

Santee Sioux Nation

TRIBAL COUNCIL HEADQUARTERS

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Vice Chairman: David Henry
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Testimony of the Honorable Roger Trudell, Chairman
Santee Sioux Nation

Before the United States Senate Committee on Indian Affairs

S. 2417, the Tribal Veterans Health Care Enhancement Act

May 11, 2016

Good Afternoon Mr. Chairman:

My name is Roger Trudell and I am the Chairman of the Santee Sioux Nation. I am also the Chairman of the Great Plains Tribal Chairman's Health Board. Thank you for holding this hearing, and thank you for your interest in this most important subject.

As I am sure that you are aware, American Indians, especially those from the Great Plains Region, have served, and continue to serve, in the U.S. Military at rates higher than any other ethnic group. I myself am a veteran of Vietnam. I therefore believe that I can speak for all Indian veterans when I say that we are proud of our service to this Country, and prouder yet of those native men and women who gave their lives to protect the United States and our way of life. Native veterans are equally proud of that fact that we fought in defense of our Tribes, our Treaties, our Indian relatives, and our tribal sovereignty.

Unfortunately, all too many of our Indian veterans returned home with physical and emotional scars requiring medical attention. Some of these problems are not immediately evident, so all too many of our native veterans find themselves having to fight, with very little support, to prove that their current problems are in fact service related. This is wrong and something should be done about it!

What is also wrong is requiring native veterans, who are often among the poorest people in the United States, to pay from their own pockets for medical care from the VA or any other federal program. The United States has a trust responsibility, a Treaty responsibility, and sacred duty to our veterans to insure that those men and women who put themselves in harms ways for this country are afforded proper medical care. Yet today, when we go to the VA (and especially when we have to go to a VA referral care provider) we are asked to complete a financial assessment or means test so that the United States can determine how much it is going to "charge us" for providing the medical services we were promised. Thus, I hope that you can understand why Indian veterans' believe that their right to adequate health care is rooted in three separate promises, promises which our veterans currently view as unfulfilled.



To make matters worse, today most of our Indian veterans have to travel hundreds of miles to get to a VA facility. Due to the expense of traveling such a distance, many of our Indian veterans actually have to save for months in order to merely make the trip to see a doctor. Adding to this already difficult situation, many then have to pay to stay overnight near the VA facility in order to be available for a morning appointment that they have waited months to get, to await test results, or to be scheduled for a more extensive test like an MRI. This too is wrong!

When you add together the cost of gas, food, and lodging, along with the cost of the deductible or co-pay that VA charges and that the IHS currently does not pay, it is not unusual for an Indian veteran to spend \$200 or more just to go the VA for the care that they were promised. So I ask you, is this right?

Co-pays of \$15- \$50 for outpatient care may not seem like a lot to people in Washington, but I can assure you that these co-pays can, and often do, represent the difference between being able to pay or not pay the heat bill for an Indian veteran living on my Reservation. This is especially true for older vets.

The situation becomes even worse for veterans requiring inpatient care, or surgery where co-pays and deductibles can run anywhere from \$1,000 up to \$4,000 or more without warning. This amount is hard for a middle class family to pay in this economy and is all but impossible for Indian veterans living at the poverty line in Santee.

No veteran should have to go through a surgery or a serious inpatient illness alone, and given the distance and our lack of public transportation, many Indian veterans cannot even get to a VA hospital without help. To alleviate this situation, many of our Indian veterans are forced to go even further into debt just to allow their spouse or another family member to accompany them to the doctor or the hospital. Securing a driver means a higher food bill while traveling and still another hotel charge, as well as a loss of work for the person providing that assistance. The families of veterans living near urban based VA hospitals can go home a night, but in almost every case for a person from Santee, they cannot. I therefore find it ironic that the VA already has a program which allows veterans living in "high cost urban areas" to qualify for a reduced inpatient copay rate, but those of us living in areas which are miles from the closest VA facility and living at or below the poverty line do not.

Mr. Chairman, as a proud Native Veteran and as the leader of the Santee Sioux Nation, I respectfully say to you today, it's time to fix this problem by requiring our treaty health provider, the Indian Health Service, to start paying the VA based co-pays that our Indian veterans are entitled to. It's only right! It's only fair! And it's simply the right to do! It is time to do what's right and fulfill the sacred promises made to those who have sacrificed so much. Please pass S. 2417 as soon as possible.

Thank you again for holding this hearing, and thank you again for caring about the native men and women who put their lives on the line for this Great Country.

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on the Johnson-O'Malley Supplemental Indian Education Program Modernization Act

May 11, 2016

On behalf of the Santee Sioux Nation, I would like to thank you for this opportunity to testify on the Johnson-O'Malley Supplemental Indian Education Program Modernization Act. We support this legislation and look forward to the positive impacts that it will have on the lives of so many of our school-age children.

Our Indian students have too-long been neglected, not just in the schools operated directly by the Bureau of Indian Education (BIE), but also in the public school systems that some 93% of our Indian children attend. It is all too easy to forget that all of the on-reservation school age children from Santee, and a large percentage of the children residing on our Great Plains Reservations, attend public schools. These children have many of the same problems and the same needs as those who attend BIE operated institutions, but those needs often get lost in the broader public educational system.

Many of our Indian children attending public schools also face the additional obstacles of family income inequality, social and cultural differences, and in some cases racism. This bill represents a small step towards addressing these problems in that it allows an expanded role for tribal government and tribal institutions in decisions that impact our children's chances for success.

For too many years, JOM funds have been controlled exclusively by the local school systems, and they never seemed to make it down to our Indian students. This is because the voices of our tribal parents and tribal governments, who had, and still have, the strongest vested interest in insuring that all available Indian funds were being used to address the very real problems that our Indian students are facing, were not being heard. S. 2842 will help to change that by allowing tribes and Indian organizations to contract to manage those funds.

While there are many fine and committed educators in our public schools systems, there are not enough, and those educators advocating for our Indian children cannot operate effectively



with inadequate resources. Many of our native students need remedial instruction, counseling, and tutoring, but most of all they need to be made to feel that they can achieve. Our Indian students need to be allowed to show their pride in our culture and in their Indian identity, and be made to feel that they have both the tools and the ability to accomplish any goal that they set their minds to. That is largely not the case today.

At the beginning of the 20th century, the disastrous policy of assimilation was designed to kill a student's Indian identity. This laid the foundation for boarding schools and for a policy designed to encourage our youth to abandon their language and culture in order to "fit in." Instead of achieving the full assimilation that was sought, this policy produced lost generations, many of whom are now the parents and grandparents of our school aged children. The effects of this assimilation policy are still felt today by tribal families and by Indian children both on and off the Reservation.

With passage of the Johnson-O'Malley Act in 1934, that policy mercifully started to change. It is hard, though, for an Indian child to feel proud when they are the only one in the room without school supplies, gym clothes, or a book-bag and the only one who cannot join the science club because they have no way to get home once the school bus leaves at the end of classes.

When examining why our Indian student's educational achievement is not higher, it is important to remember that in the Great Plains, up to 60% of our children live and study in poverty. This is almost double the national average, which still hovers somewhere around 33%. Thus, the JOM funds provided by Congress are critically needed to support a new direction for our children and to start to give them the tools that they need in order to believe in themselves. To accomplish their intended goal, however, those funds need to be managed by entities which understand our students and which have their best interest at heart.

For this reason, we were pleased to see that this legislation allows tribes, tribal organizations, and Indian corporations to contract to manage JOM funds. As I noted above, no one has a higher vested interest in the success of our children than their tribes, and no one is going to listen more carefully to the voices of their parents and advocates than we are.

We were also pleased to see that you are mandating tribal consultation in the establishment of the JOM student count and in managing the proper distribution of the JOM funds authorized by this legislation and this Congress. For years our students have been undercounted and, as a tribal leader, I am tired of hearing the excuses that administration after administration has given for allowing this to continue.

As the leader of the Santee Sioux Nation and as a proud member of the Great Plains Tribal Chairmen's Association, I can state definitively: Give us the resources, and the power to use them, and we will make a difference in the lives of our students!

For all of these reasons, I encourage the passage of S. 2842 as soon as possible.