to redesign programs and reallocated funding according to terms negotiated in the compacts. Tribes would be able to prioritize spending on a systemic level, dramatically reducing the Federal role in the tribal decision-making process. But perhaps the biggest difference contract process and the self-governance program is that instead of funds coming from multiple contracts there would be one compact with a single Annual Funding Agreement.

The original ten tribes that agreed to participate in the demonstration project were the Confederated Salish and Kootenai Tribes, Hoopa Tribe, Jamestown S’Klallam Tribe, Lummi Nation, Mescalero Apache Tribe, Mille Lacs Band of Ojibwe, Quinault Indian Nation, Red Earth Dakota Nation, Rosebud Sioux Tribe, and Tiingl and Haida Central Council.

In 1991 President Bush signed Pub. L. 102-184, which extended the Demonstration Project for three more years and increased the number of Tribes participating to thirty. The bill required the tribe to negotiate a Compact and Annual Funding Agreement. The 1991 law also directed the Indian Health Service to conduct a feasibility study to examine the expansion of the self-governance project to IHS programs and services. In 1992, Congress amended section 314 of the Indian Health Care Improvement Act to allow the Secretary to negotiate a self-governance compact and annual funding agreements under Title III of the Indian Self-Determination Act with Indian tribes. The Self-Governance Demonstration Project proved to be a success both in the Interior Department and the Department of Health and Human Services. Thus, in 1994, Congress responded by passing the “Tribal Self-Governance Act of 1994” and permanently established the Self-Governance program within the Department of Interior.

This action solidified the Federal government’s policy of negotiating with Indian Tribes and Alaska Native villages on a government-to-government basis while retaining the federal trust relationship. The Tribal Self-Governance Act allowed so-called “Self-Governance tribes” to compact all programs and services that tribes received under Title I of the Indian Self-Determination Act. The Act required an orderly transition from Federal domination of programs and services to provide Indian tribes with meaningful authority to plan, conduct, design, and administer programs, services, functions, and activities that meet the needs of the individual tribal communities.

Tribes entering the self-governance program had to meet four eligibility requirements. First, the tribe (or tribes in the case of a consortium) must be federally recognized. Second, the tribe must document, with an official action of the tribal governing body, a formal request to enter negotiations with the Department of Interior. Third, the tribe must demonstrate financial stability and financial management capability as evidenced through the administration of prior 638 contracts. Fourth, the tribe must have successfully completed a planning phase, requiring the submission of a final planning report which demonstrates that the tribe has conducted legal and budgetary research and internal tribal government and organizational planning.

The 1994 Act, however, did not make changes to the demonstration project status of the Self-Governance program within the Indian Health Service. The IHS authority remained on a demonstration project basis within Title III of the Indian Self-Determination Act.

The Indian tribes and the Administration agree that it is now time to take the next logical step: to design a program that would permanently remove the Federal role in the tribal decision-making process and make the Self-Governance program permanent within the Department of Health and Human Service. H.R. 1167 establishes a permanent Self-Governance Program within the Department of Health and Human Services and makes Alaska Native tribes may enter into compacts with the Secretary for the direct operation, control, and redesign of Indian Health Service (IHS) activities. A limited number of Indian tribes have had a similar right on a demonstration project basis since 1992 under Title III of the Indian Self-Determination and Education Assistance Act. All Indian tribes have enjoyed a similar but lesser right to contract and operate individual IHS programs and functions under Title I of the Indian Self-Determination Act since 1975 (so-called “638 contracting”).

In brief, the legislation would expand the number of tribes eligible to participate in Self-Governance, make it a permanent authority within the IHS and authorize the Secretary of Health and Human Services to conduct a feasibility study for the execution of Self-Governance compacts with Indian tribes for programs outside of the IHS but still within HHS.

This legislation is modeled on the existing permanent Self-Governance legislation for Indian tribes that was contained in Title IV of the Indian Self-Determination Act and reflects years of planning and negotiation among Indian tribes, Alaska Native villages, the Department of Health and Human Services.

H.R. 1167 continues the principle focus of the Self-Governance program: to remove needless and sometimes harmful layers of federal bureaucracy that dictate Indian affairs. By giving tribes direct control over federal programs run for their benefit and making them directly accountable to their members, Congress had enabled Indian tribes to run programs more efficiently and more innovatively than federal officials have in the past. Allowing tribes to run these programs furthers the Congressional policy of strengthening and promoting tribal governments which began with passage of the first Self-Determination Act in 1975.

Often we need to look to the past in order to understand our proper relationship with Indian tribes. More than two centuries ago, Congress set forth what should be our guiding principles. In 1789, Congress passed the Northwest Ordinance, a set of seven articles intended to govern the addition of new states to the Union. These articles served as a compact between the people and the States, and were “to forever remain unalterable, unless by common consent.” Article Three set forth the Nation’s policy towards Indian tribes:

> The utmost good faith shall always be observed towards the Indians; their land and property shall never be taken away from them without their consent... but justice and humanity shall from time to time be made, for preventing wrongs being done to them.

The Foundation in this Nation carefully and wisely chose these principles to govern the conduct of our government in its dealings with American Indian tribes. Over the years, these principles have at times been forgotten.

Two hundred years later, Justice Thurgood Marshall delivered a unanimous Supreme Court in 1983 stating that,

> “Moreover, both the tribes and the Federal Government are firmly committed to the goal of promoting tribal self-government, a goal embodied in numerous federal statutes. We have stressed that Congress’ objective of furthering tribal self-government encompasses far more than encouraging tribal management of disputes between members, but includes Congress’ overriding goal of encouraging ‘tribal self-sufficiency and economic development.’”

If we are to adhere and remain faithful to the principles that our Founders set forth—the principles of good faith, consent, justice and humanity—then we must continue to promote tribal self-government as is done in the legislation I bring before the House today.

Mr. Speaker, I yield back the balance of my time.

Mr. HANSEN. Mr. Speaker, I yield back the balance of my time.

Mr. Speaker. The question is on the motion offered by the gentleman from Utah (Mr. HANSEN) that the House suspend the rules and pass the bill, H.R. 1167, as amended.

There was no objection.

Mr. HANSEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and add extraneous material on H.R. 1167, the bill just passed.

Mr. Speaker. THe SPEAKER pro tempore. Is there objection to the request of the gentleman from Utah?

There was no objection.

Mr. JONES of North Carolina. Mr. Speaker, I ask unanimous consent to move to suspend the rules and pass the Senate bill (S. 1398) to clarify certain boundaries on maps relating to the Coastal Barrier Resources System.

Mr. Speaker. The question is on the motion offered by the gentleman from North Carolina.

There was no objection.

Mr. Speaker. The Clerk read as follows:

S. 1398

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, SECTION 1. REPLACEMENT OF COASTAL BARRIER RESOURCES SYSTEM BOUNDARIES

(a) In General—The 7 maps described in subsection (b) are replaced by 14 maps entitled “Dare County, North Carolina, Coastal Barrier Resources System,” Cape Hatteras Unit NC-03P” or “Dare County, North Carolina, Coastal Barrier Resources System, Cape Hatteras Unit NC-03P, Cape Hatteras Island Unit L03” and dated October 12, 1999.

(b) DESCRIPTION OF MAPS—The maps described in this subsection are the 7 maps that—