



# Choctaw Nation of Oklahoma

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**TESTIMONY PRESENTED BY THE  
CHOCTAW NATION OF OKLAHOMA ON S. 1696,  
DEPARTMENT OF HEALTH AND HUMAN SERVICES TRIBAL SELF-  
GOVERNANCE AMENDMENTS OF 2003, TITLE VI**

**Before the  
SENATE COMMITTEE ON INDIAN AFFAIRS  
WEDNESDAY, MAY 19, 2004**

**“To give wisdom and strength to our children, help us to help you to a healthier and longer life.”**

*The Merle Boyd Wellness Center  
Merle Wayne Boyd (June 17, 1940 – May 26, 2003)  
Second Chief, Sac & Fox Nation  
1973-1975/1991-2003*

## GREETINGS

Good morning thank you Mr. Chairman and distinguished members of the Indian Affairs Committee for this opportunity to deliver testimony on behalf of the Nation. My name is Mickey Peercy and I am here today at the request of Chief Gregory E. Pyle. The Chief asked me to express his regrets for not being here today, but wanted me to assure you that the statement submitted by the Choctaw Nation is not diminished by his absence.

## INTRODUCTION

**“We pledged – not in provisions of a committee report or statements made on the Senate floor – but in the language of the statute – that Tribal Governments would be provided with the same level of resources that the Federal government had at its disposal in administering these programs.”**

*Senator Daniel K. Inouye, Vice-Chairman, Committee on Indian Affairs, 1998*

The Choctaw Nation is typical of many Tribal nations throughout Indian Country today. We have stable leadership and a continuity of vision and purpose. We are a Tribal government and a Tribal business. Our shareholders are our enrolled Tribal members who have the authority to remove the CEO (Chief) at each election. This adds emphasis to our purpose. We have demonstrated that in 1975 the legislators, who initially endorsed Public Law-638, the Indian

Self-Determination and Education Assistance Act (ISDEAA), and the Self-Governance amendments to the Act during the last 15 years, were right. Tribal governments can and are doing a better job of managing our own programs for our people.

While today it seems like eons ago since the passage of P.L. 93-638, many Tribes have continued the quest to expand upon our rights as sovereign nations that this historical legislation initiated. Through our collective efforts and advocacy, and with the help of allies on both sides of the Congressional aisles, we have been able to change the relationship between Tribes and the United States government. Tribal Sovereignty was our right and Self-Governance was the means by which we sought to amend the ISDEAA in 1988, P.L. 100-472, the Indian Self-Determination Act Amendments of 1988 – Title I & II. This was the beginning for those Tribes seeking to reassume the role of taking care of business on the reservation for the benefit of those who live on the reservation.

## **CHOCTAW NATION and SELF-GOVERNANCE**

**“The concept of Tribal Self-Governance is not new. Basically, Self-Governance principles recognize Tribal government powers we’ve always possessed before and after the treaties with the United States. The purpose of this paper is to generate dialogue among participating Self-Governance Tribes regarding how the underlying philosophies and principles of the Self-Government Demonstration Project can be incorporated permanently into all branches of the United States government.”**

*Speech by Dale Risling, Former Chairman, Hoopa Valley Tribe  
1992 Fall Self-Governance Conference  
Seattle, Washington*

The Choctaw Nation of Oklahoma covers 10 ½ counties in extreme Southeast Oklahoma. The Nation covers approximately 10,000 square miles and it is without a doubt one of the most beautiful areas in the country, but also one of the most rural and economically deprived areas.

The Choctaw Nation has the third largest enrolled Tribal membership in the Nation. There are over 150,000 tribal members. Approximately 40,000 reside within our tribal boundaries. Choctaw Indians are proud of their heritage and are striving to sustain their traditions, language and culture.

We are strong believers in the philosophy of Self-Determination. In 1985, we were the first tribe to assume management of an entire healthcare delivery system under Public Law 93-638. The transfer from Indian Health Service to the Nation was sudden and deliberate. It was necessitated by the lack of quality healthcare delivery by the Indian Health Service at the Talihina Hospital and the satellite clinics.

Today, we have a new 144,000 square foot hospital, four satellite clinics, a joint venture clinic under construction, a small ambulatory clinic under construction, and a substance abuse recovery center under construction. We have expanded health care services to try and meet the needs of our people. As you are aware, federal increases in funding have not kept pace with medical inflation. Because of Self-Governance, we have been able to create efficiencies and redesign our health care delivery system and maximize its potential.

We have been innovative and aggressive in our approach in providing services to our people. We have diversified. Our housing authority is as good as anywhere in the nation. We are proud of the educational opportunities we provide for our tribal members. Annually, we provide over \$4,000,000 to Choctaw Nation members for educational scholarships. Our enterprise, contracting and manufacturing ventures have allowed us, in four years, to reverse our dependence on federal dollars.

***Four years ago, our federal/tribal income ratio was 80% (Federal) – 20% (Tribal). Today, it is 17% (Federal) – 83% (Tribal). This is impressive; I don't care who you are.***

In 1993 we entered into a Compact and Funding Agreement with the Department of the Interior – Bureau of Indian Affairs to assume full control of our programs and we continue to manage these in a more effective and productive manner. Bureau programs are limited in their flexibility to redesign, however, we are in the process of incorporating Bureau of Indian Affairs and Department of Labor (WIA) programs to 477 under P.L. 102-477, the Indian Employment, Training and Related Services Demonstration Act of 1992. This will broaden the scope of these programs and improve their reporting capabilities.

## **CHOCTAW NATION SELF-GOVERNANCE, 1992 – Current**

In the FY 1992 Interior Appropriations Conference report language, the Indian Health Service (IHS) was directed to develop evaluation and transfer methodologies to initiate internal planning prior to consideration of Tribal planning grants for Self-Governance. The Choctaw Nation of Oklahoma was one of the initial Tribes that received resources to participate in the IHS planning process. A meeting was held with the Indian Health Service Director to outline the research tasks and budget information needed during the first year, followed by several months of discussions on negotiations, tribal shares and residuals.

Again, in 1998, the Choctaw Nation of Oklahoma was one of Tribes that drafted Tribal language, submitted to this Committee and to the House Resources Committee, requesting permanent authority for Self-Governance in the Indian Health Service. This legislation, P.L. 106-260 was enacted on August 18, 2000. The Nation served on the Negotiated-Rulemaking Committee for a period of 18 months and final regulations were published on May 16, 2002 and became effective on June 17, 2002.

Under Title VI of P.L., 106-260, the Choctaw Nation also participated on the Tribal Team that served as technical advisors to the Department of Health and Human Services during the “conduct of a feasibility study to determine the feasibility of a Tribal Self-Governance demonstration project for appropriate programs, services, functions and activities (or portions thereof) of the agency”. The Study findings did determine that a Self-Governance demonstration project was feasible, but there were flags identified; flags that we have encountered before in advancing Self-Governance. We have been good partners in our efforts and are reasonable and willing to work through differences with the federal government as they arise.

### **S. 1696, Title VI, Department of Health and Human Services Tribal Self-Governance Amendments of 2003**

**“The litany of statistics showing the poor state of health care in Indian country is well known: diabetes, cancer, alcoholism and drug abuse is rampant in American’s native communities.”**

*Senator Ben Nighthorse Campbell, Chairman, Committee on Indian Affairs, October 7, 1998*

The Choctaw Nation has been integral in the growth of Self-Governance and we will continue to be diligent to advance S. 1696, the Department of Health and Human Services Tribal Self-Governance Amendments Of 2003, Title VI.

The Nation has been operating six of the thirteen programs identified in this bill and supports the feasibility of a Tribal Self-Governance demonstration program under Title VI. We currently operate:

Low-Income Home Energy Assistance Program (1981)	1,402 families	\$ 336,775
Community Services Block Grant Program	63 families	20,964
Child Care and Development Fund (1991)	1,550 children	3,642,939**
Head Start Program (1978)	310 Contracted	2,044,112
Elderly Nutrition Program (1980)	35,039 participants	187,530
Indian Child Welfare Services Program	529 Cases	440,257 (4B Pt. 1)
	122 families	407,371 (4B Pt. 2)

(\*\* Less \$750,000 deducted for the Idabel Child Development Center)

In addition, the Nation has constructed 4 new childcare centers, 10 additional head start centers, and we now have 16 nutrition centers.

These programs provide an excellent service for participants. Including them under the umbrella of Self-Governance under Title VI can only enhance the quality and scope of service for these programs and for the beneficiaries.

S. 1696, will allow Tribes to access funding within the Department that has not been available to us or accessible in the past. In addition, it will enable Tribes, such as Choctaw, to expand existing program operations and service delivery under a compact of Self-Governance.

### **A NATIONAL DISGRACE: INDIAN HEALTHCARE**

**“If funded sufficiently, IHS could provide more money to needs such as contract care, urban health programs, health facility construction and renovation, and sanitation.”**

*U.S. Commission on Civil Rights Report*

*“A Quiet Crisis: Federal Funding and unmet Needs in Indian Country”*

*July 2003*

Recent studies have documented that funding for Tribal programs are disproportionate relative to funding for other beneficiaries of federally funded programs. The federal outlook of healthcare and service delivery to Indian people is bleak and disenchanting. Our population is characterized by high incidents of certain chronic diseases including diabetes, obesity, hypertension, cancer, heart disease, aids and substance abuse. But for American Indians and Alaskan Natives, this is business as usual because of the continued lack of funding available to address the identified levels of need.

Self-Governance is not the answer to the lack of funding, but it is one of the few options we have to leverage what we receive and do not receive from Congress. When this legislation is passed, there will still be a disparity in the funding for all Tribes and the transition will be challenging. It will be better than it was before Self-Governance, for all of Indian Country.

The Choctaw Nation of Oklahoma is very proud of our accomplishments under Self-Governance with the level of healthcare that we are able to provide our Tribal members... better programs and better services. And, we stand ready for the challenge to advance Self-Governance for the future of our Tribal members, especially our children.

S. 1696 is where we need to go from here. Again, on behalf of the Choctaw Nation of Oklahoma, I would like to thank Senators Campbell and Inouye for introducing S. 1696 and for holding this hearing.