

TESTIMONY OF MARK MERCIER - PRO RESERVATION PANEL

Thank You Kathryn. My name is Mark Mercier. I am chairman of the Confederated Tribes of Grand Ronde.

Congressman AuCoin, the Grand Ronde Reservation Plan was developed with 4 specific purposes in mind: (1) to identify the needs of our people, (2) to define programs and services which would meet those identified needs, (3) to determine the costs of those programs and services, and (4) to identify a timber resource base which will provide sufficient revenue to meet the projected costs of tribal services and programs.

The greater purpose of this effort, of course, is to give the tribe a reasonable chance to develop a viable economy - aimed at achieving tribal self-sufficiency.

In 1984 the Secretary of Interior entered into negotiations with the tribal governing body to develop the proposed reservation plan.

A massive socio-economic survey was conducted on the tribal population which was approximately 1200 people at that time. The results of the survey revealed the deteriorated social and economic conditions of our people as a result of the termination period.

TABLE I. Median Incomes and Poverty Levels

AREA	Below Poverty %	Median Income \$
Marion	48	12,000
Polk	43	10,500
Yamhill	40	12,000
Tillamook	31	20,500
State of Oregon	7.7	

For example, Table I shows 48% of all tribal households in the Marion County area are below the national poverty level; 43% in Polk County; 40% in Yamhill County, and 31% in Tillamook County.

The unemployment rate of tribal members in the service area is 23%, which is three times the State of Oregon average of 7.7%. Additionally, Table II shows 42% of all tribal adults age 19 or older have not completed high school. Of this group, 87% cited financing as the greatest obstacle to continuing thier education.

TABLE II. Education Level of Adults

	6-County Service Area %
Completed High School	58
Not Completed Hgh School	42

The survey also revealed the critical lack of health care among tribal members. 67% of our people have vision problems, 46% have dental problems, 36% reported arthritis and rheumatism, 27% have high blood pressure, 18% have ulcers, and 16% have heart disease. Again the greatest obstacle to adequate health care was finances, and transportation to health care providers was the second greatest obstacle.

A more recent survey of housing conditions showed that in the service area there exists 186 single family units owned by tribal members in the service area. Of this group, 113 units or 60% are in standard condition, while 73 units or 40% are in sub-standard condition. Additionally, there are 70 tribal families in need of housing in the service area.

With the results of the survey available, we began to develop tribal programs and services to meet the identified needs. These programs and services include, but are not limited to, (1) a comprehensive health program which would include direct care and health education and awareness, (2) an education program which would provide scholarships and assistance to individuals pursuing educational or vocational career goals, (3) an economic development program which would create employment opportunities and which would provide technical assistance to those individuals interested in pursuing small business development, and (4) a housing program which would provide assistance in home rehabilitation and which would develop new housing for those families who need it.

Our next step was to determine the costs of providing the necessary services to meet our tribal needs. In doing this we developed three budget levels, a high, medium and low. The high budget is a thorough level of effort to meet all of our defined needs, the medium budget will meet the most critical objectives adequately with less emphasis on other objectives, while the low budget is the absolute minimum required to meet our most critical needs and still address the overall goal of improving the quality of life for our people.

Initially these budgets were developed independently, without regard to any other resources the tribe might be able to access. The next step then was to identify the possibility of other resources and to develop a total budget package which would include both the tribal share and the federal share in meeting the costs of tribal programs and services.

Table III shows the budget packages developed, ranging from \$2,073,000 on the low side to \$2,801,000 on the medium side and to \$3,501,800 for the high budget. The tribal share ranged from \$1,493,200 on the low budget, \$2,131,000 for the medium, to \$2,738,000 for the high budget.

TABLE III -- TRIBAL BUDGET NEEDS BY CATEGORY

	<u>LOW</u>	<u>MEDIUM</u>	<u>HIGH</u>
TRIBAL SHARE	\$1,493,200	\$2,131,000	\$2,738,000
FEDERAL SHARE	\$ 579,800	\$ 670,000	\$ 763,800
TOTAL BUDGET NEEDS	\$2,073,000	\$2,801,000	\$3,501,800

TABLE IV - \$15,665 ACRE REVENUE POTENTIAL

<u>ACRES</u>	<u>ANNUAL CUT MMBF</u>	<u>AVE. STUMPAGE (1982-86)</u>	<u>ANNUAL REVENUE</u>
15,665	10,042,042mbf	\$117.12	\$1,176,119

1 MW

Next we began the process of identifying a timber land base which would provide sufficient revenues to meet our projected costs. Through this process we identified the 17,488 acre proposed timber land base which is included in our plan. However, since our plan was completed, we have received new information from the BLM that indicated the trade value on the transfer of designation of O/C and public domain land would need to be adjusted slightly to insure that there would be no negative revenue impact to the O/C counties. Consequently, we have reduced the size of our reservation request approximately 10%, to 15,665 acres.

As I mentioned previously, our needs assessment was conducted on a tribal population of 1200 members, and even though our membership has increased to 2138 today, we have not increased our request for a timber resource base. We still believe we can achieve our goal of economic self-sufficiency with the 15,665 acre reservation. Initially, our estimated revenues from timber sales will fall short of our minimum budget requirements. In time, however, with intensive forest management, prudent planning, and successful economic enterprises, our revenues will exceed our minimum need and we will be able to increase our services. Mr. Smith and Mr. Swift will explain more fully our economic projections with this land base.

Thank You.

TABLE 3-4
HOUSEHOLDS REPORTING HEALTH PROBLEM

Health Problem	6-County Service Area (%)	Non- Service Area (%)
Diabetes	11	16
Tuberculosis	5	2
Heart Disease	16	16
High Blood Pressure	27	39
Stroke	8	8
Paralysis/Seizures	4	2
Arthritis/Rheumatism	36	33
Dental Problems	46	48
Vision Problems	67	58
Hearing Problems	29	26
Other Disabilities	21	9
Cirrhosis-Liver	4	2
Kidney Stone Disorder	5	6
Gall Bladder Disorder	10	10
Urinary Tract	10	8
Ulcers	18	16
Asthma	16	10
Cancer	6	7
Chronic Emphysema-Bronchitis	13	8
Alcoholism	10	9
Drug Abuse	2	3