

**WRITTEN TESTIMONY OF KRISTINA ANDREW
THIRD CHIEF
CURYUNG TRIBAL COUNCIL**

**BEFORE THE HOUSE COMMITTEE ON APPROPRIATIONS,
SUBCOMMITTEE ON INTERIOR, ENVIRONMENT, AND RELATED
AGENCIES**

**FISCAL YEAR 2027 APPROPRIATIONS RIDER RELATED TO
INDIAN HEALTH SERVICES FUNDING**

My name is Kristina Andrew and I am the Third Chief of the Curyung Tribal Council based in Dillingham, Alaska. I have been a Tribal Chief for 2 years and have spent most of my life in Dillingham along with shorter periods in the Bristol Bay villages of New Stuyahok and Naknek, and separately in California. I am a third-generation Bristol Bay fisher and live in Dillingham with my two children. I appear today not to comment on top line budget numbers, but to ask for an exception for my Tribe from what may be a little-known appropriations rider known as the Alaska “moratorium.” The moratorium bars the Indian Health Service from contracting directly with most Tribes in Alaska. Thank you for the opportunity to provide this testimony on behalf of my Tribe.

Our Tribe is the largest member of the Bristol Bay Area Health Corporation (BBAHC), a tribal health organization that provides health care to the thirty-one Tribes in the Bristol Bay Area. The Curyung Tribal Council has the largest user population in the Bristol Bay region (over 30% of the entire region). At BBAHC’s inception and for decades afterward our Tribe supported BBAHC with the understanding that as the largest member of this inter-tribal organization, we would continue to have a strong voice in health care matters, while also improving the quality of health care for the entire region. However, in recent years BBAHC has chosen to go in a different direction: creating an Executive Committee that effectively removes the voice of any Tribe without a representative on that Committee; stifling criticisms and concerns raised from tribal councils and tribal members, from its own Medical staff, and from Board members who raise concerns about health care; and levying individual attacks against our Tribe specifically for speaking out publicly about these matters.

Our Tribe provided a notice of withdrawal from BBAHC in 2019 due to continuing concerns over patient care and BBAHC actions taken to silence Tribal voices when such concerns were brought to leadership. We invested substantial time and resources in efforts to resolve our differences through mediation, as suggested by Senator Murkowski. These efforts ultimately failed due to BBAHC reticence and refusal to meet us halfway. Recent discussions with BBAHC have been similarly unproductive with little more than a commitment to allow us to present proposed Bylaw changes to the full Board. Our withdrawal was initially scheduled to be effective as of May 2020, but the continued moratorium has constrained our options. Unfortunately, our concerns remain unresolved and we wish to exercise our self-determination rights and provide an alternative choice for quality health care that is responsive to the needs of our Tribal members.

Our tribal government has grown exponentially in recent years and we have developed the beginning of an excellent behavioral health program thanks to one-time COVID funds. By contracting for our share of IHS behavioral health funding currently held by BBAHC, this small program could be vastly expanded to better serve all qualified Alaska Natives living in the Dillingham area. Substance abuse has been tragic here, reeking havoc on our young people, and no family has been left untouched. This is why we are so committed to expanding our services. We can work collectively with BBAHC on these efforts, but this too requires a carve-out from the existing contracting moratorium. Without access to any IHS resources, we will not be able to sustain this program over the long term. Beyond behavioral health, we are confident that many other outpatient services would better serve our user population in Dillingham if our Tribe could control our local services like Tribes in the Lower 48 do.

We ask that you support an additional exception to the moratorium so that our Tribe has the maximum number of options available to design a health care delivery system that provides the best quality care possible. We have tried at great lengths to work within the BBAHC system, but they are not willing to listen to the Tribe that represents over 1/3 of the resources in their system. Many Alaska Tribes are not covered by the IHS contracting moratorium. None of the many Tribes that were contracting before the moratorium was enacted are covered by it, and the Eastern Aleutian Tribes, the Council of Athabascan Tribal Governments, and the Native Village of Eyak have all been carved out. The time has come for the Curyung Tribal Council to be carved out too so we can move forward and improve services for all Native people in Dillingham.

Specifically, we ask that Congress amend Section 424(c) of title IV division G of the Consolidated Appropriations Act (Public Law 113-76) to include the Curyung Tribal Council. The provision with this amendment would read (including the annual extension of the moratorium in section (a)):

ALASKA NATIVE REGIONAL HEALTH ENTITIES SEC. 424.

(a) Notwithstanding any other provision of law and until **October 1, 2027**, the Indian Health Service may not disburse funds for the provision of health care services pursuant to Public Law 93-638 (25 U.S.C. 450 et seq.) to any Alaska Native village or Alaska Native village corporation that is located within the area served by an Alaska Native regional health entity

(b) Nothing in this section shall be construed to prohibit the disbursement of funds to any Alaska Native village or Alaska Native village corporation under any contract or compact entered into prior to May 1, 2006, or to prohibit the renewal of any such agreement.

(c) For the purpose of this section, Eastern Aleutian Tribes, Inc., the Council of Athabascan Tribal Governments, ~~and~~ the Native Village of Eyak, **and the Curyung Tribal Council** shall be treated as Alaska Native regional health entities to which funds may be disbursed under this section.

Thank you for listening to our pleas and for doing whatever is necessary to add a carve-out to the current appropriations bill for IHS.