tried to leave behind as an addict. This has proven time and time again to be a recipe for failure. We want our Recovery Hospital to be a recipe for success that can be recreated throughout the country to combat the opioid and heroin crisis and heal tribal communities.

At our Recovery Hospital, a person will have access to drug treatment and behavioral health care that is informed by our traditional cultural healing. But, he will also have access to health care services to enable us to properly manage any medical condition a patient may need to have addressed. We know that to treat addiction we have to treat the whole person and address each condition whether it is emotional or physical, that led him to self-medicate with drugs or alcohol. This will truly be a medical home for our patients.

As we have started the journey to make this dream a reality, we have been confronted by many who tell us this kind of facility has never been built in Indian country. Therefore, it cannot be done. My ancestors overcame too much for me to give up simply because something has never been done before. I believe we can do it and I am asking for your help to make our dream a reality.

We were excited by the opportunity to submit an application to the Indian Health Service during the latest Joint Venture Program round. While we were initially told our Recovery Hospital would not be eligible, the Region then changed their minds and determined we were eligible. Thus, we timely submitted an application. While we were not selected, what is more troubling to us, is that no facility east of the Mississippi was selected. We think this latest round of the Joint Venture selection process has identified a deficiency in the program. We think there should be geographic diversity with regard to the Joint Venture selection process.

While we support Congress providing Joint Venture Funding, as it is an important mechanism for building and operating health care facilities in Indian country, we think it is time for Congress to provide \$50 million to fund the Indian Health Care Delivery Demonstration Project, which was intended to build facilities that are different than the clinics and hospitals the IHS is now building. The Demonstration Project was for facilities like the Sault Ste. Marie

Chippewa Recovery Hospital that would deliver care based on a different model.

We cannot keep building outpatient clinics that treat identified medical conditions of a person, and then expect the person to heal the rest of what is causing their illness on their own. I believe that the Sault Ste. Marie Chippewa Recovery Hospital is exactly what Congress was considering when it created the Indian Health Care Delivery Demonstration Project, in the Indian Health Care Improvement Act Reauthorization. We think it is beyond time for Congress to provide funding for this initiative.