

**TESTIMONY PRESENTED BY
ALVIN WINDY BOY, SR., CHAIRMAN
THE CHIPPEWA CREE TRIBE OF ROCKY BOY'S RESERVATION**

**BEFORE
THE U.S. SENATE COMMITTEE ON INDIAN AFFAIRS
HEARING ON S. 1696, THE DEPARTMENT OF HEALTH AND HUMAN
SERVICES TRIBAL SELF-GOVERNANCE AMENDMENTS ACT OF 2003**

May 19, 2004

Good morning Mr. Chairman and distinguished members of the committee, my name is Alvin Windy Boy, Sr. and I am the Chairman of The Chippewa Cree Tribe of the Rocky Boy's Reservation. I also serve as the Vice Chairman of the Indian Health Service's Tribal Self-Governance Advisory Committee, a committee comprised of Tribal Leadership throughout Indian Country that advises the Director of the Indian Health Service on issues relating to self-governance and self-determination. I would like to thank the Honorable Chairman Ben Nighthorse Campbell and the members of the Senate Committee on Indian Affairs for scheduling this hearing. I would also like to thank my Montana Senators, Conrad Burns and Max Baucus, for their continuing support for this piece of legislation.

As a Self-Governance Tribe, the Chippewa Cree Tribe strongly supports S.1696, a bill that will strengthen Tribal self-governance through a demonstration project under Title VI of the Indian Self Determination and Education Assistance Act (P.L., 93-638 as amended). Strengthening our ability to determine our own future and our ability to govern our people is critical at both the local level where we are providing the direct services to our people and at the national level where we build and strengthen our government-to-government relationship as American Indian and Alaska Native (AI/AN) Tribes with the United States Government.

It has now been almost thirty (30) years old since the passage of the Indian Self-Determination and Education Assistance Act of 1975. The policy Indian Self Determination and law authorizing it have proven to be successful in Indian Country as evidenced by the many tribes that are now successfully operating their own programs. A number of positive amendments were made to the original Act in 1988, 1994 and 2000 that focused on strengthening the ability of Tribes to exercise self-determination rights. Despite these affirmations of the policy and law, many challenges still remain. I want to speak to you on how my Tribe, in a state designated as a rural, has met those challenges.

“RURAL” CHALLENGES IN HEALTH AND HUMAN SERVICES FOR CHIPPEWA CREE TRIBE

Besides being challenged with limited and decreasing levels of Indian healthcare funding (IHS funding is the primary source of healthcare funding, resources and opportunity for our Tribe), the Chippewa Cree

Tribe is challenged with the “rural” nature of our state. Montana has less than 1 million people within the entire state. Because of our relative isolation our Tribe is challenged with a low state economic base, increasing medical and pharmaceutical costs, large distances to travel to access specialty care, and problems with the recruitment and retention of medical providers. We also are dealing with rapid population growth with a larger, younger, fast growing population, increasing levels of chronic disease i.e. diabetes, cardiovascular disease, and alcohol/substance abuse, and a healthcare infrastructure that is challenged to support an appropriate level of care to name a few.

This is what we know:

- The Rural Health Institute has designated Montana, as a “frontier” state meaning that there is less than 7 people per square mile. Many Tribes in Montana must travel 4 –8 plus hours (one way) for specialty care that cannot be provided in their ambulatory care clinics. The travel cost is not figured into the Indian healthcare budget thus is often provided for by the Tribe. Often a Tribal member who is seeking specialty care (i.e. chemotherapy, major surgery, dialysis) is accompanied by family members. This is recognized by the Tribe as critical for that individual to find health and those costs are also picked up by the Tribe.
- The costs of pharmaceuticals in the U.S. rose 15% per year over the last 2 years while the entire FY 2002 IHS budget rose 2%, and the portion designated to hospitals and clinics actually decreased.
- Regarding chronic disease, diabetes for example, we know from the IHS National Diabetes Program that there is an alarming rise of type 2 diabetes in AI/AN children and youth.
 - From 1991 to 2001, diabetes prevalence rose 70% in AI/AN under age 35.
 - Age specific prevalence rose 79% in the 25-34 year olds, 68% in the 20-24 year olds, **106% in the 15-19 year olds**, and 25% in the 25 year olds.
- Chronic disease and its complications is costly to address and compounding that cost with a fast growing, larger, younger population. Costs are becoming unmanageable. The American Diabetes Association recently showed that the costs for caring 1 person with diabetes can range from **\$5,000- \$9,000 per year**. The IHS receives an average of **\$1,575 per person per year** for all healthcare needs.

The Chippewa Cree Tribe, as many Tribes and communities in rural America, are challenged with providing healthcare but the Chippewa Cree Tribe has been able to show successes in leveraging our limited resources through our self-governance compact.

TRIBAL SELF-GOVERNANCE AND THE CHIPPEWA CREE TRIBE

The Rocky Boy’s Reservation, located in north central Montana, consists of more than 120,000 acres, which are home to approximately 4,500 Tribal members who reside on the reservation. We have a young, rapidly growing population with an annual growth rate that exceeds 4%. Unemployment on the Rocky Boy’s Reservation is extraordinarily high and approximately 39% of our population lives below the poverty level. Yet Rocky Boy continues to enjoy a strong and vital traditional Cree culture. We have taken great measures to insure the growth of our Tribal culture, maintain our traditions and spirituality and continue our Cree language.

Our self-governance compact encompasses management of the entire out-patient clinic on the Rocky

Alvin Windy Boy, Sr.

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S. 1696, Title VI, DHHS Self-Governance Amendments of 2003*

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Boy's Reservation. The Chippewa Cree Health Center employs two full time physicians, four clinical nurses, a clinical psychologist, clinical social worker, an optometrist, has three fully equipped dental chairs with two full time dentists, a dental hygienist, and three dental assistants. There are three full-time pharmacists, certified x-ray and lab technicians, a fully equipped emergency room with twenty four hour response from certified EMT's, community health nursing, WIC Program, AIDS Education, Health Education, Community Health Representatives, a comprehensive referral and fully accredited outpatient chemical dependency center, and management of all facilities and quarters utilized by the Rocky Boy Health Board. Currently, the Rocky Boy Health Board contracts with the State of Montana for the WIC Program, the CHIPS Program and manages numerous other state contracts for healthcare. Current IHS grants include a Health Professions Recruitment Program, IHS Scholarship Program, Injury Prevention Program, and a Special Diabetes Program for Indians. In addition to the historical Tribal programs previously administered by contract under Public Law 93-638 such as Community Health Representatives, Health Education, Public Health Nursing, Emergency Medical Services, and a small administrative component, the Chippewa Cree Tribe/Rocky Boy Health Board now consolidates health care delivery under one umbrella administration and sets priorities for delivering health care at the local level. The staffing breakdown for the Rocky Boy Health Board consists of approximately 35 percent professional staff and approximately 65 percent ancillary staff. These are all Tribal employees.

A few days ago, the Chippewa Cree Tribe held the groundbreaking for our new Natoose Health and Wellness Center. The building of our facility is collaboration with the Chippewa Cree Tribe and our partners from IHS, USDA, HUD and BIA. This opportunity (as well as others) was made possible because of the strong and aggressive self-determination/self-governance vision and values, based upon policy and law, which our Tribe operates upon.

S.1696, TITLE VI, DEPARTMENT OF HEALTH AND HUMAN SERVICES TRIBAL SELF-GOVERNANCE AMENDMENTS OF 2003

The Chippewa Cree Tribe has made important strides in health services over the past ten years in the areas of diabetes care, emergency services, alcohol/substance abuse, and behavioral health. Self-governance has been our Tribe's community driven source for developing a high quality of health services. Nonetheless, our internal studies have demonstrated that the Tribe will be challenged to sustain its current rate of growth, including provision for health and human services growth, without additional resources and/or opportunities.

The Chippewa Cree Tribe currently operates the following programs that are identified within the bill.

AOA	
Title VI Nutrition & Supportive Services for Native Americans	98,000
Nutrition Services Incentive Program	23,380
Title VI Part C Caregivers Program	23,360
Title III Montana's Older Americans Act	34,585
AFC	
Low Income Home Energy Assistance	177,173
LIHEAP "Leveraging"	33,585
LIHEAP "Reach"	2 year 150,000
CSBG	24,958

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Head Start	1,400,000
Child Care and Development Fund	361,895
SAMHSA	166,000

The ability to compact DHHS health and human services programs outside of IHS through Title VI is a cornerstone of health and human services development for my Tribe. The assurance of Tribal fiscal and programmatic management and control of those programs that have a significant impact on the health and well being of our Tribal members will enable the Tribe to provide the best level of care needed for current and future health and human services development. The ability to compact these programs will enable the Tribe to enjoy a higher quality of life through improved health conditions, more employment opportunities, and an overall increased level of Tribal community driven health and human services development.

Again, I would like to thank Chairman Ben Nighthorse Campbell and the members of the committee for their support and for this opportunity to testify in support of this important and necessary bill. I would be pleased to answer any questions.

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