

**TESTIMONY OF FLOYD AZURE, CHAIRMAN  
ASSINIBOINE AND SIOUX TRIBES OF THE FORT PECK RESERVATION  
TO THE HOUSE APPROPRIATIONS COMMITTEE  
SUBCOMMITTEE ON INTERIOR AND RELATED AGENCIES  
ON THE IHS, BIA AND THE OFFICE OF SPECIAL TRUSTEE'S FY 2021 BUDGET**

**FEBRUARY 12, 2020**

I am Floyd Azure, Chairman of the Assiniboine and Sioux Tribes of the Fort Peck Reservation. I would like to thank the House Interior Appropriations Subcommittee for the opportunity to present testimony concerning FY 2021 appropriations for the Indian Health Service (IHS), the Bureau of Indian Affairs (BIA), and the Office of the Special Trustee.

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 quality health care and infrastructure, such as safe drinking water, roads, and public safety.

**A. SUBSTANCE ABUSE AND ITS IMPACT ON OUR COMMUNITY**

We appreciate the Subcommittee's continued commitment to addressing substance abuse and the consequential challenges that arise from this 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. Drug addiction destroys lives and it destroys families. We know Indian children suffer from higher suicide rates, Indian women are victims of domestic violence far higher than the rest of society, and Indian people suffer from deadly health conditions like diabetes, cancer and heart disease at rates far higher than the rest of America. I believe these tragic statistics can all be traced back to addiction to drugs and alcohol. The addictions our people are facing today, in particular meth and heroin, are so much more destructive than alcohol, I am not sure we can survive another generation with our people locked in the grasp of addiction to these drugs.

Thus, I would like to take my time today to talk about the importance of supporting the Indian Health Service and the need to support the Indian Health Service's capacity to collect from third party payers like Medicaid, Medicare and private insurance. At the Fort Peck Service Unit, the increase in third party collections from expanded Medicaid in Montana has allowed the Indian Health Service to actually provide health care, rather than band aids, which all too often were prescription painkillers.

It is an old story across Indian country, that the biggest drug dealer on the Reservation is the IHS clinic. This is because the IHS historically did not have the resources to treat serious

conditions like torn ACLs, rotator cuff injuries or even gallbladder disease, because these conditions are not “Life or Limb” conditions and would not qualify for PRC/contract care. Consequently, the providers, who were led to believe that painkillers would be a safe alternative to real care, prescribed painkillers. Then, when the IHS could no longer refill a prescription for someone who became addicted to painkillers that person was left to self-medicate the pain and addiction, often times with alcohol, or worse, illegal drugs like methamphetamine or heroin.

Thus, for a generation we have had to deal with people who were given pills and became addicts, which led to the destruction of lives, families, and in the end compromised the very foundation of our community and our future. As one generation was locked in the grasp of addiction, they were raising another generation locked in the grasp of poverty, social dysfunction and despair. We as a people cannot survive a third generation whose condition would be worse than the two that came before it. I am hopeful that will not happen.

Today at Fort Peck we can tell a different story. The Service Unit is no longer giving out bottles of pills to cover the pain. The Service Unit is at Medical Priority 4, which means the IHS will refer patients to outside providers for all care that cannot be provided by the clinics. The Service Unit is also expanding direct care through telemedicine opportunities. Specifically, since Medicaid expansion, we have had scores of hip and knee replacements and other orthopedic surgeries. We have had over 1,300 patients receive preventive services, including 67 patients who received colonoscopies; with 19 possible cases of colon cancer averted; 414 patients received outpatient mental health services, with 62 people are now in treatment for substance abuse disorders. These numbers tell us that people are getting real health care and their quality of life is improving, which means the quality of life for our children is improving. No longer are our people being told that they are not sick enough to get quality health care.

This happened because the State of Montana expanded Medicaid and the Fort Peck Service Unit made third party collections a priority. In the last two years, the Fort Peck Service Unit and the Tribes have increased third party collections by \$7.5 million-for a total of \$15 million almost a 50% increase in collections. This is the story across the Nation as confirmed by a September, 2019 GAO Report that found that third party collections at IHS has increased by 51% in the period between from 2013 and 2018. This Report also confirmed what we know to be true at Fort Peck, that as a result of this increase in third party collections, the quality of both direct and PRC health care for Indian people has improved across the country.

While there is no magic solution to combating the many issues that are caused by drug and alcohol addiction, I am certain that ensuring people have access to quality health care is a big part of this solution. In this regard, I believe Fort Peck is working toward this and I would urge Congress to continue to support expanded Medicaid and IHS initiatives that support Tribes’ and the Indian Health Service’s work to increase third party collections.

## **B. BUREAU OF INDIAN AFFAIRS**

### **1. Social Services and ICWA Funding**

As I testified last year, increased funding for our Tribal Social Services program is critically

needed. There has not been any increase in this program for several years, and while we hope the tide of addiction and abuse is turning at Fort Peck, we still have significant needs to address for the most vulnerable of our community: our children. Over 36% of the children in the foster care system in Montana are Indian children – Indian people represent only 10% of the State population. More than 100 Fort Peck children are in the foster care system.

Montana is one of six states in the country to have instituted an ICWA court. This court handles State ICWA cases in Yellowstone County from the Fort Peck, Northern Cheyenne, and Crow Tribes. The team approach of the ICWA Court in Montana fosters collaboration between State and Tribal stakeholders, promotes meaningful State compliance with the Indian Child Welfare Act, and improves outcomes for Indian children and their families involved in the foster care system.

In this era where ICWA is under constant attack, in spite of it providing needed protections for Indian children, families and Tribes, the Committee should encourage the BIA to work collaboratively and strategically with Tribes to expand ICWA courts across the country. This kind of support and dedicated staff can only be done through additional funding for the BIA Tribal Social Service and ICWA programs.

## 2. Tribal Court Funding

Relatedly, while we appreciate the increased funding for Tribal courts that Congress has provided, it has not been enough. Tribal Courts are the backbone of tribal sovereignty. Without sound tribal courts, we could not be a community where people feel safe, where business want to open and where our children and our most vulnerable receive protection. The Fort Peck Tribal Court is one of the oldest in the country and we are very proud of the work our judges, prosecutors, defense attorneys and clerks do.

Currently, the Bureau of Indian Affairs only provides a fraction of the funding to operate our Tribal Court. Our court is one of the few Tribal Courts in the Country exercising expanded VAWA jurisdiction. This work is important to making our Reservation a safe place for women. However, this takes additional resources to retain legal trained defense counsel, prosecutors and judges.

## 3. Bison Program Funding

Presently, the Indian Buffalo Management Act has been introduced and is pending before Congress. This legislation will create a permanent buffalo restoration and management program within the Bureau of Indian Affairs, and authorize an appropriation of funds. While this legislation is pending, we want to thank the Subcommittee for the \$1.8 million you provided for the Tribal Bison program for FY 2020. This funding is critical to bringing traditional food and traditional practices back to our communities.

The Fort Peck Tribes have implemented a robust bison restoration program and now have partnered with the National Park Service to conduct post quarantine assurance testing of NPS bison from Yellowstone National Park. These efforts resulted in the restoration of over 600

bison to the Fort Peck Indian Reservation. Following completion of assurance testing, some of these bison will be translocated to other Tribes for their herd development.

#### 4. Impact of the Keystone Pipeline Construction

My Tribes and others are resisting the construction of the Keystone pipeline that will cross the Missouri River just ¼ of a mile from the western boundary of the Fort Peck Reservation. This Project presents a grave threat to the land and water resources of the Fort Peck Tribes. Thus, while we remain hopeful that the legal process will stop this pipeline from becoming a reality, we fear we will lose and my community will be left to deal with the consequences of this pipeline.

Beyond our concern about the impact to our natural environment, we are worried about the man camps that will be built and the increased burden on our law enforcement and social services programs as a result. We know too well about the impact that the Bakken boom had on our community with the increased drugs and violence, and the introduction of modern human trafficking. We believe most of this increased activity can be traced to those living in the companies' man camps.

We are worried about the impact to our roads. Highway 2 is the primary road through our Reservation and it will take the bulk of the heavy truck traffic that will be a part of the construction of this pipeline.

We ask Congress to provide us with additional resources to be able to address these additional needs if Keystone is built and if there is a rupture and spill from this massive pipeline.

#### **C. OFFICE OF SPECIAL TRUSTEE**

Finally, I would ask the Committee to exercise some oversight with regard to the Office of Special Trustee (OST). Last year the OST received \$105 million in appropriations. This Agency, through its Office of Field Operations, is supposed to be “the first and primary point of contact for trust beneficiaries seeking information and services in conjunction with their trust assets.” I think oversight into how this agency is carrying out this function is critically needed. At Fort Peck my members tell me time and time again that OST is responsible for delays in them receiving loans, appraisals and probates. All too often our members are given the run around about their own trust accounts. In short, I do not believe this Agency is being held accountable to anyone.

It has been four years since the enactment of the Indian Trust Asset Reform Act that called for the termination of the Office of Special Trustee, I think it is time for this to happen.