



September 26, 2019

Chairman Ruben Gallego
Indigenous Peoples of the United
States Subcommittee
U.S. House Natural Resources Committee
1337 Longworth House Office Bldg
Washington, D.C. 20515

Ranking Member Paul Cook
Indigenous Peoples of the United
States Subcommittee
U.S. House Natural Resources Committee
1329 Longworth House Office Bldg
Washington, D.C. 20515

Re: Port Gamble S'Klallam Support for Advance Appropriations

Dear Chairwoman Gallego and Ranking Member Cook:

I write to you on behalf of the Port Gamble S'Klallam Tribe to express our support for H.R. 1128, the Indian Programs Advanced Appropriations Act (IPAAA), and H.R. 1135, the Indian Health Service Advance Appropriations Act of 2019. These bills would help to provide timely and predictable funding to administer health programs and services to American Indian and Alaska Native (AI/AN) people. We ask that this letter be included in the Subcommittee's hearing record for the September 25, 2019, hearing on H.R. 1128 and H.R. 1135.

The Port Gamble S'Klallam Tribe is a sovereign nation that has been federally recognized. Our Tribe is comprised of over 1,200 citizens and is located on Kitsap Peninsula in Northwest Washington State. The S'Klallam were called the Nux Sklai Yem ("Strong People"), and we entered into a treaty relationship with the United States in the 1855 Point No Point Treaty. That Treaty enshrined our reserved hunting, fishing, and gathering rights as well as provided for appropriations for our use and benefit. The United States, therefore, has both treaty and trust obligations to provide for the well-being of our citizens.

Providing access to quality health care is central to the United States' obligations to our people. Yet, our ability to address the essential healthcare needs of our tribal citizens is severely hindered by the lack of full and consistent funding for the Indian Health Service. The 35-day partial government shutdown at the start of 2019 had a devastating impact on the Indian health system as a whole, as tribes throughout the country rationed care and reduced services. This disruption to patients and providers threatens the well-being of tribal citizens, and, unfortunately, future shutdowns remain likely.

Late funding and short-term funding through continuing resolutions results in challenges related not only to the provision of care but also in a variety of related areas, many of which were documented by the Government Accountability Office's September 2018 report. Among other effects, the lack of advanced appropriations reduces our ability to recruit and retain quality health

care providers and sustain facility maintenance and construction efforts while increasing our administrative costs.

Without advance appropriations, we are left attempting to engage in long-term planning with only short-term funding, and this reduces our ability to maximize our already scarce resources. Delays and uncertainty in funding are particularly devastating to tribal health systems due to the ongoing insufficient funding of the Indian health system. In 2015, for example, IHS spending for medical care per user was only \$3,136, while the national average spending per user was \$8,517—an astonishing 63% difference. Indian health programs also suffer from the cumulative effects of sequestration under the Budget Control Act of 2011 (P.L. 112-25). Funding disruption and ongoing unmet federal funding needs directly contribute to the staggering high rates of chronic illness and premature deaths that haunt our communities.

Advance appropriations would provide much-needed stability to the Indian health system and would result in direct benefits to our tribal citizens' health. Health care services directly administered by the federal government, such as by the Department of Veterans Affairs (VA), are already funded by advance appropriations to minimize the impact of late and, at times, inadequate budgets. Congress' decision to enact advance appropriations for the VA medical program, and then the decision in 2014 to expand that authority at the VA, provides a compelling argument for the effectiveness of advance funding a federally administered health program, which could easily be applied to the IHS.

We are ready and willing to work with you and your staff in pursuit of advance appropriations for the IHS. The National Indian Health Board (NIHB), National Congress of American Indians, and United South and Eastern Tribes, Inc. have also joined the push, raising awareness on the need to reform the system at the regional and national levels. We also support advance appropriations for the Bureau of Indian Affairs and the Bureau of Indian Education for the same reasons mentioned above, including the need for the ability to plan and provide services during a government shutdown.

Thank you for considering our comments regarding these important bills. We look forward to working with you toward a healthier and more sustainable future for our tribal citizens.

Sincerely,



Jeremy Sullivan

cc: Congressman Derek Kilmer