

OPENING STATEMENT

Good afternoon everyone, and welcome. Today we will be talking about one of the biggest challenges Indian Country currently faces.

This challenge, like many others, is a result of the federal government’s own failure to live up to our promises to tribes.

Today we’ll be examining the detrimental effects that funding lapses, such as federal government shutdowns, have on native communities and tribal governments.

The regular use of Continuing Resolutions to keep the government funded – and the constant threat of a shutdown if one is not enacted – wreaks havoc on tribal government budgets and puts tribal members at risk.

Despite this fact, the consequences of these shutdowns on tribal communities has been largely overlooked.

Even a short funding lapse drastically affects tribes that depend on program funding or direct services through the Bureau of Indian Affairs and the Indian Health Service.

To put it plainly: Every time there is a government shutdown, **the Federal Government is failing to uphold its treaty and trust obligation to tribes.**

During a shutdown, thousands of BIA and IHS employees, many of whom are tribal citizens, are furloughed or work without pay.

In order to ensure that programming and staff are maintained and to keep vital services operational, tribes often must use their own funds to cover federally funded programs during a shutdown, with no expectation that those funds will ever be reimbursed.

For tribal nations engaged in government contracting – such as tribally-owned enterprises, Alaska Native Corporations, and Native Hawaiian organizations – financial losses during a shutdown can quickly rise into the millions.

Shutdowns also prevent the federal government from fulfilling its contractual obligations to the more than 370 self-governance tribes that administer services to their members.

The 35-day partial government shutdown that occurred earlier this year had a devastating impact on the Indian Health System and the well-being of tribal members in particular.

Tribes throughout the country reported rationed care and reduced services.

In IHS facilities, medical professionals often worked without pay.

Urban Indian health programs also disproportionately suffer as a result of funding lapses.

According to the National Council of Urban Indian Health, 62 percent of Urban Indian Health centers had to cancel programs and cease offering services during the last shutdown.

Shutdowns also threaten public safety in Indian Country.

During the last shutdown, many members of the Navajo Nation were trapped in their homes because roads were unplowed after a major snowstorm.

As a result, they were cut off from access to food, water, gas, and medicine.

That is unacceptable.

In order to address these dangerous disruptions, we have to look at funding mechanisms that will offer stability to tribal governments regardless of the state of politics in Washington.

In the event of a future government shutdown, H.R. 1128, introduced by our colleague Representative Betty McCollum, guarantees the continued operation of Indian programs, contract support costs, and the Indian Guaranteed Loan Program Account in the BIA, as well as the contract support costs and all Indian health services at IHS, by extending budget authority to the first fiscal year after budget year.

In the same way, H.R. 1135, introduced by the Dean of the House Representative Don Young, guarantees the continued operation of Indian Health Services and Indian Health Facilities within IHS by extending budget authority to the first fiscal year after the budget year.

By permitting advance appropriations for BIA and IHS programs, we will offer security and surety to tribal governments, and ensure that Indian Country never bears the brunt of a government shutdown again.

I want to welcome and thank all our witnesses for travelling here for this hearing, I look forward to hearing their testimonies.

I would now like to recognize the Ranking Member for his opening remarks.