

## **OPEN**

Greetings Chairman Young and Ranking Member Ruiz. I would also like to acknowledge our South Dakota Congresswoman Kristi Noem and offer the gratitude and support of the Rosebud Sioux Tribe for her crafting and introducing H. R. 5406 the “Helping Ensure Accountability, Leadership, and Trust in Tribal Healthcare Act”.

My name is William (Willie) Bear Shield and I am a Council Representative for the Rosebud Sioux Tribe Representing the Milks Camp Community, one of our twenty communities. I am also the Chairman of our Health Board, the Vice-Chairman of the Great Plains Tribal Chairman’s Health Board, and the Chairman of the Unified Tribal Health Board for the Sioux San Hospital in Rapid City South Dakota which consist the Cheyenne River, Oglala and Rosebud Sioux Tribes as members of the governing body. Sioux San provides health care to Tribal Members from all Sioux Tribes and from over 200 federally recognized Tribes.

## **PROBLEMS**

For over the past two years’ basic health care has declined to an all-time low at the Winnebago - Omaha, Rosebud, Pine Ridge and Sioux San IHS facilities as reported by the Tribes and confirmed by C.M.S. that has caused the death of Tribal members and created other life threatening issues.

While Director Smith and other IHS officials seem to view the current and on-going diversion of the Rosebud Emergency Room with rose-colored glasses, 9 Tribal Members have died in ambulances and 5 babies have been born in ambulances while being transported more than 50 miles (up to a 2 hour one-way trip) to other off reservation hospitals since December 5, 2015 – over the last 7 months. This cries

out for an investigation – by someone other than IHS. Let me repeat – 9 Tribal Members have died while riding in ambulances and 5 babies have been born in ambulances while being transported over 50 miles to other hospitals.

And, let us highlight another less than rosy fact. The IHS official that suggested that 2 babies being born on the bathroom floor at the Rosebud IHS Hospital in 8 years was not doing too badly - was the choice of Director Smith to be the Chief Medical Officer of the Great Plains Region. No Tribal Leaders were consulted - Rosebud certainly was not. That official clearly has disdain for our people and should work elsewhere.

The Rosebud Sioux Tribe signed a treaty of peace with the United States and promised no more wars between our Nations. I bring this to your attention because our treaty is different than others, in that it specifically addressed our health care. By 1982, there were 360 federally recognized Tribes and Alaska Natives recognized and even then funding was not provided fairly by treaty, land base and population nor fully. Since Congress passed the Indian Gaming Regulatory Act (IGRA) in 1988, the number of federally recognized Tribes has increased to 567 so as of today 209 additional Tribes have been federally recognized and of those none have even a fraction of our land base or population.

We do not object to Congress recognizing other Tribes, but we do want a fair formula to address health care needs in accordance with our treaties, land base and populations.

IHS has reported About 67 percent of the IHS budget is administered by 114 tribes primarily through the authority provided to them under the Indian Self Determination and Education Assistance Act, leaving approximately 37 percent for the remaining 453 Tribes, which in many

cases are large land-based and large population Tribes. Quite simply, the U.S. government must live up to its obligations – that means acceptable, quality health care. That means reform, and with reform, additional federal funding. We recognize this is an authorization bill, but at heart this is an appropriation issue. Congress must not walk away from the obligation to fully fund these Treaty and Trust responsibilities. A purely private sector solution simply is not appropriate.

### **A sideline issue**

Another challenging issue we wanted to raise before the Committee is the Tribal Employer Mandate of the Affordable Care Act which we oppose, along with other large land based Tribes.

This law will result in over \$2 million in fines from the Internal Revenue Service annually for just the Rosebud Sioux Tribe. We will have to cut elder and youth programs, social assistance for low to no income Tribal Members – and fire (let go) Tribal Members who work for the Rosebud Sioux Tribe. Congress need to fix this law now.

### **SOLUTIONS**

As of this moment the Rosebud Sioux Tribe through its economic arm (Rosebud Economic Development Corporation, REDCO) is working with the Avera Hospital in Sioux Falls SD to contract the key management positions of the IHS Hospital by utilizing our 8a Native program and asking IHS to issue a sole source contract to us and by doing so follows the spirit of “SEC. 833. SERVICE HOSPITAL LONG-TERM CONTRACT 9 PILOT PROGRAM in the proposed legislation. As of this date IHS has not responded to our request. These are only some of the examples of why we support this bill and ask that IHS justify its funding formula that it is currently using and why the South Dakota and Great Plains Area Tribes’

budget is far below that of small land based and large population based Tribes.

### **Work with Committee and Wrap Up**

We support the direction of the legislation and look forward to working with Members of the Committee and your staff as you move toward a legislative mark-up. We urge that you work to pair reform with more robust funding.

Lastly, I would again express appreciation for the leadership of Congresswoman Noem for introducing this legislation and to Chairman Young and Ranking Member Ruiz for holding today's hearing.