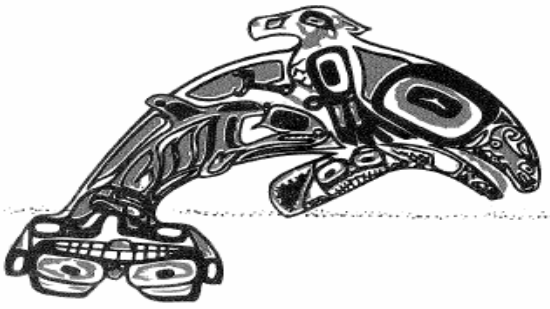

SQUAXIN ISLAND TRIBE

Testimony of the Squaxin Island Tribe
Submitted to the
House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies
For the FY 2007 Budget for the Department of Health and Human Services
Presented by Chairman Jim Peters
On March 29, 2006

Good morning and thank you for inviting me to provide testimony on the FY 2007 budget for the Department of Health and Human Services on behalf of the Squaxin Island Tribe.

The Squaxin Island Tribe, a signatory of the 1854 Medicine Creek Treaty, has a current enrollment of 897 and an on-reservation population of 400 living in 129 homes. Squaxin has an estimated service area population of 2,747, a growth rate of about 10%, and an unemployment rate of about 30%, according to the BIA Labor Force Report. Our requests include the following:

- **Tribal Set-Aside for the Pandemic Influenza Planning and Education**
- **Secretary's Use of Head Start Set-Aside**
- **TANF Training and Development Funding for Tribal Governments**
- **Increase SAMHSA Funding to Support Tribal Practices to Address Epidemic of Methamphetamine and Distribution and Use in Tribal Communities**

EXPLANATION OF REQUESTS:

TRIBAL SET-ASIDE for PANDEMIC INFLUENZA PLANNING AND EDUCATION for TRIBAL COMMUNITIES

The Department of Health and Human Services' Pandemic Influenza Plan is a comprehensive work in progress. It is difficult to forecast just how this country will react in a time of pandemonium and chaos. The Squaxin Island Tribe is concerned that Tribes are not being considered in the context of our cultural and traditional practices. In addition, our remote locations suggest that we need to develop a preparedness plan indicative of our needs in our Tribal communities. As Tribal governments, we need the resources to develop a localized plan for our people.

We take exception to a plan that would require Tribes to be dependent on the state to distribute funds and coordinate relief on our reservations. All Tribes do not enjoy a positive relationship with the states and current relations would be further strained given the severity of such a life threatening and life-altering situation.

My final concern is the issue of staffing for Tribal health facilities. Tenured and experienced medical staffs in Tribal health facilities are members of the Commission Corps. More Commission Corps personnel are employed at Tribal health facilities than any place else, with the exception of the Department of Health and Human Services. When there are disasters or an emergency need for a federal national medical presence, the Corps are reassigned from Tribal facilities to other locations designated by the Department. We understand that these are highly trained and qualified people, but it is unfair to strip Indian Country of this resource without a staff rotation plan or other alternative to minimize the impact to Tribal beneficiaries.

We need to have our own resources to develop our local plan to coordinate with the Federal, state and local governments. **We request a Tribal set-aside to allow Tribes to exercise the governmental responsibilities to our people. We also ask that the Department consult with Tribes about utilizing Commission Corps personnel and provide funding to develop a staffing alternatives for Tribal facilities during all federal emergencies.**

SECRETARY'S USE OF HEAD START SET-ASIDE

The Head Start program is a discretionary line item in the Department of Health and Human Services budget. Under the Head Start Act, the Secretary is required to use 13% of the Head Start appropriations to fund Indian Head Start and migrant and seasonal programs, trust territory programs, training and technical assistance activities, discretionary payments by the Secretary, and research demonstration and evaluation activities. We are concerned that under the Secretary's discretionary payments, a sizeable portion of the 13% is used for states and that is not the intent of Congress.

The Secretary is authorized to use these funds as deemed appropriate to advance the purpose of Head Start, but it does not seem fair that such a small set-aside supplements programs outside of scope and intent of the set-aside.

We request that the increase to Head Start supports the discretionary spending of the Secretary under this line item and not diminish the intent of Congress with the use of the Head Start set-aside.

TANF TRAINING AND DEVELOPMENT FUNDING FOR TRIBAL GOVERNMENTS

The Deficit Reduction Act of 2005, P.L. 107-171, reauthorized welfare reform another 5 years. The Tribal experience under Temporary Assistance for Needy Families (TANF)

has been challenging and frustrating. States are provided bonuses when they can demonstrate that they have reduced the unemployment rate, but there is no mechanism to reward Tribes for demonstrating similar success. A reconciliation process needs to be designed and implemented to determine the accuracy of the number of people reported by the state versus the amount of funds the states receives which determines the state bonuses. Are states improving their TANF count by moving Indian people out of their system?

In addition, Tribes are not allowed a level playing field to perform under TANF. For instance, states have always had the benefit of performing welfare services. They have received training and development funds from the Department of Health and Human Services since the original welfare program was authorized. Sates have the historical and institutional knowledge about welfare and can be considered experts while Tribes are novices. Tribes have entered TANF at a disadvantage and Congress needs to help Tribes become better at implementing and managing TANF.

We request that Congress appropriate training and development funds for Tribal governments so that we can become more educated and proficient in implementing TANF.

INCREASE SAMHSA FUNDING TO SUPPORT TRIBAL PRACTICES TO ADDRESS METHAPHETAMINE EPIDEMIC TRIBAL COMMUNITIES

Tribes need help in obtaining access to our fair share of the Prevention, Treatment and Recovery Support Services Funding appropriated by the Congress of the United States. Tribes need assistance to plan, develop, implement and measure alcohol, substance abuse and mental health services consistent with the demonstrated needs of our membership. **We need the same level of support from the federal government for hiring and housing former addicts, rehabilitated prisoners, and former mental health patients that we have received for identifying, arresting and jailing or institutionalizing our people.**

Tribal Specific Substance Abuse Block Grant

The Budget justification states that the Administration is seeking to fund the Block Grant at the same level as 2006, it is not proposed to stop inflationary increases that are automatically added to entitlement funding. We believe that this option is still workable. **We ask that SAMHSA, the Department and the Administration seriously consider a one year diversion of the inflationary increase authorized for the Substance Abuse Block Grant to fund a Tribal specific Substance Abuse Block Grant.**

Implementation of SAMHSA Policy to Actively Support Tribal Programs

The increased costs of health care and the growing methamphetamine epidemic have many Tribal leaders across Indian Country concerned that Tribes do not have the necessary resources to deal with this epidemic. There are other social and economic costs associated with methamphetamine that are also impacting Tribes. According to two Portland economists (reported in the April 23, 2005 edition of the Oregonian) the cost of direct damages from methamphetamine that include property crime, fires, property clean-ups, foster care, and health care was $102.3 million just for one single county. This cost analysis did not include the law enforcement, court costs, treatment, or incarceration costs associated with methamphetamine abuse. The costs of addressing the methamphetamine epidemic in Indian Country are simply too high for Tribes to adequately address.

We have been informed that SAMHSA's Administrator Charles Currie has issued a policy directive requiring SAMHSA staff to provide a written response to Tribal applications for grants, indicating why they could not receive funding to support their projects directly. **We applaud the efforts of the Administrator to increase the awareness of IHS staff and Department Policy Makers of the overwhelming need among Tribal members, Tribal communities for prevention, treatment, and recovery support services**.

Thanks you for providing me this opportunity to present our priorities for the Department of Health and Human Services.