

**THE PRESIDENT'S FISCAL YEAR 2020 BUDGET
REQUEST FOR INDIAN PROGRAMS**

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS

UNITED STATES SENATE

ONE HUNDRED SIXTEENTH CONGRESS

FIRST SESSION

MAY 8, 2019

Printed for the use of the Committee on Indian Affairs



U.S. GOVERNMENT PUBLISHING OFFICE

38-137 PDF

WASHINGTON : 2019

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THE PRESIDENT'S FISCAL YEAR 2020 BUDGET REQUEST FOR INDIAN PROGRAMS

WEDNESDAY, MAY 8, 2019

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 2:30 p.m. in room 628, Dirksen Senate Office Building, Hon. John Hoeven, Chairman of the Committee, presiding.

OPENING STATEMENT OF HON. JOHN HOEVEN, U.S. SENATOR FROM NORTH DAKOTA

The CHAIRMAN. We will call the hearing to order.

We do have votes going on right now. We will get started. Then Vice Chairman Udall will be back. He is going to stay and do the first two votes. Then I will go vote. So we will work it out. We are sorry for the inconvenience but we really appreciate all of you being here.

With that, I will call the hearing to order. Today, the Committee will receive testimony on the President's fiscal year 2020 budget request for Indian programs. On March 11th, 2019, Congress received the President's budget request for fiscal year 2020. Today's hearing provides the Committee an opportunity to examine the Administration's request for funding Indian programs.

The President's budget request provides a look at the Administration's priorities for the following fiscal year and beyond. Through varying initiatives and programs, the Administration has created over 5 million new jobs, decreased the unemployment rate, and made it easier for tribes to participate in a renewed economy.

While making programs more effective and efficient, we must consider the President's budget request priorities and its effect on the fiscal status of our government. During the past few weeks, Committee staff have met with various Executive Branch agencies and tribal organizations on the budgetary priorities for Indian programs.

Understanding that financial adjustments are to be made in our annual budget request, we can't forget that Indian programs require appropriate funding to operate and maintain services to the millions of American Indian, Alaska Native and Native Hawaiians living in the United States.

We also can't forget that many buildings, facilities and roads are in dire need of maintenance, repair or replacement. For instance, the President's budget request calls on Congress to set aside money

for addressing the deferred maintenance of Bureau of Indian Education schools. The Department of the Interior estimates the BIA schools deferred maintenance backlog at \$634 million.

Although there is much work needed to fulfill our treaty and trust responsibility to Indian tribes, progress has been made in addressing health care needs for American Indian and Alaska Natives. For example, through the Special Diabetes Program for Indians implementation, American Indian and Alaska Natives have seen a 54 percent decrease in the prevalence of end stage renal disease.

Additionally, previous budget requests include this year's request of increased funding for maintenance and infrastructure for IHS buildings, facilities and clinics. These funds are the primary source for providing maintenance, repair and improvement of health care facilities. Adequate funding is important, since the average age of an IHS facility is 37 years old.

Today's hearing is the first step in the long process of appropriating money for these vital Indian programs. We will hear from two Federal witnesses and two tribal organizations today regarding the President's budget request for fiscal year 2020 and how these Indian programs are upholding the trust and treaty responsibility to Indian tribes. One notable department is not here today, but the Department of Justice will be here next week to give testimony on their budget request.

At this point, I would normally turn to Vice Chairman Udall for his opening statement. He will provide that when he returns from the votes.

I would ask, Senator Smith, did you have any opening statement to make?

Senator SMITH. No.

The CHAIRMAN. Then we will proceed to our witnesses today.

We will begin with the Honorable Tara Mac Lean Sweeney. She is Assistant Secretary, Indian Affairs, U.S. Department of the Interior. We will also hear from Rear Admiral Chris Buchanan, Deputy Director of Indian Health Service, U.S. Department of Health and Human Services. Then the Honorable Jefferson Keel, President, National Congress of American Indians, and the Honorable Andy Joseph Jr., Portland Area Representative, National Indian Health Board.

I want to remind witnesses your full written testimony will be made a part of the official record. So if you would please keep your statements to five minutes so there is time for questions.

We will begin with Secretary Sweeney.

STATEMENT OF HON. TARA MAC LEAN SWEENEY, ASSISTANT SECRETARY, INDIAN AFFAIRS, U.S. DEPARTMENT OF THE INTERIOR

Ms. SWEENEY. Chairman Hoeven and members of the Committee, my name is Tara Mac Lean Sweeney. I am the Assistant Secretary of Indian Affairs at the U.S. Department of the Interior. Thank you for this opportunity to testify.

During my service at Interior, I have focused on three critical components to improve economic development and quality of life in and for Indian Country. First, analyzing the current state of oper-

ations and executing administrative adjustments to improve service delivery. It is the responsibility of Indian Affairs to deliver efficient and effective services to Indian Country, as we continue to work to meet our trust responsibilities and treaty obligations.

Second, addressing the social challenges in our communities, specifically building a strategy to address our Native American-focused cold cases, violent crimes and missing and murdered Native people.

Finally, taking a proactive approach to building an economic road map for development and growth within Indian Country. This must be done in partnership with our tribal leadership, our tribal enterprises, Alaska village and regional corporations, Native-owned financial institutions, the financial sector and Congress.

This year will be the first year we have separate budget requests for both BIA and BIE. This change increases transparency, accountability and autonomy of BIE and separates congressional justification for each of the two organizations. The net effects will be that BIE will gradually assume direct responsibility for acquisition, safety and facilities management. These funds will support implementation of a model that will allow Indian Affairs to leverage financing to address infrastructure needs more quickly and foster economic development in Indian Country.

The 2020 President's budget for Indian Affairs is \$2.8 billion. This budget supports the Administration's commitment to empower tribal communities and help Interior maintain a strong and productive government-to-government relationship with tribes.

The request for BIE is \$936.3 million. This total provides \$867.4 million for operations and it includes \$726.8 million to provide base funding for the 169 BIE schools and 14 dormitories providing educational services to 47,000 individual students in 23 States.

This budget proposes \$20.9 million for early child and family development and \$14.3 million for education program enhancements. The budget continues to promote educational self-determination for tribal communities and requests \$81.5 million to fully fund tribal grant support costs for tribes who choose to operate BIE-funded schools.

The request preserves funding for core services and reflects the full transition of Haskell and SIPI to forward funding. The request also includes \$42.6 million for education management. Funding includes \$32.3 million for education program management, an increase of \$7.3 million which will enable BIE to build much-needed capacity in acquisition, school safety and repairs, performance tracking and technical assistance to the field.

In addition to the support through the Administration's public lands infrastructure legislative proposal, the 2020 budget includes \$68.9 million in annual funding for education construction focused on facility improvement and repair. Available funding from prior years will complete school construction on the 2004 school replacement list and continued design build construction for schools on the 2016 replacement list.

The 2020 budget for BIA and AS-IA is \$1.9 billion. Compared to the 2019 proposed budget, you will find that this is an increase of \$391 million demonstrating the President's support for Indian Affairs. The request prioritizes base funding for tribes and fully funds contract support costs at \$285.9 million and provides an additional

\$2.5 million for law enforcement priorities such as opioids. The request meets our legal obligations for enacted water settlements by including \$45.6 million.

The 2020 budget includes \$326 million for programs that support tribal governments including \$178.9 million for self-governance compacts and \$75.3 million to support consolidated tribal government programs. The budget also includes \$34.9 million for road maintenance to support pavement and gravel maintenance, remedial work on roads, bridges and snow and ice control.

I am committed to empowering Indian Country in utilizing taxpayer dollars to support this goal as efficiently and effectively as possible. I look forward to working with this Committee, Congress and the Administration to accomplish these goals.

Thank you.

[The prepared statement of Ms. Sweeney follows:]

PREPARED STATEMENT OF HON. TARA MAC LEAN SWEENEY, ASSISTANT SECRETARY,
INDIAN AFFAIRS, U.S. DEPARTMENT OF THE INTERIOR

Good afternoon Chairman Hoeven, Vice Chairman Udall, and Members of the Committee, Thank you for the opportunity to testify on behalf of the Department of the Interior (DOI) regarding the President's Budget Request for Fiscal Year 2020.

The President's 2020 budget for Indian Affairs is \$2.8 billion—this total includes funding for BIA, BIE and the Office of the Assistant Secretary for Indian Affairs (AS-IA). As the Assistant Secretary—Indian Affairs, I oversee the program offices within the Bureau of Indian Affairs (BIA), the Bureau of Indian Education (BIE), and additional programmatic functions within the immediate AS-IA Office. I also wanted to acknowledge that during the 2019 appropriation process, DOI requested and Congress approved the transfer of the Office of the Special Trustee for American Indians from the Office of the Secretary to the Office of the Assistant Secretary—Indian Affairs. This re-alignment within the Department will enhance planning and coordination of policies and services related to Indian Country and I look forward to making this transition a smooth one.

Indian Affairs is the principal Executive Branch component entrusted to fulfill Federal trust and treaty responsibilities to the 573 federally recognized Indian Tribes. In doing so, our programs directly serve the nearly two million individual American Indians and Alaska Natives in the United States—including trust asset management, social service programs, and law enforcement services. Indian Affairs is a principal funding source for Tribes and tribal entities executing self-determination contracts and self-governance compacts under the Indian Self-Determination and Education Assistance Act. Our programs are a core component of community development and social provision in Indian Country. We strive to implement our programs in a manner that respects tribal sovereignty and fosters strong government-to-government relations.

Our leadership at the Bureau of Indian Education works tirelessly to provide quality education to all native youth. The BIE manages a school system which includes 169 elementary and secondary schools and 14 dormitories. Our Indian education program delivers education services to 47,000 students across 23 States. Additionally, the BIE also operates two post-secondary schools and administers grants for 31 post-secondary institutions. Our BIE Director, and supporting staff, are all committed public servants dedicated to delivering the best education possible, in a culturally relevant manner, to our tribal students.

One significant highlight of our 2020 budget is the separate requests submitted for BIA and BIE. This is the first time each bureau has had a separate budget submissions. Our rationale for doing so is to address the cumbersome processes by which simple, yet critical, operations are implemented within the BIE school system. Early in my tenure as the Assistant Secretary—Indian Affairs, my staff and I determined the BIE has not been sufficiently empowered to manage its own operation and maintenance functions. This is a key contributing factor to our native students experiencing subpar education and unacceptable school conditions. In many instances, simple procurement or service processes required direct action from every major component of Indian Affairs—the BIE, BIA, and the AS-IA Office. This budget separation will empower both the BIE and the BIA to more directly, and inde-

pendently, focus on their respective core missions while avoiding redundancy and duplication.

I know many of these issues are familiar to the committee and the resulting operational difficulties have been identified many times by Congressional committees and the Government Accountability Office. To that end, I am committed to working with you, Chairman Hoeven and Vice-Chairman Udall, along with the rest of the Committee to advance our shared priorities for Indian Country, and to improve education and service delivery to our native students, tribal governments, and individual tribal citizens nationwide.

Bureau of Indian Education

The FY 2020 budget request for the Bureau of Indian Education programs within the Department totals \$936.3 million.

Operation of Indian Education Programs

The 2020 budget provides \$867.4 million for Operation of Indian Education Programs. This newly created account includes existing programs formerly in the Operation of Indian Programs BIE activity. In 2020, priority is given to programs that directly support classroom operations at BIE-funded elementary and secondary schools and post-secondary tribal colleges and universities, consistent with BIE's Strategic Direction.

Elementary and Secondary Programs—The request includes \$726.8 million to support base funding for the 169 BIE elementary and secondary schools and 14 dormitories providing educational services to 47,000 individual students in 23 States. The budget proposes \$20.9 million for Early Child and Family Development and \$14.3 million for Education Program Enhancements. The budget continues to promote educational self-determination for tribal communities and requests \$81.5 million to fully fund the calculated Tribal Grant Support Costs need for Tribes that choose to operate BIE-funded schools.

Post-Secondary Programs—The request includes \$98.0 million for Post-Secondary programs to operate two post-secondary institutions, administer grants to 29 tribal colleges and universities, and fund two tribal technical colleges. The request preserves funding for core services, and reflects the full transition of Haskell and SIPI funding to forward funding.

Education Management—The request includes \$42.6 million for education management. Funding includes \$32.3 million for Education Program Management (EPM), an increase of \$7.3 million, which will enable BIE to build much-needed capacity in acquisition, school safety and repairs, performance tracking, and technical support to the field. The request also includes \$10.3 million for information technology to support the wide area network infrastructure and other systems used by BIE-funded schools.

Tribal Priority Allocations—The 2020 budget proposes Tribal Priority Allocation funding of \$16.1 million.

Education Construction

In addition to support from the Administration's Public Lands Infrastructure Fund legislative proposal, the President's budget includes \$68.9 million in annual funding for Education Construction. The budget includes \$62.8 million for facility improvement and repair at existing schools. Available funding from prior years will complete school construction on the 2004 school replacement list and continue design/build construction for schools on the 2016 school replacement list. The budget includes \$5.1 million for BIE employee housing repair and new funding of \$1.0 million for employee housing replacement. In 2020, BIE will continue to manage new construction activities through a reimbursable agreement with Indian Affairs.

Fixed Costs

Fixed costs of \$1.9 million are fully funded in this request.

This FY 2020 budget supports classroom instruction, and prioritizes programs serving the broadest number of students. The 2020 budget request aligns resources with management responsibilities, addresses recommendations of the Government Accountability Office and the DOI Office of the Inspector General and will provide BIE the autonomy and accountability needed to improve service delivery to, and by, BIE-funded schools.

Bureau of Indian Affairs

The mission of the Bureau of Indian Affairs is to enhance the quality of life, promote economic opportunity, and carry out the Federal responsibility to protect and improve the trust assets of American Indians, Indian Tribes, and Alaska Natives.

The request for BIA and the AS-IA Office is \$1.9 billion in current appropriations. Within this total, the budget prioritizes base funding for Tribes and provides full funding for estimated Contract Support Costs, a total of \$285.9 million; an additional \$2.5 million for law enforcement priorities such as combating opioids; and \$45.6 million for water settlements to enable the Department to meet Federal responsibilities outlined in enacted settlement with Indian Tribes.

Operation of Indian Programs—The 2020 budget for the Operation of Indian Programs account is \$1.5 billion. In general, the 2020 budget gives priority to base program funding.

Promote Tribal Self-Determination

The 2020 budget provides \$326.0 million for programs that support tribal government activities. Within this, the budget includes \$178.9 million for self-governance compact activities for self-governance Tribes and \$75.3 million to support Consolidated Tribal Government Programs for Tribes operating under P.L. 93-638 contracts.

New Tribes Funding—The budget includes \$1.3 million to continue Federal support for six Virginia Tribes federally recognized by an act of Congress in January 2018.

Contract Support Costs—The 2020 funding for Contract Support Costs is \$285.9 million. The request fully supports estimated needs assuming BIA program funding at the 2020 request. The President's budget continues to request funding for CSC in a separate indefinite current account to ensure full funding for this priority.

Protect Indian Country

Public Safety Programs—The 2020 budget includes \$409.2 million for Public Safety and Justice Activities, of which \$376.7 million directly supports 191 law enforcement programs and 96 corrections programs run both by Tribes and direct services. The budget includes \$30.9 million for Tribal Courts and \$22.3 million for Tribal Justice Support programs, which include Violence Against Women Act training and implementation strategies critical to the protection of women in Indian communities.

Specifically with regards to the opioid epidemic plaguing our communities, the President has made it a focal point of his Administration to address and combat this crisis. This request also includes \$10.0 million, a \$2.5 million increase, to address the opioid crisis, which has been particularly devastating in Indian Country. This initiative expands BIA capacity to address the increase in drug-related activities through interdiction programs to reduce drug use, distribution, and drug-related crime. The initiative will also support the Office of Justice Services participation in intra- and inter-agency initiatives. Targeting opioid and substance abuse prevention efforts will, enable BIA to better align, leverage, and coordinate with other Federal efforts and resources to combat the opioid crisis.

Support Indian Communities

Support Economic Opportunities—In support of efforts on domestic energy dominance and economic development, the 2020 budget funds the Community and Economic Development activity at \$44.4 million and features investments in Indian energy activities, including development on tribal lands. Income from energy and minerals production is the largest source of revenue generated from natural resources on trust lands, with energy and mineral revenue of over \$1.0 billion paid to tribal governments and individual mineral rights owners in 2018.

Human Services Programs—Sustaining families is critical to fostering thriving Indian communities. The Human Services activity includes \$143.0 million for programs providing social services which includes \$74.7 million for Welfare Assistance, and \$64.9 million for Social Services and Indian Child Welfare Act protections.

Manage Trust Resources and Lands

Natural Resource Programs—The 2020 budget proposes \$184.1 million for natural resource management programs which include agriculture, forestry, water resources, and fish, wildlife and parks activities.

The budget includes \$54.8 million for BIA Forestry programs supporting the Administration's active forest management reforms through management of Indian forest lands by 300 Tribes across 18.7 million acres. The funding supports the development, maintenance, and enhancement of forest resources in accordance with sustained yield principles included in forest management plans. The budget also includes \$14.5 million for Fish, Wildlife and Parks to support tribal activities in fisheries operations and maintenance, outdoor recreation, public access, and conservation enforcement and \$10.6 million for Water Resources management activities. The budget includes \$14.0 million for the Irrigation Operation and Maintenance program to support operation, maintenance, and rehabilitation of Indian irrigation project in-

infrastructure, including the Navajo Indian Irrigation Project; payments required by established legal directives; reimbursement to the Bureau of Reclamation for water storage costs; and continued delivery of water by and to irrigation systems.

Real Estate Services Programs—To meet our fiduciary trust responsibilities, the 2020 budget proposes \$122.0 million for real estate services programs. The budget supports the processing of Indian trust-related documents such as land title and records and geospatial data to support land and water resource use, energy development, and protection and restoration of ecosystems and important lands. The budget includes \$12.7 million for probate services to determine ownership of Indian trust assets essential to economic development and accurate payments to beneficiaries.

Land and Water Claims Settlements

The 2020 budget proposes \$45.6 million to meet Indian settlement commitments. Settlements resolve tribal land and water rights claims and ensure Tribes have access to land and water to meet domestic, economic, and cultural needs. Many of the infrastructure projects supported by these agreements improve the health and well-being of tribal members, preserve existing communities, and, over the long-term, bring the potential for jobs and economic development.

Infrastructure Investment

Construction—The Indian Affairs 2020 budget proposes \$58.5 million for Construction activities, including funding for deferred maintenance projects for public safety and justice facilities, resources management infrastructure such as irrigation projects and dams, and regional and agency offices serving tribal programs and operations in Indian Country. Beginning in 2020, funding for Education Construction will be requested in a separate account established in the Bureau of Indian Education. The budget proposes \$17.8 million for Safety of Dams projects, \$13.1 million for irrigation projects, and \$12.0 million for construction related to telecommunications and regional and agency offices serving tribal programs and operations in Indian Country.

Indian Country Roads—The BIA maintains nearly 29,000 miles of paved, gravel, and earth surface roads; and more than 900 bridges. The 2020 budget includes \$34.9 million for Road Maintenance to support pavement and gravel maintenance, remedial work on improved earth roads, bridge maintenance, and snow and ice control.

Concluding Statement

This FY 2020 budget supports the Administration's commitment to empower tribal communities, improve quality of life, create economic opportunities, promote efficient and effective governance, preserve and foster cultural heritage, and steward natural resources. Interior's programs maintain strong and productive government-to-government relationships with Tribes, helping to promote tribal nation-building and self-determination.

The CHAIRMAN. Thank you, Secretary Mac Lean Sweeney.

I will now turn to Rear Admiral Buchanan for your testimony, please.

STATEMENT OF REAR ADMIRAL CHRIS BUCHANAN, DEPUTY DIRECTOR, INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. BUCHANAN. Good afternoon, Chairman Hoeven and members of the Committee.

I am Rear Admiral Chris Buchanan, Deputy Director of the Indian Health Service and a member of the Seminole Nation of Oklahoma.

Thank you for your support and for the opportunity to testify on the President's fiscal year 2020 budget. The budget advances the Indian Health Service mission to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

The President's fiscal year 2020 budget proposes \$5.9 billion for the Indian Health Service. This includes \$25 million to eliminate

Hepatitis C and end the HIV epidemic in Indian Country. With the resources and tools that we have available today, we have an unprecedented opportunity to make a real difference in reducing hepatitis and HIV transmission.

The budget also provides \$25 million to begin transitioning to a new and modernized replacement of the IHS electronic health record system. Our current aging system exists as more than 400 separate instances that are maintained at individual local facilities across the Country. Replacing this antiquated system with a single, modern, national system would enable IHS to enhance medical quality, maximize the time that our doctors, nurses and other health care professionals are providing direct patient care and increase security of our patients' medical records.

We have also requested \$20 million to launch a national expansion of our paraprofessional program, the Community Health Aide Program. This program of certified health, behavioral health and dental health aides will enable us to fill critical gaps throughout Indian Country. This program has been used for decades in Alaska with great success. I believe this expansion into the rest of the Country would be extremely beneficial.

Our budget proposes an additional \$8 million to recruit and retain medical professionals critical to addressing gaps in care. To complement this increase, legislative changes are also proposed to provide tax exemptions to IHS scholarship and loan repayment programs, allowing us to provide \$7 million in additional rewards and provide discretionary use of all Title 38 personnel authorities, which would provide parity with our Federal health care providers like the VA.

The budget prioritizes direct clinical health care services and maintains commitments for staffing newly constructed health care facilities which require some difficult choices, including a reduction in facilities investment, phasing out of the funding for the Community Health Representatives Program and two proposed program discontinuations in our Health Ed Program and our Tribal Management Grant Program.

The budget will enable us to implement our new IHS Strategic Plan for fiscal year 2019 to 2023. The Strategic Plan includes three overarching goals which include access to care, improving the quality of care, and strengthening our management and operations. Our plan is the result of robust collaboration with both tribes and our urban Indian organization partners. It is our first overarching strategic plan for the agency in almost a decade.

The IHS has also realized significant improvements to quality of care including the establishment of the new Office of Quality at the Indian Health Service headquarters level, implementing a new standardized provider credentialing and privileging software system that is used agency-wide and includes the packets for all licensed, independent practitioners. We have recently awarded a new adverse events reporting and tracking system that replaces the older legacy system known as Websident.

I am also happy to report that since October of 2018, we have had 16 IHS facilities undergo survey, all of which were successful. With the support of the Office of Quality, we expect continued im-

provements and enhanced quality of care for American Indians and Alaska Natives across the system.

Regarding the recent media reports on patient abuse by a former Indian Health Service employee, Rear Admiral Weahkee recently met with tribal leaders in both of the impacted communities to discuss steps that IHS has taken to ensure the protection of patients at IHS health care facilities. Rear Admiral Weahkee expressed his regrets that children were victimized by those entrusted to care for them and he made it absolutely clear that IHS will not tolerate sexual assault or abuse in any of our facilities.

Our work force understands how serious this issue is. I am proud of the efforts and commitment of our staff for the progress that we have made. We will continue to press forward on this issue.

IHS remains fully committed to improving quality, safety and access to health care for American Indians and Alaska Natives. We appreciate all of your efforts in helping us provide the best health care services to the people that we serve.

With that, I am happy to answer any questions you may have. [The prepared statement of Admiral Buchanan follows:]

PREPARED STATEMENT OF REAR ADMIRAL CHRIS BUCHANAN, DEPUTY DIRECTOR,
INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Good afternoon, Chairman Hoeven, Vice-Chairman Udall, and Members of the Senate Committee on Indian Affairs. I am RADM Chris Buchanan, Deputy Director of the Indian Health Service (IHS). Thank you for your support and for the opportunity to testify on the President's Fiscal Year (FY) 2020 Budget. The Budget advances our mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. As an agency within the Department of Health and Human Services, the IHS provides federal health services to approximately 2.6 million American Indians and Alaska Natives from 573 federally recognized tribes in 37 states, through a network of over 605 hospitals, clinics and health stations.

The President's FY 2020 Budget proposes \$5.9 billion in total for IHS, which is \$392 million above the FY 2019 annualized continuing resolution funding level, or \$140 million above the FY 2019 Consolidated Appropriations Act. The President's Budget grows the resources available to meet the nation's commitment to American Indians and Alaska Natives in a constrained budget environment, reflecting a strong commitment to Indian Country. Specifically, the budget prioritizes direct clinical health care, providing a 7 percent increase and makes crucial investments in the fight against Hepatitis C and HIV/AIDS, launches a national expansion of our health paraprofessional program and provides resources for planning and key infrastructure improvements for a replacement electronic health record system (EHR). The Budget also proposes to extend our successful Special Diabetes Program for Indians (SDPI) through FY 2021, at \$150 million per year.

The President's Budget provides \$25 million to expand partnerships between IHS and Native communities to eliminate Hepatitis C and end the HIV epidemic in Indian Country. With the resources and tools we have available today, we have an unprecedented opportunity to make a real difference in reducing hepatitis and HIV transmission. I'm pleased that IHS is taking part in the "Ending the HIV Epidemic: A Plan for America" initiative.

The Budget also provides \$25 million to begin transition to a new and modernized replacement of IHS's electronic health record system, Resource and Patient Management System (RPMS). These resources are critical to allow IHS to conduct planning for this transition and address key infrastructure gaps necessary to implement a modern EHR. Our current system exists as more than 400 separate local instances rather than a single system, hobbling our efforts to share medical information efficiently, improve monitoring of medical quality, and recover critical third party financial resources.

A modern system would enable IHS to enhance medical quality, maximize the time our doctors, nurses and other health professionals are providing direct patient care, and increase the security of our patients' medical records. I believe this transi-

tion represents an opportunity to meaningfully impact the care received by our patients.

We have also requested \$20 million to launch a national expansion of our paraprofessional program, the Community Health Aide Program (CHAP). This program of certified health, behavioral health, and dental aides will enable us to fill critical care gaps. This program has been used for decades in Alaska to great success and I believe its expansion into the rest of the country will be beneficial and an important tool in meeting the health needs of American Indians and Alaska Natives, as part of a mix of services determined at the local level.

In addition to these key initiatives, our FY 2020 Budget includes:

- \$147 million to expand direct clinical health services, including dental, mental health, alcohol and substance abuse services;
- \$8 million to recruit and retain medical professionals, critical to addressing gaps in care;
- \$2 million to bolster the Office of Quality;
- \$11 million to fund the health care of six newly federally recognized tribes;
- \$98 million to fully fund staffing at four newly completed or expanded health care facilities, including 3 joint venture facilities and a youth regional treatment center;
- \$69 million to support current services, including pay costs, inflation, and population growth;
- \$855 million for contract support costs, which currently aligns with our estimate of those costs.

The Budget prioritizes funding for key investments in support of direct clinical health services, and in doing so, proposes some program adjustments. A net reduction of \$66 million in Facilities ensures continued priority focus on maintaining existing facilities and addressing continuing sanitation facilities construction projects. Phase out of funding for the CHR program is contemplated with a funding level of \$24 million, as part of proposed reforms to current community-based care. The President's Budget also proposes two program discontinuations, including the Health Education and Tribal Management Grants programs, which total \$23 million.

The Budget will enable us to implement our newly released Indian Health Service Strategic Plan for fiscal year 2019–2023. The Strategic Plan will improve the management and administration of the IHS and sets the strategic direction of the agency over the next five years. The Strategic Plan includes three goals that will guide our efforts—access to care, quality of care, and strengthening management and operations. The final plan is the result of collaboration with our tribal and urban Indian organization partners who offered their feedback and expertise.

Aligning with the IHS Strategic Plan, four legislative proposals are included within the Budget to increase access to care by: providing tax exemption for IHS scholarship and loan repayment programs, providing discretionary use of all Title 38 personnel authorities, meeting loan repayment and scholarship service obligations on a half-time basis, and providing Federal Tort Claims Act coverage for IHS volunteers. These proposals focus on parity with authorities provided to other federal agencies providing health care services and seek to strengthen agency efforts to recruit and retain healthcare professionals.

The IHS has also realized significant improvements to quality care for American Indians and Alaska Natives, including:

- Establishing the Office of Quality as an elevated national oversight component within IHS Headquarters;
- Implementing a new standardized professional provider credentialing and privileging software agency-wide for all applicants;
- Awarding a new contract for an adverse events reporting and tracking system that replaces an older legacy system.

I can also report to you that since October 2018, 16 IHS health care facilities have had surveys by either the Centers for Medicare & Medicaid Services (CMS), the Joint Commission (TJC) or the Accreditation Association for Ambulatory Health Care (AAAHC). All surveys have resulted in CMS certification or TJC and AAAHC accreditation. This includes both Rosebud and Rapid City hospitals, and the IHS is preparing to send a request to CMS for a certification of the Pine Ridge Hospital.

Lastly, I want to take this opportunity to talk about an important issue to all of us at the IHS. Regarding the recent media reports on patient abuse by a former IHS employee, we have taken every opportunity to speak with our tribal and urban

partners, as well as our federal employees, about how this conduct is unacceptable and will absolutely not be tolerated at IHS.

Recently, RADM Weahkee met with the Oglala Sioux Tribal Council in Pine Ridge, South Dakota, to discuss steps IHS has taken to ensure the protection of patients at IHS health care facilities. He expressed his sincere regret that children were victimized by those entrusted to care for them and made it absolutely clear that IHS will not tolerate sexual assault and abuse in its facilities.

This opportunity followed a similar meeting RADM Weahkee had in February with the Blackfeet Nation in Montana. These two communities were victimized by the actions of the former IHS employee. I want to thank the leadership of the Oglala Sioux Tribe and the Blackfeet Nation for their partnership as we work to re-establish trust with our patients.

As shared in an October 2018 letter to tribal leaders, I can promise you that IHS will continue our efforts to ensure safe and quality care for our patients. We are committed to doing whatever it takes and will continue to work closely with our tribal and urban Indian partners in transforming health care for American Indians and Alaska Natives across the Country. Some of the actions already taken include implementing new professional standards and stronger requirements for IHS employees to report suspected sexual abuse and exploitation of children. The implementation of our new centralized credentialing system will enable us to monitor the practice history of licensed health care professionals across the agency.

The Presidential Task Force on Protecting Native American Children in the Indian Health Service System announced last month will complement our ongoing efforts to identify areas for improvement and implement changes to strengthen our systems. IHS is in the process of identifying an outside, independent contractor to conduct a medical quality assurance review to examine whether laws, policies and procedures have been followed, and to identify any further improvements IHS can implement to better protect patients. The HHS Office of the Inspector General has also been tasked with reviewing the effectiveness of the actions we have taken.

I assure you that our workforce understands how serious this issue is, and I am proud of the efforts and commitment of our staff for the progress we've made, and we continue to press forward. We remain firmly committed to improving quality, safety, and access to health care for American Indians and Alaska Natives, in collaboration with our partners in HHS, across Indian country, and Congress. We appreciate all your efforts in helping us provide the best possible health care services to the people we serve.

Thank you, and I am happy to answer any questions you may have.

The CHAIRMAN. Thank you, Admiral Buchanan.
President Keel.

**STATEMENT OF HON. JEFFERSON KEEL, PRESIDENT,
NATIONAL CONGRESS OF AMERICAN INDIANS**

Mr. KEEL. Good afternoon. Thank you, Chairman Hoeven and members of the Committee.

On behalf of the National Congress of American Indians, I want thank you for holding this hearing on the President's budget request for 2020 for Indian Programs.

My name is Jefferson Keel. I am the Lieutenant Governor of the Chickasaw Nation and President of the National Congress of American Indians.

Tribal Nations seek only those things promised by the solemn treaties and agreements reached between tribal Nations and the United States of America. Funding decisions made by the Federal Government are an expression of this Country's policy priorities and its commitment to honoring its obligations to American Indian and Alaska Native people.

The recent publication of the U.S. Commission on Civil Rights' Broken Promises Report is a stark reminder of the need for increased funding of tribal programs. The Broken Promises Report is a follow-up to the 2003 Quiet Crisis Report which found that Federal funding for services to tribal communities was disproportion-

ately lower than services to other populations. Today, programs serving Indian Country remain chronically underfunded.

Tribal Nations also face significant challenges from uncertainty in the Federal budget process. The 2019 government shutdown is the most recent example. However, short term continuing resolutions cause uncertainty in program administration and make planning more difficult. Congress must prevent political impasses from jeopardizing the provision of quality services in tribal communities such as health care, law enforcement and child welfare by passing legislation authorizing advance appropriations for the Indian Health Service and the Bureau of Indian Affairs.

Funding for the Census is a major tribal priority in fiscal year 2020 because an accurate count will ensure fair distribution of billions of dollars to tribal Nations over the course of the next decade. In 2010, the Census Bureau estimates that American Indians and Alaska Natives living on reservations or in Native villages were undercounted by approximately 4.9 percent which is more than double the undercount of the next closest population group.

Unfortunately, the President's budget request for the entire Census Bureau was significantly lower than the estimates of overall costs for the Census. I urge Congress to ensure sufficient funding for a successful 2020 Census by providing \$8.5 billion for the Census Bureau with at least \$7.5 billion in direct funding for the 2020 census operations.

The Administration and Congress must uphold their treaty and trust obligations to tribal Nations through the Federal budget process. NCAI was again alarmed that the Administration has proposed cuts to many programs of importance to Indian Country as well as eliminating funding altogether for programs like the Indian Community Development Block Grant, the Community Development Financial Institutions Fund, the Bureau of Indian Education Replacement School and Facility Construction and the BAI Housing Improvement Program just to name a few.

NCAI urges Congress to reject these proposed cuts and eliminations and instead make significant advancements in the program deemed most important by tribal Nations. As part of the fiscal year 2020 budget formulation process, tribal Nations from each BIA region completed a survey to outline which budget lines they would prefer to provide increased funding to and why. The top 11 programs are contained in my written testimony.

I would also like to express our sincere gratitude to Congress for providing a direct funding stream for tribal governments from the Crime Victims Fund for the first time in 2018 and again in 2019. As it has for several years, the President's budget proposes bill language that would streamline and consolidate tribal programs within the Office of Justice Programs by allocating 7 percent from all discretionary programs to address Indian Country public safety and justice needs. NCAI wholeheartedly supports this proposal.

Thank you for the opportunity to testify at this hearing. I will gladly answer any questions you may have at this time.

[The prepared statement of Mr. Keel follows:]

PREPARED STATEMENT OF HON. JEFFERSON KEEL, PRESIDENT, NATIONAL CONGRESS
OF AMERICAN INDIANS

Introduction

On behalf of the National Congress of American Indians (NCAI), thank you for holding this hearing on the President's Fiscal Year (FY) 2020 Budget Request for Indian Programs. Founded in 1944, NCAI is the oldest and largest representative organization serving the broad interests of tribal nations and communities. Tribal leaders created NCAI in 1944 in response to termination and assimilation policies that threatened the existence of American Indian and Alaska Native (AI/AN) tribal nations. Since then, NCAI has fought to preserve the treaty and sovereign rights of tribal nations, advance the government-to-government relationship, and remove historic structural impediments to tribal self-determination.

Like all other governments, tribal nations strive to build strong economies and ensure the health and wellbeing of their citizens and all those who reside in their communities. As part of tribal nations' responsibilities to their people, tribal nations provide a range of governmental services. These include education, law enforcement, judicial systems, health care, environmental protection, natural resource management, and basic infrastructure such as housing, roads, bridges, sewers, public buildings, telecommunications, broadband and electrical services, and solid waste treatment and disposal. Tribal nations are assuming greater levels of governmental responsibility to meet their citizens' needs in culturally appropriate ways, but receive inadequate federal funding for roads, schools, police, and other public services.

Tribal nations seek only those things promised to them and their citizens by the solemn treaties and agreements reached between tribal nations and the United States. When tribal nations agreed to accept smaller land bases, the federal government promised to safeguard their right to govern themselves, and to provide them adequate resources to deliver essential services effectively. These obligations are the foundation of the government-to-government relationship that exists between tribal nations and the United States.

Funding decisions made by the Administration and Congress are an expression of this country's policy priorities, and the federal budget for tribal governmental services reflects the extent to which the United States honors its obligations to AI/AN people. The treaty and trust responsibilities commit the federal government to the protection of Indian lands; protection of tribal self-governance; and the provision of social, medical, and education services to Native people. NCAI calls on Congress and the Administration to uphold these solemn responsibilities to Indian Country by rejecting the cuts proposed in the President's FY 2020 budget request and instead providing significant increases for programs serving tribal nations.

This testimony addresses several overarching funding issues and provides focused analysis on certain specific areas of the President's FY 2020 budget request. To ensure Congress considers what it means to fund the federal treaty and trust obligations across the federal government, NCAI collaborates each year with national, regional, and issue specific tribal organizations to develop the comprehensive recommendations included in an Indian Country Budget Request. Therefore, we request that the FY 2020 Indian Country Budget Request titled, *Winds of Change: Protecting our Nations and People into the Future*, be entered into the record of this hearing.

Broken Promises Report

In 2003, the U.S. Commission on Civil Rights issued its report, *A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country*. The Quiet Crisis report found that funding for programs serving Indian Country were "disproportionately lower than funding for services to other populations."¹ In May 2015, a bipartisan group of twenty House members sent a letter to the U.S. Commission on Civil Rights requesting an update to the 2003 *A Quiet Crisis* report.² In its letter, House members highlighted several ongoing funding concerns that contribute to the crisis throughout Indian Country and requested the updated report "to help ensure that the federal government is making progress in fulfilling its trust and treaty responsibilities."³

¹ U.S. Commission on Civil Rights, Broken Promises: Continued Federal Funding Shortfall for Native Americans, <https://www.usccr.gov/pubs/2018/12-20-Broken-Promises.pdf>

² Letter from Rep. Derek Kilmer to then-Chair Castro, Vice Chair Timmons-Goodson, and Commissioners on May 14, 2015; <https://kilmer.house.gov/news/press-releases/-kilmer-seeks-to-shine-a-spotlight-on-disparities-facing-tribal-communities>

³ *Id.*

In December 2018, the U.S. Commission on Civil Rights released its report titled, *Broken Promises: Continuing Federal Funding Shortfall for Native Americans*. The *Broken Promises* report found that in the past 15 years, efforts undertaken by the federal government have resulted in only minor improvements across Indian Country. Additionally, the report noted that federal programs serving Indian Country continue to be underfunded and in some ways, federal initiatives for Native Americans have regressed. Specifically, the Commission found that:

Federal programs designed to support the social and economic wellbeing of Native Americans remain chronically underfunded and sometimes inefficiently structured, which leaves many basic needs in the Native American community unmet and contributes to the inequities observed in Native American communities. The federal government has also failed to keep accurate, consistent, and comprehensive records of federal spending on Native American programs, making monitoring of federal spending to meet its trust responsibility difficult. Tribal nations are distinctive sovereigns that have a special government-to-government relationship with the United States. Unequal treatment of tribal governments and lack of full recognition of the sovereign status of tribal governments by state and federal governments, laws, and policies diminish tribal self-determination and negatively impact criminal justice, health, education, housing and economic outcomes for Native Americans.⁴

Congress and the Administration must uphold its treaty and trust obligations to tribal nations through the federal budget process. The *Broken Promises* report provides a series of recommendations to make good on these promises to Indian Country. A key recommendation in the report is that Congress should pass a spending package to address all unmet needs, focusing immediately on the most critical items like core infrastructure. NCAI urges Congress and the Administration to give the report's recommendations serious consideration as they consider funding levels in FY 2020 and beyond.

Additionally, the President and members of Congress have recently reengaged discussing funding for a comprehensive infrastructure package. Consistent with the *Broken Promises* report, the federal government must honor its treaty and trust obligations to tribal nations by ensuring any infrastructure package provides significant direct investment in Indian Country and provides tribal nations the same financing and partnership incentives as state and local governments.

Authorize Advance Appropriations for Tribal Programs

Due to fluctuations in federal funding and the uncertain federal budget process, many tribal nations have faced continued emergencies in meeting the public service needs of their citizens.⁵ The 2019 government shutdown—the longest in United States history—is only the most recent example of the federal budget process jeopardizing the health, safety, and wellbeing of tribal citizens. Tribal nations regularly must overcome uncertainty when planning and providing services to their citizens because of political impasses related to federal spending. For instance, since FY 1998, there has only been one year (FY 2006) in which the Interior, Environment, and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year.

These often partisan debates affecting the appropriations process have an outsized impact on the daily lives of AI/AN people who already face underfunding of health care, education, and backlogs in physical infrastructure—all of which fall under the federal trust responsibility. The Indian Health Service (IHS) and the Bureau of Indian Affairs (BIA) provide core governmental services for tribal nations, including but not limited to hospitals, law enforcement, child welfare programs, and social services. Congress must protect tribal citizens from the negative effects of uncertainty in the federal budget process. NCAI calls on Congress to pass legislation authorizing advance appropriations for the IHS and BIA.

The President's FY 2020 Budget Request

The President released his budget request on March 11, 2019. The budget proposes reducing FY 2020 non-defense discretionary (NDD) funding by \$54 billion (9 percent) below the FY 2019 level, and by \$69 billion (11 percent) after adjusting for inflation. The proposed amount follows the cap set by the Budget Control Act (BCA) of 2011, which was lowered through sequestration. The proposed decreases to NDD

⁴ U.S. Commission on Civil Rights, *Broken Promises: Continued Federal Funding Shortfall for Native Americans*, <https://www.usccr.gov/pubs/2018/12-20-Broken-Promises.pdf>

⁵ See NCAI Resolution ATL-14-084: *Recommendations for Address the State of Emergency in Federal Underfunding of the Trust Responsibility*

accounts would undermine the ability of the federal government to meet its treaty and trust obligations, with the proposed budget cutting BIA and Bureau of Indian Education (BIE) by about 10.5 percent compared to the 2019 continuing resolution (CR) level. Other agencies would see cuts, including 12 percent for the Department of Health and Human Services, 18 percent for Housing and Urban Development, and 31 percent for the Environmental Protection Agency.

NCAI is strongly opposed to these drastic reductions in spending that will jeopardize the provision of programs and services that support the federal treaty and trust obligations to tribal nations. Although we are deeply concerned about the proposed cuts in the President's budget request, it is Congress that has final say on discretionary spending. Accordingly, we urge members of this Committee to work with their colleagues throughout the Senate to ensure that FY 2020 appropriations bills make significant investments in federal programs serving Indian Country.

U.S. Census Bureau

The census is a critical and powerful information source that will significantly influence American policy for the coming decade. An accurate count is necessary to ensure the fair distribution of billions of dollars to tribal nations and AI/AN people across the United States. Certain population groups are at higher risk of being missed in the decennial census—groups considered hard-to-count. Native people especially on reservations and in Alaska Native villages have been historically underrepresented in the census. In the 2010 Census, the Census Bureau estimates that AI/ANs living on reservations or in Native villages were undercounted by approximately 4.9 percent, more than double the undercount rate of the next closest population group.

The President's budget request was significantly lower than Secretary Ross's estimates of overall costs, and we urge Congress to ensure sufficient funding for a successful 2020 Census, including funding for Questionnaire Assistance Centers, which currently are not included in the Census Bureau's operational plan. With only half the number of Regional Census Centers and local census offices across the country, it will be important to expand the field footprint, to provide 'safe space' for people who do not have reliable Internet access, are wary of using the telephone to respond, or need assistance filling out a paper form, to meet with sworn Census Bureau employees near where they live. NCAI recommends that Congress provide the Census Bureau with at least \$8.45 billion in FY 2020.

Bureau of Indian Affairs and Bureau of Indian Education

The BIA is one of the primary agencies responsible for providing services throughout Indian Country, either directly or through compacts or contracts with tribal governments. Unlike previous years, the President's FY 2020 budget proposes to establish the BIE as an independent bureau with a separate budget structure, and we look forward to working with the Committee to examine the merits of this proposal. The President requested \$1.85 billion for BIA and \$936 million separately for BIE. However, when combined, the budget proposes \$2.789 billion for BIA and BIE, a reduction in overall funding of approximately 10.5 percent when compared to the 2019 CR level.

Moreover, the President's budget proposes cuts across many BIA budget lines and would eliminate altogether funding for the Indian Guaranteed Loan Program, the Housing Improvement Program, Small and Needy Tribes, and Tribal Climate Resilience. A few programs would receive increases, including New Tribes funding to continue support for the six Virginia tribes recognized by Congress in January 2018, as well as an additional \$2.5 million for Law Enforcement Special Initiatives to expand BIA capacity to address the opioid crisis in Indian Country.

As part of the FY 2020 budget formulation process, tribal nations from each BIA region completed a survey to outline which budget lines they would prefer to provide increased funding to and why. The results of this process show that BIA Social Services, Indian Child Welfare Act (ICWA), Tribal Courts, Aid to Tribal Government, Scholarships and Adult Education, Criminal Investigations/Policing, Road Maintenance, Housing, Johnson O'Malley, Detentions and Corrections, and Welfare Assistance made up the top eleven.

For Public Safety and Justice Programs, one of the most fundamental aspects of the federal government's trust responsibility is the obligation to protect public safety on tribal lands. Congress and the United States Supreme Court have long acknowledged this obligation, which Congress most recently reaffirmed in the Tribal Law and Order Act expressly acknowledging "the federal nexus and distinct federal re-

sponsibility to address and prevent crime in Indian Country.”⁶ In 2018, the U.S. Commission on Civil Rights found that there continues to be “systematic underfunding of tribal law enforcement and criminal justice systems, as well as structural barriers in the funding and operation of criminal justice systems in Indian Country” that undermine public safety.⁷ Recent experience demonstrates that addressing the lack of justice funding can make rapid and dramatic strides toward improving public safety.⁸ Tribal justice systems simply need the resources to put their tools to work so they can protect women, children and families, address substance abuse, rehabilitate first-time offenders, and put serious criminals behind bars.

The underfunding of tribal law enforcement and justice systems is well-documented. Most recently, the BIA submitted a report to Congress in May 2018 estimating that to provide a minimum base level of service to all federally-recognized tribes: \$1 billion is needed for tribal law enforcement, \$1 billion is needed for tribal courts, and \$241.8 million is needed to adequately fund existing detention centers.⁹ Based on recent appropriation levels, BIA is generally funding tribal law enforcement at about 22 percent of estimated need, tribal detention at about 41 percent of estimated need, and tribal courts at a dismal 4.5 percent of estimated need.

NCAI recommends an increase in base funding for tribal courts, for a total of \$83 million, which would include courts in PL 280 jurisdictions. NCAI also recommends an increase to BIA Law Enforcement of \$200 million, for a total of \$573 million.

BIA Social Services help to address the underlying conditions such as drug addiction, poverty, and violence that tend to create and perpetuate the circumstances that produce victims. Sub-activities include services in the areas of family and domestic violence, child abuse and neglect, and protective services. However, many tribes’ Social Services departments are understaffed and experience high turnover rates. As an example, in FY 2017, Osage Nation case workers averaged 25–30 cases a month each. This exceeds the standard of one case worker for every 15 cases administered. A lack of increased yearly funding tends to hinder these protective services. NCAI recommends \$55 million for BIA Social Services in FY 2020.

In addition to public safety and human services, infrastructure remains an area of high need. A transportation program that is vital to infrastructure in Indian Country is the BIA Road Maintenance Program, which is funded and authorized under the Department of the Interior. The BIA Road Maintenance Program is critical to BIA owned roads and facilities. Currently, BIA is responsible for maintaining approximately 29,400 miles of roads in Indian Country, including 900 bridges. The condition of these roads is increasingly concerning for tribal citizens and all surrounding communities. The lack of sufficient transportation infrastructure also hampers economic development opportunities for tribal nations and their citizens.

According to a recent GAO Report published in May 2017, *Better Data Could Improve Road Management and Inform Indian Student Attendance Strategies*,¹⁰ BIA did not provide adequate documents on road maintenance and no process exists for tribal nations to properly report on road maintenance. The BIA conducted a road maintenance survey, which found that the cost of road maintenance more than doubled the allocated amount of funding for proper maintenance in FY 2018 and that deferred maintenance had risen to \$392 million for BIA roads. Further data on road maintenance is needed to adequately address the deferred maintenance of roads throughout Indian Country. Increased funding for the BIA Road Maintenance program is needed in order to begin to address public safety and commercial activity concerns that affect all Americans. \$50 million is requested to begin to address the deferred roads maintenance need in Indian Country.

As mentioned above, the President’s budget proposes funding BIE at \$936 million for FY 2020. It also proposes eliminating programs including Scholarships and Adult Education, Special Higher Education Scholarships, and Science Post Graduate Scholarships. Of particular note, the President’s budget would zero out Replacement School Construction, Replacement Facility Construction, and reduce Facilities Im-

⁶ 34 U.S.C. § 10381(j)(1).

⁷ U.S. Commission on Civil Rights, *Broken Promises: Continued Federal Funding Shortfall for Native Americans*, <https://www.usccr.gov/pubs/2018/12-20-Broken-Promises.pdf>

⁸ Michael S. Black, Acting Assistant Secretary—Indian Affairs, U.S. Department of the Interior, Testimony, Briefing Transcript, p. 136; see also Dep’t of the Interior, press release, March 4, 2014, https://www.bia.gov/sites/bia.gov/files/assets/public/press_release/pdf/idc1-025752.pdf (announcing Tiwahe Initiative to promote the stability and security of Native American families)

⁹ Bureau of Indian Affairs, Office of Justice Services. “Report to Congress on Spending, Staffing, and Estimated Funding Costs for Public Safety and Justice Programs in Indian Country,” May 2, 2018, available at https://www.bia.gov/sites/bia.gov/files/assets/bia/ojs/ojs/pdf/2016_TLOA_Report_FINAL.pdf

¹⁰ U.S. Government Accountability Office, 2017, Publication No. GAO–17–423

provement and Repair and Employee Housing Repair funding levels. Instead, the Administration has again proposed legislation establishing a Public Lands Infrastructure Fund to support infrastructure improvements in National Parks, National Forests, Wildlife Refuges, and for BIE schools. Not only would the funding limits under this proposal produce insufficient resources for BIE Education Construction when compared to current funding levels, they could fluctuate considerably based on energy development revenue. Congress must provide consistent funding to fully address the dilapidated and unsafe conditions of BIE school facilities, and any new methods of funding school construction and maintenance must supplement rather than supplant existing appropriations avenues—especially considering the great need for school infrastructure in Indian Country.

The budget proposes a few increases for BIE programs, including \$7.2 million for Education Management to optimize learning opportunities for students of all ages. NCAI recommends the funding levels in the following table for BIE programs.

DOI Appropriations Bill—Interior, Environment

Program	NCAI FY 2020 Request
Tribal Education Departments (DOI)	\$10,000,000
Construction/Repair of Bureau of Indian Education (BIE) Schools	\$430,000,000
Johnson O'Malley	\$42,000,000
Student Transportation	\$73,000,000
Tribal Grant Support Costs (Administrative Cost Grants)	\$90,000,000
Facilities Operations (BIE)	\$109,000,000
Facilities Maintenance (BIE)	\$76,000,000
Indian School Equalization Formula	\$431,000,000
Education Management: Education IT	\$40,000,000
BIE Immersion Demonstration Grants	\$5,000,000
Juvenile Detention Education	\$620,000
Tribal Colleges and Universities' Institutional Operations, Titles I, II, and III of the Tribally Controlled Colleges and Universities Assistance Act	\$81,696,000
Institute of American Indian Arts and Center for Lifelong Education & Museum (AIANNH Culture and Art Development Act)	\$10,210,000
Haskell Indian Nations University & Southwestern Indian Polytechnic Institute (Snyder Act)	\$25,000,000
Tribally Controlled Career and Technical Institutions, Title V of the Tribally Controlled Colleges and Universities Assistance Act	\$10,000,000
Tribal Colleges and Universities Infrastructure Improvement	\$31,000,000

Overall, BIA and BIE provide funding for many public safety, education, human services, and natural resource programs that cannot be addressed fully in this testimony. NCAI supports the funding requests of other national tribal organizations, such as the National Indian Child Welfare Association, National Indian Education Association, American Indian Higher Education Consortium, and others who have also developed rigorous requests to address the treaty and trust obligations funded in the Interior-Environment spending bill.

U.S. Department of Education

Access to quality education is vital for competing and thriving in today's economy. It is an essential strategy for creating jobs and securing the nation's future prosperity—particularly in tribal communities. An educated citizenry serves as a catalyst to boost tribal economic productivity and growth through a more highly-skilled workforce, which can attract new businesses, reduce unemployment, stimulate reservation economies through direct spending, and foster growth in small businesses owned by tribal citizens as a path to individual and familial self-sufficiency.

For FY 2020, the President requested \$64 billion in discretionary funding for the Department, which is a decrease of \$7 billion or nearly 10 percent based on the 2019 CR levels. Cuts at the Department of Education will have adverse impacts for Indian Country, as the President's budget proposes reducing funding for most of the programs serving Native students, and even proposes eliminating (or not reauthorizing) several programs serving Alaska Natives and Native Hawaiians. NCAI is particularly concerned that the President's FY 2020 budget eliminates funding for the Alaska Native Education Program and the Native Hawaiian Education Program. The Alaska Native Education Program is an essential program that funds the development of curricula and education programs that address the unique educational needs of Alaska Native students, as well as the development and operation of stu-

dent enrichment programs in science and mathematics. The Native Hawaiian Education Program empowers innovative, culturally appropriate programs to enhance the quality of education for Native Hawaiians. NCAI recommends funding the Alaska Native Education Assistance Program at \$40 million and the Native Hawaiian Education Program at \$40 million for FY 2020.

NCAI opposes cuts to Indian education programs and instead recommends that Congress make a strong investment in the future of Indian Country by appropriating the amounts listed in the table below for programs at the Department of Education.

Department Education Programs	NCAI FY 2020 Request
Title 1, Part A (Local Education Agency Grants)	\$20,000,000,000
State-Tribal Education Partnership (STEP) Program	\$5,000,000
Title VII funding, ESEA (Impact Aid Funding)	\$2,000,000,000
Title VI funding, Every Student Succeeds Act (ESSA)	\$198,000,000
Native Hawaiian Student Education (Title VI, Part B)	\$40,000,000
Alaska Native Education Equity Assistance Program (Title VI, Part C)	\$40,000,000
Indian Education Language Immersion Grants (Title VI, Part D)	\$5,000,000
Special Programs for Native Student, Including Native Youth Community Projects	\$67,900,000
Title III-A Grants under the Higher Education Act for Tribal Colleges and Universities	\$65,000,000
Tribal Colleges and Universities: Adult/Basic Education	\$8,000,000
Tribally Controlled Post-Secondary Career and Technical Institutions and Technical Institutions	\$10,000,000
Native American-Serving, Non-Tribal Institutions (Higher Education Act, Title III-F)	\$10,000,000
Tribal Education Departments (Dept. of Ed)	\$10,000,000
Total:	\$22,458,900,000

Indian Health Service

The President's FY 2020 budget request for IHS is \$5.9 billion, which is \$392 million or 7 percent above CR levels (2 percent above FY 2019 appropriations). The budget request places an emphasis on Clinical Services, with investments in Hospitals and Health Clinics, Accreditation Emergencies, and Purchased/Referred Care. The budget also requests \$356 million for Mental Health, Alcohol, and Substance Abuse programs, which is \$27 million above the 2019 CR levels. However, the President's budget also proposes reductions in Preventative Health Education and Community Health Representatives, the Tribal Management Grant Program, and Health Care Facilities Construction. While NCAI is encouraged by increases to overall IHS funding, the elimination or reduction of IHS programs is not a position that NCAI can support—especially considering that in FY 2017 the IHS per capita expenditures for patient health services were just \$3,332, compared to \$9,207 per person for health care spending nationally.

For FY 2020, the IHS Tribal Budget Formulation Workgroup requested \$7.03 billion. This amount would include an increase to maintain current services and other binding obligations and allow for program expansions, as listed in the Workgroup's FY 2020 report. NCAI appreciates the bipartisan support for the IHS budget in Congress, and we look forward to ongoing support for providing much needed increases for the IHS budget.

Addressing health care issues in Indian Country extends beyond funding for the IHS. NCAI has additional funding recommendations for improving health care in tribal communities in its FY 2020 Indian Country Budget Request.

U.S. Department of Agriculture (USDA)

NCAI would again like to thank Chairman Hoeven, Vice-Chairman Udall, and our many other champions in the effort to ensure the 2018 Farm Bill included tribal priorities. The final bill created new authorities and improved existing programs in ways that will benefit tribal nations and citizens for years to come. Congress must now ensure that the significant progress for Indian Country embodied in the 2018 Farm Bill receives sufficient funding.

The President's budget proposes significant cuts that could impact the implementation of these hard-fought victories. When compared to the 2019 CR levels, the Food Distribution Program on Indian Reservations (FDPIR) would see a cut of \$23 million. FDPIR currently serves approximately 276 tribal nations and is a critical

food assistance program, particularly in areas that do not have easy access to Supplemental Nutrition Assistance Program (SNAP) offices or authorized food stores. Since FY 2013, FDPIR participation has risen more than 17 percent. Between FY 2015 and FY 2017 alone, monthly participants rose from 88,000 to 100,000. The FDPIR program is projected to have no change in participation in 2020.

Reducing funding for FDPIR will increase food insecurity in tribal communities and will provide fewer resources for USDA to implement the expansion of Indian Self-Determination and Education Assistance Act contracting authority (638 authority) for the FDPIR program. Additionally, the President's budget proposes significant cuts to the SNAP program, which will make matters more challenging, as reduced SNAP resources have historically meant increased stress on the FDPIR program.

As such, Congress should appropriate not less than \$200 million for FDPIR, appropriate \$5 million to develop a traditional foods market for FDPIR, and appropriate \$5 million for the 638 Tribal Self-Governance Demonstration Program for Tribal Organizations. Congress should also provide a minimum of \$1.5 million for the Office of Tribal Relations and ensure sufficient funding for implementation of Tribal Forest Protection Act program 638 authority and the establishment of the Secretary's Tribal Advisory Council.

Department of Justice

The public safety problems that continue to plague tribal communities are the result of decades of gross underfunding for tribal criminal justice systems; a uniquely complex jurisdictional scheme; and the historic failure by the federal government to fulfill its public safety obligations on AI/AN lands. Crime rates in tribal communities are among the highest in the nation and AI/ANs experience rates of violent crime that are 2.5 times the national average. Residents and visitors on tribal lands deserve the safety and security that is taken for granted outside of Indian Country. As discussed above, funding for public safety at the BIA is insufficient, and as a result, tribes are increasingly relying on competitive grant programs at the Department of Justice to address these funding shortfalls.

The Crime Victims Fund (CVF) is the federal government's primary funding source for providing services to victims of crime. NCAI expresses our sincere gratitude to appropriators for providing a direct funding stream for tribal governments from the CVF for the first time in FY 2018 and again in FY 2019. For this funding to achieve its purpose, however, it needs to be recurring funds that tribal governments can plan on in order to ensure program stability for victims for the long term. We urge appropriators to keep disbursements from the CVF at the increased level and to direct an amount equal to 5 percent of overall CVF disbursements to tribal governments, which is the level requested in the President's Budget.

As it has for several years, the President's Budget also proposes bill language that would streamline and consolidate OJP tribal programs by allocating seven percent from all discretionary OJP programs to address Indian country public safety and tribal justice needs. In the FY 2020 President's Budget, this would amount to \$127.064 million, an increase of \$37.5 million from enacted FY 2019 funding levels. In past years, both the House and Senate CJS Subcommittees have supported this request, but it has never been enacted. One of the biggest shortcomings of DOJ tribal funding is that it is administered as competitive funding. In order to obtain this funding, tribal nations—on behalf of their tribal justice systems—must compete against each other under priorities and guidelines established by DOJ. As a result, tribal nations must develop projects that align with changing DOJ priorities and cannot count on funding continuing beyond the current grant period. A streamlined OJP tribal allocation would significantly improve the federal funding process by which tribal nations receive resources to establish tribal courts; assist in developing detention facilities; provide legal assistance; develop and maintain juvenile delinquency prevention programs; and provide substance abuse prevention programs. Further, the tribal allocation would give tribal nations the flexibility to develop a detailed strategic plan on how best to spend those resources. NCAI supports the President's Budget request for a 7 percent tribal set-aside from across OJP discretionary programs and a 5 percent set-aside from the CVF. NCAI also supports restoring funding for the Tribal Youth Program, which is zeroed out in the President's Budget, to its FY 2010 level of \$25 million and to significantly increase funding for tribal law enforcement programs under the COPS program, which was funded at \$27 million for FY 2019 and at \$8 million in the President's Budget.

Department of Treasury

Of great concern to Indian Country is the budget's proposal to eliminate funding for the Community Development Financial Institutions Fund's (CDFI Fund) discre-

tionary grant and direct loan program. The President's proposal would eliminate funding for the Native American CDFI Assistance program (NACA) and the three other discretionary CDFI Fund grant programs.

The Native Initiative of the CDFI Fund is an important program that expands access to capital for individuals and small businesses in Indian Country. Each year, Congress funds the NACA program, which includes financial and technical assistance components. The NACA program makes awards that assist community development financial institutions (CDFIs) in increasing their lending services and financial products, and in building their own internal capacity to serve their target markets. Native CDFIs provide a wide range of loans to microenterprises, small businesses, consumers, and for housing and homeownership. Native CDFIs also offer financial education and entrepreneurial development training, homebuyer education and foreclosure prevention counseling, credit counseling, small business planning, debt relief counseling, counseling to improve financial capability, match savings programs called Individual Development Accounts, and free tax preparation services in Native communities across the country. In many areas, Native CDFIs provide the only affordable alternative to predatory financial services providers.

NCAI urges Congress to provide a minimum of \$20 million for the NACA program in FY 2020 and make permanent the waiver of the non-federal match requirement for the NACA financial assistance program.

Conclusion

Thank you for the opportunity to testify on the President's FY 2020 budget and share our recommendations on how the federal government can uphold its treaty and trust obligations to tribal nations through the federal budget. We look forward to working with this Committee on a bipartisan basis to ensure federal commitments to Indian Country are honored in the FY 2020 budget.

The CHAIRMAN. Thank you, President Keel.

I will turn now to Representative Andrew Joseph, Jr. Thank you for being here.

STATEMENT OF HON. ANDREW JOSEPH JR., PORTLAND AREA REPRESENTATIVE, NATIONAL INDIAN HEALTH BOARD

Mr. JOSEPH. Chairman Hoeven, Vice Chairman Udall, and members of the Committee, thank you for holding this hearing on the President's fiscal year 2020 budget request for Indian programs.

[Phrase in Native tongue]. My name is Andy Joseph, Jr. I am the Portland Area Representative for the National Indian Health Board and the Vice Chairman of my tribal council, the Confederated Tribes of the Colville Indian Reservation in Washington State. I also co-chair the National IHS Budget Formulation Workgroup.

As the Committee is aware, historical trauma, poverty and lack of adequate resources continue to plague tribal communities. If we are to make measurable changes to the health outcomes of American Indians and Alaska Natives, the funding levels that make it to the tribal communities needs to be adequate.

Tribes are concerned about the cuts to domestic spending, especially at the Department of Health and Human Services, which would go down by 12 percent. There are many programs within the agency that are a matter of life and death for many American Indians and Alaska Native people. Therefore, Congress should reject these cuts.

We have been grateful for the recent increases to the IHS appropriation over the last several years and to see another increase in the President's fiscal year 2020 budget recommendations. However, these increases have not allowed for expanded services and have mainly just kept up with inflation, contracts of work costs obligations, and population growth. We need to do more.

The chronic underfunding of the Indian Health system is one of the biggest factors contributing to the poor health status of tribal communities. On average, the government spends just over \$4,000 per IHS user compared to almost \$10,000 per person nationally. Many of the health disparities we see in the tribal communities could improve with more investment in the public health and health delivery system.

One of the biggest recommendations that has recently become more important to the Indian Health system this year is advance appropriations for the Indian Health Service. This has been a long-standing request of NIHB and the recent 35-day partial government shutdown only increases the need. The shutdown destabilized Native health delivery and health care access. It hurts tribal government, families and children. Tribes across the Country were forced to cut services and ration care.

With an already underfunded system, tribes do not want to go through another shutdown or lapse in the government funding and have to wonder if we have the resources necessary for our people. We are urging you to work with us as partners to ensure that services are preserved.

Tribes have also requested \$36.8 billion to fully fund the IHS over a 12-year period. To start that process, the request of fiscal year 2020 is \$7 billion. Top priorities in the IHS budget include hospitals and clinics, purchased and referred care, mental health, alcohol and substance abuse services, dental services and facilities construction.

We are excited about the Administration's proposal to invest \$20 million to expand the Community Health Aide Program. However, to make the most of the investment, there needs to be consultation with the tribes to develop a plan for this transition.

We are especially disappointed to again see zeroing out of the Health Education Program and a \$39 million cut to the Community Health Representative Program. Investments in new programs should not come at the expense of others that have been proven critical to tribes.

The trust responsibility to tribes does not stop at IHS, but spans across all Federal agencies. Many tribes do not see the funding from public health grants provided by other agencies because they generally go to States instead. Congress should provide direct funding to tribes and work with us to address the critical health needs.

Thank you again for the opportunity to testify here today. Indian Country is truly grateful for the work that has been done in this Committee. There is still more to do to ensure the Federal Government fulfills its trust responsibility to tribal Nations and ends the health disparities experienced nationwide.

We look forward to continuing our work with this Committee.

[The prepared statement of Mr. Joseph follows:]

PREPARED STATEMENT OF HON. ANDREW JOSEPH JR., PORTLAND AREA
REPRESENTATIVE, NATIONAL INDIAN HEALTH BOARD

Greetings Chairman Hoeven and Vice Chairman Udall, and Members of the Committee. My name is Andy Joseph, Jr., and I serve as Vice Chair on the Colville Business Council, as a Co-Chair of the IHS National Tribal Budget Formulation Workgroup, and as Chairman of the Northwest Portland Area Indian Health Board.

(NPAIHB). I thank you for the opportunity to provide testimony on “The President’s FY 2020 Budget Request for Indian Programs.”¹

Established in 1972, the NPAIHB is a tribal organization established under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93–638, advocating on behalf of the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues. NPAIHB operates the Northwest Tribal Epidemiology Center (NWTEC) and a variety of important health programs on behalf of our member tribes and national programs that serve Indian country. For twenty-eight years, NPAIHB has conducted an annual detailed analysis of the IHS budget.² It is an honor to present you with our recommendations for FY 2020.

Indian Health Service (IHS)

FY 2019 Enacted Level Funding for IHS is Inadequate. In FY 2019, IHS received an overall increase of \$162 million or 3.4 percent above FY 2018 enacted level for program and services, not including indefinite appropriation for Contract Support Costs (CSC) of \$104 million. I would like to thank the Senate for its support of the Community Health Representative program, Health Education and Tribal Management Grants in FY 2019. In our annual analysis for FY 2019, we determined that a \$268 million increase was needed above FY 2018 enacted level to cover population growth and medical inflation for current services (not including CSC).³ The final appropriated amount for FY 2019 fell short by \$106 million. The IHS budget has not received adequate annual increases, with a few exceptions, to maintain the costs of current services (inflation, population growth, and pay act increases).

Maintain Current IHS Services. The fundamental budget principle for Northwest Tribes is that the basic health care program must be preserved by Congress. Preserving the IHS base program by funding the current level of health services should be a basic budget principle by Congress. Otherwise, unmet needs will never be addressed. We estimate for FY 2020 that in order to maintain current services a minimum of \$195 million over FY 2019 enacted level is needed to cover medical inflation and population growth. Unfortunately, IHS and Tribal health programs will suffer consequences if IHS appropriations do not include medical inflation, population growth and pay act increases. For FY 2020, NPAIHB recommends that IHS be funded at least \$195 million to cover population growth and medical inflation to maintain current services with commitment that appropriate program increases be designated for IHS and Tribal health programs and not reprogrammed by IHS to cover ISDEAA 105(l) lease obligations.⁴

Phase in Full Funding for IHS Over 12 Years. Tribal leaders on the National Tribal Budget Formulation Workgroup (Workgroup), representing all twelve IHS areas, provide recommendations on the IHS budget annually through the IHS Budget Formulation process. As I mentioned above, I serve as a co-Chair of the Workgroup and am the Portland Area representative. The Workgroup provided recommendations for FY 2020 requesting an end to the growing health disparities by fully funding IHS at \$36.8 billion, phased in over 12 years.⁵ This recommendation is supported across Indian country as a recommendation that honors treaty and trust obligations of the United States to provide health care to Indian people. Consistent with the Workgroup’s recommendation, NPAIHB recommends that IHS be funded at \$7 billion for FY 2020 to get IHS on track for full funding in 12 years.⁶

Support Advance Appropriations for IHS. The recent partial government shutdown caused undue hardship to AI/AN people in the Northwest—from federal employees not being able to put food on their tables to reduced patient access to care due to clinics cutting their hours. Some Northwest Tribes were considering closing their clinics due to lack of funding. This is unconscionable treatment of AI/AN people and must not be repeated in the future. For these reasons and in recognition of the trust and treaty obligations, NPAIHB requests legislation that would provide advance appropriations to the Indian Health Service.

Indefinite Appropriation for ISDEAA Section 105(l) Lease Costs. Section 105(l) of ISDEAA requires IHS, upon tribal request, to enter into a lease for a facility owned

¹ NPAIHB Resource Library, available at: <http://www.npaihb.org/resource-lib/> (last visited Feb. 26, 2019).

² NPAIHB, *FY 2019 Indian Health Service Budget: Analysis and Recommendations—28th Annual Report*, <http://www.npaihb.org/resource-lib/> (last visited Feb. 26, 2019).

³ RADM Michael D. Weahkee, Letter on decision to reprogram a portion of FY 2018 funding (Sept. 14, 2018), https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2018_Letters/DTLL_DUIOLL_ISDEAA_09142018.pdf.

⁴ National Tribal Budget Formulation Workgroup Recommendation, *FY 2020 Summary Recommendations*, https://www.nihb.org/legislative/budget_formulation.php (last visited May.17, 2019).

⁵ *Id.*

or leased by the tribe or tribal organization and used to carry out its ISDEAA agreement. As established in the *Maniilaq* case, IHS must compensate the tribe or tribal organization fully for its reasonable facility expenses under Section 105(l) of ISDEAA.⁶ IHS's reprogramming of inflation increases to pay the lease costs negatively impacts our IHS and Tribal facilities. IHS/Tribal facilities rely on inflation increases to maintain current services. Unless additional funding is provided in the IHS appropriation, then the additional funds required to fund 105(l) leases will come at the expense of the health of our people with cuts in services for both direct service and self-governance tribes. NPAIHB recommends that Congress fund ISDEAA Section 105(l) lease costs as an indefinite appropriation.

Oppose Funding Cuts Proposed in President's FY 2020 Budget Request. NPAIHB opposes the President's proposed recommendations for several critical programs, including: \$39 million cut to Community Health Representatives (CHRs); elimination of Health Education funding (funded at \$20.5 million in FY 2019); elimination of Tribal Management funding (funded at \$2.4 million in FY 2019); \$2.5 million cut to Urban Indian Health of \$2.5 million; \$14 million cut to the Indian Health Professions (funded at \$57.3 million in FY 2019); cut of \$1 million to Self-Governance; and cut of \$657 thousand to Environmental and Facilities.

Fund Clinical Services-Electronic Health Record System in the amount of \$25 million. NPAIHB recognizes there will need to be a substantial investment in information technology (IT) infrastructure and software in order for IHS to transition to another system. For FY 2020, NPAIHB supports the President's Request for \$25 million to fund "Electronic Health Record System" planning, phased-in replacement, and technical assistance of IHS RPMS. NPAIHB also requests that activities be directed by tribes through ongoing tribal consultation.

Fund Elimination of HIV and HCV in the amount of \$25 million. It is estimated that there are at least 40,000 AI/AN people, served by IHS, with a current Hepatitis C (HCV) infection, according to the IHS National Data Warehouse. AI/ANs are disproportionately affected by HCV and have both the highest rate of acute HCV infection and the highest HCV-related mortality rate of any US racial/ethnic group. The AI/AN HCV-related mortality rate in Idaho, Oregon and Washington is over three times that of non-Hispanic whites. As to HIV, while rates of new HIV diagnoses are not elevated in AI/AN compared to some other race/ethnicities, there are notable concerns: 1) new HIV diagnoses among AI/AN increased by 70 percent from 2011 to 2016; 2) AI/AN patients have had the lowest survival rates of any race/ethnicity after an AIDS diagnosis; and 3) both male and female AI/AN had the highest percent of estimated diagnoses of HIV infection attributed to injection drug use (IDU). NPAIHB supports the President's Request for funding to Eliminate HIV and HCV in the amount of \$25 million as an initial step to phased in funding, but have recommendations for the following years.

However, the NPAIHB seeks to carry out the NPAIHB/California Rural Indian Health Board (CRIHB) joint resolution #17-04-11 to eliminate HCV among AI/AN people by "providing access to HCV treatment without restrictions" which was also enacted by the Affiliated Tribes of Northwest Indians (ATNI) and the National Congress of American Indians (NCAI). Lack of drug access to costly new medications (that reduce liver-related deaths, prevalence of hepatocellular carcinoma and decompensated cirrhosis and liver transplants) is the single most important barrier to a scale-up of HCV treatment and liver disease prevention. These HCV drugs are on the IHS formulary, but no funding has been appropriated to IHS for these drugs, so clinicians must spend considerable time mounting often unsuccessful attempts to get third-party payers such as private insurers, Medicaid, and patient-assistance programs to pay for them. Even with the proposed increase of 25 million for HIV/HCV elimination, this will treat only a fraction of the patients with chronic HCV (2,083/40,000). Therefore, NPAIHB recommends the "Ending the HIV Epidemic: A Plan for America" includes phased in funding for IHS of \$120 million for HCV for five years (\$600 million needed to treat all AI/ANs served by IHS) beginning in FY 2021 and \$30 million for HIV beginning in FY 2021. These funds are the minimum amount needed for clinical prevention, treatment and management of HIV/HCV at I/T/U clinics and NPAIHB supports these funds be retained at a national level for a coordinated effort for treatment. Any funds that needed for community level prevention, outreach and education at the Tribal level would need additional allocation of funds.

Fund Expansion of Community Health Aide Program for a minimum of \$20 million. In the past few years, NPAIHB has been at the forefront, with Portland Area Tribes, to get Northwest tribal members trained in Dental Health Aide Therapy (DHAT) in Alaska and placed in Oregon, Washington and Idaho (this fall). NPAIHB

⁶See *Maniilaq Ass'n v. Burwell*, 170 F. Supp. 3d 243 (D.D.C. 2016).

has also been planning for and is in the process of establishing a Community Health Aide Program (CHAP) certification board; creating and implementing an education program for Behavioral Health Aides (BHAs); and implementing a Dental Therapy Education Program in partnership with a local community college, the Swinomish Indian Tribal Community and Seattle Indian Health Board. An IHS interim CHAP policy is currently out for tribal consultation (closes June 7) and is expected to allow Areas the ability to move forward with CHAP implementation. NPAIHB supports the President's Request of \$20 million for CHAP but more funding is needed. NPAIHB does not support the proposed cut to the CHR program to fund expansion of the CHAP program. Both programs should be fully funded.

Increase Dental Health by \$20 million. AI/AN people have a higher prevalence of dental caries and untreated tooth decay in all age groups compared to the general United States population, with many AI/AN children experience high rates of dental caries between the ages of 2 to 5.⁷ For FY 2020, NPAIHB recommends and increase of \$20 million to Dental Services to address the growing oral health needs and dental professional shortage in Indian Country.

Increase Mental Health by \$152.5 million. NPAIHB is particularly concerned about the mental health of our AI/AN children and youth. Suicide is the second leading cause of death for AI/AN adolescents and young adults. AI/AN suicide mortality in this age group (10–29) is 2–3 greater than that for non-Hispanic whites. For FY 2020, NPAIHB recommends \$75 million to expand funding for pilot projects for aftercare services for Native youth discharged from residential substance use treatment. More Youth Residential Treatment Centers and Tribes must be funded to develop approaches to aftercare, recovery, and other support services for Native youth that can be used across other IHS/Tribal facilities, YRTPs and in Tribal communities. An additional \$75 million is needed to expand the Special Behavioral Health Pilot Program for Indians, appropriated \$10 million in FY 2019. However, NPAIHB recommends the option for Tribal shares instead of grant awards. Lastly, \$2.5 million is needed to fund Area Health Boards/Tribal Epidemiology Centers for the provision of technical assistance to Tribes and to collect and evaluate Special Behavioral Health Pilot Program.

Increase Alcohol and Substance Abuse by \$152.5 million. Alcohol and substance abuse, particularly among our AI/AN children and young adults, continues to be one of the highest priorities identified by Tribal leaders and Health Directors in the Portland Area and across Indian country. For FY 2020, NPAIHB recommends \$25 million to expand funding for pilot projects for aftercare services for Native youth discharged from residential substance use treatment; \$75 million to expand the Special Behavioral Health Pilot Program for Indians, with an option for Tribal shares; \$2.5 million to fund Area Health Boards/Tribal Epidemiology Centers for the provision of technical assistance to Tribes and to collect and evaluate Special Behavioral Health Pilot Program; and \$50 million to fund critical detoxification and recovery services.

Increase Purchased and Referred Care (PRC) by \$50 million. Without IHS/Tribal hospitals in the Portland Area, Northwest Tribes rely on the PRC program for all specialty and inpatient care. Because of this, the PRC program makes up over one-third of the Portland Area budget and when less than adequate inflation and population growth increases are provided, Portland Area Tribes are forced to cut health services to absorb these mandatory costs. The level funding of PRC in FY 2016 further diminished the purchasing power of Portland Area Tribes. Those IHS areas that have inpatient care can absorb PRC funding shortfalls more easily than PRC dependent areas with their larger size staffing packages and infrastructure. For FY 2020, NPAIHB recommends a program increase of \$50 million for Purchased and Referred Care (PRC).

Increase Indian Health Professions by \$10 million. Given the recruitment and retention issues of health care providers in many of our Northwest Tribal communities, NPAIHB passed a resolution supporting an increase for Indian Health Professions to fully fund scholarships for all qualified applicants to the IHS Scholarship Program and to support the Loan Repayment Program to fund all physicians, nurse practitioners, physician's assistants, nurses and other direct care practitioners (NPAIHB Resolution 18–03–07). For FY 2020, NPAIHB requests a program increase of \$10 million for Indian Health Professions.

No Increase to New Healthcare Facilities Construction But Increase Small Ambulatory Program (SAP) by \$25 million and Increase Joint Venture Construction Program (JVCP). The 2016 IHS/Tribal Health Care Facilities Needs Assessment Report to Congress stated that the current Priority List will not be complete until 2041 and

⁷ Phipps KR and Ricks TL, The oral health of American Indian and Alaska Native adult dental patients: results of the 2015 IHS oral health survey, Indian Health Service data brief, 2016.

at the current rate of construction appropriations and the replacement timeline, a new 2016 facility would not be replaced for 400 years. Many tribes and tribal organizations have had to assume substantial debt to build or renovate clinics for AI/AN people to receive IHS-funded health care. For these reasons, NPAIHB does not support funding for new Health Care Facilities Construction until the current funding mechanism is changed. NPAIHB recommends that the Government Accountability Office (GAO) be instructed to review and issue a report on the IHS Facilities Construction Priority System, including historical and current funding distribution inequities. (NPAIHB/CRIHB Joint Res No. 17-04-12). In addition, for FY 2020, NPAIHB recommends a program increase of \$25 million for the Small Ambulatory Program (SAP) with funding for staffing packages; and increased funding for the Joint Venture Construction Program (JVCP).

Increase Funding for Special Diabetes Program for Indians. Congress established the Special Diabetes Program for Indians (SDPI) in the Balanced Budget Act of 1997 to provide for the prevention and treatment services to address the growing problem of diabetes in Indian Country. SDPI expires on September 30, 2019. The SDPI provides a source of funding to address diabetes in tribal communities. Prevention and treatment services for AI/ANs under SDPI have resulted in short-term, intermediate, and long-term positive outcomes. In addition, most Northwest Tribes have SDPI programs with demonstrated positive outcomes. We recommend reauthorization of SDPI at \$200 million per year with medical inflation rate increases annually thereafter. We also recommend re-structuring of SDPI funding in the future so funding can also be available to tribes through tribal shares and not through grants.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Increase Tribal Opioid Response Funding and Eliminate GPRA Reporting Requirement. In the Portland Area a race-corrected analysis found the age-adjusted drug overdose death rate for AI/ANs for opioid, prescription drug, and all drug overdoses to be twice that of non-Hispanic whites. This disparity in opioid and drug overdoses has persisted in Idaho, Oregon, and Washington since 1997. NPAIHB appreciates the inclusion in FY 2019, particularly the \$50 million set-aside for tribes and tribal organizations for Tribal Opioid Response (TOR) funding and the \$10 million set aside for Medication Assisted Treatment (MAT) for tribes, which is crucial for tribal clinics to administer MAT. However, this it is not enough funding to enact change in healthcare and outcomes. NPAIHB recommends continued SAMHSA TOR non-competitive funding for tribes in the amount of \$75 million for FY 2020 with continued direct funding to tribes, funding in parity with states, and an increase of funding term to at least three to five years. In addition, we recommend that TOR funding be flexible to address other and co-occurring substance use issues (alcohol, methamphetamines, heroin, etc.) and mental health issues. Lastly, we recommend a \$15 million set aside for MAT for tribes in FY 2020.

SAMHSA should reconsider TOR GPRA reporting for all tribes and tribal organizations receiving SAMHSA TOR and Medication Assisted Treatment (MAT) funding. The instrument is lengthy and takes 35–45 minutes per patient to complete; and is required to be completed with each patient at 0, 6 and 12 months for MAT and other activities. This is a burden on staff of our tribes and tribal organizations and impacts patient care. NPAIHB recommends that GPRA reporting be optional, not mandatory, and consistent with IHS GPRA reporting requirements for self-governance tribes.

Fund Tribal Epidemiology Centers to Support Tribes TOR and MAT Activities. Thirty-four (34) tribes in the Portland Area are receiving TOR funding; and twenty-three (23) of the 34 tribes applied through the Northwest Portland Area Indian Health Board because they did not have the time or capacity to apply on their own. Many tribes found the application to be time-consuming, burdensome and were concerned that the funding was not adequate to meet the TOR reporting requirements. Portland Area Tribes relied on our Tribal Epidemiology Center to coordinate the consortium of 23 tribes and to provide technical assistance which tribes funded through their TOR funds. There should be a specific set-aside for Tribal Epidemiology Centers to coordinate consortiums and to provide training and technical assistance to Tribes when requested. We recommend a set-aside for Tribal Epidemiology Centers of \$2.5 million for administration of TOR consortiums, data collection, evaluation and/or training and technical assistance.

Office of the Secretary

Continue Funding for Minority HIV/AIDS Funding formerly known as Secretary's Minority AIDS Initiative Fund (SMAIF). Congress appropriates an average of \$50 million to the Office of the HHS Secretary for General Department Management (GDM) to SMAIF. The HHS Secretary delegates these funds to other agencies to be

used for MAI-related activities, which support programs that distinctly target communities of color. In FY 2018, \$3.6 million (1.5 percent) of SMAIF dollars were allocated to IHS for HIV/AIDS and HCV prevention, treatment, outreach and education—out of the total \$53.9 million of SMAIF dollars. Continued appropriation to SMAIF and inclusion of Indian Country in allocation of these dollars is necessary to maintain staffing, capacity, and organizational infrastructure to address health disparities for not only our Northwest Tribes, but also Tribes across Indian Country. For FY 2020, for SMAIF, we recommend at least \$57.5 million to SMAIF, a \$3.6 million increase, so that amount allocated to IHS can be increased from \$3.6 million to \$7.2 million.

National HIV Elimination Strategy. President Trump announced in his State of the Union remarks a commitment to end HIV transmissions within 10 years. NPAIHB supports a national effort to end HIV but cautions that the plan will succeed only if it addresses all people living with HIV and all people at risk of HIV. We urge the Administration to provide concrete next steps for the plan to end HIV transmission within 10 years that includes tribes and AI/AN people. While rates of new HIV diagnoses are not elevated in AI/AN compared to some other race/ethnicities, there are notable concerns: 1) new HIV diagnoses among AI/AN increased by 70 percent from 2011 to 2016; 2) AI/AN patients have had the lowest survival rates of any race/ethnicity after an AIDS diagnosis; and 3) both male and female AI/AN had the highest percent of estimated diagnoses of HIV infection attributed to injection drug use (IDU). In addition, most of Indian Country is rural, where barriers to HIV education can exacerbate stigma, and reaching specialists for HIV is more problematic than in an urban setting. <https://www.cdc.gov/hiv/pdf/group/raciaethnic/aian/cdc-hiv-natives.pdf>.

Given this data, we recommend a significant increase of HIV funding to Indian Country to increase our Tribal Nations' ability to maintain and increase ongoing HIV prevention, treatment, and outreach efforts. Moreover, funding for "Ending the HIV Epidemic: A Plan for America" should not be limited to jurisdiction 1 locations, and should be available to all tribes and tribal organizations to end the HIV epidemic. Importantly, Congress should ensure that HHS and its agencies work with IHS to determine what funding would be needed to eliminate HIV in Indian Country per the President's Plan.

Centers for Disease Control and Prevention (CDC)

Fund Good Health and Wellness in Indian Country (Under Racial and Ethnic Approaches to Community Health (REACH)) at \$32 million. The Good Health and Wellness in Indian Country initiative supports efforts by American Indian and Alaska Native communities to implement holistic and culturally adapted approaches to reduce tobacco use, improve physical activity and nutrition, and increase health literacy. NPAIHB recommends that Good Health and Wellness in Indian Country program be funded at \$32 million. We also recommend that the program be expanded to address the health needs of women prior to conception, during pregnancy, postpartum including breastfeeding and throughout the entire lifecycle for prevention of chronic disease.

Include Tribes in HIV/HCV Funding Opportunities. The NPAIHB would like to see base funding for HCV testing, prevention, and treatment in Tribal communities. As sovereign nations, Tribes share a unique relationship with the federal government. However, funding for HIV/HCV prevention and education generally flows to states via block grants. This system leaves many Tribes with limited resources, and forces Tribes to compete with states for funding. Base funding for HCV in Indian Country would further the goals of the U.S. National Viral Hepatitis Action Plan for 2017–2020, which identifies AI/ANs as one of the primary target populations for reducing new HCV infections and HCV-related deaths. Base funding for HIV in Indian Country would support tribes and tribal organizations to realize the President's plan titled, "The Ending the HIV Epidemic: A Plan for America." Therefore, we recommend an appropriation of direct, formula-based funding to Tribal governments for HIV and HCV prevention, testing, and treatment in FY 2020.

Centers for Medicare and Medicaid Services (CMS)

Opposition to Medicaid State Block Grant and Per Capita Programs. NPAIHB disagrees with the President's proposal for FY 2020 to change the Medicaid program to state block grants or per-capita program. This change would essentially shift the trust responsibility from the federal government to states. This responsibility must remain with the federal government to uphold treaty and trust obligations and ensure that tribes continue to receive Medicaid reimbursement. We recommend that IHS/Tribal/Urban Indian programs be exempt from any Medicaid block grant or per capita program.

Exempt IHS Beneficiaries from Medicaid Work Requirements. Since 2017, tribes have been engaged in discussions with HHS and CMS leadership as to Medicaid work requirements and have repeatedly requested an exemption for IHS beneficiaries. While Tribes appreciate the recent decision by CMS to allow an exemption for members of federally recognized tribes in Arizona, it does not address tribes' request for a national exemption of IHS beneficiaries from state imposed Medicaid work requirements. NPAIHB recommends a national exemption for IHS beneficiaries from state Medicaid work requirements.

Support Patient Protection and Affordable Care Act (ACA)/Indian Health Care Improvement Act (IHCIA). The Patient Protection and Affordable Care Act (ACA) has provided an incredible opportunity for increased access to health insurance for tribal members in our area. Many Northwest Tribes implemented premium sponsorship programs for their tribal members. The increased access for AI/AN people to health care through the Marketplaces has improved the health of many AI/ANs, while the increase of third party revenue to IHS and tribal facilities (I/T) has expanded programs and services at I/Ts. There are also several important Indian-specific provisions in the ACA that are critical to the Indian health system. Section 2901(b) ensures that IHS, tribal and urban Indian programs (I/T/Us) are the payers of last resort; Section 2901(c) simplifies eligibility determinations for AI/AN enrolling in CHIP when seeking services from Indian providers; Section 2902 authorizes I/T/Us reimbursement for Medicare Part B services; and Title IX, Section 9021 ensures that health benefits provided by a tribe to tribal members are not counted as taxable income. In addition, IHCIA, permanently reauthorized under the ACA, has created opportunities to improve access and financing of health care services for AI/ANs. NPAIHB respectfully asks that the ACA and IHCIA be protected and strengthened to ensure tribes and AI/ANs continue to reap the benefits of these laws.

I thank the Senate Committee on Indian Affairs for this opportunity to provide recommendations on "The President's FY 2020 Budget Request for Indian Programs."

**STATEMENT OF HON. TOM UDALL,
U.S. SENATOR FROM NEW MEXICO**

Senator UDALL. [Presiding.] Thank you very much, Vice Chairman Joseph.

Welcome to all of you. We tried to move this along so you could give your testimony. I am going to give my opening and then we will start questioning with everybody that is here today.

Today's hearing is not only an opportunity to consider the specific proposals put forward by the Administration, but it is also an opportunity to examine whether the current budgeting process is serving tribes and whether, as one tribal leader said it best, Congress is truly fulfilling its Federal commitments and promises to tribal Nations.

Today's hearing comes on the heels of the longest government shutdown in history, a painful reminder of the harmful impacts of the 2013 sequestration cuts to Indian programs and the damage caused by budgetary stalemate and uncertainty. Whether it was tribal child welfare programs at risk of closing down or tribes struggling to keep ambulance services and police vehicles running, the impacts of the shutdown this past winter were far-reaching. Indian Country can't thrive and the Federal trust responsibility can't be fulfilled in a budget environment filled with setbacks of sequestration and stop and start government shutdowns.

That is why I am hopeful that we can all come together to agree on a budget deal and why I was proud to introduce legislation, S. 229, the Indian Programs Advance Appropriations Act, to provide funding certainty for the Indian Health Service and the Bureau of Indian Affairs by authorizing their budgets to be funded a year in advance. I urge my colleagues to listen to our tribal witnesses

today and take to heart the need for us to work together on a bipartisan basis to reform the tribal budget process and provide more certainty for Indian Country. I hope you all will join me in support of S. 229.

I would like to touch on another budget process issue that I hope we can consider today, the disconnect between tribal consultation and the Administration's budget formulation. At our 2019 budget oversight hearing, I spoke about this Administration's assertion that budget proposals are, at their core, messaging documents, a phrase used by the Office of Management and Budget Director Mulvaney. If that is the case, the Administration is continuing to send a very concerning message about its regard for tribal consultation and its priorities for Indian Country.

The fiscal year 2020 request fails to meaningfully include tribes in its marquee proposals and cuts programs identified as priorities for Indian Country through budget consultations. In fact, just as with fiscal year 2019 proposals, the President's budget would cut the Tribal Interior Budget Council's top three-ranked programs, social services, tribal courts and Indian child welfare, by millions of dollars.

In the Indian Health Service, this Administration's budget once again tries to gut the Community Health Representative Program, a program that tribes in New Mexico and across the Country have made clear is central to their communities' health care. These misalignments between tribal priorities and the budget raise serious concerns. I expect the Administration witnesses today to explain why I do not see tribal priorities reflected in the Administration's fiscal year 2020 request.

Effective advocacy for tribal budget priorities within the Administration depends on strong leadership. Assistant Secretary Sweeney, you pledged during your confirmation hearing to be an advocate for Indian Country, not only from within the halls of Interior but also across the Executive Branch. Unfortunately, the Administration's proposed budget does not appear to reflect such advocacy. I look forward to hearing from you, in particular, about how you have advanced Indian Country's budget priorities since assuming your role as the highest-ranking Senate-confirmed official in Indian Affairs.

I thank the Chairman for calling this hearing.

Senator UDALL. Do any of the Senators have opening statements? Senator Barrasso?

**STATEMENT OF HON. JOHN BARRASSO,
U.S. SENATOR FROM WYOMING**

Senator BARRASSO. Senator Moran was here first. I was going to quote the wonderful job your dad did when he came to Wyoming in 1963.

Thank you so much for you all being here. I appreciate the testimony from the panel today regarding funding for Indian programs for the upcoming fiscal year.

Admiral Buchanan, I would like to begin with you, if I may. As you know, I have worked on legislation with members of this entire Committee for the last several years to ensure the Indian Health

Service had the tools it needs to improve access to quality of health care and facilities.

One month ago on April 8, Chairman Hoeven, Senator Thune and I sent a letter to Director Weahkee and Secretary Azar requesting the Indian Health Service answer some basic questions. One was how the agency manages staff and appointment records; how background checks are completed to ensure patients are safe; and how the Indian Health Service addresses allegations of provider misconduct because that has certainly been in the news. Those are questions that our staff first posed to the agency in February. I want to submit for the record a copy of that letter.

Senator BARRASSO. I would urge you to prioritize a response to our letter, because it addresses some of the key failures that have placed human health and basic human safety at risk in the past. I know I speak for all of us when I say I want to work with you to ensure that catastrophic failures in patient care do not continue. I would like to give you a chance to respond.

Mr. BUCHANAN. Thank you, Senator Barrasso, and for your leadership to this Committee.

We have prioritized that letter and the responses. I can assure you, I was hopeful to have that letter with me today but it is currently under departmental review. We will make it a priority.

Senator BARRASSO. Secretary Sweeney, it is good to see you. I appreciate the job you are doing. I have appreciated working with you and with Secretary Bernhardt to address deferred maintenance in the Indian irrigation systems.

When the bill I originally sponsored and many members of this Committee have co-sponsored, the IRRIGATE Act, was enacted several years ago, it required Interior to submit a report to Congress discussing the first two years of implementation. The deadline date was December 2018. Since it is now May, Congress is beginning the appropriations process. Do you know when we should expect to receive the report on the IRRIGATE Act?

Ms. SWEENEY. I believe the current status of the IRRIGATE Act report is going through our internal review process. It is moving along through that process.

Senator BARRASSO. I know you have had some change in leadership in the department, so anything you can do to expedite that, we would really appreciate. Thank you.

Additionally, Secretary Sweeney, the Bureau of Indian Affairs has a number of active agreements with tribes that operate certain programs under self-determination contracts. There have been a number of cases over the past several years where the Interior Inspector General has found that the BIA failed to adequately oversee contracts. Some cases were the result of poor staff training, some were due to ill-timed financial reviews of tribal expenditures.

The President's budget request for fiscal year 2020 provides increased funding for the BIA. What steps are you taking to improve staff training and oversight to ensure the agency and tribes are complying with Federal law?

Ms. SWEENEY. Thank you for your question.

With respect to the various reports, the high-risk reports that have been issued for Indian Affairs, we are taking their rec-

ommendations seriously. We have concurred with a number of them.

We are working with our Self Governance Division inside of Indian Affairs to ensure that they have the appropriate tools to carry out their responsibility to their self-governance participants. That includes training, that includes working with our financial arm to ensure that we can accurately track the funding. That includes improving the technology so that they can push out money the door faster.

Senator BARRASSO. The GAO recently published their latest High-Risk List for government programs. The Bureau of Indian Affairs, the Bureau of Indian Education, and the Indian Health Service all are included on this list of high-risk government programs.

I appreciate the progress you have made in addressing the GAO's recommendations so far. Staff capacity and retention, I know, have hampered much of your progress over the past year or so. Do you believe the creation of the new Operation of Indian Education Programs account will help to address staff stability and recruitment issues?

Ms. SWEENEY. I believe that the separation of the BIA and the BIE budgets is a great first step in the right direction. With respect to the GAO High-Risk Report that you are referencing, BIA is collaborating with our partners to address the remaining GAO recommendations.

Senator BARRASSO. Thank you.

Mr. KEEL. your testimony focused a bit on transportation needs across Indian Country, something you and I have worked with over the last decade. While there are a number of programs that address tribal transit for patients, the Federal Highway Administration administers the Tribal Technical Assistance Program, TTAP. Can you talk to me a bit about how tribes have used this TTAP over the last several years and whether it has improved project planning and delivery on the ground?

Mr. KEEL. Thank you for the question, Senator Barrasso.

Tribes do utilize those resources. It does assist them in advance planning and looking at refining their transportation needs. Unfortunately, it is often underfunded and there are just not enough resources to go around. It does, in fact, assist the tribal leaders when they look at their annual plans and refine them. It does allow them some resources to get some outside advice and look at the community needs as well as their own tribal needs.

Senator BARRASSO. Thank you. Senator Udall.

Senator UDALL. Thank you.

Senator Cortez Masto.

**STATEMENT OF HON. CATHERINE CORTEZ MASTO,
U.S. SENATOR FROM NEVADA**

Senator CORTEZ MASTO. Thank you. I appreciate the opportunity to be here with all of you.

Let me start with Rear Admiral Buchanan. The President's budget includes a 7 percent increase in funding for the Indian Health Service. I appreciate that attention to the needs of Indian Country, but it is not a pattern that extended to other Federal health programs. In fact, I am concerned that cuts proposed elsewhere in this

budget will outweigh any benefit derived from increased IHS funding.

Let's take, for example, the Medicaid Block Grant proposal. Over time, block grants erode in value. If States are unable to continue covering expansion populations, will IHS have enough money to make up for the decrease in Medicaid reimbursements for care sought by tribal members in the Medicaid expansion populations?

Mr. BUCHANAN. Thank you for the question, Senator Cortez Masto.

Medicaid is part of our third-party collections. Medicaid is, I believe, 68 percent of third-party collections that we recoup. We utilize those collections to provide additional services into the IHS system. Any decreases we get in our third-party collections will impact our health care delivery.

Senator CORTEZ MASTO. If DOJ is successful in validating the ACA, which is what I see happening right here, unfortunately, with this Administration, IHS will become an expired Federal authorization. How will you respond?

Mr. BUCHANAN. It will have a huge impact if we are not able to access our Medicaid dollars, that is for sure. We will not be able to provide the services. We use those Medicaid dollars to address, as I mentioned in my opening statement, we had 16 health care surveys for accreditation. Any deficiencies that we found, we use those Medicaid dollars to increase and address those services that might have been found deficient. It will have an impact.

Senator CORTEZ MASTO. Thank you very much.

Assistant Secretary Sweeney, do I read this correctly that there is a proposal cutting \$2 million from tribal courts compared to the previous fiscal year 2019? Is that correct?

Ms. SWEENEY. The tribal courts were level funded against the 2019 CR when we formulated the budget.

Senator CORTEZ MASTO. So what does that mean? That means \$2 million was decreased out of their fiscal year 2019 budget, is that right? Or no? Am I reading that wrong?

Ms. SWEENEY. Yes, you are not reading it right. Compared to the enacted budget.

Senator CORTEZ MASTO. There is a \$2 million decrease?

Ms. SWEENEY. Yes.

Senator CORTEZ MASTO. I guess my concern is if I read your testimony correctly, you described a BIA report estimating that \$1 billion is needed for tribal courts; \$1 billion is needed for tribal courts across the Country. Yet, there is a massive funding gap from the current \$32 million.

Describe for me how the tribal courts are going to operate, literally. If there is a need for more and we keep cutting, what does that mean to our communities, particularly to the tribal courts?

Ms. SWEENEY. When you look at the Indian Affairs budget, we certainly have budget constraints. It is a very tight budget. We have to prioritize programs that continue to maintain ongoing operations. There is a need for tribal courts and a holistic approach to dealing with the social issues that challenge our Native communities. Tribal courts are an important component of that. However, when we look at our overall obligations, we have to, and I have to,

take a very balanced approach in how I look at managing this budget.

So the proposal that is before Congress is the proposal that I thought would help us serve the greater good in Indian Country with the breadth of the services that we do provide while maintaining current operations.

Senator CORTEZ MASTO. Thank you.

I notice I am almost out of time. I will defer to my colleagues. Thank you.

Senator UDALL. Thank you.

Senator Moran.

**STATEMENT OF HON. JERRY MORAN,
U.S. SENATOR FROM KANSAS**

Senator MORAN. Ranking Member, thank you very much. Thank you all for being here this afternoon.

Let me start first with Secretary Sweeney. Secretary, Haskell University, you mentioned in your testimony will receive forward funding. I think that is good news. I want to highlight an issue that we have had a desire to work with Haskell on for a long time, several years.

Haskell can't establish an endowment. In my conversations with folks across the Country, there is recognition of the value of Haskell and the willingness to contribute dollars toward an endowment that would help Haskell and its students.

How can we attract private support for tribal colleges and universities and help supplement the Federal dollars? Again, we understand the law does not currently allow them to have an endowment or a foundation.

Ms. SWEENEY. Thank you for your question.

I am actually traveling to Haskell tomorrow to provide the commencement address on Friday. I am very, very excited.

Senator MORAN. Thank you very much. We welcome you to Kansas.

Ms. SWEENEY. Thank you.

I need to first understand why they are not able to establish an endowment. If there is a lack of authorization, that certainly is a different conversation. Outside of that, if we are moving towards authorizing Haskell to set up an endowment, then Indian Affairs can serve as a conduit between the philanthropic sector and our Haskell University to start those discussions on what an effective endowment would look like.

Senator MORAN. Secretary, I thank you for that answer. I would encourage you if you can provide some leadership on this issue. It has been a topic of conversation in Indian Country for a long time but very few concrete steps taken to accomplish the goal. Please consider me an ally in that effort. I would welcome your report. Perhaps this is something that you can explore in your time in Kansas. I have given graduation speeches. The challenge is that no one is listening, at least in my case. I hope you fare better than me.

Ms. SWEENEY. Thank you.

Senator MORAN. Admiral, a question I would like to raise with you, on June 6th, the Mission Act, we are talking about the De-

partment of Veterans Affairs, the Mission Act will become effective. It allows veterans across the Country to access care outside the VA system when it is in the best interest of that veteran.

My question to you is, is there is any coordination between the Bureau of Indian Affairs and tribal Country as well as the Department of Veterans Affairs in making certain that this provision that Native Americans who are veterans can access care closer to home because it is in their best interests, or because they need specialized care and treatment?

My question in general is, is there not a way we can put some more resources into Indian health care utilizing the VA programs now particularly that it is not necessary to go, and, in fact you could utilize a Bureau of Indian Affairs health care facility and perhaps be compensated by the VA for doing so? Do you know the story? Are there any plans in the works that would be helpful to health care for veteran Indians?

Mr. BUCHANAN. Thank you for the question, Senator Moran.

I would be remiss if I did not say I had connections to Kansas. I was the Haskell CEO for about three or four years. I appreciated my time in Kansas.

Senator MORAN. Thank you very much. We never understand when I meet somebody who lived in Kansas while they no longer live there. And Admiral, there is not a lot of water in our State, except at the moment it is flooding.

Mr. BUCHANAN. I understand.

We have been in close contact with the VA and with BIA as it relates to the Mission Act. We have had ongoing communications. Your idea of having the veterans come into the clinics and get services, we have actually been doing those things. As I mentioned earlier, we have third party resources, which include Medicare, Medicaid and private insurance. The other piece that is actively gaining ground is VA reimbursements. We have seen a dramatic increase of reimbursements. We are currently engaged with them.

Senator MORAN. So the VA can reimburse?

Mr. BUCHANAN. That is correct. We see those numbers continuing to grow over time as our partnerships continue to increase. We have not only engaged with them on those activities, we have been engaged with them with our electronic health records, trying to learn from their lessons learned in implementing those.

Senator MORAN. If you discover any difficulties, I would be willing to assist in any way I can in dealing with the Department of Veterans Affairs to bring the two together.

Mr. BUCHANAN. Excellent. Thank you, sir.

Senator MORAN. Thank you, Admiral.

Just a brief comment, perhaps, President Keel. With the proposed increases in the Department of Justice funding for tribal programs, would you wish to highlight anything for me? I chair the Appropriations Subcommittee that includes the Department of Justice. Anything that I should know in that regard?

Mr. KEEL. Thank you, Senator Moran. Anything we can get that will help tribal courts and tribal policing in tribal jurisdictions is a great help. We need those resources.

When you look at the Crime Victims Fund, the Violence Against Women Act, all those things, and giving jurisdiction for the tribal

courts to punish those, to prosecute and punish those perpetrators, that is a great help. Yes, absolutely we can always use that. We would be happy to come and work with your staff to bring you the information and statistics that we have.

Senator MORAN. Thank you. I hope that is one of the issues we do not have this time in the reauthorization of VAWA.

Thank you.

Senator UDALL. Thank you, Senator Moran.

Senator Tina Smith.

**STATEMENT OF HON. TINA SMITH,
U.S. SENATOR FROM MINNESOTA**

Senator SMITH. Thank you, Mr. Chair.

I understand that Senator Cantwell has a short time frame.

Senator CANTWELL. The Senator has been waiting. Go ahead.

Senator SMITH. Okay. Thank you very much. I would like to start with Secretary Sweeney.

Secretary Sweeney, as you are aware, there is a terrible crisis of missing and murdered indigenous women in this Country. In fact, I think many of us, several of us here today under the leadership of Senator Udall took to the Senate Floor to raise awareness of this issue. I know that Senator Tester, Senator Cortez Masto and I all did, as we were talking about this issue and its relationship to reauthorizing the Violence Against Women Act.

I know this issue came up the last time you came before this Committee. I believe you told us the department is working to develop some strategies to address this crisis. Could you give us an update on where you are with those strategies and what progress you have made?

Ms. SWEENEY. Indian Affairs has been actively engaged in discussions with the White House. As you may have noted, over the weekend the President issued a Presidential Proclamation declaring May 5th Missing and Murdered American Indian and Alaska Native Women and Children Awareness Day. That is one example of the type of work and the conversations we have been involved with across the board with our Federal partners and with the Administration.

We continue to exercise our leadership on the Opioid Task Force. As you know, when we move in the direction of working to combat illegal narcotic activities within Indian Country, that has an effect on violent crimes in our communities.

Senator SMITH. I am certainly glad that the White House is contributing to raising awareness of this issue, but I hope that your strategies will include more than just raising awareness. Because as you well know, women and men in Indian Country have been working on this issue and raising awareness on this issue for years. I think we are going to need more.

Let me ask you about another thing if I could. This past year, Native communities were among the hardest hit in the Federal Government shutdown, which I think was a terrible waste and was particularly challenging to tribal communities.

When the Federal Government does not live up to its trust responsibilities with these lapses of Federal funding, tribes are forced to suspend really important medical services, child care services,

other services. I have heard from many Minnesota tribes, all Minnesota tribes about the impact the shutdown had on their operations.

In the wake of that, I helped with the bill led by Vice Chairman Udall to provide advance appropriations for critical funding in Indian Country. This bill would authorize funding one year in advance of the fiscal year for programs within the Indian Health Service and the Bureau of Indian Affairs. Could you tell us whether the Administration supports advance appropriations for Indian Country programming?

Ms. SWEENEY. With the effects of the shutdown, we learned the importance of improving our internal processes, getting additional funding out the door faster in the environment of short term CRs, and also improving our communications with tribal communities. We understand the breadth of the impact the shutdown has had.

Senator SMITH. Let me just ask you. Does the Administration support advanced appropriations as we have with Veterans Affairs and other programs within the Departments of Education and Labor and Housing and Urban Development? Does the Administration support advanced appropriations here?

Ms. SWEENEY. I can't speak for the Administration as a whole. What I can tell you about Indian Affairs is that we are currently looking at that legislative proposal and the existing advanced appropriation language to understand the potential for any sort of complications that may arise to budget execution and the funds allocation.

I do not have a clear answer for you today. What I can tell you is that we are currently and actively looking at that language.

Senator SMITH. Can you think of any reason why it would not be a good idea?

Ms. SWEENEY. No, not at this time.

Senator SMITH. We will look forward to continuing to work on that because I think it is extremely important. I appreciate President Keel raising this in your testimony.

Thank you, Mr. Chairman.

Senator UDALL. Thank you, Senator Smith.

Senator Martha McSally.

**STATEMENT OF HON. MARTHA MCSALLY,
U.S. SENATOR FROM ARIZONA**

Senator MCSALLY. Thank you, Ranking Member Udall. I appreciate all the witnesses today.

Part of the Federal Government's Indian trust responsibility is providing quality health care. Indian Health Service facilities in Arizona provide critical care and services to some of the poorest and most geographically isolated areas around the Country.

Because of the unique challenges that our Native American tribes experience in accessing health care in Arizona, it is essential that their facilities have the resources they need. The fiscal year 2020 request for construction of facilities is \$77 million below the previous year's enacted level.

I am concerned such a cut may affect scheduled construction for health facilities in Arizona that are both planned and underway such as the Bodaway Gap and Dilkon facilities on the Navajo, the

Sells Hospital on the Tohono O'odham and the Phoenix Indian Medical Center.

Admiral Buchanan, can you commit to me that IHS will devote the resources necessary to construct these facilities, those that are planned and underway as scheduled and promised to the tribes?

Mr. BUCHANAN. I can commit to you. We have a grandfathered list.

Senator MCSALLY. Did you say can, just to be clear?

Mr. BUCHANAN. I can commit to you, yes. We have several projects in place in different phases, so yes, I can commit to you that we will move those projects forward.

Senator MCSALLY. Great. Thank you. I appreciate it.

Assistant Secretary Sweeney, I want to talk to you about rural broadband, the broadband access challenges. A 2018 study by the Census Bureau found just 53 percent of households on tribal lands with a computer had access to high speed Internet compared to 82 percent of households nationally.

Many residents on tribal lands in Arizona use mobile phones to access the Internet, but in the areas of expansive deserts and forests and canyons, reliable cell coverage is sparse as well. What is the Bureau of Indian Affairs doing to help close the broadband access gap? We do have, in Arizona, tribal communications carriers like Navajo Nation, Gila River Telecom, Hopi Telecom, San Carlos Apache Telecom and others and private partners that are trying and eager to expand broadband access, but there are some unique obstacles.

I want to hear your perspectives on that.

Ms. SWEENEY. Thank you for your question, Senator.

Broadband access in Indian Country is a priority of mine, it is a priority of the Department of the Interior. As we all know, it is a priority of the Administration as well.

We are actively engaged with our Federal partners. We are currently working with them to convene our tribal enterprises, our tribal leadership, tech companies and service providers with our Federal partners to develop a road map on how to bridge that digital divide in Indian Country.

One of the things that I commissioned when I first started with Indian Affairs was, I wanted to understand where the energy transmission lines were across the Country, along with the broadband coverage, and overlay that over Indian Country. What I found was there are doughnut holes with the energy transmission and broadband all around Indian Country.

You talk about very remote places. I have been to Sells several times. We have areas in Indian Country that have no electricity. We are leaving a generation of children behind if they can't connect to the Internet and they can't go home to turn on a laptop or their iPad to do homework because they have no electricity.

We are actively engaged in this across the Federal Government with Federal partners and looking to map out a way forward.

Senator MCSALLY. Great. Thank you. I appreciate it.

I have a number of other questions. I will submit them for the record.

Thank you, Mr. Ranking Member.

Senator UDALL. Thank you, Senator McSally.

Senator Tester.

**STATEMENT OF HON. JON TESTER,
U.S. SENATOR FROM MONTANA**

Senator TESTER. Thank you, Mr. Chairman.

I want to thank everybody who has testified today. I appreciate this hearing. It is an important one.

I want to start with you, Assistant Secretary Sweeney. It kind of dovetails off of Senator Smith's questions.

You said you could not speak for the Administration when it comes to the advanced approach. Do you believe in advanced appropriations for the BIA since they do have special trust responsibilities that no other agency within the Federal Government have?

Ms. SWEENEY. We are having discussions with our Federal partners like HHS.

Senator TESTER. Yes, but do you support the advance appropriations? Because quite frankly we have things like government shut-downs. We don't live up to our trust responsibility at all.

Ms. SWEENEY. I understand what you are saying. I do see the benefits in advanced appropriations.

Senator TESTER. Thank you.

The missing and murdered indigenous women crisis is huge. We have had hearings in this Committee. On Monday, I sent a letter, along with Chairman Hoeven and Vice Chairman Udall, bipartisan members of this Committee asking the GAO to conduct a study on how the BIA and other Federal agencies respond to reports of missing and murdered indigenous women, and improving reporting protocols, work with other law enforcement agencies. I believe the GAO is going to do this important study.

I hope you will commit today to working with the GAO to provide information they need to put together that comprehensive report, either one of you?

Ms. SWEENEY. Absolutely.

Senator TESTER. Ed nods yes.

You talked about raising awareness. Have you done anything specifically with taking steps to improve reports and communication between the U.S. Marshals Service, FBI, and tribal law enforcement?

Ms. SWEENEY. Thank you for your question.

We have increased the number of our drug agents and canine teams in Indian Country. We also have provided and executed tribal community training and awareness events in Indian Country.

Again, we are improving our Federal partnerships to more effectively focus on this very, very important issue. When you talk about the partnerships between the Office of Justice Services and other Federal partners, access to data is key. We need to improve that process.

Senator TESTER. Are you in the process of improving the data sharing?

Ms. SWEENEY. By we, I mean Indian Affairs and those other agencies need to learn to collaborate in a more efficient and effective fashion.

Senator TESTER. I got you.

Ms. SWEENEY. To answer your question, the answer is yes.

Senator TESTER. Quite frankly, the FBI has all sorts of fish to fry out there. They may not even be aware of what is going on, quite frankly, to the extent that you are.

Ms. SWEENEY. Yes.

Senator TESTER. It is not unlike a lot of things, consultations with Indian tribes. You guys understand that support. Other agencies, it is no big deal. Why do we have to talk? It creates problems. If you guys can help lead the charge on this, it would be very, very helpful.

In Montana, like the Northern Cheyenne Tribe, for example, has 450,000 acres and one officer. That can be repeated throughout Indian Country, in Montana and probably with most, if not all, the large land-based tribes.

Does this budget have adequate funding levels to be able to hire the law enforcement that is needed in Indian Country by the BIA?

Ms. SWEENEY. Thank you for your question.

Again, as I explained earlier, we have budget constraints. I am looking at maintaining current operations.

Senator TESTER. You are talking about this budget will maintain law enforcement but not increase the number of officers on the ground?

Ms. SWEENEY. This budget will maintain ongoing operations.

Senator TESTER. Okay, so I would say this. You are a very good person. You came here with high marks. We confirmed you. If we do not have people like you fighting for more law enforcement in Indian Country, it ain't going to happen. It is just not going to happen.

I am telling you the reason we have drugs, crime that is over the top, is driven by a lot of things, poverty, bad water, no housing, all that stuff that we have to deal with on this Committee. But if they do not have law enforcement, it becomes a no man's land. I am just telling you that you have to step it up.

I want to talk about hemp. I have 30 seconds. I think there is an opportunity with hemp in agriculture. It is a crop that we can use in rotation, nothing is worth any more because of these tariffs that have been thrown on that are killing agriculture right now and it is going to kill rural America.

Can you update me on the work that you are doing to ensure the BIA hemp regulations reflect the 2018 Farm Bill in which we addressed hemp, and BIA training of law enforcement officers to be compliant with the 2018 Farm Bill, with industrialized hemp? Different than the stuff you smoke.

Ms. SWEENEY. Thank you for that clarification. And thank you for your answer.

Senator TESTER. That is the question. I am looking for the answer.

Ms. SWEENEY. Your question, excuse me.

We are waiting for the USCA to issue their regulations, but we have been working with the Natural Resource Conservation Service and the Farm Service Agency to develop an MOU that outlines collaboration and consultation to ensure the applicable Farm Bill is consistent with Federal and tribal laws and regulations.

Senator TESTER. That is good. Let us see if the rubber hits the road. Are there tribal land leases currently permitted to grow hemp this year?

Ms. SWEENEY. No, not at this time.

Senator TESTER. Okay, so we have to do better. I will just tell you why. Montana is one of the last ones to plant and planting season is just about over. We have to move forward, if you could.

Thank you very much. We appreciate all of your service. I am sorry I just picked on Tara. I should have picked on the rest of you too.

Senator UDALL. Thank you, Senator Tester.
Senator Cantwell.

**STATEMENT OF HON. MARIA CANTWELL,
U.S. SENATOR FROM WASHINGTON**

Senator CANTWELL. Thank you.

I would like to join my colleague from Montana in saying how important it is that we fully support Public Law 280 States and that the Federal Government do its role and responsibility here. My colleague, the Vice Chairman of the Committee, did a great job yesterday in helping lead all of us on a Floor discussion about how important Savanna's Law is and how important it is that we reauthorize the Violence Against Women Act. My colleagues, Senator Cortez Masto and Senator Murkowski, are leading the charge in the Senate.

Having two cities that are at the tip of the spear of this problem, Seattle and Tacoma, is just something—we need the Federal support. We have to get the Federal Government to play its role and responsibility. I am very much in line with what my colleague from Montana had to say about this.

Rear Admiral Buchanan, I would like to hear from you on the challenges of delivering health care in some of our most rural environments. I understand that IHS intends to reopen applications on the Joint Venture Facility Construction Program later this year. In prior years, they have penalized tribal applications for the program if the proposed facility would be located within a certain distance of non-Indian hospitals, even if tribal members were not able to utilize those hospitals with their tribal pay visits for IHS.

The Colville Tribe, very northeast and central part of our State, was informed that the primary reason their application did not go forward during the last round in 2014 was this issue I just mentioned about location to other facilities. They definitely need a new OMAK clinic. The tribe is currently operating in an outdated, modular building that can't meet the patients' needs and is understaffed. The Joint Venture Program is the only way the Colville will be able to make the community updates they need.

Will you reevaluate the criteria of this next round? Will you talk about Colville and how, I mean, if there are other ideas besides the Joint Venture Program, I would like to hear them, but how can they benefit from moving forward and getting a facility in the OMAK area?

Mr. BUCHANAN. Thank you, Senator Cantwell.

Specifically to facility purchases or construction, we recently had a solicitation for small ambulatory clinics. I think that solicitation

closes in June, if I am not mistaken. I believe the total funding award for that is around \$2 million, if I am not mistaken.

I have been to OMAK at the request of Chairman Joseph so I understand the facility they are operating out of. I understand that, we have a system when we talk about joint projects. We utilize a ranking system to score applicants.

Our Joint Venture Program is a very, very successful program. Having participated in a joint venture project working with the tribe, I understand the challenges related to that. I can commit to you that our headquarters office, our Portland office, will assist the Colville Tribe in working with those applications.

The concerns you raise regarding the hospital close by, and the tribes' desire to build a clinic nearby, I think we can assist the tribe in meeting those application requirements.

Senator CANTWELL. Mr. Joseph, do you have anything to add to that?

Mr. JOSEPH. Earlier you talked about the historical grandfathered list. The Portland area tribes would never see a facility in over 20 years if we have to stay by that list. And if you make it on that list you would never see a facility in over 400 years after that.

Our tribe, the Colville Tribe, has built three of the four facilities, actually about two and a half. But the OMAK facility, if it was built, would receive a staffing package that would help with the historical staffing shortage we have dealt with.

IHS has never given us the staffing increase in the time IHS came about. In the 1950s, our tribe had five doctors. We still have only five doctors. Sometimes we have less than that because of the hardship area that we live in to have providers. So a joint venture would give us the doctors we need. OMAK right now has 13 staff. If it had gotten a joint venture, we would have 115 Federal-paid physicians. That is how far behind we are in staffing for our facilities.

Senator CANTWELL. Rural economic infrastructure investment means having rural health care. I hope we can get this worked out. I am glad to hear, Rear Admiral, that you actually have been to OMAK. That way I don't have to give you an explanation about how broad the Colville territory is.

I know my time has expired. If I could just express my objection to the Administration eliminating funding for Native CDFI funds, maybe we can follow up on the record. I can't understand why you would eliminate investment opportunities to Indian Country.

Thank you. It is good to see you, Mr. Keel. Thank you for your leadership.

The CHAIRMAN. [Presiding.] Senator Daines.

**STATEMENT OF HON. STEVE DAINES,
U.S. SENATOR FROM MONTANA**

Senator DAINES. Thank you, Mr. Chairman.

This past Sunday, May 5th, was the national day of awareness for missing and murdered indigenous women. We picked that day because that was Hanna Harris' birthday. Hanna was a member of the Northern Cheyenne Tribe in Montana. She would have been 27

on May 5th. She had a ten-month old baby when she was brutally raped and murdered near Lame Deer.

As we all know, the indigenous women face murder rates ten times that of the national average. As I travel around Montana and hear from families affected by this tragic crisis like Kimberly Loring, sister of Ashley Loring Heavy Runner, that one of the most frustrating experiences for families is the lack of information that is shared from Federal law enforcement agencies. It seems like there is a black hole with zero follow-through sometimes back to the families, let alone making information public.

Assistant Secretary Sweeney, making sure that law enforcement is effectively communicating with families and the public is I think a key part of addressing this crisis. Does the Office of Justice Services currently have access to reports, lab results, photos or other evidence on missing persons or cold cases with the Department of Justice?

Ms. SWEENEY. Senator, thank you for your question.

What I can tell you is that if BIA Office of Justice Services is the lead investigative bureau on a case, then we do have access. If there are cases where the FBI is the lead and is conducting an investigation within Indian Country, we can do a better job of information sharing.

Senator DAINES. Does that mean they do have access or they don't, if it is FBI?

Ms. SWEENEY. Not always.

Senator DAINES. In fact, when I was just recently meeting with some law enforcement back in Montana, we have a number of members who have worked on these cases for years and we are working on getting a protocol put together, literally step by step, here is what they do in the important 72 hours after the information comes in, whether it is cell phone, social media records, across a number of items. We are working on that to put out some kind of standardized protocol for law enforcement, no matter which particular agency you are with, so we can all operate on the same standard procedures.

I want to thank you for being a staunch ally on this issue and I offer any assistance here in Congress to help better foster communication among the families and the public, because I am hearing a lot of that from these families especially.

Ms. SWEENEY. Thank you, Senator. I just also would like to note that we are currently in discussions with the Department of Justice to address the communication challenges that our bureaus may have, and also taking a look at a more holistic approach in terms of providing feedback to the families that may be affected.

Senator DAINES. One of the other pieces of feedback I hear from families is that once a case gets sent to the FBI, there seems to be a bottleneck. The BIA understands Indian Country because they live there. The question is what can be done to facilitate more involvement, more engagement and more coordination with BIA and Indian Country?

Ms. SWEENEY. I think that there is a lot that can be done facilitating conversations across the Federal Government with agencies and bureaus who have a direct involvement in missing and murdered cases, as well as violent crimes, sexual assault, and domestic

violence. So in addition to the Department of Justice and the Department of the Interior, bringing in HHS as well, and having that dialogue to look at what truly are the needs, what are the challenges, and what role does the Administration, does Congress plays in closing that information gap.

Senator DAINES. Thank you. I know there is a lot of work left to be done. I look forward to working with you and various members of the law enforcement agencies to get better in that area.

Let's switch gears to Rear Admiral Buchanan. Stanley Weber has left an impact on Montana tribes and children. IHS had suspicions of his actions for 21 years and willfully ignored multiple reports of his horrendous actions.

I want to thank Admiral Weahkee for taking the time to visit the Blackfeet Nation in February and work with them to reestablish trust between IHS and the tribe. Last week, we had Admiral Weahkee, he discussed getting an outside contractor to look over IHS to identify improvements to protecting patients like the victims of these monsters like Stanley Weber. You mentioned it again in your testimony. When can we expect a contractor to be assigned and is there a timeline for the review?

Mr. BUCHANAN. I do not have a timeline but I was hoping to have a positive response to this particular question should it come up. I would say that award is imminent.

Senator DAINES. Is imminent seconds, minutes, days, months, years, decades, centuries? Like bureaucracies in D.C., sometimes centuries can be imminent.

Mr. BUCHANAN. Right. I will say less than days.

Senator DAINES. Less than days?

Mr. BUCHANAN. Yes.

Senator DAINES. Thank you.

I recently introduced legislation that going forward would strip government pensions from pedophiles like Stanley Weber who are convicted of child molestation. We must do what we can to make sure this never, ever happens again and hold those who have committed these crimes accountable. So I want to thank you for your work in helping us in this regard. This is somebody who should never see his government pension.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Daines.

Vice Chairman Udall.

Senator UDALL. Thank you, Mr. Chairman.

Senator Daines raised the issue of Mr. Weber. I just want to reiterate my condemnation of Weber's conduct and the way IHS handled the situation. I think we really need the IHS management to be accountable and to make sure individuals who are a danger to patients aren't allowed to stay hidden in the IHS.

I have talked Admiral Weahkee about this several times. I want to make clear that we are calling for a review of IHS management's misuse of transfers, reassignments and administrative leave. We are drafting a GAO letter and asking other members of this Committee to join us as a requester on that.

Assistant Secretary Sweeney, as Senator Smith mentioned, we spoke on the Floor yesterday about the link between MMIW and the need for greater public safety resources in Indian Country, in-

cluding restoring the tribes' authority to prosecute all offenders who pose a threat to their communities. I understand you hope to use your position at DOI to address the missing and martyred Indian women crisis.

Yet, when I see the department's fiscal year 2020 funding request, you would cut tribal courts by almost 5 percent, as Senator Cortez Masto observed, and you flatline tribal justice support activities. I can't help but feel there is disconnect between your goals and the funding request. How do the proposed cuts to tribal courts and tribal justice support activities align with your stated priority of addressing the MMIW crisis?

Ms. SWEENEY. Thank you, Senator, for your question. I want to be clear. Are we talking about social services and ICWA funding? Because those funding lines reflect transfers by tribes to the Consolidated Tribal Governments Program?

Senator UDALL. We are not talking about those line items. We are talking about tribal courts and tribal justice support.

Ms. SWEENEY. So as I stated earlier, the tribal courts were level funded against the 2019 CR.

Senator UDALL. Yes, well, it is a cut. It is a big cut and you admitted to Senator Cortez Masto it is a cut.

What we did in the 2013 legislation is restore to the tribes the ability to prosecute under VAWA. So I am sure, and I am going to ask President Keel in a minute, I am sure what the tribes expected when we did that was that we were going to give them the resources to prosecute. It seems like we are headed in the other direction. We would hope that you would advocate for that.

Mr. KEEL. do you agree that tribes need more funding, not less, for programs to prosecute violent offenders in Indian Country?

Mr. KEEL. Absolutely. NCAI wholeheartedly endorses that. I would go back to the Tribal Law and Order Act that was passed several years ago. The Tribal Law and Order Act, in their report, outlined the very need for increased funding for tribal courts in jurisdictions that would allow tribes to prosecute those offenders, those people who commit violent acts in tribal communities. So any time we have level funding or flat funding, it hinders their ability to perform those vital services.

Senator UDALL. Thank you, President Keel.

Assistant Secretary Sweeney, I am sure you are aware that the crime statistics for Indian Country, especially against Native women, are staggering. Public safety facilities such as tribal courts and jails are in need of repair and replacement. There is still a great need for more law enforcement resources to ensure the safety of tribal communities and helping victims achieve justice.

Yet, this budget request cuts funding for law enforcement training at the Indian Policy Academy and public safety construction. Madam Assistant Secretary, what are the national vacancy levels for law enforcement and corrections personnel within the BIA? Briefly, what is the estimated backlog for public safety facilities construction?

Ms. SWEENEY. Senator, I am going to have to get back with you on the precise numbers.

Senator UDALL. Okay, but vacancy levels are not very good, are they?

Ms. SWEENEY. Again, I am going to have to get back with you in the statistics.

Senator UDALL. Please do those both for the record. I don't think they are going to show a very hopeful trend.

Mr. KEEL. do you believe the Administration's budget, including its cuts of the Indian Police Academy and public safety employee housing, exacerbates law enforcement shortages in Indian Country?

Mr. KEEL. Yes, Senator, and thank you for that question.

NCAI does wholeheartedly agree that it will hinder our ability. Indian Country historically has been underfunded and it does inhibit our ability to police our own communities. The Police Academy provides BIA police officers to go and serve in communities. We desperately need them.

You heard the Senator mention the large land-based organizations, the tribes that operate large land base areas. They are very limited. For one or two policemen to patrol that vast area is just unthinkable.

We have been unable to increase the number of police to help us and the same with tribal courts, as I said earlier. So, yes, we desperately need that. Thank you.

Senator UDALL. President Keel, the Indian Programs Advance Appropriations Act would move both BIA and IHS to an advance appropriations cycle. While the concept of forward funding for IHS has been around a while, a similar need for BIA is relatively new by comparison. Can you elaborate, President Keel, on the essential services BIA provides for Indian Country and explain why its programs should be included in the advanced appropriations discussion?

Mr. KEEL. Thank you, Senator, for the question.

When we talk about the need for sustained programs and consistent provision of services, the shutdown last year, this past shutdown we went through, outlined several needs, everything from plowing snowed roads to police who were laid off. We do have such a need. The advance appropriations would prevent that, would guarantee that we did not have a shutdown.

In terms of how they would do that, the VA is already doing it. There is a model they could use at the IHS and the BIA could use for advance appropriations. It would guarantee there would not be an interruption of services, not for one day. When we talk about the need for reimbursements, that sort of thing, from the VA, the VA has a model and the Indian Health Service has a memorandum agreement with the VA for reimbursement.

I believe the BIA could develop a model. Senator, I believe it is just a matter of want-to. There is a need. We urge the Administration to support advance appropriations. Again, I appreciate the commitment and service that this Committee has done over the years to help protect and preserve the Indian communities' funding and the services that we provide. Thank you for that.

Senator UDALL. Thank you, President Keel. I really appreciate that.

I know that during the shutdown, you heard from many, many tribes about, we just can't have this, 35 days with no funding and the impact it had. I know Assistant Secretary Sweeney had a letter asking what was going on. I am sure she heard a mouthful from

all of the tribes about how horrible this situation was and we should never go back there.

Mr. KEEL. Absolutely.

Senator UDALL. Thank you.

The CHAIRMAN. Secretary Sweeney, I may ask some things that have been asked, and I apologize because I was out for some of the votes, if that happens.

What is the Administration's plan to address deferred maintenance on BIE schools?

Ms. SWEENEY. I had stated in my testimony, the Public Lands Infrastructure Fund as a supplement to the budget request submitted.

The CHAIRMAN. Are there public-private partnerships that can help as well?

Ms. SWEENEY. We are certainly open to exploring those types of partnerships and any other innovative funding mechanisms to support the safety of our schools for the children that we serve, the students we serve.

The CHAIRMAN. Talk about how you are using law enforcement funding specifically to target things like drug enforcement, violent crime and also obviously the very serious problem of missing and murdered Indian women and children.

Ms. SWEENEY. The law enforcement, our Office of Justice Services is doing a phenomenal job with the resources they do have with the collaboration with the Opioid Task Force, the leadership they have provided, making a difference in Indian Country, working with the Bureau of Indian Education on improving school safety and the physical safety of our students, also collaborating with Federal partners on drug interdiction efforts inside of Indian Country.

The CHAIRMAN. Admiral Buchanan, how do you intend to address funding for facility leases for IHS and also the electronic health record system? Both of those are obviously important issues. Do you have enough funding to address both of those issues and how do you intend to address them?

Mr. BUCHANAN. We will start with the 105(l) leases. The 2020 budget request was developed before we received a final budget for fiscal year 2019. Currently, we are going through tribal consultation. We have asked tribes to assist us with short and long range solutions going forward. The current need right now, as of April, was \$54 million. It has been in the past, I believe with the assistance of Congress, we received \$25 million.

The CHAIRMAN. You need more funding there. What about the electronic records?

Mr. BUCHANAN. Electronic health records, we are currently actively doing an EHR modernization project with the chief technologies officers in the department. It is a year-long project that will evaluate the needs of IHS and the tribes in urban programs.

We are currently in the stage of evaluating self-governance, direct service tribes, urban tribes, to see what the needs are. Part of that plan is to develop a funding strategy going forward. I am happy to provide updates to the Committee as we continue to move the project forward.

The CHAIRMAN. Yes, we would ask you to do that. The strategic plan includes three goals: access to care, quality of care and strengthening management and operations. You are saying you are implementing that strategic plan right now?

Mr. BUCHANAN. Yes, sir.

The CHAIRMAN. Does it adequately address making sure that we don't have any kind of recurrence of child sex abuses like occurred with Stanley Patrick Weber?

Mr. BUCHANAN. The strategic plan was developed, as I had mentioned in my comments, over a long process in consultation with tribal leaders and our urban Indian programs and our stakeholders. The program was designed to be basically a living document so that, as was mentioned earlier, the presidential task force that is ongoing as it relates to Stanley Patrick Weber, the Secretary's request for OIG to do a review, and also the medical quality assessment that we mentioned earlier, also, all those findings we can incorporate into our strategic plan going forward.

We recently stood up the Office of Quality. The Office of Quality will be led by Jonathan Merrell as the Deputy Director, he will oversee that contract.

The CHAIRMAN. That has already started, the Medical Quality Assurance Review? That has already started?

Mr. BUCHANAN. The contracting process has started. Selection will be made within days as mentioned to Senator Daines.

The CHAIRMAN. President Keel, how has the NCAI worked with BIA to address the issue of turnover rates and understaffing in the BIA?

Mr. KEEL. Thank you for the question, Mr. Chairman. I am really glad you asked that because the turnover rate across the Federal Government regardless whether it is BIA or IHS or any other agency, is really troublesome. We work with those agencies, and the best way we can help them is to come and advocate and help them to testify at hearings like this.

We need a strong Federal budget. We work with them to try to help them increase and find ways to justify the increase so that they can attract the right people and sustain those levels of employees.

The CHAIRMAN. We have to do more, no question about it. Thanks for your part and your advocacy. That is very important.

How about your role as far as consultation with the Department of Commerce on the 2020 census count? That is another area where obviously it is very important that you play a role.

Mr. KEEL. Thank you again, Mr. Chairman. NCAI has worked with the Census Bureau. We are doing webinars to train those people to go out and conduct the census. We are working with them, asking them to come to our meetings and get their staff onboard so that we can help with that.

We are really wanting to get qualified or Native people to go out in the Native communities, particularly in remote areas where it is really difficult to get an accurate count. We see this as an extremely important role. We are working with them to do the best we can.

The CHAIRMAN. There is a sense that you can make a difference, in terms of the trust factor and getting people to make sure they

are counted for the census, that you can actually play a role in terms of making sure people have the confidence that they can come forward and be counted.

Mr. KEEL. And actually fill out the survey, actually fill out the forms so that they can be counted. We are trying very hard to do that.

The CHAIRMAN. Right. And it is not just a factor of the census takers getting out to all those folks, where obviously you can play a role in helping get that done, but getting people to respond and having that comfort level that they will respond.

Mr. KEEL. Absolutely.

The CHAIRMAN. So I think it is very important that you are included in that effort in order to get an accurate count.

Representative Joseph, can you explain how the Community Health Representative Program is beneficial and how the program is different from the Community Health Aide Program?

Mr. JOSEPH. My area is a purchase and referred care dependent area, so we don't have hospitals. So a CHR, what they do is transport our poorest patients to the hospital that might be a 200-mile roundtrip or maybe even a 300-mile roundtrip.

The Community Health Aides are different. They are more like an Army medic or a PA, kind of a transition between that and an EMT where they administer services in emergency situations. You might have a mental health provider that would work on going out to talk to people who are suicidal to bring them in for the services that our mental health providers, and alcohol program providers, would deal with. The dental aide therapist does preventive care for patients.

Cutting the CHRs, I have eight on my reservation. If we got down to four, we would probably lose a whole lot of people to not being able to get to the doctors. Right now, we bury so darned many of our people because they don't have a ride to go to the doctor, they don't have the transportation, or the ability to drive themselves because they are disabled and not really wealthy enough to get a ride to the doctor.

They are totally different programs. I totally wouldn't want any of our CHRs to lose their positions and be traded off to a new program. The new program is really needed because we could grow our own CHAP Program. But IHS really needs to consult with tribes before they think about taking our CHRs away, because that would cost a lot of lives.

The CHAIRMAN. Vice Chairman?

Senator UDALL. Thank you, Mr. Chairman. I am going to follow up with Chairman Joseph on that in a second.

Secretary Sweeney, the President recently indicated support for a \$2 trillion infrastructure package, but his reported strong interest in the infrastructure investment does not appear to be reflected in the proposed budget, certainly not for Indian Country.

Indian Country's housing needs is a perfect example of this disconnect. HUD's budget cuts to NAHASDA funds for \$50 million and BIA's budget zeros out the Housing Improvement Program known as HIP. That is a big budgetary hit to the housing dollars Indian Country needs to ensure safe, affordable housing for its membership.

As you have said yourself, your role as Assistant Secretary is both ambassador and advocate for Indian Country's priorities, an ambassador between Interior and other agencies such as HUD, and an advocate within the halls of Interior. But based on the proposed budgets for housing infrastructure across agencies, I am concerned that your message isn't landing and isn't penetrating. I have been here for a long time and I have heard a lot of Administration witnesses say a program is duplicative or redundant. I know you are not here as a representative of HUD, but the proposed elimination of the HIP Program is troubling, especially since the HIP Program is directly under your budget purview.

Do you believe your budget adequately reflects Indian Country's housing needs, so there is no longer a need for the HIP Program?

Ms. SWEENEY. Senator, thank you. We are not a housing agency. The expertise does lie within HUD and their housing programs. They will have to become that agency that tribes can turn to for their housing needs.

Senator UDALL. The HIP Program is under your budget purview, correct?

Ms. SWEENEY. Yes, it is.

Senator UDALL. Do you believe there is no longer a need for HIP?

Ms. SWEENEY. I believe that I have an extremely tight budget and I have to maintain operations. The expertise for housing lies within the HUD program.

Senator UDALL. That is not answering my question. Do you believe there is no longer a need for the HIP Program?

Ms. SWEENEY. I believe that program belongs over at HUD and not within Indian Affairs.

Senator UDALL. You want to give away the program to somebody else that doesn't know nearly as much about Indian affairs as you do?

Ms. SWEENEY. I believe that the program belongs within HUD. Again, we are not a housing agency. The expertise for housing lies within the authorities of HUD.

Senator UDALL. President Keel, what do you think of that?

Mr. KEEL. Thank you, Senator Udall. I disagree. I believe that if you look at the Housing Improvement Act, the HUD programs, when you look at mutual help homes that started back in the 1960s, those houses were over 50 or 60 years old. Imagine having a family being told you are going to get one house, this is the only house that you are ever going to get, and after 25 or 30 years, you have to maintain it on your own once it is paid off, because they have to pay for it. Then they don't have the means to maintain that.

The Bureau of Indian Affairs and the Department of the Interior Housing Improvement Program has provided some assistance to that, although it is not enough. Whether or not the expertise for housing improvement or housing remains in HUD, I disagree with that. It is the management of a program that assists tribal citizens. I believe it should remain where it is. I think it just would be better managed. I think it needs to be improved and improve funding for that.

Senator UDALL. I could not agree more.

Assistant Secretary Sweeney, can you share the steps you are taking to coordinate with other agencies and the White House to ensure Indian Country has a seat at the table during budgetary discussions, given the need for things like housing?

Ms. SWEENEY. I do appreciate your question, Senator.

I can tell you that we are actively engaged with the Administration and the Federal partners on a regular basis having discussions. I came from the White House earlier this morning after spending some time with all of our Federal partners talking about Indian Country, the challenges in Indian Country, and what we can do as collective Federal partners to address those challenges. This is not the first discussion but it is in the beginning stages of a very long, long discussion.

Senator UDALL. I hope the message gets through from you to the other partners and all the way up to the White House that the needs in Indian Country are very, very high and at times, desperate.

The White House really needs to step in, especially the Office of Management and Budget, and not restrain things, but target resources to really do something about both the BIA, the IHS, housing and many of the other areas we have talked about today.

Vice Chairman Joseph, I received numerous letters last year from tribes across the Country. This is related, it is a little different question from what the Chairman asked, but letters from across the Country opposed the Administration's fiscal year 2019 request to defund the Community Health Representatives Program. Yet, the Administration's fiscal year 2020 request proposes not only cutting the CHR Program by more than 60 percent, but also using a portion of those fund cuts to expand the Community Health Aide Program, which currently operates only in Alaska. As I noted last week at the Interior Appropriations Subcommittee hearing on IHS, I believe the CHAP expansion is a worthy goal, but I also believe that Indian Country needs a strong CHR Program.

So, Vice Chairman Joseph, did IHS consult with tribes about cutting the CHR Program?

Mr. JOSEPH. No, they never did.

Senator UDALL. Or did they consult about the best way to carry out expansion of CHAP outside of Alaska?

Mr. JOSEPH. I also belong to the CHAP Workgroup. The Portland area has really been moving to look at what is going on in Alaska and bring it to the lower 48. To me, it is a really good program that could help a lot of people.

But it does not give the rides to the providers that we need to get our patients to. The CHRs would actually be bringing our patients probably to some of the CHAP providers to provide some of the services that they need. They are totally different programs. I wouldn't want to take away our CHRs to start a new program. A new program should be funded with additional dollars, so that it could be administered in both direct services tribes and self-governance tribal facilities.

The Alaska model is really a good model to follow. We also need to be able to bill for those services, as well as funding to provide the training that those services would be administering. To me, it

would be a really good program for our tribes to have. But we need both of them.

Senator UDALL. Vice Chairman Joseph, the Alaska model is really where CHR and CHAP are complementary; they complement each other, rather than cutting one to the benefit of another. Isn't that correct?

Mr. JOSEPH. Yes. The CHRs up there have to probably transport their patients a whole lot further than any other area. My tribe is considered a large land-based tribe. Just to get in to a provider, those CHRs are very important.

Senator UDALL. President Keel, would you agree with that?

Mr. KEEL. Yes, I do agree. I think the programs should be complementary. The CHR Program has been the backbone of the Indian Country health issues for, well, that was back in the 1970s when we started. It is an important program, but they should complement each other. I think the Community Health Aides in Alaska are a little more advanced. They have different types of training and different needs and their priorities are a little different but yes, we need both programs. We should not cut the CHR Program.

Senator UDALL. In my visits to Indian Country, especially in New Mexico, I have seen the work that the CHR folks do. It is very, very important work. I hope, Assistant Secretary Sweeney, you will take that into the halls where you are calling people together, advocating and being an ambassador, how important both of these programs are and how they complement each other rather than trying to savage one of them to stand up another.

Thank you very much, Mr. Chairman. I really appreciate the courtesies.

The CHAIRMAN. You bet. All right, if there are no more questions for today, members may also submit follow-up, written questions for the record. The hearing record will be kept open for two weeks.

With that, I want to thank all of you again for being here and for your testimony. We appreciate it.

Our hearing is adjourned.

[Whereupon, at 4:27 p.m., the Committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF THE AMERICAN INDIAN/ALASKA NATIVE HEALTH PARTNERS

The American Indian/Alaska Native Health Partners thanks the Committee for allowing us to submit testimony on the FY 2020 appropriation for the Indian Health Service (IHS).

The AI/AN Health Partners is a coalition of health organizations dedicated to improving health care for American Indians and Alaska Natives (AI/ANs). AI/ANs face substantial health disparities, and higher mortality and morbidity rates than the general population. The Indian Health Service (IHS) is a critical aspect of how they can access health care. However, the IHS must have sufficient resources to meet its mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

The Partners recognize the budget constraints the committee faces, but we are also aware that for too many years federal funding for tribal health programs has fallen woefully short. A December 2018 GAO report found that the IHS per capita spending was \$4,078 as compared to \$8,109 for Medicaid, \$10,692 for veterans and \$13,185 for Medicare.

Being able to access health care when needed is key to erasing the disparity of care for AI/ANs. In a March 2016 GAO report, "Actions Needed to Improve Oversight of Patient Wait Times," IHS facility staff pointed to three things that were necessary to improve timely access to health care for American Indians and Alaska Natives (AI/ANs):

"... facility staff stated that a lack of sufficient primary care providers, as well as aging infrastructure and equipment are significant obstacles to ensuring that patients receive timely care."

To address these concerns, for FY 2020, the AI/AN Health Partners recommends that Congress:

- Increase the funding for loan repayment and scholarships by \$32,000,000,
- Increase funding for staff housing by \$30,000,000, and
- Increase funding for modern medical equipment by \$10,000,000

Increase the Health Professions account by \$32,300,000 to \$89,363,000

Having an adequate staff of healthcare providers is a key factor for reducing the disparity of disease and care in Indian country. Currently, there are over 1,330 vacancies for healthcare professionals in the Service. Loan repayment has proven to be an effective recruitment and retention tool for Indian health programs. In FY 2018, 1,325 health professionals were receiving IHS loan repayment. However, 844 healthcare providers sought and were denied loan repayment. Of those applicants, 399 did not take an assignment with any IHS or tribe facility. The Health Professions account also provides scholarship funding for American Indian/Alaska Native health care students. In FY 2018, 426 students were considered eligible for scholarships, but only 155 received an award. With additional funding the Service could substantially increase the number of AI/AN providers educated, recruited and retained in Indian health programs.

Increase funding for housing for health care providers by \$30,000,000 to \$89,363,000

Providing decent housing, especially in remote areas, is essential for attracting and keeping health care providers in Indian country. In 2018, the Navajo Nation opened a new housing complex for health care workers. Navajo Nation President Russell Begaye explained at the dedication the importance of the building:

"In healthcare facilities across Navajo, we have a 30-percent vacancy rate for professional staff, including medical doctors, nurses and technicians," President Begaye said. "The No. 1 reason is that we don't have this type of [housing]

building on the Nation. We need more of these. We want doctors to walk in to these buildings at the end of the day and feel at home.”

Current funding for staff quarters is \$10,000,000. The Service estimates it would require at least \$40,000,000 to address approximately 10-percent of the need for staff quarters.

Increase funding for medical equipment by \$10,000,000 to \$33,706,000

Accurate clinical diagnosis and effective medical treatment depends in part on health care providers using modern equipment/systems to assure the best possible outcomes. Today's health care providers train with modern digital equipment. However, many IHS and tribal health care facilities are using outdated equipment like analog mammography machines and telecommunications equipment with an insufficient number of lines for scheduling patient appointments. In some cases, they are using equipment that is no longer manufactured. Outdated equipment also makes it difficult to attract and retain new graduates who are used to working with the newest technology.

According to the IHS, “A sustainable medical equipment program for the IHS should be funded in the \$100 to \$150 million annually range to cover replacement and maintenance.” Examples of immediate need include:

- The Phoenix facility needs a Nurse Call System to monitor, track, and log patient information and monitor their health, a hand hygiene system (monitors hygiene compliance, fill levels, etc) and a pharmacy security/monitoring system.
- The Gallup Medical Center is using a portable X-Ray machine that has exceeded its Useful Life. Use of old x-ray technology results in a reduced Medicare reimbursement rate.

In addition to the above FY 2020 appropriations requests, the Partners also support the Administration's request to make Indian Health Service (IHS) loan repayment and scholarship programs tax free

Loan repayment and scholarship money has proven to be a successful tool to recruit and retain health care providers in Indian country. This is critical given the significant need for providers serving this population. While the IHS currently has funding for scholarships and loan repayment for health care providers, these programs are not tax exempt like the National Health Service Corps and Armed Forces Health Professions loan repayment programs. As a result, the IHS provides tax payments for health care providers and students from the Health Professions account. According to the Service's FY 2020 budget justification, making these programs tax free would free up an additional \$9,187,927 that could be used to bring more providers to Indian country.

Thank you for allowing the AI/AN Health Partners to share with the Committee our recommendations for improving health care in Indian country.

Our organizations look forward to working with the Committee to improve the health care for American Indians and Alaska Natives,

American Academy of Pediatrics
 American Association of Colleges of Nursing
 American Association of Nurse Anesthetists
 American College of Obstetricians and Gynecologists
 American Dental Association
 American Optometric Association
 American Physical Therapy Association
 Association of American Indian Physicians
 Association of American Medical Colleges
 Commissioned Officers Association of the U.S. Public Health Service, Inc. (COA)
 National Kidney Foundation

Health statistics for American Indians/Alaska Natives

Diabetes

- At 16.1 percent, the American Indian and Alaska Native (AI/AN) population has the highest age adjusted prevalence of diabetes among all U.S. racial and ethnic groups.
- The prevalence of diabetes varies among different tribes and regions, but it is growing in all Indian Health Service areas.
- AI/AN mortality from diabetes is three times higher than that of the general U.S. population.

Eye and Vision Health

- In 2017, 4 percent of American Indian and Alaska Native adults reported significant vision loss or visual disability, almost double the U.S. average of 2.3 percent.
- Research has suggested that American Indian and Alaska Native children experience higher rates of astigmatism than other American children.
- American Indian and Alaska Native adults are at an increased risk for diabetes-related blindness because they suffer from diabetes at more than twice the rate of the American population and because only half receive the annual eye exam necessary for diagnosis and treatment.

Heart Disease

- Among American Indians or Alaska Natives, 13.7 percent have heart disease, 6.0 percent have coronary heart disease.
- In 2013, CVD caused 3,895 deaths among American Indians or Alaska Natives.

Infant Mortality and American Indians/Alaska Natives

- American Indian/Alaska Natives have 1.6 times the infant mortality rate as non-Hispanic whites.
- American Indian/Alaska Native babies are twice as likely as non-Hispanic white babies to die from sudden infant death syndrome (SIDS).
- American Indian/Alaska Native infants are 70 percent more likely than non-Hispanic white infants to die from accidental deaths before the age of one year.

Maternal Mortality

- In 2014, American Indian/Alaska Native mothers were 2.5 as likely to receive late or no prenatal care as compared to non-Hispanic white mothers.
- According to one state report, from 2014–2015, the rate of pregnancy-associated maternal death among American Indian/Alaska Native women is more than eight times higher than for non-Hispanic white women.

Mental Health—PTSD and Suicide

- American Indians and Alaska Natives had significantly higher rates compared with national data rates for post-traumatic stress disorder ranging from two to three times the national rate.
- For the years 2002–2004, AI/ANs committed suicide at a rate of 17.9 per 100,000 population, a rate that has remained fairly stable for 25 years. For 2003, this was 1.7 times the U.S. All Races rate of 10.8 per 100,000.
- Suicide is the second leading cause of death for Native people ages 10–34. For American Indians and Alaska Natives ages 15–34, the suicide rate is 1.5 times higher than the national average. In some tribal communities, the youth suicide rate is 10 times greater than the national average.

Mental Illness and Substance Use Disorder

- Individuals living with serious mental illness and substance use disorder face an increased risk of having chronic medical conditions. Adults in this population die on average 25 years earlier than others, largely due to treatable medical conditions.
- American Indian and Alaska Native populations had the second highest overdose rates from all opioids among racial/ethnic groups in the US.

Oral Health

- Over 80 percent of American Indian and Alaska Native children ages 6–9 and 13–15 years old have tooth decay, compared to less than 50 percent of children of American children in the same age categories.
- American Indian and Alaska Native adults have more than double the prevalence of untreated tooth decay as the general U.S. population.
- The rate of severe periodontal disease in American Indians and Alaska Natives adults is almost double that of the general U.S. population.

PREPARED STATEMENT OF THE NATIONAL INDIAN HEALTH BOARD (NIHB)

Chairman Hoeven, Vice Chairman Udall, and Members of the Committee, the National Indian Health Board (NIHB) thanks you for holding this hearing on, “The President’s FY 2020 Budget Request for Indian Programs.” On behalf of NIHB and the 573 federally-recognized Tribes we serve the National Indian Health Board submits this testimony for the record. NIHB is a 501(c)3, not for profit, national Tribal organization founded by the Tribes in 1972 to serve as the unified, national voice for American Indian and Alaska Native (AI/AN) health in the policy-making arena. Our Board of Directors is comprised of distinguished and highly respected Tribal leaders in AI/AN health. They are elected by the Tribes in each region to be the voice of the Tribes at the national level.

The Federal Trust Responsibility

The federal promise to provide Indian health services was made long ago. Since the earliest days of the Republic, all branches of the federal government have acknowledged the nation’s obligations to the Tribes and the unique trust relationship between the United States and Tribes.

The Indian Health Service (IHS) is the primary agency by which the federal government meets the trust responsibility for direct health services. IHS provides services in a variety of ways: directly, through agency-operated programs and through Tribally-contracted and operated health programs; and indirectly through services purchased from private providers. IHS also provides limited funding for urban Indian health programs that serve AI/ANs living outside of reservations. Tribes may choose to receive services directly from IHS, run their own programs through contracting or compacting agreements, or they may combine these options based on their needs and preferences.

Today the Indian Health Service system is comprised of 45 hospitals (26 IHS operated, 19 Tribal) and 531 outpatient facilities (76 IHS operated, 476 Tribal). At these facilities there were an estimated 39,367 inpatient admission and 13.8 million outpatient visits in 2018.¹ When specialized services are not available at these sites, health services are purchased from public and private providers through the IHS-funded purchased/referred care (PRC) program. Additionally, 34 urban programs offer services ranging from community health to comprehensive primary care. To ensure accountability and provide greater access for Tribal input, IHS is divided into 12 geographic Service Areas, each serving the Tribes within the Area. It is important to note that Congress has funded IHS at a level far below patient need since the agency’s creation in 1955. In FY 2017, national health spending was \$9,726 per capita while IHS spending was only \$4,076 per patient.

The federal government has yet to live up to the trust responsibility to provide adequate health services to our nation’s indigenous peoples. Historical trauma, poverty, lack of access to healthy foods, loss of culture and many other social, economic and environmental determinants of health as well as lack of a developed public health infrastructure in Indian Country all contribute to the poor state of American Indian and Alaska Native (AI/AN) health. This underfunding of the IHS is clearly visible when examining the health disparities for AI/ANs. A national study looking at death certificate data reported that AI/AN experienced the highest prescription opioid death rate of any demographic in 2017 at 7.2 deaths per 100,000. From 1999 to 2015 drug overdose deaths overall rose by 519 percent for AI/ANs.² According to the Office of Minority Health, from 2009–2013, AI/AN men were almost twice as likely to have liver and inflammatory bowel disease (IBD) cancer as non-Hispanic White men and are 1.6 times as likely to have stomach cancer as non-Hispanic White men, and are over twice as likely to die from the same disease. AI/AN women are 2.5 times more likely to have, and almost twice as likely to die from, liver and IBD cancer, as compared to non-Hispanic White women. In 2015, AI/ANs were three times more likely to die from hepatitis C than non-Hispanic whites, and twice as likely to die from hepatitis B. In 2016, AI/ANs had the highest overall suicide death rate at 21.39 deaths per 100,000.³ According to National Violent Death Reporting System data analyzed by CDC across 18 states, AI/AN suicide rates in those states

¹Source: Indian Health Service. IHS Profile Fact Sheet. Located at: <https://www.ihs.gov/newsroom/factsheets/ihsprofile/>

²Mack KA, Jones CM, Ballesteros MF. Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas—United States. *MMWR Surveill Summ* 2017;66(No. SS-19):1–12. DOI: <http://dx.doi.org/10.15585/mmwr.ss6619a1>

³Suicide Prevention Resource Center. Racial and Ethnic Disparities. Retrieved from <http://www.sprc.org/racial-ethnic-disparities>

were at 21.5 per 100,000—more than 3.5 times the rate among demographics with the lowest rates.⁴

In FY 2017, the IHS per capita expenditures for patient health services were just \$4,076, as compared to \$8,109 for Medicaid, \$10,692 for VHA, and \$13,185 for Medicare. The Veterans' Health Administration's direct health care budget is 14 times that of the IHS yet served only 4 times the population with direct care services.

Tribes are grateful for the recent increases to the IHS Appropriation over the last several years, but note that the increases have not allowed for significantly expanded services or improvements in equipment, buildings or staffing. While the IHS annual appropriated budget has incrementally grown by \$2.2 billion (about 52 percent) since FY 2008, much of this increase simply covers needs associated with population growth, inflation, full funding of Contract Support Costs and maintaining current services. This leaves little funding for actual improvements in health services or to build public health infrastructure for American Indians and Alaska Natives. We are only 2 percent of the population. Congress, please take the courageous and ethical step of adequately funding health care for this country's first peoples in fulfillment of the Trust Responsibility.

The following testimony reflects the IHS Tribal Budget Formulation Workgroup recommendations for FY 2020.⁵ The Tribal workgroup is comprised of American Indian and Alaska Native Tribal leaders, technicians and researchers, nationwide, who come together each year to form Indian Country's priorities as they relate to IHS. Through this process and product, this testimony reflects, therefore, the national Tribal voice.

Indian Health Service Budget

Tribes recommend \$36.8 billion to fully fund IHS, to be phased in over 12 years. This includes amounts for personal health services, wrap-around community health services, facilities, and capital investments. For FY 2020 this includes: \$189.1 million for full funding of current services; \$275 million for binding fiscal obligations;⁶ \$1.5 billion for program increases for the most critical health issues (36 percent above FY 2017 enacted). The Workgroup's top 5 areas for program expansion at IHS for FY 2019 include:

- 1) Hospitals and Clinics (+ \$409 Million)
- 2) Purchased/Referred Care (+ \$407 Million)
- 3) Mental Health (+ \$157.2 Million)
- 4) Alcohol and Substance Abuse (+ \$123.8 Million) and;
- 5) Dental Services (+ \$98.3 Million)

Hospitals and Clinics—For FY 2020, Tribes recommend \$2.5 billion for Hospitals and Clinics (H&C) which is \$409 million over the FY 2017 enacted level. Adequate funding for the Hospitals & Clinics (H&C) line item is the top priority for fiscal year 2020, as it provides the base funding for the 650 hospitals, clinics, and health programs that operate on Indian reservations, predominantly in rural and frontier settings. This is the core funding that makes available direct medical care services to AI/ANs. Increasing H&C funding is necessary as it supports medical care services provided at IHS and Tribally-operated facilities, including emergency care, inpatient and outpatient care, medically necessary support services, such as laboratory, pharmacy, digital imaging, information technology, medical records and other ancillary services. In addition, H&C funds provide the greatest flexibility to support the required range of services needed to target chronic health conditions affecting AI/ANs such heart disease and diabetes, treatment and rehabilitation due to injuries, maternal and child health care and communicable diseases including influenza, HIV/AIDS, and hepatitis.

Health IT: One area within the H&C line item is the area of Health Information Technology (HIT). IHS does not receive dedicated and sustainable funding for the agency to adequately support health IT infrastructure, including full deployment of electronic health records (EHRs). The current Resource and Patient Management System (RPMS) is a comprehensive suite of applications that supports virtually all clinical and business operations at IHS and most Tribal facilities. The President's Budget for FY 2020 requests \$25 million for IHS, "to begin to transition to a new

⁴Leavitt RA, Ertl A, Sheats K, Petrosky E, Ivey-Stephenson A, Fowler KA. Suicides Among American Indian/Alaska Natives—National Violent Death Reporting System, 18 States, 2003–2014. *MMWR Morb Mortal Wkly Rep* 2018;67:237–242. DOI: <http://dx.doi.org/10.15585/mmwr.mm6708a1>

⁵The full FY 2020 Tribal Budget Request is available at https://www.nihb.org/legislative/budget_formulation.php

⁶Includes placeholder estimates for Contract Support Costs (CSC) and staffing for new facilities and new Tribes.

and modernized Electronic Health Record System.” It notes that the funding will help “lay the groundwork” for improving Health IT at the agency. This recommendation is appreciated due to the lack of funding that has resulted in a mass exodus of Self Governance Tribes who have opted to withdraw their IT shares to seek other commercial HIT solutions which promise to more readily address their needs. Without a viable solution, IHS Health IT system will be left behind, and IHS patients will be put at risk. With the VA’s move toward a commercial-off the shelf EHRs, it is critical that IHS receive parallel appropriations to facilitate the replacement of RPMS, since our system is based on VA’s VistA program. It is unlikely that appropriate funding will be available only through Interior Appropriations; therefore, alternative sources of funding must be secured.

Purchased/Referred Care—In FY 2020, Tribes recommend \$1.39 billion for the Purchased/Referred Care (PRC) program. This is \$407 million above the FY 2017 enacted level. The PRC budget supports essential health care services from non-IHS or non-Tribal providers. In FY 2015, PRC denied over \$423.6 million in services—that is 92,354 needed health care services that AI/ANs were denied from receiving. This core funding is still a top priority for the Tribes, as some service Areas rely heavily on PRC dollars, and we hope to see it continued as a priority in FY 2020. These deferrals impact real lives and constitute health care rationing for American Indian and Alaska Native patients. The shortage of PRC funds directly contributes to the opioid crisis in Tribal communities as evidenced through pain management regiments vs. needed treatment for painful injuries—such as those that could be treated through orthopedic care. Indeed, the deferrals of care due to funding and workforce shortages has pushed more and more Tribal members towards prescription opioids to treat health conditions that would otherwise successfully be treated with non-opioid therapies. This endless cycle of deferral and opioid dependency is a direct result of the underfunding of the IHS system, and must be addressed.

Mental Health—In FY 2020, Tribes are recommending \$254,730 million. This is \$157.2 million above FY 2017 enacted. This increase would mean a 167 percent increase in funding for behavioral health services in Indian Country. A significant increase is needed to enhance the capacity of Tribal communities to develop innovative and culturally relevant prevention programs that are greatly needed in Tribal communities. Research has shown that AI/ANs do not prefer to seek mental health services that rely solely upon Western models of care; which suggests that AI/ANs are not receiving the services they need.⁷ For example, NIHB spoke with a young woman from the Pine Ridge Reservation who courageously shared her story about her multiple suicide attempts. She went to an inpatient psychiatric facility in Rapid City, but did not feel that she received healing. It wasn’t until she attended a Lakota cultural healing camp that her life turned around. She said, “It made me feel powerful. I got to learn about my culture and it made me feel closer to who I am.” But the camp operates through donations and community support. Congress should provide dedicated funding for these types of culturally relevant and effective treatment options. The geographic remoteness of most Tribal communities demands unique and innovative treatment options to address comprehensive mental health, substance abuse and psychiatric services.

Alcohol and Substance Abuse—In FY 2020, Tribes recommend \$351,237 million for the Alcohol and Substance Abuse budget. This is \$123.7 million above the FY 2017 enacted level. Of the challenges facing AI/AN communities and people, no challenge is more far reaching than the epidemic of alcohol and other substance abuse. For instance, the state of Minnesota reported that pregnant AI/AN women were 8.7 times more likely to be diagnosed with maternal opioid dependency, and that AI/AN infants were 7.4 times more likely to be born with neonatal abstinence syndrome (NAS)—meaning that the repercussions and trauma of this crisis are intergenerational. When IHS programs are not able to receive patients when an addict is ready, this is where he or she falls through the cracks. We need these funds to increase access to care when and where it is needed. Adult and youth residential facilities and placement contracts with third party agencies are funded through IHS budget for alcohol and substance abuse treatment. Successful treatment approaches include traditional healing techniques that link the services provided to cultural practices and spiritual support. However, we now know that inadequate funding for alcohol and substance abuse services has a ripple effect on other services, such as

⁷Beals, J., Novins, D.K., Whitesell, N.R., Spicer, P., & Mitchell, C.M., & Manson, S.M. (2005). Prevalence of mental disorders and utilization of mental health services in two American Indian reservation populations: Mental Health disparities in a national context. *American Journal of Psychiatry*, 162, 1723–1732; Walls, M. L., Johnson, K. D., Whitbeck, L. B., & Hoyt, D. R. (2006). Mental health and substance abuse services preferences among American Indian people of the northern Midwest. *Community Mental Health Journal*, 42, 521-535.

overloading the agency's outpatient clinics, urgent care departments, and emergency departments with unnecessary visits (typically funded by Hospitals and Health Clinic funds and third party collections).

Dental Health—For FY 2020, Tribes recommend \$288 million for Dental Health. This is \$98.3 million above the FY 2017 enacted level. In the general U.S. population, there is one dentist for every 1,500 people, but in Indian Country, there is only one dentist for every 2,800 people. Nationally, American Indian children have the highest rate of tooth decay than any population group in the country. On the Pine Ridge Reservation, the W.K. Kellogg Foundation found that 40 percent of children and 60 percent of adults suffer from moderate to urgent dental needs, including infections and other problems that could become life-threatening. Nationally, 59 percent of AI/AN adult dental patients have untreated decay, this is almost three times as much as U.S. Whites. It is not uncommon to hear stories of elderly patients waiting out in the cold for one of just a few dental appointments available in one day. Or, for patients to wait for months to get an appointment. Patients get frustrated with this system and often abandon the search for care altogether. This delayed or deferred care has long-term impacts over a patient's overall health and wellbeing. NIHB and the Tribes continue to support the expansion of Dental Therapists (DTs) to Tribes outside of Alaska as a safe, reliable, cost-effective means for Tribal members to access oral health services. Some Tribes in the lower 48 have created programs outside of IHS funding to allow them to utilize DTs, but sadly, provisions in the Indian Healthcare Improvement Act (IHCA)⁸ make it difficult to use IHS resources to use these effective providers. People with healthy teeth and healthy smiles feels better about themselves and experience better overall health outcomes. Our communities need our people and especially our youth to smile again. We encourage the Committee to work with the other relevant authorizing Committees to repeal this section of the law so that IHS and Tribes can utilize scarce discretionary dollars in the most cost-effective way possible.

Facilities: Tribes recommend prioritizing facilities funding in FY 2020. On average, IHS hospitals are 40 years of age, which is almost four times more than other U.S. hospitals with an average of 10.6 years.⁹ A 40 year old facility is about 26 percent more expensive to maintain than a 10-year facility. The facilities are grossly undersized—about 52 percent—for the identified user population, which has created crowded, even unsafe, conditions among staff, patients, and visitors. Increases will be used to increase maintenance and improvement on IHS facilities, speed up the funding of projects on the IHS Healthcare priority list, and improve sanitation conditions in Tribal communities. Investments in facilities will allow the care provided in our communities to be on par with other health systems in the United States. In Alaska, for example over 5,000 rural homes are considered unserved by running water and wastewater. Individuals, instead, must rely on “honey buckets” to dispose of waste. This is just unacceptable. The FY 2020 Budget Request proposes a decrease of nearly \$66 million from the FY 2019 annualized continuing resolution (CR). NIHB emphatically opposes this decrease and encourages Congress do continue to build funding for facilities in FY 2020.

Advance Appropriations:

As in past years, NIHB continues to request that the Administration support Advance Appropriations for IHS in its FY 2020 Budget Request. The 35 day partial government shutdown at the start of 2019 had a devastating impact the I/T/U system and the people it serves Tribes throughout the country reported rationed care, reduced services, loss of health care providers and some facilities closed altogether. This reckless shutdown destabilized Native health delivery and health care provider access; as well as Tribal Governments, families, children and individuals.

We uniformly request advance appropriation of IHS funding that becomes available one year or more after the year of the appropriations act in which it is contained. Thus, advanced appropriation provides more certainty to operate the Indian health care delivery system. This change in the appropriations schedule will allow Indian Health programs to effectively and efficiently manage budgets, coordinate care, enter into contracts, and improve health quality outcomes for AI/ANs. Advance appropriations for IHS would support the ongoing treatment of patients without the worry if—or when—the necessary funds would be available. Health care services require consistent funding to be effective. Advanced appropriations will help the fed-

⁸25 U.S.C. 1616l(d).

⁹*Almanac of hospital financial & operating indicators: a comprehensive benchmark of the nation's hospitals* (2015 ed., pp. 176–179): <https://aharesourcecenter.wordpress.com/2011/10/20/average-age-of-plant-about-10-years/>

eral government meet its trust obligations to Indian Country and bring parity to this federal health care system at no additional cost.

FY 2020 President's Budget Request

The FY 2020 President's Budget Request includes \$5.945 billion for the Indian Health Service. This represents a \$140 million increase from the FY 2019 enacted amount of \$5.804 billion. While we appreciate the increase funding for Hospitals and Clinics and Purchased/Referred Care, several items in the FY 2020 request are of particular concern for NIHB and the Tribes.

Community Health Aide Program/Community Health Representatives

The President's Budget Request for FY 2020 proposes to phase out the Community Health Representatives Program (CHR) and replace it with the National Community Health Aide Program (CHAP). It cuts the CHR program by \$39 million and invests \$20 million for the CHAP program. The CHAP program has shown much success however, its expansion should not come at the expense of this critical, and already highly successful program. If this request were to be accepted, services provided would fall flat and neither program would likely be able to effectively operate. Furthermore, for generations, CHRs have been integral to the fabric of health delivery in Indian Country and Tribes do not wish to see this historic program discontinued. Ninety-six percent of CHR programs are operated by the Tribes in partnership with the IHS and provides one of the best examples of the Nation to Nation relationship between the Tribes and the Federal government. CHRs provide services like in-home patient assessment of medical conditions, providing glucose testing or blood pressure tests to determine if the patient should seek further care, and providing transportation for medical care. They also help interpret prescriptions which is critical to patient safety and the elimination of this program would be detrimental to the health and wellbeing of many Tribal communities. There are more than 1,600 CHRs representing over 250 tribes in all 12 IHS Areas and exported CHR program data in FY 2016 demonstrated that CHRs conducted 340,270 home visits and provided 1,102,164 patient contacts/services on a variety of health related conditions. However, it is likely that there are far more contacts are made in reality but not reflected in data due to reporting challenges associated with the RPMS system.

The NIHB recommendation for this line item would be to increase funding for the sole purpose of service delivery of CHR program services and functions. The CHAP program is also supported as a separate recommendation. Tribes also look forward to meaningful consultation with the federal government in the event that significant alterations to life-changing Indian health programs are being considered.

In FY 2020, the NIHB recommends CHRs are funded at \$83.2 million, which is an increase of \$18.9 million above the FY 2017 enacted level.

Health Education Program

The President's FYs 2019 and 2020 budget proposed to discontinue funding the program and instead direct funds to health care services and staffing newly constructed facilities. Eliminating the health education program would create gaping holes in care for many Tribal communities. Too often, the Indian Health system does not have enough staff to meet the demand for its services and many AI/ANs rely on health education resources as their primary source of information about the Indian health system. The loss of health education funding would dissolve many opportunities for an AI/AN patient to receive communications regarding their own healthcare, while also limiting their access to available resources and information designed to assist them in making informed choices. Additionally, minimizing resources that effectively coordinate care for patients also greatly reduces the ability for IHS and Tribes to effectively maximize their resources and treat patients.

NIHB recommends funding the Health Education program at \$39.7 million. This is an increase of \$20 million from FY 2017 enacted.

Special Diabetes Program for Indians:

NIHB recommends that the Administration propose permanent enactment of the Special Diabetes Program for Indians (SDPI). In recent years, the highly successful program has only been renewed in short 1–2 year increments (and in 2017–18 just a few months!). This creates instability in the program, to the detriment of staff recruitment and retention, long-term planning, and overall effectiveness. The current authorization expires on September 30, 2019. In addition, SDPI has not received an increase in funding since FY 2004 which means the program has effectively lost about 25 percent in programmatic value over the last 15 years due to corresponding to inflation and the significantly increased costs of diabetes care. Any renewal or permanent enactment should ensure that inflation is built into final funding levels.

Few programs are as successful as SDPI at addressing chronic illness and risk factors related to diabetes, obesity, and physical activity. SDPI has proven itself effective, especially in declining incidence of diabetes-related kidney disease. The incidence of end-stage renal disease (ESRD) due to diabetes in American Indians and Alaska Natives has fallen by 54%—a greater decline than for any other racial or ethnic group. Treatment of ESRD costs almost \$90,000 per patient, per year, so this reduction in new cases of ESRD translates into significant cost savings for Medicare, the Indian Health Service, and third party payers. We believe that permanent enactment of SDPI is a common-sense approach.

Support Funding of Tribes outside of a grant-based system

The health needs of Indian people are chronic and multi-faceted; such needs deserve to be addressed through committed, stable funding. In contrast, grant programs are temporary, unreliable, non-recurring, and unable to address the ongoing critical needs of Tribal communities. Under the grant making process, some Tribes receive assistance and benefit from somewhat consistent increases, while other Tribes do not. This creates two pools of Tribes—those that have technical experience and financial resources receive funding, while many others without this capacity see no benefit in appropriated increases. The strings attached to federal grants in terms of reporting, limitations on use of funds, and timelines distract from patient care. Since 2008, 50 percent (about \$40 Million) of the increases to the total Behavioral Health budget (Mental Health and Alcohol & Substance Abuse Programs) is due to a growth in special grant programs and initiatives rather than increases to existing Behavioral Health programs. Instead of project or disease specific grant funds, the IHS needs to prioritize flexible, recurring base funds.

Grants create a “disease de jour” approach, where the funding is tied only to an identified hot topic issue. For instance, if a patient presents with an “unfunded” diagnosis that is not covered by grants for specific disease categories that patient is left without many alternatives. This does not bode well for the many chronic diseases from which AI/ANs disproportionately suffer. For example, a large focus on the methamphetamine epidemic 10 years ago may have distracted from the rise in patients addicted to prescription pain medicine, thus contributing to the opioid crisis in Indian Country today. While the United States generally is now facing an opioid crisis, a particular service unit in one IHS area may struggle most with alcohol addiction and under the grant making process cannot redesign the available programs and services to meet Tribal community needs. As such, IHS should never use a grant program to fund ongoing critical Indian Health needs.

Funding for ongoing health services in FY 2020 should be distributed through a fair and equitable formula rather than through any new grant mechanism or existing grant program. Across Indian Country, the high incidence of chronic health conditions like heart disease, suicide, substance abuse, diabetes, and cirrhosis is well documented. Grant funding used to address any Indian health issue creates limited and restrictive funding and access to culturally appropriate care.

Other Sources of Indian Health Funding

Medicaid

While the above recommendations address the IHS budget, the federal trust responsibility for health extends beyond the IHS. Proposals in the President's FY 2020 Budget Request, will have major fiscal impacts on IHS and Tribal health reimbursements that would devastate Tribal health. We urge the administration to work with Tribes and strengthen its Tribal Consultation practices on issues like Medicaid work requirements and block grants, so that fiscal strain doesn't unintentionally fall back to the IHS and Tribal Health programs. Decreasing Medicaid decreases scarce resources available to cover our cost of care, and further restrict the eligible patient population. This puts an unequal burden on the IHS budget which is so reliant on these resources to make up our funding shortfalls. American Indians and Alaska Natives already have access to health care through the IHS, so work requirements only serve to inhibit the use of Medicaid in Tribal communities.

Good Health and Wellness in Indian Country

The President's FY 2020 Budget request for the Centers for Disease Control and Prevention (CDC) is approximately \$763 million below the FY 2019 enacted level. This includes a zeroing out the Good Health and Wellness in Indian Country (GHWIC) program (currently funded at \$21 million). The Good Health and Wellness in Indian Country Program is CDC's largest investment in the wellbeing of American Indian and Alaska Natives. GHWIC funding must be restored. The thirty-five Tribes participating in the program have utilized community-driven, culturally adapted strategies to improve public health in their communities. GHWIC is a life-

line for these communities who would otherwise have no public health investment. In fact, it is the only dedicated funding for AI/ANs at CDC. Given the success of the program, NIHB recommends that this program be increased to \$32 million in FY 2020 to build public health infrastructure in Indian Country

Food Distribution Programs

The President's Budget for FY 2020 would also make major changes to the Supplemental Nutrition Assistance Program (SNAP) including \$17.4 billion in cuts—amounting to one-fifth of the total SNAP budget. It would impose mandatory work requirements for all able-bodied individuals between 18 and 65 and reintroduces the controversial “Harvest Box” idea from last year, which would use a portion of benefits to buy and deliver a package of commodities to SNAP households. Approximately 25 percent of Native households currently utilize SNAP, but in some Tribal communities, over 50 percent of households are recipients of the program.

The President's FY 2020 Budget also proposes a \$23 million cut to the Food Distribution Program on Indian Reservations (FDPIR) and proposes total elimination of the \$998,000 FDPIR Nutrition Education program—the only Tribally-specific nutrition program in existence.

Conclusion

Thank you again for holding this important hearing and for the opportunity to offer testimony for the record. You can find a more detailed FY 2020 IHS Budget Request at www.nihb.org.

PREPARED STATEMENT OF THE UNITED SOUTH AND EASTERN TRIBES SOVEREIGNTY PROTECTION FUND (USET SPF)

The United South and Eastern Tribes Sovereignty Protection Fund (USET SPF) is pleased to provide the Senate Committee on Indian Affairs with testimony for the record of its oversight hearing on the President's shameful Budget Request for Fiscal Year (FY) 2020. USET SPF represents 27 federally-recognized Tribal Nations from Texas to Florida to Maine.¹ USET SPF member Tribal Nations are within the Eastern Region and Southern Plains Region of the Bureau of Indian Affairs (BIA) and the Nashville Area of the Indian Health Service (IHS), covering a large expanse of land compared to other regions. Due to this large geographic area, USET SPF Tribal Nations have great diversity in cultural traditions, land holdings, and resources. This allows our region to mirror the great diversity found in Indian Country nationwide.

Legal and Constitutional Basis for the Fiduciary Trust Responsibility

From the earliest days of the United States, the Founders recognized the importance of America's relationship with Tribal Nations and Native peoples. They wove important references to those relationships into the Constitution (e.g., Art. I, Section 8, Cl. 3 (Indian Commerce Clause); Article II, Section 2, Cl. 2 (Treaty Clause)).

Tribal Nations influenced the Founders in the development of the Constitution as recognized by the 100th Congress, when the Senate and the House passed a concurrent resolution acknowledging the “historical debt” the United States owes to Tribal Nations.

“[O]n the occasion of the 200th Anniversary of the signing of the United States Constitution, acknowledges the historical debt which this Republic of the United States of America owes to the Iroquois Confederacy and other Indian Nations for their demonstration of enlightened, democratic principles of government and their example of a free association of independent Indian nations;. . .”²

¹USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

²S. Con. Res. 76, 100th Congress

One has only to walk the halls of the Capitol to see many works of art and sculpture that depict the central role that Tribal Nations have played in the development of America's national identity. Not depicted on the walls of the Capitol are many of the injustices that Native peoples have suffered as a result of federal policy, including federal actions that sought to terminate Tribal Nations, assimilate Native people, and to erode Tribal territories, learning, and cultures. Where these injustices are depicted, our tragedies are romanticized³ and told through a revisionist lens. The true story involves the cession of vast land holdings and natural resources, oftentimes by force, to the United States out of which grew an obligation to provide benefits and services in perpetuity to Tribal Nations. These resources are the very foundation of this nation, and have allowed the United States to become the wealthiest and strongest world power in history. Federal appropriations to Tribal Nations and Native people are simply a repayment on this perpetual debt.

The Indian provisions in the Constitution were given immediate life in treaties that the United States entered into with Tribal Nations beginning with the Treaty with the Delaware in 1778 and continuing through another 373 treaties. Additionally, in the first decades of the United States, numerous laws were enacted addressing the details of the Federal-Tribal relationship (e.g., Trade and Intercourse Acts of 1790, 1793, 1796, 1799, 1802, and 1834), even as the Federal courts defined the Federal government's trust obligation to Indian nations (e.g., *Cherokee Nation v. Georgia* (1831)). This period reflected an acknowledgement of and respect for our independent and sovereign existence, with the United States taking action within our lands only after securing our consent, including through treaty-making.

As it became more powerful and maintaining strong relations with us became less necessary, the United States quickly moved from an approach based on consent to an approach based upon the notion of domestic dependency and plenary authority. Notwithstanding the Constitutional foundation, the federal government engaged in many actions that betrayed the treaties and trust obligation to Tribal Nations, such as the seizure of Tribal lands and the forced assimilation efforts of the Indian boarding school system. Fortunately, Tribal efforts to exert our sovereign rights in collaboration with our federal partners have led to more enlightened policies since the boarding school era, reflected in a host of laws that support Tribal sovereignty and are critical to the vitality and well-being of Tribal communities. Regrettably, these laws are rarely funded to the level necessary to achieve their intended purposes.

The chronic underfunding of federal Indian programs continues to have disastrous impacts upon Tribal governments and Native peoples. As the United States continues to break its promises to us, Indian Country and Tribal citizens experience some of the greatest disparities among all populations in this country—including those in health, economic status, education, and housing. This is not a question about addressing poverty and needs across Indian Country. Our relationship is much more than this. This is ultimately a question about honor, about fulfilling commitments and promises. A nation's exceptionalism is grounded in these principles.

The Unique Role of the Senate Committee on Indian Affairs

While USET SPF takes a firm position that all members of Congress have an obligation to Tribal Nations, the members of this Committee have a greater role in understanding and working toward fulfillment of this obligation. As members of the only full Congressional Committee charged with, "study[ing] the unique problems of American Indian, Native Hawaiian, and Alaska Native peoples and . . . propos[ing] legislation to alleviate these difficulties," it is incumbent upon every Senator on this Committee to advocate for and demand the inclusion of Indian Country's priorities in all relevant legislation before the Senate. While we appreciate the amplification of these priorities through the work of the Committee via hearings, letters, and relevant legislation, it is equally, if not more, important, that the Members of this Committee use this role to elevate our voices in Congress' other Committees, as well as on the Senate floor. Indian Country expects and demands that you carry our messages into conversations with colleagues who may be less familiar with the trust obligation.

As leaders who have consistently demonstrated a true understanding of this commitment and obligation, we implore you to lead the change within Congress that is necessary to improve how the United States views, honors, and fulfills its promises to Indian Country. The federal budget is a reflection of this commitment. We recognize that there are many causes and issues that this body considers. However, we ask that you always remember this nation's first promise to its First People—

³ See <https://www.aoc.gov/capitol-hill/native-americans-art>

the promise that resulted in an exchange responsible for the vast wealth, power, and influence of this country.

The President's FY 2020 Request for Indian Programs Violates the Trust Responsibility

In his 2017 Native American Heritage Month proclamation, the President stated,

“My Administration is committed to tribal sovereignty and self-determination. A great Nation keeps its word, and this Administration will continue to uphold and defend its responsibilities to American Indians and Alaska Natives. Together, we will strengthen the relationship between the United States Government and Native Americans.”

A great nation does keep its word. The first step toward fulfillment of America's promises is not just words, but action. While this Administration professes to prioritize Indian Country, this Budget Request reveals otherwise. At all levels of the Administration, from the Office of Management and Budget (OMB) to BIA to IHS, Tribal Nations and others objecting to another draconian budget request are being told that the request is just a “messaging document.”

While we understand that only Congress has the power to appropriate funds, the Administration is sending a powerfully negative message to Indian Country. In reducing, eliminating, and calling into question the constitutionality of federal Indian programs, this Administration is ignoring and undermining its trust responsibility to Tribal Nations. Moreover, the message that this sends to all American citizens is one of disregard and dishonor, further exacerbating the challenges we face in educating the nation on our history, sovereignty, and the continued obligation to Tribal Nations. Finally, the agencies most directly charged with delivering on the fiduciary trust responsibility—BIA and IHS—continue to demonstrate no accountability for budget request numbers or policy changes and instead, are directing Tribal Nations to advocate for funding with Congress. This is a failure on the part of the Administration to take seriously its role as trustee.

Nonetheless, we are once again asking Congress to honor the commitments made to Tribal Nations by the United States. This Committee, appropriators, and the entirety of Congress must again reject the President's proposed cuts, program and agency eliminations, and policy changes, as you have in the past. Instead, USET SPF urges this Committee to work to ensure FY 2020 appropriations more fully reflect the trust obligation, as well as Tribal guidance and priorities. This includes working toward the full funding of the United States' fiduciary obligation to Tribal Nations.

Broken Promises Report

The *Broken Promises* report released in December 2018 by the U.S. Commission on Civil Rights (USCCR) comes after years of advocacy from Tribal Nations and organizations seeking an update to the 2003 *Quiet Crisis* report, which found deep failures in the delivery of federal fiduciary trust and treaty obligations. The *Broken Promises* report confirms what we in Indian Country already know—with the exception of some minor improvements, the U.S. continues to neglect to meet its “most basic” obligations to Tribal Nations. The report reveals that very little has changed in the 16 years since the issuance of the *Quiet Crisis* report. With little exception, the funding of the federal trust responsibility and obligations remains “grossly inadequate” and a “barely perceptible and decreasing percentage of agency budgets.” Though these chronic failures have persisted throughout changes in Administration and Congress, it is time that both the legislative and executive branches confront and correct them.

And yet, despite the findings and recommendations within the *Broken Promises* and *Quiet Crisis* reports, subsequent Administrations have continued to request budgets that fall far short of the federal trust responsibility and obligations, including the FY 2020 Request. In order to begin delivering upon the recommendations of the *Broken Promises* report, the Administration must propose and Congress must demand budgets containing full funding for federal Indian agencies and programs. All branches of the federal government must take action to right these wrongs and this work must begin immediately.

With this in mind, we urge this Committee and others in Congress to hold oversight hearings with federal witnesses from all agencies and departments, including the Department of the Interior, the Indian Health Service, and the Office of Management and Budget, to examine plans for ensuring the federal government honors its treaty and trust obligations to Tribal Nations, including through the budget and appropriations process.

Funding Requests and Mechanism do not Reflect Trust Obligations

Because of our history and unique relationship with the United States, the trust obligation of the federal government to Native peoples, as reflected in the federal budget, is fundamentally different from ordinary discretionary spending and should be considered mandatory in nature. Inadequate funding to Indian Country needs to be viewed as unfulfilled treaty and trust obligations and should not be vulnerable to year to year “discretionary” decisions by appropriators. This year, during the longest federal government shutdown in history, members of this Committee, and all of Congress, saw first-hand the deleterious impacts of this funding mechanism in Indian Country. The health, safety, and wellbeing of Tribal Nations, the federal trust responsibility and obligations, was jeopardized as the legislative and executive branches debated an issue unrelated to their sacred duty to our governments.

Shutdowns and delays in the appropriations process continue to impede progress and service-delivery in Indian Country. Since FY 1998, there has only been one year (FY 2006) in which appropriated funds for the IHS were released prior to the beginning of the new fiscal year. This must change. At a minimum, Congress must act to insulate federal Indian funding from political impasses and failures to otherwise complete the appropriations process prior to the end of the fiscal year. In the short-term, USET SPF calls for the passage of S. 229, the Indian Programs Advance Appropriations Act, legislation that would provide advance appropriations for IHS and BIA. In the long-term, we seek mandatory funding for all federal Indian programs, as this is more consistent with the federal trust obligation.

We further note the long-lasting effects of continued underfunding for federal Indian programs. The FY 2020 Budget Request fails to reflect a prioritization of trust obligations and the related promises that are at the core of our special and unique relationship. These unfulfilled treaty and trust obligations will ultimately lead to hearings by this very Committee, as the consequences of this Request results in the problems and difficulties that SCIA is charged with addressing.

Constitutionality of Federal Indian Programs

Several times now, this Administration has called into question the constitutionality of programs or targeted accommodations for American Indians and Alaska Natives. As this Committee well knows, all federal Indian programs are based on a political, government-to-government relationship between the U.S. and Tribal Nations. Appropriations that support programs and services such as this are provided in perpetuity in exchange for the millions of acres of land and natural resources ceded, often times by force, to the U.S. In addition, the Executive Branch, regardless of party, has a decades-long history of policy-making that includes exemptions or accommodations from federal actions for Tribal Nations and Native people.

Infrastructure Plan

For generations, the federal government—despite abiding trust and treaty obligations—has substantially under-invested in Indian Country’s infrastructure, evident in the breadth and severity of its unmet infrastructure needs as compared to the rest of the nation. While the United States faces crumbling infrastructure nationally, there are many in Indian Country who lack even basic infrastructure, such as running water and passable roads. According to a report released in 2017 by National Congress of American Indians, there exists at least \$50 billion in unmet infrastructure obligations across Indian Country. Decades of chronic underfunding of the federal government’s trust obligations has resulted both in a dangerous lack of infrastructure, as well as infrastructure that is severely degraded.

If this Congress and Administration intend to modernize and repair infrastructure throughout the country, the deep infrastructure needs of Indian Country must be addressed. It is critical that Tribal Nations have direct access to any funding available via an infrastructure package. We must not be restricted to partnering or competing with another entity in order to be in receipt of infrastructure dollars. Additionally, in support of Tribal self-determination, these dollars should be eligible for inclusion in Self-governance contracts and compacts.

With a renewed focus on domestic issues and putting America first, this focus must also include a commitment to rebuilding the sovereign Tribal Nations that exist within the domestic borders of the United States. Much like the U.S. investment in the rebuilding European nations following World War II via the Marshall Plan, this Congress and Administration should commit to the same level of responsibility to assisting in the rebuilding of Tribal Nations, as our current circumstances are, in large part, directly attributable to the shameful acts and policies of the United States.

Tribal governments must be consulted in any infrastructure project planning or permitting on ancestral lands. Any infrastructure build-out in Indian Country and

beyond must not occur at the expense of Tribal consultation, sovereignty, sacred sites, or public health. Consultation must include Tribal consent for projects that significantly impact or threaten Tribal interests. This point should be strengthened in the law, and not just in regulations. In the short term, we must move beyond the requirement for Tribal consultation via Executive Order to a strengthened model achieved via statute. In the long term, we must return to the achievement of Tribal Nation consent for federal action as a recognition of sovereign equality.

Interior Reorganization

USET SPF is deeply concerned that the reorganization of the Department of the Interior (DOI) continues to move forward in the absence of Tribal consultation. Nearly a year and a half after its announcement, Indian Country continues to have more questions than answers from DOI on this massive undertaking. The near-complete lack of information provided to Tribal Nations is unacceptable, regardless of whether the BIA is included in the reorganization. We continue to request that DOI provide clarity regarding reorganization logistics, purpose, and effects on Indian Country, and to consult with Tribal Nations on these details. While we await the answers, USET SPF urges this Committee and this Congress to withhold any funding for Interior reorganization pending confirmation that the Reorganization will not impact funding to Indian Country or inherent federal functions, as well as meaningful consultation with Tribal Nations.

Role of Office of Management and Budget in Inadequate Budget Requests

The Office of Management and Budget (OMB) asserts that over \$21 billion in federal dollars funds Indian Country annually. From the perspective of Tribal advocates, including those who serve on budget formulation committees for federal agencies, this number seems to be an over-estimate, with far less actually reaching Tribal Nations and Tribal citizens. We suspect that OMB arrives at this figure by tallying the amount for which Tribal Nations and entities are eligible, regardless of whether these dollars actually reach Indian Country. The Tribal Interior Budget Council has asked OMB for a full accounting of federal funding distributed to Indian Country. To date, OMB has not responded to this request and continues to take the position that as an extension of the Executive Branch, it does not have the same consultative responsibilities as other federal agencies. USET SPF requests that in the spirit of transparency, this Committee consider supporting report language that would ensure OMB provides Indian Country with an accurate inventory of its own federal funding on an annual basis. In addition, USET SPF contends that Indian Country would be better-served by an Indian-specific desk at OMB rather than analysts with portfolios that include other interests.

Conclusion

While USET SPF recognizes this Committee's strong, long-standing commitment to Indian Country, we cannot accept funding for federal Indian programs that continues to fall far short of fiduciary trust obligations, and other shameful failures to acknowledge our government-to-government relationship and sovereign status. This Committee must use its influence to ensure that Congressional appropriators uphold the fiduciary trust obligation to Tribal Nations in FY 2020 and beyond. In pursuit of a relationship more reflective of this obligation, USET SPF urges this Committee, Congress, and all branches of the federal government to ensure that full funding for the trust obligation is realized in our lifetimes. USET SPF looks forward to partnering with the Committee to bring this to fruition.

ADDITIONAL TESTIMONY FROM USET SPF

DOJ Mishandled VOCA Tribal Set Aside Distribution

As this Committee well knows, Indian Country currently faces some of the highest rates of crime, with Tribal citizens 2.5 times more likely to become victims of violent crime and Native women, in particular, subject to higher rates of domestic violence and abuse. And yet, until FY 2018 appropriations were enacted, Tribal Nations did not have direct access to funding that would allow us provide victim services to our citizens. After years of advocacy from Tribal Nations, Congress enacted a 3 percent (or \$133 million) Tribal Set-Aside in FY 2018 within the Crime Victims Fund for the very first time.

Out of the 3 percent FY 2018 set-aside, \$110 million was made available to Tribal Nations and Tribal organizations through grants with a cap of \$720,000 per Tribal Nation, and with discretion for DOJ to include increases. While DOJ consulted with Tribal Nations on the distribution of these dollars and USET SPF, along with other Tribal Nations and organizations, urged maximum flexibility, the Agency's outreach,

solicitation, and grant requirements did not reflect this guidance. As a result, many Tribal Nations did not apply for the grant.

Moreover, rather than work with Tribal Nations to improve applications, DOJ opted not to fund a full 20 percent of applicants—with only 154 out of 195 receiving grant awards of just \$88 million. Rather than find a way to distribute remaining funds, DOJ returned \$24 million in unobligated dollars to the Crime Victims Fund. There have been no efforts on the part of DOJ to reissue these funds to Tribal Nations.

Despite failures in the FY 2018 process, DOJ appears to be repeating these mistakes as it seeks to distribute FY 2019 funds. In February 2019, Crime Victims Tribal Set-Aside funding for FY 2019 was provided in the amount of \$167.5 million (a 5 percent increase from FY 2018) under the Coordinated Tribal Assistance Solicitation (CTAS). Despite the increase in funding, DOJ capped funding for each application at \$500,000. Due to the short deadline, stringent eligibility requirements, and small funding cap, many Tribal Nations did not seek this funding. As a result, only 59 Tribal Nations applied.

While we have been informed that an additional FY 2019 funding opportunity will be announced soon, USET SPF is deeply concerned that DOJ will again fail to obligate the entirety of funding. Again, this is not because these dollars are not critically important to Tribal Nations, but rather because DOJ is failing to recognize its obligations to Tribal Nations, including making every effort to ensure resources reach Indian Country.

Tribal Set-Aside for FY 2020 and Beyond

In the long-term, DOJ must be required to change its distribution methods in accordance with Tribal Nation guidance. This involves implementing this guidance following the conclusion of its Tribal consultation on the distribution of the VOCA set-aside in July. USET SPF continues to urge DOJ to provide maximum flexibility, both during the application process and in usage of funds, including, to greatest extent possible, relaxing and simplifying any application and reporting requirements associated with the funding.

The equitable distribution of funding to all interested Tribal Nations must be the guiding principle of the Department throughout the award process. It is with this in mind that USET SPF strongly urges Congress to support the distribution of these dollars via non-competitive formula-based funding. Grant funding fails to reflect the unique nature of the federal trust obligation and Tribal sovereignty by treating Tribal Nations as non-profits rather than governments. A non-competitive, formula-based methodology will provide each of the 573 federally-recognized Tribal Nations with the opportunity to access this set aside, ensuring the entirety of funds are obligated each year. We also call upon DOJ and Congress to consider how this funding might be delivered via Indian Self-Determination and Education Assistance Act contracting and compacting.

Conclusion

The VOCA set aside was designed to provide Tribal Nations and Tribal organizations, in parity with states, resources to deliver comprehensive services and compensation to crime victims within Tribal communities. However, since 2018, \$162.5 million in Tribal set aside funding has not been allocated to Tribal Nations. As an agency of the federal government, DOJ has a trust obligation to ensure Tribal Nations have access to resources to address crime in Indian Country. The failure in ensuring these critical funds are delivered to Tribal Nations is a violation of that obligation. USET SPF urges SCIA and Congressional appropriators to ensure DOJ takes the appropriate steps to distribute the total set-aside in Indian Country as intended.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. TOM UDALL TO
HON. ANDREW JOSEPH JR.

Budgetary Certainty

Question 1. As you described in your written testimony, the partial government shutdown negatively impacted Tribes reliant on the Bureau of Indian Affairs (BIA) and Indian Health Service (IHS) services and funding to keep essential public welfare services operational. My bill, S. 229, the Indian Programs Advance Appropriations Act, would address the essential service program distribution in Indian Country caused by government shutdowns by providing advance funding and budgetary certainty for BIA and IHS programs. Can you summarize the areas where the government shutdown impacted IHS and Tribes the worst?

Answer. The 35-day government shutdown disproportionately impacted the Indian health system. Of the four federal agencies charged with providing healthcare services, the Indian Health Service (IHS) was the only agency that was impacted by the shutdown. This is because Medicare and Medicaid receive mandatory appropriations that are unaffected by yearly budget negotiations, while the Veterans Health Administration has been receiving advance appropriations since 2011.¹

Congress created the IHS in part to fulfill the federal government's treaty and trust obligations for health care for all American Indians and Alaska Natives (AI/ANs). Yet chronic underfunding of IHS coupled with yearly budget uncertainty and looming threats of government shutdowns and budget sequestration levy undue and significant hardships on the Indian health system. As a result of these hardships, IHS's capacity to carry forth its mission and to deliver quality care is severely diminished, thus contributing to the pervasive health disparities impacting AI/ANs.

The impacts of the government shutdown on delivery of care within the Indian health system were multi-pronged and complex. Because IHS provides services involving the safety and preservation of human life, by law, many IHS employees are considered "excepted" employees. As a result, IHS direct care facilities remained open during the government shutdown; however, all administrative services—including those provided in a clinical setting—were not considered excepted and were thus furloughed. Inaccessibility of administrative staff during the shutdown lead to significant burdens on services such as scheduling doctor's appointments, conducting patient follow-up and referral, and other ancillary services that nonetheless impacted patient care.

But while direct services at IHS facilities remained available, IHS payments to Tribally-operated health facilities and programs were suspended. Given that roughly two-thirds of IHS operations are operated under Tribal self-determination contracts and compacts, this meant that the majority of health system operations in Indian Country during the shutdown continued without any direct funding from IHS. As a result, Tribes were forced to make incredibly difficult decisions about the delivery of health services. While some Tribes had the flexibility to cobble together disparate resources to keep services and operations afloat, other Tribes were forced to curtail services, furlough staff, or make other costly and burdensome adjustments in their operations. Unequivocally, the government shutdown destabilized the Indian health system and jeopardized the health and safety of AI/AN individuals and families.

Question 1a. Do you believe that Congress would have difficulty meeting its trust responsibility to Tribes during a government shutdown if it doesn't move Indian programs to an advance appropriations cycle?

Answer. Absolutely. While enacting advance appropriations would not solve the chronic underfunding of the Indian health system, it would instill necessary and effective guardrails that can at least provide certainty of funding for IHS from year to year. Because the IHS receives yearly discretionary appropriations, it is inevitably subject to budget fluctuations from year to year, the threat of government shutdowns and budget sequestration, and the limitations imposed by use of continuing resolutions (CRs). However, the situation is particularly unique for the IHS for three reasons. Number one, the IHS was established by Congress and charged to help fulfill the federal government's treaty and trust obligations to Tribal Nations and AIAN Peoples. But IHS cannot fulfill this sacred and constitutional obligation under a discretionary appropriations process that does not fund the agency at the level of need, nor shields it from the devastating impacts of government shutdowns.

Number two, the IHS is the only federal healthcare entity that is not insulated from shutdowns, CRs, or budget sequestration. These ever-looming challenges impose significant barriers towards engaging in long-term planning, recruiting and retaining high quality providers, ensuring the accessibility of care, and building and improving internal infrastructure and operations. Number three, enacting advance appropriations for IHS would establish parity between the agency and the Veterans Health Administration (VHA), which has received advance appropriations for nearly a decade. As a sister agency to IHS, both agencies work closely together on many fronts to coordinate care for AI/AN Veterans. It is often said that the federal government has a dual obligation to AI/AN service members—one obligation due to their status as AI/ANs, and one due to their sacrifice in service to protect and defend the United States. As such, it is imperative that Congress establish parity between IHS and VHA by ensuring that IHS also receive advance appropriations.

¹Pub. L. No. 111-81, 123 Stat. 2137 (2009) (codified as amended at 31 U.S.C. § 1105(a)(37) and 38 U.S.C. § 117). This authority took effect with the budget submissions for fiscal year 2011.

Recruitment, Retention, and Staffing

Question 2. The President's FY2020 budget would increase support for staffing needs at new Joint Venture IHS facilities. It also proposes \$8 million for recruitment and retention incentives, including \$2 million to pay for housing subsidies, \$2 million to pay for incentives, \$1.8 million for loan repayment programs. However, the proposed budget would also reduce funding for the Indian Health Professions program by \$14 million from the FY2019 enacted level. Does NIHB support these proposed recruitment, retention, and staffing proposals put forward in the President's FY2020 budget request?

Answer. The Indian Health Professions budget is one of the ways that IHS can recruit and retain qualified providers to the Indian health system. The President's FY 2020 request to cut funding for this program by 23 percent will likely lead to even higher vacancies at IHS and lower care for AI/AN patients. Recruitment and retention of medical personnel is one of the most serious challenges at IHS. Additional investments will help enhance care. Increasing the use of Title 38 will help IHS be more competitive when recruiting providers.

The IHS system competes with the private sector in recruiting and maintaining health providers. However, there are few tools available to the IHS and Tribes that provide unique advantages in recruitment, principal among them—the IHS Scholarship and Loan Repayment Programs. Despite these unique opportunities, IHS is limited in its use of the programs due to significant underfunding and administrative policy. For example, in FY 2017, 788 health professionals—nurses, behavioral health providers, dentists, mid-level providers and pharmacists—who applied for the Loan Repayment Program (LRP) were not funded. It is estimated that an additional \$39.4 million would be needed to fund the 788 unfunded health professional applicants.

We support the proposals outlined in the President's Budget to allow scholarship and loan repayment for part time employees and tax exempt status for IHS student loan repayment program. These would help increase the amount of funding available for these programs and open the programs up to more individuals, thereby improving health access for American Indians and Alaska Natives. However, there is much more to be done.

Question 2a. Would NIHB propose any additional ways to support recruitment and retention of clinical staff in Indian Country?

Answer. There are several pathways in which Congress can further meet its treaty and trust obligations for health services to Tribes and AI/ANs. One option would be to ensure that the IHS Loan Repayment Program is tax exempt. Unlike loan repayment programs offered by the VA, or through the National Health Service Corps, the IHS Loan Repayment Program is subject to federal taxes. In fact, the IHS is spending upwards of 20 percent of its Health Professions account for taxes.² Making the program tax exempt can ensure that every dollar can be maximized for the recruitment and retention of high quality providers. In addition, fully funding all line items within the IHS budget at the level of need—including the Health Professions line item—will guarantee that the Indian health system has the necessary resources to rectify its chronic provider shortages.

In addition, Congress can strengthen the role of Medicaid in fulfilling the trust responsibility and increasing AI/AN access to healthcare. This can be achieved by authorizing Indian Health Care Providers (IHCP) in all states to receive Medicaid reimbursement for all services authorized under Medicaid and specified services authorized under the Indian Health Care Improvement Act—referred to as Qualified Indian Provider Services—when delivered to AI/ANs. Further, Congress can address the “four walls” limitation on IHCP clinic services by removing the restriction that prohibits billing for services provided outside a clinic facility. Moreover, Congress can extend full federal funding through a 100 percent Federal Medical Assistance Percentage (FMAP) rate for Medicaid services furnished by Urban Indian Organizations to AI/ANs, in addition to services furnished by IHS/Tribal providers to AI/ANs.

Finally, IHS and Tribal facilities are in immediate need of major reforms to health IT and telehealth infrastructure in order to better address the shortage of medical providers. Expansion of telehealth services can be critical for communities with limited access to medical care while also reducing costs of healthcare delivery. The IHS utilizes the Resource and Patient Management System (RPMS), which is a health information system offering a comprehensive suite of applications supporting virtually all business and clinical operations at IHS and some Tribal facilities. However, recent technological advancements with Commercial Off-the-Shelf

² IHS Loan Repayment Program Fact Sheet. Retrieved from https://www.integration.samhsa.gov/workforce/Indian_Health_Service_LRP_ParticipantGuide.pdf

(COTS)—EHR systems coupled with I/T/U challenges in keeping up with new advancements have pushed more and more Tribes to abandon RPMS for more modern systems.

Nevertheless, the outdated nature of RPMS has placed additional burdens on IHS and Tribal providers given the system's limited interoperability and reliance on an increasingly antiquated broadband infrastructure. According to a 2019 Congressional Research Service report, 32 percent of citizens living on Tribal lands lacked access to standard fixed terrestrial broadband speeds compared to only 6 percent of the total U.S. Thus, NIHB strongly encourages Congress to fully fund critical infrastructure investments similar to that offered to Veterans Administration and Department of Defense. Specifically, NIHB requests funding for full implementation of health IT and interoperable EHR systems and telehealth capacity at \$3 billion over ten years, and \$15 billion over ten years for health facilities construction and equipment.

Electronic Health Records

Question 3. The President's FY2020 Budget requests \$25 million for IHS to initiate replacement of its RPMS electronic health records (EHR) system. This new EHR system must not only improve patient experiences at federally-operate IHS facilities, but also be interoperable with tribal EHRs and other federal EHRs utilized by the Department of Veterans Affairs to ensure continuity of care for IHS patients that use multiple federal systems. Has IHS engaged in adequate consultation and urban confers to date regarding replacement of the RPMS?

Answer. No. As you note, the current IHS health information system is the Resource and Patient Management System (RPMS), which is the same system utilized by the VA. Although the VA is taking steps to overhaul its system for electronic health record exchange by transitioning to the Cerner system, this has forced the IHS, which is largely dependent on VA IT, to re-evaluate its own health IT needs. Because IHS is not given its own line item for EHR improvements in its congressional appropriations, as the VA is, the IHS runs the risk of being left behind with an unsupportable EHR system. While the agency has examined alternatives for several years, the consultation with Tribes and confers with Urban Indian Health Organizations has been insufficient to develop a long term solution. NIHB strongly recommends that Congress provide IHS with the same tools, resources, and oversight in improving its Health IT system that it provides the VA.

Question 3a. Does NIHB believe that telecom and IT infrastructure limitations in Indian Country will negatively impact Tribal and IHS EHR modernization efforts?

Yes. It is critical that Congress provide resources necessary for the IHS (including Tribally run facilities) and other federal health providers like the Veterans Health Administration to make serious upgrades to their health information technology infrastructure in Indian Country. Failure to do so puts patients at risk and will leave IHS behind unequipped for the 21st Century healthcare environment. The biggest barrier to achieving this has been the lack of dedicated and sustainable funding to adequately support health information technology infrastructure, including full deployment and support for EHRs. Resources in Indian Country, including workforce and training, have been inadequate to sustain clinical quality data and business applications necessary to provide safe quality health services. The information systems that support quality health care delivery are critical elements of the operational infrastructure of hospitals and clinics.) RPMS is a comprehensive suite of applications that supports virtually all clinical and business operations at IHS and most (but not all) Tribal facilities, from patient registration to billing. The explosion of Health IT capabilities in recent years, driven in large part by federal regulation, has caused the IHS health information system to outgrow the agency's capacity to maintain, support and enhance it. To remedy this situation, NIHB recommends that Congress:

- Provide a separate, dedicated funding stream to improve Health IT at IHS, as the President's budget and the House Interior Appropriations Bill for Fiscal Year 2020 do.
- Provide dedicated authorized funding for major Health IT and Telehealth upgrades at IHS and exercise oversight over the spending of these funds, as Congress has done for the VA.
- Require IHS to work closely with the Veterans Administration to coordinate on upgrades for the EHR systems at the respective agencies, and make upgrades in tandem.
- Appropriate resources for Tribes that maintain systems separate from RPMS. These Tribes are implementing IT systems to serve their people without support from the IHS, Congress, or any entity of the federal government. In some IHS Areas, up to half of Tribes utilize non-RPMS Health IT systems.

Question 4. The President's FY2020 Budget includes a 1 percent increase for the equipment program, which funds equipment replacement at existing tribally operated and direct service facilities, for a total of \$23.9 million. I have heard from Tribal stakeholders that the actual estimated annual need for the program is more in the \$50–70 million range or higher. Please estimate what the annual equipment replacement needs are at IHS direct service, tribal, and urban Indian health facilities.

Answer. The Tribal request is for a program increase of \$24.058 million for a total of \$48.3 million for Equipment. This number represents the minimal amount necessary to address critical medical equipment needs at health facilities managed by the IHS and Tribes. IHS and Tribes manage approximately 90,000 biomedical devices consisting of laboratory, medical imaging, patient monitoring, pharmacy, and other biomedical, diagnostic, and patient equipment valued at approximately \$500 million. Increased support is necessary to replace outdated, inefficient and unsupported equipment with newer electronic health record-compatible equipment to enhance speed and accuracy of diagnosis and treatment. Accurate clinical diagnosis and effective therapeutic procedures depend in large part on healthcare providers using modern and effective medical equipment/systems to assure the best possible health outcomes.

Average Equipment useful life is approximately 6 to 8 years. To replace the equipment on a 7 year cycle would require approximately \$70 million annually. In the United States, a facility's annual medical equipment maintenance costs should be between 5 percent and 10 percent of medical equipment inventory value, which would equate to \$25 to \$50 million annually for the IHS. This fund also supports transfer of excess Department of Defense medical equipment (TRANSAM) to IHS/Tribal programs, replaces ambulances, and provides equipment funding for Tribal facilities constructed with non- funding.

Question 4a. Please summarize the problems that these facilities face in providing adequate care given their existing medical equipment resources.

Approximately 5 percent of the U.S. annual health expenditures are investments in health care facilities construction. In 2013, that \$118 billion investment in facilities construction equaled \$347 per capita compared with IHS construction appropriation of \$77 million-or only \$35 per AI/AN. The Nations annual investment in health care facilities construction is 10 times the amount per capita for the general population compare to IHS facility construction. Resulting in negative patient outcomes and greater need for investment in to IHS facilities.

On average, IHS hospitals are 40 years of age, which is almost four times more than other U.S. hospitals with an average age of 10.6 years. A 40 year old facility is about 26 percent more expensive to maintain than a 10-year facility. The facilities are grossly undersized—about 52%—for the identified user populations, which has created crowded, even unsafe, conditions among staff, patients, and visitors. In many cases, the management of existing facilities has relocated ancillary services outside the main health facility; often times to modular office units, to provide additional space for primary health care services. Such displacement of programs and services creates difficulties for staff and patients, increases wait times, and creates numerous inefficiencies within the health care system. Furthermore, these aging facilities are largely based on simplistic, and outdated design which makes it difficult for the agency to deliver modern services.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. MARTHA MCSALLY TO
TARA MAC LEAN SWEENEY

Road Maintenance

The BIA road maintenance program has been severely underfunded for years, and is inadequate to meet the needs of tribes across Arizona. The terrible road conditions endanger tribal members, as well as tribal and federal law enforcement officers carrying out their duties.

Question 1. Why does the President's budget reduce the BIA road maintenance request by \$900,000 from FY 2019 enacted levels? Will this request be adequate to meet maintenance needs of Arizona's tribes?

Answer. Since Fiscal Year (FY) 2017, the Bureau of Indian Affairs (BIA) Road Maintenance program received above requested amounts as temporary funding for school bus routes and the Native American Tourism and Improving Visitor Experience Act, P.L. 114–221. These temporary set-asides were combined in the enacted funding which gave the impression of significant increases to the BIA Road Maintenance program nationwide. The Administration's FY 2020 Budget Request reflects the discontinued temporary funding.

Bureau of Indian Education Construction

Question 2. The Administration's FY20 Budget Request contains a sizable cut to construction funding in Indian programs which is concerning. Particularly concerning is the \$216 million cut to education construction, which is about 78 percent of the total cuts to the Bureau of Indian Education Funding. There are about 8–10 schools on the Navajo Nation that are supposed to be on the replacement list. Will the Administration's proposed negatively affect the schedule for Navajo school replacement?

Answer. Using currently available funds, Indian Affairs will continue construction of the three remaining 2004 list replacement schools and fully fund the design-build construction of the first four schools from the 2016 replacement school list (which includes Dzilth-Na-O-Dith-Hle Community School (Navajo)). The fifth school, Lukachukai Community School (Navajo), is 93 percent funded with the remaining funds to be provided with future appropriations. The remaining five schools on the 2016 replacement school list, all of which are for Navajo, will be funded for design-build construction as funds become available.

Tribal Police/Law Enforcement

Question 3. The lack of safe and secure public safety facilities handcuffs tribal justice systems, and contributes to the already staggering violent crimes rates that exist on many reservations. Many tribal police officials are forced to work in crumbling facilities or inadequate temporary structures.

In Arizona, the BIA condemned the San Carlos police and courts building—known as BIA Building 86—in 2009. Tribal police and court officials worked in this condemned building until 2015 when the BIA provided them with temporary trailers, which are now rapidly deteriorating. In FY18 and FY19, Congress appropriated \$18 million for new and replacement public safety and justice construction funding however the BIA dedicated all funding to tribal jails and none to replace police facilities. The Department's budget proposes elimination of new and replacement public safety construction for FY20 and includes no funding in your five-year plan for justice facilities construction.

If Congress restores a new and replacement public safety construction line item, will you and BJA work to dedicate the necessary portion of FY20 funding to replace tribal police and courts buildings that the BIA has condemned?

Answer. We understand that the intent of the appropriation language is to ensure that the highest priority public safety facility projects are funded. Our shared goal with Congress is to ensure resources are applied to areas where the need is greatest, and in a manner that makes sense programmatically and financially. As funding becomes available, the BIA will continue to replace public safety facilities in the order listed on the BIA Office of Justice Services (OJS) priority list. Public safety facilities at San Carlos will be considered for placement on the priority list and ranked appropriately.

Question 4. The budget request for FY20 safety and justice activities is a decrease from FY 19. Tribal law enforcement and detention funding must be allocated the funds necessary to address the significant challenges the Nation and other tribes face, including: additional law enforcement staff and better equipment and training to address increased drug and violent crime; support for tribal law enforcement working with federal authorities to meet the United States' border security responsibilities. How will a decreased budget request address these challenges?

Answer. The Administration's FY 2020 budget includes:

- \$419.6 million for Public Safety and Justice Activities, of which \$313.1 million directly supports 191 law enforcement programs and 96 corrections programs run both by tribes and as direct services;
- \$22.3 million for Tribal Justice Support Programs, which include VA W A training and implementation strategies critical to the protection of women in Indian communities;
- An increase of \$2.5 million to address the opioid crisis in Indian Country. This initiative will expand BIA's capacity to address the increase in drug-related activities through interdiction programs to reduce drug use, distribution, and drug-related crime and supports OJS participation in intra- and inter-agency initiatives targeting opioid and substance abuse prevention efforts;
- \$3.0 million for Phase II of housing construction plans at two detention center locations and funding to complete six units at Lower Brule Detention Center in Lower Brule, SD and three units at Standing Rock Detention Center in Fort Yates, ND;

- An additional \$4.0 million to be accessible for allocation to public safety facilities for Facilities Improvement and Repair, which will fund advanced planning and design, condition assessments, environmental and demolition projects, and emergency repairs; and
- \$3.1 million accessible for allocation to public safety facilities for the Fire Protection program for priority replacements and repair of non-working fire alarm and fire sprinkler systems and assessing existing fire protection systems.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. TOM UDALL TO
TARA MAC LEAN SWEENEY

Bureau of Land Management Leasing

- 1) Earlier this year, the Bureau of Land Management (BLM) conducted a series of public meetings in Alaska and D.C. related to the environmental impact statement to drill in the Arctic National Wildlife Refuge. Reports from several of the meetings cast doubt on whether BLM had conducted meaningful consultation with Alaska Natives. Many of the hearings, including the one in Fairbanks, were scheduled with just five days advanced notice. Further, the hearing in Fairbanks did not have a translator present for comments in Iñupiaq and Gwich'in, and did not translate the information given by BLM.

- a) **Please describe the involvement of the Office of the Assistant Secretary for Indian Affairs and the Bureau of Indian Affairs in developing, conducting, or participating in the public meetings.**

Response: The Assistant Secretary – Indian Affairs (AS-IA) and her staff were not involved with the BLM consultations. The Bureau of Indian Affairs provided funding to Tribes for the purpose of translating portions of the BLM's Draft Coastal Plain Leasing Environmental Impact Statement into the Gwich'in language to aid Gwich'in communities' participation in public meetings and tribal consultations regarding the development of the Statement.

- b) **Please describe how the public meetings complied with the Department's guidance that requires Interior, through the Assistant Secretary for Indian Affairs, to consult with Alaska Native Corporations on any matter that has a substantial direct effect on them.**

Response: The Department's policy on consultation applies to all bureaus and offices independently; there is no requirement for each to consult through AS-IA. The Assistant Secretary – Land and Minerals, and BLM, consulted with regional ANCSA corporation Arctic Slope Regional Corporation and village ANCSA corporation Kaktovik Inupiat Corporation, as well as several tribes, throughout BLM's development of the environmental impact statement. In addition, while the BLM was the lead agency in the program review, cooperating agencies included the North Slope Borough, the Native Villages of Kaktovik and Venetie Tribal Government, the Venetie Village Council, and the Arctic Village Council.

Budgetary Certainty

- 2) As discussed at the hearing, the recent partial government shutdown had an acutely negative impact on Tribes and Native communities. I understand that you sent out a Dear Tribal Leader letter asking for feedback to document these impacts.
- a) **Please provide a copy of the referenced Dear Tribal Leader letter for the record.**

Response: Attached hereto as Appendix A and Appendix B.

b) **Please summarize any and all responses to the letter the Department has received so far.**

Response: To date, the Department has received 13 responses to our Tribal Leader letters regarding the lapse in appropriations. The general concerns raised were lack of communication and updates from BIA during the appropriations lapse; the curtailment of services and freezing of available funding streams from BIE; delays in issuing permits, processing 93-638 contracts, and conducting environmental impact studies.

Tribes were also concerned that the appropriations lapse caused grant programs to fall behind in deliverables, hiring freezes, suspension of travel and inability to participate in important planning meetings, financial hardship and disruption of vital health and public safety services, and overall inability to connect and communicate with federal staff due to the furlough.

Climate Change

- 3) The Department has a responsibility to Tribes to protect trust lands, trust resources, and treaty hunting, fishing, and subsistence rights. Protecting and enhancing healthy and resilient ecosystems that are particularly vulnerable to climate change is integral to ensuring the Department is able to fulfill these responsibilities. But for the third year in a row, the President's budget proposes to eliminate funding for the Tribal Climate Resilience program, which provides Tribes with direct funding to develop science-based information and create decision support tools to enable adaptive resource management. The program also bolsters Tribal ability to plan for climate resilience, provides for nationwide training in climate adaptation planning, Tribal capacity building, and regional science outreach.

How would eliminating funding for programs, like the Tribal Climate Resilience program, ensure Tribes have resources to address the impacts of climate change?

Response: Previous funding from the Tribal Climate Resilience Program was used for adaptation planning, training, technical support, and capacity-building. The Department chose to direct funding to improve Tribes' ability to plan for actions, such as housing relocation and improved fisheries and natural resources management, that can mitigate actual impacts to tribal communities.

Irrigation Projects

- 4) BIA administers 17 Indian irrigation projects that provide irrigation water to over 780,000 acres, through over 6,300 miles of canals and more than 52,000 irrigation structures, with receipt fund revenues of over \$35 million. These projects are vital economic contributors for Tribes, collectively producing in excess of \$960 million in gross crop revenues annually. However, most Indian irrigation project facilities are approximately 100 years old and in need of major capital improvements. Several critical structures are in such poor condition that their long-term viability to deliver irrigation water is in question. Nevertheless, the President's Budget Request would cut funding for natural resource management construction, which

includes line items for irrigation projects and dam safety, from \$71.2 million to \$36.1 million (49%). Please provide a justification for these cuts in light of the estimated need and age of Indian irrigation systems administered by the BIA.

Response: The Resource Management Construction funds address critical deferred maintenance and construction work on BIA owned and operated irrigation facilities, with an emphasis placed on infrastructure rehabilitation that addresses health and safety concerns for Indian Affairs (IA) employees and the public. The funds also address dam safety on Indian lands by reducing the potential for loss of human life and property damage caused by dam failure by making IA dams as safe as practically possible.

With the proposed funding level, the Irrigation program will continue to prioritize and fund rehabilitation of structures.

The program will also be able to support basic program functions, including expenses related to Central Office, Regional, and Agency staffing, Early Warning System support and maintenance, Emergency Action Plan updating and exercising and scheduled dam inspections and risk analyses.

Arctic National Wildlife Refuge

- 5) During your confirmation process, I voiced concerns relating to your potential involvement in decisions that would benefit the Arctic Slope Regional Corporation (Corporation), of which you are a former executive and ongoing birthright shareholder. You committed to recuse yourself from participating in particular matters at the Department of the Interior, to which the Corporation is a specific party, including Interior's work to open the Coastal Plain of Arctic National Wildlife Refuge to oil and gas drilling.
- a) Since being confirmed, have you participated in any meetings with the Corporation? If yes, please provide a list of meeting dates, attendees, and topics, along with the written waiver authorizing your participation. If no, please identify the individual delegated the responsibility to oversee the consultation and provide a brief description of their involvement.

Response: Since confirmation, I have not participated in any meetings related to the Arctic National Wildlife Refuge (ANWR) or the Corporation's interest in ANWR. During my time as Assistant Secretary, when accepting meetings with Alaska tribes and organizations with which I am affiliated, I have always ensured that such meetings are not in violation of and are consistent with my ethics agreement. See attached as Appendix C.

- b) Since being confirmed, have you participated in any meetings or decision making related to either seismic permitting in the Arctic Refuge or the leasing program in the Coastal Plain? Again, if yes, please provide a list of meeting dates, attendees, and topics.

Response: No. During my time as the Assistant Secretary, I have not participated in any

meetings or decision making regarding these issues.

Bears Ears National Monument Advisory Committee

- 6) Secretary Bernhardt recently appointed members to the Bears Ears National Monument Advisory Committee. The proclamation and the Federal Advisory Committee Act requires the committee to be composed of a “fair and balanced representation of interested stakeholders.” Yet, the appointments appear to reflect an effort to select individuals opposed to the very existence of the monument about which they are charged with advising. The committee ignores the official position of San Juan County by including the only county commissioner who opposed the original monument designation. It also ignores the unanimous position of the five sovereign tribal nations of the Bears Ears Inter-Tribal Coalition and instead selected two monument opponents to represent “Tribal concerns.”
- a) Were you consulted in appointing the committee or play a role in advising Secretary Bernhardt, or others involved in the appointments? If yes, how did you advise the Secretary or others on this decision?

Response: The Department engaged in meaningful dialogue regarding the Bears Ears National Monument Advisory Committee. These efforts were coordinated by the Secretary.

- b) As Assistant Secretary, do you believe a committee stacked with anti-monument voices that ignores the unanimous position of five sovereign tribal nations is “fair and balanced?” Did you advocate against placing representatives opposed to the position of the Bears Ears Inter-Tribal Coalition on the committee?

Response: In recognition of the importance of tribal participation in the management of the monument and to ensure tribal expertise and traditional and historical knowledge are taken into account, Proclamation 9558, as modified by Proclamation 9681, provides American Indian Tribes specific opportunities to provide input on the management of Bears Ears National Monument, including participating in the Shash Jaa Commission. Additionally, the proposed Monument Management Plans have been developed with Tribal input through government-to-government consultation. These plans include a specific American Indian Tribal Collaboration Framework to ensure that interested American Indian Tribes and the Shash Jaa commission continue to have opportunities to make contributions to inform decisions regarding the management of the monument in the future.

Appendix A



United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, DC 20240

APR 12 2019

Dear Tribal Leader:

The partial shutdown of the Federal Government impacted the nation in many ways and most importantly, Indian Country. Since we resumed full operations on January 25, many of you shared, through various forums, the level of hardships the partial shutdown placed on your Tribal communities and members. Furthermore, I monitored the series of natural disasters that took place across Indian Country whether they were earthquakes, snowstorms, fires, or flooding.

While this lapse of appropriations constrained Indian Affairs' activities, our skeleton crew worked hard within those parameters to continue delivering services to you, and Indian Affairs emergency management crews worked diligently to coordinate activities across the country and around the clock.

In my role as the Assistant Secretary – Indian Affairs, it is important to me that we continue to fulfill our responsibilities to Indian Country. Therefore, I am interested in learning about how the partial shutdown and the subsequent emergency situations affected your Tribe. In particular, I would like to know about the ways you were or were not able to operate Indian Affairs and all other Federally-funded programs in your service area(s). In order to make Indian Affairs proactive, prepared, and responsive, I am requesting the following information from you:

- Situations, programs or projects affected by the lack of Indian Affairs funding;
- Situations affected by the lack of funding from other Federal agencies you work with that were also shut down;
- Emergency situations your Tribe faced that needed, but did not receive, emergency funding;
- Emergency situations your Tribe faced that would be covered by Federal funds other than those of the Federal Emergency Management Agency (FEMA); and
- Emergency situations your Tribe faced that are not covered by any Federal programs.

Please send a detailed response to consultation@bia.gov by June 30, 2019. You may also mail your response to Ms. Elizabeth Appel, Director, Regulatory Affairs and Collaborative Action, 1849 C Street, NW, MS-4660-MIB, Washington, DC, 20240. If you have any questions or need assistance on this request, please contact Ms. Carol J. Brown, Senior Counselor, at (202) 208-6120, or by email at: carol.brown@bia.gov.

As we identify important lessons to guide us in the future, your response will assist Indian Affairs with understanding your Tribe's needs and minimizing the financial impact that these types of events have in Indian Country. I look forward to hearing from you on this important matter.

Sincerely,

Tara Sweeney
Assistant Secretary – Indian Affairs

Appendix B



United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, DC 20240

JUN 06 2019

Dear Tribal Leader:

I encourage you to share, by June 30, 2019, how the partial shutdown of the Federal Government earlier this year affected your Tribe. As I stated in my April 12, 2019, letter, I am interested in ways you were or were not able to operate Indian Affairs and all other Federally-funded programs in your service area(s).

Your experience with any of the following impacts from the partial shutdown would be particularly helpful:

- Situations, programs or projects affected by the lack of Indian Affairs funding;
- Situations affected by the lack of funding from other Federal agencies you work with that were also shut down;
- Emergency situations your Tribe faced that needed, but did not receive, emergency funding;
- Emergency situations your Tribe faced that would be covered by Federal funds other than those of the Federal Emergency Management Agency (FEMA); and
- Emergency situations your Tribe faced that are not covered by any Federal programs.

Please provide your input to consultation@bia.gov or by mail to Ms. Elizabeth Appel, Director, Regulatory Affairs and Collaborative Action, 1849 C Street, NW, MS-4660, Washington, DC, 20240. If you have any questions or need assistance on this request, please contact Ms. Carol J. Brown, Senior Counselor, at (202) 208-6120, or by email at: carol.brown@bia.gov.

As we identify important lessons to guide us in the future, your response will assist Indian Affairs with understanding your Tribe's needs and minimizing the financial impact that these types of events have in Indian Country.

I look forward to hearing from you on this important matter and respectfully request a reply by June 30, 2019.

Sincerely,

Tara Sweeney
Assistant Secretary – Indian Affairs

Appendix C



United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, DC 20240

September 26, 2018

MEMORANDUM

To: Secretary
Deputy Secretary
Solicitor
Assistant Secretaries
Bureau Directors
Associate Deputy Secretary
Chief of Staff
Deputy Chief of Staff
Designated Agency Ethics Official (DAEO) and Director, Ethics Office
Principal Deputy Assistant Secretary-Indian Affairs
Deputy Assistant Secretary for Policy and Economic Development-Indian Affairs
Acting Chief of Staff, Assistant Secretary-Indian Affairs

From: Taro Sweeney *T. Sweeney*
Assistant Secretary-Indian Affairs

Subject: Ethics Recusals & Recusal Screening Arrangement

I have previously consulted with the Departmental Ethics Office (DEO) and have been advised about my ethics obligations. This memorandum formally notifies you of my continuing obligation to recuse myself from participating personally and substantially in certain matters in which I have a financial interest, or personal or business relationship. I also understand that I have obligations pursuant to Executive Order 13770 and the Ethics Pledge that I signed.

FINANCIAL CONFLICTS OF INTEREST

As required by 18 U.S.C. § 208(a), I will not participate personally and substantially in any particular matter in which I know that I have a financial interest directly and predictably affected by the matter, or in which I know that a person whose interests are imputed to me has a financial interest directly and predictably affected by the matter, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2). I understand that the interests of the following persons are imputed to me: any spouse or minor child of mine; any general partner of a partnership in which I am a limited or general partner; any organization in which I serve as officer, director, trustee, general partner, or employee; and any person or organization with which I am negotiating or have an arrangement concerning prospective employment.

I have been granted a limited waiver under 18 U.S.C. § 208(b)(1) with respect to my financial interest in the Arctic Slope Regional Corporation. Accordingly, for the duration of my

appointment, unless I first obtain an additional written waiver pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption under 18 U.S.C. § 208(b)(2) or a statutory exemption under 18 U.S.C. § 208(b)(4), I am recused from particular matters affecting the Arctic Slope Regional Corporation in which the Arctic Slope Regional Corporation is a party. I have consulted with the DEO and been advised that I must also remain vigilant regarding my financial interests in Apple, Inc. and Michael Kors. These recusal requirements are set forth in Attachment A to this memorandum.

IMPARTIALITY

Additionally, as required by 5 C.F.R. § 2635.502, if I know that a particular matter involving specific parties is likely to have a direct and predictable effect on the financial interest of a member of my household, or know that a person with whom I have a covered relationship is or represents a party to such matter, and where I determine that the circumstances would cause a reasonable person with knowledge of the relevant facts to question my impartiality in the matter, I will not participate in the matter unless I have informed the DEO of the appearance problem and received authorization from the DEO to participate in the matter. Certain specific impartiality concerns are addressed in Attachment A to this memorandum.

EXTRAORDINARY PAYMENT

Additionally, as required by 5 C.F.R. § 2635.503, for a period of two years from the date on which I received payments from the Arctic Slope Regional Corporation Employee Incentive Program and the Arctic Slope Regional Corporation Long-Term Incentive Plan, unless I first receive a written waiver pursuant to 5 C.F.R. § 2635.503(e), I will not participate personally and substantially in any particular matter involving specific parties in which I know the Arctic Slope Regional Corporation is a party or represents a party.

OBLIGATIONS UNDER THE ETHICS PLEDGE

As a Trump Administration political appointee, I have signed the Ethics Pledge (Executive Order 13770) and I understand that I will be bound by the requirements and restrictions therein in addition to the commitments that I have made in this and any other ethics agreement. Accordingly, I will not participate personally and substantially, for two years after appointment, in any particular matter involving specific parties in which any former employer or former client of mine, as defined under the Ethics Pledge, is or represents a party, if I served that employer or client during the two years prior to my appointment, unless first authorized to participate in the matter. I understand that, for purposes of the Ethics Pledge, the term "particular matter involving specific parties" includes any meetings or other communication relating to the performance of my official duties, unless the communication applies to a particular matter of general applicability or a broad policy option directed to the interests of a large and diverse group of persons and participation in the meeting or other event is open to all interested parties. I understand that the term "open to all interested parties" means five or more parties. My former employer and clients are set forth in Attachment A to this memorandum.

DEPARTMENTAL SUPPLEMENTAL REGULATIONS

I am aware that 30 U.S.C. § 1211(f) prohibits me from holding a financial interest in any surface or underground coal mining operation if I perform any function or duty under Chapter 25 of Title 30 of the U.S. Code. Additionally, I am aware that my position is subject to the prohibitions against holding any financial interest in federal lands or resources administered or controlled by the Department of the Interior extended to me by supplemental regulation 5 C.F.R. § 3501.103(b). I am also aware that, absent a waiver under 5 C.F.R. § 3501.103(e), I am prohibited by supplemental regulation 5 C.F.R. § 3501.103(e) from acquiring or retaining any claim, permit, lease, small tract entries, or other rights granted by the Department in Federal lands.

RECUSAL SCREENING ARRANGEMENT

In order to help ensure that I do not participate in matters relating to any of the entities discussed in this memorandum and listed on Attachment A, I have taken or will take the following steps:

1. In coordination with and under the direction of the DEO, a screening process has been established to assist in screening for recusals all Department matters directed to my attention or that require my participation which involve the entities discussed in this memorandum and listed on Attachment A in order to determine whether they involve any of the entities or organizations listed above.
2. All inquiries or comments involving the entities discussed in this memorandum and listed on Attachment A should be directed to a screener (the "Screener") without my knowledge or involvement until after my recusal period ends.
3. The Screener will take action or re-assign inquiries, comments, or matters without my involvement or knowledge of the particulars of the inquiry, comment, or matter.
4. I will continue to personally take my calls and screen my e-mail. If a particular matter involving any of the entities discussed in this memorandum and listed on Attachment A is directed to my attention, I will not take any action, but immediately forward the matter to the Screener for action or assignment, without my further involvement or knowledge of the particulars of the matter.
5. I will provide the Screener with a copy of this memorandum and my most recent OGE Form 278e, so that he/she may fully understand the purpose and scope of my recusal obligations. It is my understanding that the Screener will seek the advice of the DEO if he/she is ever uncertain whether or not I may participate in a particular matter.
6. I will provide my principal subordinates with a copy of this memorandum and will further instruct my principal subordinates that all inquiries and comments involving my recusal obligations should be directed to the Screener without my involvement or knowledge of the particulars of the matter.

7. John Tahsuda, Principal Deputy Assistant Secretary-Indian Affairs, is currently the Screener.

UPDATE AS NECESSARY

In consultation with the DEO, according to applicable rules and regulations, I will revise and update this memorandum whenever warranted by changed circumstances, including changes to my financial interests, changes in my personal or business relationships, or any changes to the nature of my Department duties. In the event of any changes to my screening arrangement, I will provide a copy of the revised memorandum to the Screener, my principal subordinates, and the DEO. Finally, I understand that ethics advice must come from the DEO, as only a designated ethics official can make ethics determinations upon which Department employees may authoritatively rely.

As noted above, in consultation with an agency ethics official, I will revise and update this memorandum whenever that is warranted by changed circumstances. In the event of any changes to this screening arrangement, I will provide you a copy of the revised screening arrangement memorandum.

Attachment

CC: Anita Personius, Executive Assistant to the Assistant Secretary-Indian Affairs
Willow Iron Cloud, Executive Assistant to the Assistant Secretary-Indian Affairs
Armadio Ruiz, Executive Assistant to the Assistant Secretary-Indian Affairs

Attachment A to Tara Sweeney Ethics Recusals & Screening Arrangement Memorandum

Entity	Within 2 years of appointment (8/1/2020)	At all times	Authorities
Arctic Slope Regional Corporation (ASRC)	- Recuse from all particular matters involving specific parties in which ASRC is or represents a party (includes any official meetings or communications in which ASRC participates)	- Recuse from any particular matter involving specific parties that affects ASRC's financial interests if ASRC is a party to the matter - Consider appearances for all particular matters and seek DAEO authorization, if necessary	Ethics Agreement; 18 U.S.C. § 208; Ethics Pledge, E.O. 13770 (2 years); 5 C.F.R. § 2635.502; 5 C.F.R. 2635.503 (2 years)
Arctic Economic Council (AEC)	- Recuse from all particular matters involving specific parties in which AEC is or represents a party (includes any official meetings or communications in which AEC participates)	- Consider appearances for all particular matters and seek DAEO authorization, if necessary	Ethics Agreement; Ethics Pledge, E.O. 13770 (2 years); 5 C.F.R. § 2635.502
Ted Stevens Foundation (TSF)	- Recuse from all particular matters involving specific parties in which TSF is or represents a party (includes any official meetings or communications in which TSF participates)	- Consider appearances for all particular matters and seek DAEO authorization, if necessary	Ethics Agreement; Ethics Pledge, E.O. 13770 (2 years); 5 C.F.R. § 2635.502
Apple, Inc.		- Recuse from all particular matters affecting Apple, Inc.'s	Ethics Agreement; 18 U.S.C. § 208; 5 C.F.R. § 2635.502

Attachment A to Tara Sweeney Ethics Recusals & Screening Arrangement Memorandum

		<p>financial interests since the value of your stock exceeds \$15,000</p> <p>- Consider appearances for all particular matters and seek DAEO authorization, if necessary</p>	
Michael Kots		<p>- Recuse from all particular matters affecting Michael Kots' financial interests if the value of your stock exceeds \$15,000</p> <p>- Consider appearances for all particular matters and seek DAEO authorization, if necessary</p>	<p>Ethics Agreement; 18 U.S.C. § 208; 5 C.F.R. § 2635.502</p>

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. CATHERINE CORTEZ MASTO
TO TARA MAC LEAN SWEENEY

1. In your testimony, you highlighted the importance of the Bureau of Indian Affairs (BIA) law enforcement programs that directly serve American Indians and Alaska Natives, particularly when it comes to addressing the crisis of missing and murdered American Indians and Alaska Natives. You also highlighted the White House proclamation, "Missing and Murdered American Indians and Alaska Natives Awareness Day, 2019,"¹ as an indication of the administration's focus on the issue of violent crime in Indian Country. In the proclamation, President Trump states, "we are improving public safety, we are expanding funding and training opportunities for law enforcement in Indian country, and we are better equipping them with tools like access to criminal databases."² However, the Department of the Interior's BIA law enforcement funding requests have remained roughly the same in recent years.² Additionally, in response to Senator Tester's questions during the hearing as to whether the President's budget provides adequate funding levels to hire the law enforcement that's needed in Indian country, you responded that due to budget constraints BIA would only be maintaining current operations.

- a) Do you believe that law enforcement priorities, specifically the crisis of missing and murdered American Indians and Alaska Natives, can be properly addressed by maintaining current funding levels at BIA?

Response: Current funding levels do support all law enforcement priorities, including the on-going missing and murdered investigations. The Administration's fiscal year 2020 budget proposal includes \$409.2 million for Public Safety and Justice Activities, of which \$376.7 million directly supports 191 law enforcement programs and 96 corrections programs run both by tribes and as direct services. The 2020 budget includes an increase of \$2.5 million to address the opioid crisis, an Administration priority, in Indian Country. This initiative will expand BIA's capacity to address the increase in drug-related activities through interdiction programs to reduce drug use, distribution, and drug-related crime and supports OIS participation in intra- and inter-agency initiatives targeting opioid and substance abuse prevention efforts. The budget request also includes \$22.3 million for Tribal Justice Support Programs, which include VAWA training and implementation strategies critical to the protection of women in Indian communities.

- b) To what "expanded funding" does the White House proclamation refer?

Response: As noted in the previous response, the Administration's fiscal year 2020 budget proposal includes \$409.2 million for Public Safety and Justice Activities, of which \$376.7 million directly supports 191 law enforcement programs and 96 corrections programs run both by tribes and as direct services. The budget request

¹ <https://www.whitehouse.gov/presidential-actions/missing-murdered-american-indians-alaska-natives-awareness-day-2019/>

² https://www.doi.gov/sites/doi.gov/files/uploads/2020_highlights_book.pdf

also includes an increase of \$2.5 million to expand capacity and address the opioid crisis, an Administration priority, in Indian Country.

- c) **To what “expanded training opportunities” does the White House proclamation refer?**

Response: Through BIA OJS, in January 2018, the BIA Indian Police Academy (BIA-IPA) began discussions with the National Criminal Justice Training Center (NCJTC) on collaborating to create joint training programs for cold case investigations, long-term missing investigations, and child abduction investigations for use throughout Indian Country. BIA OJS continues to assess the need for greater training opportunities in the northern tier states to better support Indian Country Officers and Agents.

BIA-IPA also launched human trafficking courses in the Indian Country Police Officer Training Program; the Basic Police Officer Bridge Training Program; and the Indian Country Criminal Investigator Training Program (a joint FBI, BIA, and Tribal attended program). The NCJTC and BIA-IPA conducted three pilot training programs on Advanced Cold Case Long Term Missing Investigations in Montana and North Dakota, which trained a total of 117 personnel. The joint training effort has also provided additional missing persons training to tribes in Montana (Fort Peck), North Dakota (United Tribes Technical College), Arizona (Fort McDowell), and Michigan (Lac View Desert).

- d) **Please detail any plans or requests the White House has made to expand funding and training opportunities for law enforcement in Indian country.**

Response: In addition to the expanded training opportunities listed above in c), the increase in funding to expand capacity and address the opioid crisis in Indian Country has allowed over 40 Opioid Community Awareness events and trained over 700 tribal community and service providers throughout Indian Country. OJS also trained over 600 Indian Country law enforcement officers in Opioid identification and enforcement.

- e) **How will you ensure that law enforcement efforts to aid the American Indian and Alaska Native community are not impeded by a lack of funding and resources?**

Response: The Department always works hard to provide public safety in Indian Country. The Department will continue to use current and future funding to provide the best public safety services possible. Appropriated amounts do not change the goals and mission of the Department. Programs will continue to find ways to collaborate with other agencies and partners to maximize our efforts.

2. The White House proclamation states that federal agencies have established "improved protocols based on our government-to-government relations with the tribes, and have become more transparent and accountable in our efforts."

- a) Please provide these improved protocols and documentation of all of the federal agencies that were involved in their creation.

Response: The Department cannot speak to the protocols of the other federal agencies, but the Department has improved protocols on responding to missing person cases after receiving feedback from tribal leaders and community members. These efforts are demonstrated by the installation of Tribal Access Program for National Crime Information kiosks and better communication with DOJ and U.S. Attorneys regarding prosecutions.

- b) Please describe the steps that were taken to coordinate with and receive input directly from the American Indian and Alaska Native community on the creation of these improved protocols. Please provide documentation of the tribal consultation process.

Response: Indian Affairs has held listening sessions at major tribal events to hear from Tribal leaders on public safety issues, the most recent of which was in Farmington, NM. BIA OJS held the inaugural Indian Country Public Safety Summit where the Administration brought together federal resource partners and Tribal leaders from around the country to discuss Indian Country public safety. On the first day, federal partners discussed resources available to Tribes, and how to access them. On the second day, Tribal leaders, Tribal Chiefs of Police, and Tribal judicial staff discussed their public safety needs and ideas on moving forward.

- c) Please describe the steps that were taken to "become more transparent and accountable" in these efforts.

Response: The Department consistently works to improve our level of communication with Tribes. The Department conducts face-to-face meetings with Tribes to discuss actions and programs, which allows the Department to receive relevant information and feedback from Tribal Leaders. This process promotes greater programmatic transparency and allows Tribal Leaders to hold programs more accountable for services.

3. The White House proclamation states that the Attorney General has "developed a working group dedicated to addressing violent crime in Indian country." Does the Department of Interior have any involvement in this working group?

Response: At the White House's direction, the Departments of Justice (DOJ), the Department of the Interior, including the BIA, and the Department of Health and Human Services are all collaborating on a cross-agency effort to address this important problem. Moreover, at DOJ, the U.S. Attorney community has initiated work through the Attorney

General's Native American Issues Subcommittee to identify priorities related to reducing violent crime in Indian Country, including missing and murdered Indigenous women.

a) If so, please provide a list of members of the working group.

Response: Because the Attorney General's Native American Issues Subcommittee is housed within DOJ, the Department defers to DOJ for additional details about the Subcommittee.

b) If so, please detail the mission, duties, and responsibilities of the working group.

Response: Because the Attorney General's Native American Issues Subcommittee is housed within DOJ, the Department defers to DOJ for additional details about the Subcommittee.

c) If so, please provide an accounting of all prior meetings of the working group.

Response: Because the Attorney General's Native American Issues Subcommittee is housed within DOJ, the Department defers to DOJ for additional details about the Subcommittee.

4. The Department of Interior (DOI) Budget in Brief for FY 2020 details a new initiative to focus on violence in Indian Country.³

a) Has the initiative held any meetings? Please provide an accounting of all prior meetings held through the initiative.

Response: The "initiative" is an internal operations effort and is still in development stages. However, in addition to the focused efforts of BIA OJS, the Assistant Secretary's office has been directly engaged in three listening sessions within Indian Country and Alaska since June 2019. In June, an inaugural roundtable was hosted by the Gila River Indian Community in Sacaton, Arizona. With the leadership of Governor Stephen Lewis, we convened tribal leadership, the Administration, and other stakeholders to engage in a discussion on, "Reclaiming Our Native Communities." In August, the "Reclaiming Our Native Communities" roundtable also occurred in Bethel and Nome, Alaska with several Alaska Native Communities in attendance.

b) Please provide information on any planned future meetings and whether those will be open to the public.

Response: All meetings are internal and discuss law enforcement operations, thus are not open to the public.

³ https://www.doi.gov/sites/doi.gov/files/uploads/2020_highlights_book.pdf

- c) Please provide a list of key stakeholders the initiative is working with, including from Tribes, all levels of law enforcement, court systems, hospitals, and schools.

Response: The Department is currently working with Tribal Leaders, stakeholders and advocates.

- d) Please provide a breakout of the initiative's separate teams and their team members.

Response: The "initiative" is an internal effort and is still in development stages. Thus, we do not have a breakout of separate teams and team members at this time.

- e) Please provide a list of the federal agencies that are participating in the initiative and detail each agency's level of participation.

Response: To date, Department leadership, the Domestic Policy Council, the Office of Intergovernmental Affairs, the Department of Health and Human Services, the Administration for Native Americans, and the Department of Justice have participated in one or more "Reclaiming Our Native Communities" listening sessions.

- f) Does the initiative plan to make any of its recommendations available to Congress or the public? Please detail those plans.

Response: If fully implemented, the Department will produce an annual report outlining the successes, lessons learned, and recommendations for each task force discipline. A version of the report without sensitive information or investigative techniques could be released to the public or Congress.

RESPONSES TO THE FOLLOWING QUESTIONS FAILED TO BE SUBMITTED AT THE TIME THIS HEARING WENT TO PRINT

WRITTEN QUESTIONS SUBMITTED BY HON. TOM UDALL TO
HON. JEFFERSON KEEL

Tribal Historic Preservation Office Resources

1. Since its creation in 1992, the Tribal Historical Preservation Office (THPO) program at the National Park Service has grown from 12 participating Indian Tribes to more than 183 Tribal programs today. However, the President's FY2020 budget proposes cutting THPO program funding to \$5.7 million for all 183 tribal programs—a 50 percent reduction from FY2019 enacted levels.

- a. Does NCAI support the proposal to cut funding for the THPO program?
- b. Has funding for the THPO program kept pace with increased Tribal participation?

Budgetary Certainty

1. As you described in your testimony, the partial government shutdown negatively impacted Tribes reliant on Bureau of Indian Affairs (BIA) and Indian Health Service (IHS) services and funding to keep essential public welfare services operational. My bill, S.229, the Indian Programs Advance Appropriations Act, would address the essential service program disruption in Indian Country caused by government shutdowns by providing advance funding and budgetary certainty for BIA and IHS programs.

Support for S.229 is growing among the Members of Congress, but my staff and I have run into questions from a number of folks who don't fully understand why BIA should be included in the advance appropriations discussion. I have provided background guidance on this issue, but more input on this particular issue from Tribal stakeholders is needed and welcome.

- a. What essential services does Indian Country utilize BIA for?

b. Does NCAI believe BIA should be included in the Indian Programs advance appropriations discussion? If so, please explain why.

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