



Prepared Statement of Chief Allan
Chairman, Coeur d'Alene Tribe

Subcommittee for Indigenous Peoples of the United States
Committee on Natural Resources

Oversight Hearing on "Examining Federal Infrastructure in Indian Country"

June 17, 2021

The Coeur d'Alene Tribe ("Tribe") appreciates the opportunity to provide testimony at this important hearing on federal infrastructure in Indian country. As Congress begins work on an infrastructure bill to address long-standing needs, the Tribe encourages the Committee not only to provide tribal governments with sufficient resources to address building and facility needs, but also to ensure that tribes have the ability to manage and assume ownership of any federally built facilities.

Background on the Tribe

The Tribe's original homeland spans almost five million acres, stretching from Montana in the east to the Spokane River Valley in present day Washington state, from near the Canadian border in the north to the confluence of the Snake and Clearwater Rivers. The present-day Coeur d'Alene Reservation covers 345,000 acres in what is now northern Idaho. The Reservation spans the western edge of the northern Rocky Mountains and the Palouse and has varied terrain that includes mountains, lakes, timber, and farmland. The Tribe currently has more than 2,550 members.

The Tribe's government, commercial and gaming enterprises employ nearly 2,000 tribal members and non-Indians and provides critical funding for tribal government programs. The Tribe also owns a 6,000-acre farm that produces wheat, barley, peas, lentils, and canola.

Since 1997, the Tribe has operated its own tribal school, which the Tribe built itself using \$5 million in tribal funds and tribally secured financing. The Tribe's Department of Education provides programs for adults, including a college degree program in cooperation with Lewis and Clark State College. The Tribe's Language Department offers classes in the Schitsu'umsh

language and provides instruction to tribal members, staff, and interested members of the local community.

Building and Space Needs

The Tribe echoes the sentiments of many other tribes and tribal organizations in calling for federal investment in infrastructure, including facilities in Indian country to serve federally mandated functions and to carry out the United States' trust responsibility. The Tribe needs additional facility space for many tribal programs, including those it conducts on behalf of the federal government through contracts entered under the Indian Self-Determination and Education Assistance Act.

The Tribe needs additional office space, equipment storage, and meeting room facilities for its Tribal Government operations. Marimn Health, the Tribe's health delivery entity discussed in more detail below, needs administrative space and additional facilities to meet the healthcare needs of our community. Facility limitations greatly impact the ability of the Tribe to meet the needs of the Tribal community and it is clear that those needs will only continue to grow and demand additional investment.

The Tribe strongly favors the proven model of tribal self-governance to meet those facility needs over direct federal management of federal facilities. If provided the opportunity, tribes have proven to be better stewards of facilities and funding than the United States through self-governance arrangements where tribes own and operate facilities and programs. Tribal governments are much better positioned to address the needs of their communities than outside groups, including the United States. Tribes have governed their own affairs and met the needs of their communities since time immemorial, long before the United States became involved.

Federal policies have slowly recognized the value of tribal self-determination and self-governance over the past 50 years, and those policies have yielded many successes across Indian country and here on the Coeur d'Alene Reservation. The Tribe has managed federal buildings on the Reservation and has built, owned, and operated buildings occupied by the Tribe using federal funds. In contrast, the lone remaining federally owned building on the Reservation has been effectively abandoned by the Bureau of Indian Education ("BIE") and is not safe to occupy. The BIE has, for decades, failed to maintain the building and, in its current condition, is a health and safety hazard to the community. When faced with costs to remove it, the BIE has, ironically, claimed that it transferred ownership of the building to the Tribe, which it has not.

The Tribe's Health Authority Demonstrates the Success of Tribal Control and Ownership

In 1990, the Tribe chartered the Benewah Health Authority and compacted with the Indian Health Service ("IHS") to open the first joint IHS and Federally Qualified Community Health Center in the United States. The Authority pursued funds from a variety of sources to build the facilities and to fund operations to improve healthcare delivery on the Reservation. Waiting for the IHS to provide funding was not an option because, at the time, the IHS had implemented a priority list for facilities construction that it has yet to complete more than 31 years later. In contrast, the

Authority's efforts have grown exponentially in the last 30 years to include a half dozen facility expansions and many expansions in services not just for the Tribal community, but the local community as well.

In 2017, the Authority changed its name to Marimn Health, a Coeur d'Alene tribal word that means "medicine." The mission to deliver healthcare to the Reservation community remains, but the tools that have allowed it to expand services began with the ability of the Tribe to access federal funding to build, operate and maintain facilities.

Marimn Health continues to operate as an Indian Health Program through a compact with the IHS and receives a block grant from the Health Resources and Services Administration as a Community Health Center. Marimn can bill third party payors to generate revenue and continue improving care. Marimn also continues to pursue federal grant funds for facility upgrades and operates those facilities to meet changing community needs, since the Tribe and Marimn Health are directly responsive to the community and not subject to outside decision-making.

Since the Tribe owns the facilities, it is also able to pursue other funding sources to supplement federal funding and make necessary improvements without having to rely solely on the IHS, which, at times, can be slow and bureaucratic.

As the Tribe's Marimn Health model demonstrates, the infrastructure can benefit tribal communities when tribes are empowered to determine the best way to meet their own needs rather than attempting to drive a one-size-fits-all solution. There are many ways to craft facility investment solutions, and many examples across Indian country.

The most successful models by far in the Tribe's experience are those that fund facilities that the tribes can ultimately own and operate in partnership with the United States, rather than remaining in United States' ownership and control. As it considers infrastructure investment, the Tribe urges the Committee to consider infrastructure investment that allows for those opportunities.