TESTIMONY OF THE GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

PRESENTED BY THE HONORABLE ANNA MILLER, TRIBAL SECRETARY
to
THE U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON APPROPRIATIONS SUBCOMMITTEE ON INTERIOR, ENVIRONMENT, AND RELATED AGENCIES

February 26, 2025

Summary of Agency/Program and Funding Requests

1. ***Funding for Education***
2. ***Funding for Retention of IHS Physicians***
3. ***Support for Elder Care***

INTRODUCTION AND BACKGROUND

Thank you Chairman Simpson, Ranking Member Pingree, and distinguished Members of the Subcommittee for the opportunity to provide testimony for the Grand Traverse Band of Ottawa and Chippewa Indians. Our Reservation is in northwest Michigan on the Leelanau Peninsula, located within the historic territory in which we have lived since time immemorial. Through treaties in 1836 and 1855, we ceded to the United States large portions of land that now comprise much of the State of Michigan. After we signed the 1855 Treaty, the Department of the Interior began to treat us as a terminated tribe despite the fact that Congress had never issued such direction. We fought to restore our recognition and our government-to-government relationship with the United States, and we were finally successful in 1980 when the Department acknowledged us as the Grand

Traverse Band of Ottawa and Chippewa Indians. During the long period in which we were treated as a terminated tribe we lost our lands and great harm was inflicted on our people. Since being restored to federal recognition, we have been rebuilding our land base, rebuilding our economy, and working to provide governmental services and economic opportunities for our citizens. We also have developed long-standing, positive relationships with the local communities that have grown up around us.

We urge that consistent federal funding for tribal programs is essential to upholding the federal government's trust responsibilities to Tribal Nations. Support is also needed to retain the staff needed to efficiently implement these tribal programs. Consistent funding and adequate staffing is particular critical in this era of uncertainty. In particular, we ask you to advocate to protect and increase federal funding for the education of our Native students; to retain qualified Indian Health Service physicians and personnel, and to support care for our elders. We also respectfully request that this Subcommittee advocate to increase federal funding and keep federal funding consistent for these and all tribal programs.

I. FEDERAL FUNDING TO SUPPORT EDUCATION

Many reservations are too small to support Bureau of Indian Education schools, so it should not be surprising that about 93 percent of Native students instead attend public schools.[1] However, most public school districts rely on local property taxes to support their educational costs. Because tribal lands are not subject to local taxes, often public school districts which serve Native children lack the financial resources necessary to provide an appropriately robust educational experience for our children. This is certainly true for the school district that serves Grand Traverse, where of the roughly 300 children enrolled in our local school district, roughly 175 are tribal members. Funding from the Department of Education's Impact Aid Program helps to address this problem, but it is woefully inadequate. Our school district's budget is a small fraction of that which is available to educate the children who live in our neighboring school district, causing significant disparities in educational opportunities for Grand Traverse's children.

The *Bureau of Indian Education's Johnson-O'Malley program* provides education funding to support the needs of Native American students attending public schools. This funding helps bridge the gap left by the inadequacy of the Department of Education's Impact Aid Program. For FY 2025, BIE requested $22.6 million for the Johnson-O'Malley program, an increase of $2 million from the prior fiscal year.[2] Given the large number of Tribal students attending public schools, we respectfully urge that FY 2026 funding for this program be substantially increased, especially given the uncertainty whether there will be continued availability of any funding at all from the

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[1] Testimony of Kerry D. Bird, President of the National Indian Education Association before the Senate Committee on Indian Affairs, at 5-6 (Feb. 12, 2025).

[2] Bureau of Indian Education Budget Justification, Fiscal Year 2025, at BIE-ES-3.

Department of Education. BIE's funding for Native students in public schools is crucial to ensuring that our children are equipped to thrive and to be active, productive participants in our communities and in our economies.

II. THE INDIAN HEALTH SERVICE NEEDS MORE FUNDING AND STABLE STAFFING

The provision of health care services to Native Americans is a federal trust obligation. The Indian Health Service (IHS) provides health services to Native people, but appropriations for the agency are chronically underfunded and fall far short of meeting the healthcare needs of Native Americans.[3] As a result, IHS struggles to provide critical services. Native people suffer from poor health and significant health disparities exist between Native Americans and other Americans. For example, Native Americans have significantly higher rates of death from heart disease, stroke, diabetes, alcohol and drug-related causes, and chronic liver disease.[4] Increased funding for IHS and Tribal health care programs, as well as an adequate federal health care workforce, is critical to address the healthcare needs of Native Americans. Recent estimates of the amount needed to fully fund IHS clinical services, preventive health, and other healthcare-related services (excluding facilities, contract support costs and Section 105(l) leases) is close to $47 billion.[5] Yet the total amount included for IHS in the most recent version of the FY 2025 appropriations bills is only $8.5 billion.

In particular, IHS has struggled to fill vacancies and retain physicians, especially in rural communities.[6] The failure to have an adequate number of physicians at IHS health clinics has negatively impacted the health care provided to our Tribal members. Obstacles in recruiting and retaining physicians include: difficulty competing with compensation offered by other facilities, long commutes, lack of housing and public transportation, and inability to offer competitive benefits such as annual leave accrual or flexible work schedules.[7] While we know that IHS has taken steps to

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[3] Secretary of the Department of Health and Human Services Robert F. Kennedy, Jr. recent confirmed this, "The Indian Health Service has always been treated as the redheaded stepchild at HHS. My father often complained that IHS was chronically understaffed and underfunded." *See* Jourdan Bennett-Begaye, *RFK Jr. rescinds Indian Health Service layoffs*, ICT (Feb. 15, 2025), available at https://ictnews.org/news/rfk-jr-rescinds-indian-health-service-layoffs.

[4] IHS Fact Sheet, *Disparities*, available at: https://www.ihs.gov/newsroom/factsheets/disparities/.

[5] *See* National Indian Health Board FY 2026 Budget Request, available at https://www.nihb.org/wp-content/uploads/2025/01/NIHB-FY26-Budget.pdf.

[6] U.S. Government Accountability Office (GAO), GAO-18-580, *Indian Health Service: Agency Faces Ongoing Challenges Filling Provider Vacancies*, at 17-18 (2018), available at https://www.gao.gov/assets/gao-18-580.pdf ("2018 GAO Report").

[7] *See* 2018 GAO Report; Indian Health Service, *Summary of Recruitment and Retention Challenges*, at 2-4 (2017), available at

combat these issues by providing financial and professional incentives to attract physicians to rural locations, we need to see more significant improvement in retention. Significant increases and consistency in funding are needed to support the recruitment and retention of IHS physicians.

The Tribe respectfully requests that the Subcommittee provide increased, consistent appropriations for IHS – to retain physicians and other IHS staff and to support Native American healthcare needs across the board. This includes continuing to provide advance appropriations for IHS, so that IHS and Tribal healthcare providers are not subject to the uncertainties and potential funding gaps that are inherent in the annual federal appropriations process. This additional funding is vital to ensuring that critical services are delivered to Native communities, including our Tribal citizens and other Native Americans living in the Grand Traverse service area. We also appreciate any clarity the Subcommittee can bring to recent reports that there will, or will not, be further cuts to IHS personnel given our view that the agency is already woefully understaffed and underfunded.

III. MORE SUPPORT FOR ELDER CARE IS NEEDED

Tribal elders are an integral part of our Tribal communities. Elders pass down cultural traditions, teachings, and language, helping to preserve these for future generations. But our access to programs and services for these most vulnerable members of our community lags well behind our actual need. Our tribal housing stock includes only sixteen senior living units, meaning we have a significant number of elders waiting for access to those units. These treasured members of our tribal community simply are not getting the support or care they need.

We urge that the Subcommittee protect and support funding and staff at BIA to support its Direct Assistance program, which provides for "non-medical institutional and custodial care" of adults who need "care and supervision due to an advanced age, infirmity[.]" This program is urgently needed because it "provides home care services to assist vulnerable adults who are able to stay in their own homes and residential care for those otherwise eligible Indians when necessary."[8] We also urge that the Subcommittee support funding and staff for IHS elder services, including the agency's Alzheimer's Disease and Dementia Program, and programs and training designed to prevent, detect, and address elder abuse.

In sum, we respectfully urge that the Subcommittee provide additional funding to BIA and IHS to support better, more comprehensive care for and housing of our elders.

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https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2016_Letters/Enclosure2_IHSSummarySheet_WorkforceChallenges.pdf; U.S. GAO, GAO-25-107002, *Public Health Preparedness: HHS and Jurisdictions Have Taken Some Steps to Address Challenging Workforce Gaps,* at 38 (2025), available at https://www.gao.gov/assets/gao-25-107002.pdf.

[8] *See* https://www.bia.gov/bia/ois/dhs/financial-assistance.