

Testimony of Joseph Rosette, Councilman, Chippewa Cree Tribe
“House of Representatives American Indian and Alaska Native Public Witness Days”
House Appropriations Subcommittee on Interior, Environment, and Related Agencies
May 7, 2024

Recommendations:

1. Provide full, mandatory funding for the Indian Health Service (IHS).
 2. Ensure mandatory funding for Contract Support Costs and section 105(I) lease payments.
 3. Restore critical infrastructure investments for the Indian health system.
 4. Increase funding and extend self-governance to the Special Diabetes Program for Indians.
 5. Increase funding for behavioral and mental health programs.
 6. Fully Fund the Bureau of Indian Affairs (BIA) Public Safety and Justice Account
 7. Adequately fund the North Central Regional Water System
 8. Reduce dependence on competitive grants for Indian Country.
-

Introduction: Thank you, Chairman Simpson, Ranking Member Pingree, and Members of the Subcommittee for the opportunity to share our funding priorities for the FY 2025 federal budget. My name is Joseph Rosette Jr., and I serve as a Business Committee Member of the Chippewa Cree Indians of the Rocky Boy's Reservation. Ours is the smallest of the seven Indian reservations in Montana. We have a total enrollment of 6,862, including 4,031 who reside on the Reservation. Our community is isolated—the nearest supermarket is in Havre, 30 miles from Rocky Boy, and the nearest international airport and major shopping facilities are located in Great Falls, 110 miles away.

In 1993, the Chippewa Cree Tribe was one of the first to achieve self-governance under a pilot program that preceded the Tribal Self-Governance Act of 1994. As a result, our Tribal governing body was able to take over administration of all the programs, and their associated funds, that were previously under the management of the federal government. This includes the Rocky Boy Health Center, which is the sole health care facility on the Reservation. It provides integrated primary health care, including behavioral health and substance use services, dental care, and pharmacy access, to all American Indian people within the catchment area.

We are grateful for the historic investments Congress has made in Indian Country in recent years via the CARES Act, American Rescue Plan Act, Bipartisan Infrastructure Law, and Inflation Reduction Act. The direct funding model and successful implementation of these laws prove that when Tribal sovereignty is honored, Tribal communities thrive. We would also like to thank this Subcommittee for its bipartisan effort to protect Indian Country from cuts during the 2024 appropriations process. Furthermore, we urge you to remember that Congress' trust and treaty responsibilities to provide for the health and wellbeing of Tribal Nations exist irrespective of any self-imposed budgetary caps. It is imperative that this Subcommittee appropriate the full amounts necessary to fulfill its obligations. To that end, I offer the following recommendations for your consideration for FY 2025 appropriations for the IHS and BIA.

Provide Full Funding for the Indian Health Service: The IHS and its Tribal partners under the Indian Self-Determination and Education Assistance Act strive to provide Tribal people with access to high quality and comprehensive medical services, in line with the federal government's trust and treaty obligations. However, chronic underfunding of the Indian health system has had detrimental impacts on our communities. American Indians and Alaska Natives are disproportionately impacted by obesity, diabetes, heart disease, cancer, substance-use disorder and other largely preventable conditions. We therefore urge the Subcommittee to work towards full and mandatory funding for the IHS, in line with the IHS Tribal Budget Formulation Workgroup.

The Workgroup has calculated it will take \$54 billion to fully-fund the IHS. We understand that this represents a dramatic increase in funding; however, it is essential that Congress address the true needs of the Indian health system. We support their full request and reiterate the following 4 priorities for program expansion as follows:

- | | |
|------------------------------------------|---------------------------------------------|
| 1) Hospitals and Clinics: \$13.6 billion | 3) Alcohol & Substance Abuse: \$4.9 billion |
| 2) Mental Health: \$4.5 billion | 4) Dental Services: \$3.2 billion |

Continued Support for Advance Appropriations for IHS: If full, mandatory appropriations cannot be achieved for FY 2025, we continue to support advance appropriations for the IHS in the short-term. This year’s tumultuous appropriations cycle clearly demonstrates why advance appropriations are critical—IHS clinical services remained continuous throughout the volatile political process. We urge the Subcommittee to extend advance appropriations to all IHS accounts, including Electronic Health Records Modernization, Health Care Facilities Construction, and Sanitation Facilities Construction for FY 2026.

Fully fund critical infrastructure investments: We were disappointed to see that this Subcommittee approved cuts to Electronic Health Records Modernization, Health Care Facilities Construction, and Sanitation Facilities Construction in FY 2024. The Indian health system’s infrastructure is among the oldest and most dilapidated in the country. Therefore, we request that this Subcommittee restore and fully-fund these accounts. To implement an interoperable Electronic Health Records and telehealth system, \$801 million is needed for FY 2025. As you are aware, this investment is especially critical as the Veterans’ Administration and Department of Defense modernize their systems. It is also critical that Congress make significant investments in Health Care Facilities Construction. IHS and Tribal facilities are severely outdated. This creates situations where facilities are unsafe or not appropriate for the size of the patient populations they serve. Therefore, consistent with the Workgroup’s request, we recommend \$2.8 billion for Health Care Facilities Construction and Equipment.

We still do not have ready access to clean, potable water. This creates significant health risks for the Tribal members living on the Rocky Boy reservation. We appreciate Congress’ investment in IHS sanitation facilities through the Bipartisan Infrastructure Law. Yet, with a multi-billion-dollar backlog and growing inflation, funding to close out the list is not keeping pace with need. We urge Congress to prioritize \$2.2 billion for Sanitation Facilities Construction in FY 2025.

Mandatory Funding for Contract Support Costs and 105(I) lease payments: We appreciate the Subcommittee’s commitment to ensuring that Contract Support Costs (CSC) and section 105(I) lease payments are fully funded. However, these line items continue to take up a larger and larger percentage of the IHS discretionary budget, thereby leaving little room to expand other services given tight budget environment. We strongly agree with the Subcommittee’s words in the explanatory statement for the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) regarding 105(I) costs which said, in part: “Obligations of this nature are typically addressed through mandatory spending, but in this case since they fall under discretionary spending, they are impacting all other programs funded under the Interior and Environment Appropriations bill, including other equally important Tribal programs.”

Therefore, we ask you to continue to advocate with your colleagues on authorizing committees to enact mandatory appropriations for CSC and 105(I) lease costs. Doing so will ensure that other areas

of the IHS budget are held harmless by these costs and true increases in critical services line items can move forward. This will enhance care for Tribal patients and reduce health disparities.

Extend Self-Governance Funding Options to the Special Diabetes Program for Indians (SDPI) and increase funding to \$250 million/year: While we understand that SDPI is not under the jurisdiction of the Subcommittee, we appreciate that Congress included a short-term extension of SDPI in FY 2024 appropriations at a \$160 million annualized rate. We recognize that this is the first increase for SDPI in two decades. Communities like ours across Indian Country rely on SDPI resources to address the alarming rates of diabetes and diabetes-related health complications among our people. SDPI's success rests in the flexibility of its program structure that allows for the incorporation of culture and local needs into its services. Consistent with this model, Congress should authorize SDPI participants the option of receiving their federal funds through either a grant (as currently used) or self-governance funding mechanisms under the Indian Self-Determination and Education Assistance Act.

Additionally, SDPI has not had a meaningful increase in funding since FY 2004 despite its overwhelming success. Short term reauthorizations continue to destabilize this program and make staffing and program continuity difficult. For this reason, we recommend permanent reauthorization for SDPI at a minimum base of \$250 million per year with annual adjustments for inflationary increases. We urge you to work with your Congressional colleagues to enact this important priority.

Behavioral Health: Our Tribe, like all of Indian Country, has been devastated by the ongoing fentanyl and opioid epidemic. We are in dire need of in-community sober living homes and detox centers for our Tribal members. In FY 2024, Congress only appropriated \$2 million to fund essential detoxification related services. That's less than \$1 per IHS patient. We urge the Subcommittee to dedicate resources to detoxification and reemphasize the importance of fully-funding the following accounts: Health Care Facilities Construction, Alcohol & Substance Use, and Mental Health. We also fully support the President's Domestic Supplemental Request, which includes a \$250 million investment in the IHS to address the fentanyl and opioid epidemic. Recognizing that Indian Country cannot wait any longer, Congress should consider this request as soon as possible.

Public Safety and Justice funding at the BIA: Like many Tribes we are seeing a drastic increase in drug trafficking and related crime coming onto our lands. There is a significant need for the federal government to improve law enforcement resources and bring state and local authorities to the table with Tribes to address public safety. Congress needs to provide additional resources to the BIA for law enforcement programs, the U.S. Attorney's Offices, the Federal Bureau of Investigation (FBI), and other agencies to help us stem the flow of illegal drugs, investigate crimes, and prosecute offenders. The underfunding of Tribal law enforcement and justice systems is well-documented. Earlier this year, the BIA submitted a report to Congress required by the Tribal Law and Order Act estimating that to provide a minimum base level of service to all federally recognized Tribal nations, \$1.3 billion is needed for Tribal law enforcement, \$1.2 billion is needed for Tribal courts, and \$240.6 million is needed for existing detention centers. Based on enacted funding provided in FY 2024 – a total of just over \$555 million was provided for BIA PS&J programs. This means that Tribal law enforcement, detentions/corrections, and Tribal courts are funded at a staggeringly low amount of less than 20% of estimated need!

The funding short falls for Tribal law enforcement endangers public safety on our reservation and forces us to use Tribal discretionary funds which means less resources in other areas and it hampers

future business development. Another complicating factor is that our police and detention officers are required to be federally trained, however the state of Montana has an excellent officer training program, and it would be more efficient financially and logistically to take advantage of the Montana Law Enforcement Academy. The BIA needs to provide more flexibility in allowing officers to train at state academies rather than needing to go the federal training center in New Mexico, which often has a long wait list and requires recruits to spend weeks away from their homes and families. In line with recommendations put forth by the Tribal Interior Budget Council (TIBC) we urge this subcommittee to provide a total of \$2.924 billion for BIA Public Safety and Justice funding, with approximately \$1.77 billion for BIA Law Enforcement and \$1.155 billion for Tribal courts in FY 2025.

Rocky Boy's - North Central Regional Water System: The Rocky Boy's/North Central Montana Regional Water System Project is critical to addressing the health impacts of poor water quality on the Rocky Boy's Reservation and surrounding off-reservation communities. This Project, the construction of which is funded by the Bureau of Reclamation, has been ongoing for over 20 years since being authorized by Congress in 2002. Today, Tribal members are still waiting to receive safe drinking water as part of the Tribe's 1998 Water Rights Settlement. As portions of the Tribal components of infrastructure have been complete, the Bureau of Indian Affairs (BIA) has been required to engage with, and pay for the Operations, Maintenance, and Repair (OM&R). This was part of the 2002 law authorizing the project and a Tri-Partite Cooperative Agreement established in 2005 between the BIA and the Chippewa Cree Tribe. As part of that agreement, a Trust Fund was established to pay for OM&R costs which have been sufficient to account for the interim costs while the Tribe awaits water service, however the Trust fund is estimated to be drastically insufficient once the new Water Treatment Plant and water system comes online.

Due to the significant funding boost made to the Bureau of Reclamation for rural water projects in recent years through annual discretionary appropriations and the Bipartisan Infrastructure Law, substantial construction progress is being made on both the Tribal and non-Tribal water system, including substantial completion of the new Water Treatment Plant Building at Tiber Reservoir. Numerous pipelines, a pump station, and water storage tanks are in stages of progress, all with a goal to turn on water service in the 2027 time period. At that time, the additional funding will be required to pay for the BIA OM&R costs obligations under the Tri-Partite Agreement, which would be several million dollars annually. The Chippewa Cree Tribe is working actively with the BIA in the Rocky Mountain Regional Office to begin for preparations for full scale water system operations, and Tribal and non-Tribal residents are looking forward to receiving a clean, safe, and abundant water supply within the next few years.

Reduce Dependence on Federal Grants: In addition to the critical funding needs that are outlined above, we also support moving away from competitive grants for federal funding mechanisms. Grants unfairly pit Tribes against each other for resources we are all entitled to. The federal trust responsibility does not require that we jump through a myriad of hoops and onerous applications to see that services are provided to our citizens. Too often, Tribes are under-resourced to apply for federal grants and comply with their reporting requirements. Our staff must divert time to apply and report, thereby diluting the usefulness of the resources. Instead, we request wide-spread, formula-based funding across all programs. Tribes must also be granted the flexibility needed to respond to the specific needs of their own communities, not those prescribed by federal grants. This also means appropriating enough resources so funds are provided in meaningful amounts across all Tribes. We join other Tribal leaders in calling for broad based funding for Indian Country.