

TESTIMONY OF JESTIN DUPREE
COUNCILMAN FOR THE
ASSINIBOINE AND SIOUX TRIBES OF
THE FORT PECK INDIAN RESERVATION
BEFORE THE
SENATE COMMITTEE ON INDIAN AFFAIRS
RECOGNIZING THE SACRIFICE:
HONORING A NATION'S PROMISE TO NATIVE VETERANS

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I would like to thank the Committee, Senator Tester and Senator Daines for inviting me to testify before the Committee today. I am Jestin Dupree and I am a Tribal Executive Board member for the Assiniboine and Sioux Tribes of the Fort Peck Reservation.

I am a veteran of the United States Army where I honorably served as a Senior Non-Commissioned Officer and was deployed overseas on five tours of duty as an Infantryman. From 2001 to 2010, I was deployed every other year and my tours of duty lasted from ten to fifteen months. While deployed I served our country in Bosnia, Afghanistan, and Iraq three times.

I am honored to provide this testimony on behalf of our native veterans and provide some insight on the issues tribal Veterans face in accessing housing, employment and health care when they return home from service. There are more than six hundred veterans residing on the Fort Peck Reservation. The majority of our veterans are veterans of the Gulf Wars, the Vietnam War and the ongoing wars in Afghanistan and Iraq. We are blessed to still have seven Korean War Veterans, including our former Chairman Rusty Stafne, and two World War II Veterans. The Fort Peck Tribal Members who served during World War II were part of the widely heralded Sioux Code Talkers. Thus, Fort Peck tribal members have a long and decorated history of serving this country and I am proud be included with these great men and women. Unfortunately, we as a Nation are not honoring these great men and women. According to my Tribe's Health Director, Native American Veterans have less than half the income of others in the state of Montana and their lifespan is twenty years less than non-tribal members in the state.

Now my duty of service has taken on another form. I am for better or worse a politician, who has been selected by my people to serve their needs. I think that my service in the military laid a strong foundation to enable me to weather the storms of politics to serve my Tribe. As a member of Tribal government, it is my is responsibility to work for all tribal members, but I hold a special responsibility toward Veterans.

I know firsthand what it is like to get out of active duty and to want to return home with all of the knowledge and experience that I was taught and gained in the military and to use this knowledge and experience to better my community. But I was met with barrier after barrier. Thankfully, with a little luck and resiliency I was able to overcome these barriers, but for many Veterans returning home to Fort Peck this is not the case.

It is hard to prioritize which is more important: does a Veteran need a place to live, an informed healthcare provider, or a job the most? What I have found, is that in order to have one you often times must have the other. You cannot obtain housing without employment. You can't obtain employment because you are struggling with mental, behavioral or physical health challenges. You cannot obtain health care because you have no vehicle or a support system to ensure you can get to a VA health care facility. Unfortunately, many times when a Veteran seeks help, he or she is told no; wait in line; or stop asking for help. I believe these are unacceptable responses. I believe the answer when a Veteran asks for help should be yes, come through this door and let me answer your questions and help you.

Before I talk about these barriers to honoring our Veterans, I want to talk about what the Department of Defense could do to help address what may be at the root of some of the challenges in serving native veterans. The military offers a place to learn discipline, to learn leadership, and to learn a skill. For many of us, it is also a place where we were able find a structure that was lacking in our personal homes and families. The structure and the discipline that the military offered also allows many people to compartmentalize the trauma from their home life and know that their life was meant for a higher purpose. However, when a person is separated from the military, in many cases the trauma that was suppressed by the military structure will return to the surface and often times this trauma is compounded by a person's experiences in the military. Unfortunately, the military does not prepare a person for reentry into the civilian world. The Department of Defense owes all service members to ensure that when they end their service, they are going into the civilian world with as much of their mind, body and spirit intact as possible. Right now, I believe the DOD is failing at this, and the VA is left to account for this failure.

Again, Veterans returning home from service face significant barriers upon reentry. As I said, it is difficult to prioritize which barrier is the most significant, but I will begin with health care, because in my discussions with the many Fort Peck Tribal departments tasked with serving Veterans it was the one constant that is lacking — ensuring that our Veterans are able to contribute to our Reservation in a positive and constructive way.

At Fort Peck, the biggest barrier to our Veterans receiving care is how far the VA facilities are from the Reservation. This distance is compounded by the VA's changing rules and bureaucracy. For example, while the VA reported that a Veteran could report to any VA health care facility, they changed the rules and the VA will now only pay costs for travel to the closest VA facility. For Fort Peck that would be the Glasgow health care facility. However, the majority of our Veterans receive care at the Miles City VA hospital. This change in travel policy was imposed on our Veterans without notice or consultation.

Thus, a tribal Veteran who has no resources to travel to the VA in Miles City, must now switch from a provider he had a relationship with to another one in Glasgow. I have to tell you this is not likely to happen. For a Veteran to ask for money to go to Miles City so that he can seek help from a behavioral specialist, and then to build a relationship of trust that allows for the provider to treat him is probably one of the hardest things that this Veteran has ever done. For the VA to tell this Veteran that it will no longer support his travel to the provider in Miles City

and that he has to step into a new facility in Glasgow and rebuild trust with a new provider ... the VA might as well send this Veteran back to Iraq.

I know some of you might say that the Veteran should not have to depend on the VA for the gas money to get to Miles City. Again, this is a man who may not have a job, whose family may be living with other family members and what little money he does have he may be using to ensure his children have food, heat and clothes on their back. He is not going to use the \$40 in gas money that it takes to get back and forth to Miles City for himself. He is going to use it for his family. Because the VA will not pay \$40 for this Veteran to receive care with the provider that he has built a relationship with, he will be left untreated, or worse, he will self-medicate with drugs or alcohol.

I do appreciate that Fort Peck Veterans can access health care in Glasgow, which is anywhere from 30 to 100 miles to travel to depending on which tribal community the Veteran lives in or in Miles City, which again is at least 160 miles from our Reservation. If a Veteran needs more sophisticated care, like an MRI, that Veteran will have to travel to Sheridan, WY or Helena, MT. Both are about a nine-hour drive in good weather. With our lovely Montana winters this trip can be ten hours or more. I know a great deal of focus has been given to VA wait times, I can tell you that at the facilities in Montana, at least in N.E. Montana, this is still a problem reported by our Veterans.

There are some legislative bills on today's agenda. I want to testify on S.1001, which would require the Indian Health Service to use limited IHS Purchased and Referred Care dollars to pay the VA for a native veteran's copays that are charged for treatment at the VA. This is inconsistent with the federal government's trust responsibility to provide Indian people with health care, and also the VA's responsibility to provide care to Veterans. As I see it, I have already paid twice, my ancestors paid when they signed the treaty, and I paid when I served five tours of duty. I do not think my elder who needs gallbladder surgery that would be denied because PRC money was paid to the VA should have to pay too. This bill should instead waive all copays for Indian Veterans. It is absurd that an Indian Veteran getting treatment at a federal facility is charged a copay for that health care.

Again, I cannot over emphasize the need to secure health care that is targeted towards Veterans, especially mental health and behavioral health care. Over and over again, in my discussions with the Tribes' Program Directors they identified chemical dependency as the primary impediment to a Veteran obtaining a job, obtaining housing and improving the quality of their overall physical health.

I think the VA should consider a mobile health unit that would travel to rural places like Fort Peck on a regular basis and be a part of the community to build trust and confidence with the Veterans. This mobile unit should be equipped to treat physical and mental health issues. I know from my many conversations, the hardest thing for a Veteran to do is to ask for help from anyone, but from a stranger it is almost impossible. But if this mobile unit became a regular part of our community and our Veterans could become familiar with the services and providers, that would remove a substantial impediment to access to care.

Moving from health care, securing affordable housing on the Fort Peck Reservation is actually more challenging than accessing quality health care. At Fort Peck, like many Reservations, we have a long waiting list for Tribal housing. Accordingly, a Veteran returning home must put his name on that list and wait. At Fort Peck, a Veteran seeking an apartment is faced with high rental rates due to the Bakken Oil Boom. As a result, many Veterans and their families are forced to live with other family members, many times in overcrowded situations. There is simply not enough housing support for Veterans. It is tragic that HUD has not been able to fully implement the Tribal Veteran Affairs Supportive Housing Program, supporting housing for Indian Veterans. Congress must authorize this program and continue to fund it and ensure that HUD eliminates the bureaucracy that is impeding its implementation.

I recognize that there is the VA Native American Veteran Direct loan program. I am not certain this Program is working as well as it could work. The Fort Peck Tribes have a Memorandum of Agreement with the VA for this program, but only one person on the Reservation is now receiving a loan from this program and is having a home built. I do not know the historical numbers of people who have participated in this program at Fort Peck, but I suspect they are very low.

One of the barriers to applying to this program is that it is handled out of Denver and not locally. The VA should send a loan officer to the Reservation on a regular basis to explain the program and provide direct face to face service to Veterans. This should be part of the Memorandum of Agreement with the Tribes.

Another problem with this program, is that the application process itself is too cumbersome, with the VA again having no one locally to provide assistance to potential applicants. In this regard, the VA should do a better job at outreach and, in some cases, waiving some of the requirements that may be prohibiting tribal veterans from participating. For example, if a person is in school or in a training program, the VA could waive the requirement for two paystubs.

Finally, a foundational challenge facing Veterans returning home is employment. As I said the biggest barrier for many of our Veterans to gaining employment is chemical dependency. Chemical dependency can make it virtually impossible for a Veteran to hold a job successfully. The negative pattern of not being able to keep a job can lead to a lifetime of bouncing around from job to job. Thus, priority one is treating the Veteran's physical and mental health so that he or she can hold a job in the civilian world.

However, even if a person is not battling physical and mental health challenges, we are not readily equipped to translate the skills and knowledge that a Veteran obtained from the military into a civilian job. A Veteran knows how to show up to work on time, he or she knows how to follow orders, he or she knows how to solve problems, and he or she knows how to operate under pressure. All of these skills are basic to any job and there is no reason they cannot be translated to many jobs such as law enforcement, health care, or teaching.

I think one of the greatest resources we have in Indian country are our tribal colleges. I think that Congress should create a program at tribal colleges that is focused on retraining

Veterans for needed civilian jobs in our communities. In addition, the Bureau of Indian Affairs and Indian Health Service must do better at hiring Veterans and providing education or training for them to do jobs in the area of law enforcement, education or health care. I served in Iraq, Bosnia and Afghanistan, and I simply do not believe the Bureau of Indian Affairs or the Indian Health Service cannot find qualified people to be police officers, social workers, nurses, physician assistants, or teachers because of the remote and isolated nature of many of the tribal communities. The BIA and the IHS simply must do a better job creating and supporting training opportunities for Veterans.

Tribal Veterans should not have to resort to being homeless, living on the streets, or begging for change. We need to truly honor their sacrifice by removing barriers to health care, housing and employment.

Thank you for your time.