



The Catawba Nation

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Written Testimony of
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Before the
Subcommittee on Interior, Environment, and Related Agencies
Committee on Appropriations
United States House of Representatives
Fiscal Year 2027 Budget Hearing

Chairman Simpson, Ranking Member Pingree, and Members of the Subcommittee:

My name is Brian Harris, and I am honored to appear before you once again as the Chief of the Catawba Indian Nation. I am grateful for the opportunity to speak on behalf of our people and to advocate for the federal programs and funding decisions that are critical to the well-being, sovereignty, and future of our tribal members.

Today, I wish to address four matters before the Subcommittee: the urgent need for a supplemental appropriation in response to the Lumbee Tribe's federal recognition; reauthorization of the Local Food Purchase Assistance Cooperative Agreement Program with a dedicated tribal set-aside; the continued repatriation work at the Carlisle Indian Industrial School; and the sustained stability of the Indian Health Service following the DOGE workforce reductions earlier this year.

Special Appropriation: Lumbee Federal Recognition and the Funding Dilution Risk

The National Defense Authorization Act for Fiscal Year 2026 included a landmark provision extending full federal recognition to the Lumbee Tribe of North Carolina. The Catawba Indian Nation has long supported the Lumbee people's pursuit of recognition, and we welcome them into the federal family of sovereign tribal nations. This is a historic and long-deserved achievement.

However, recognition was extended without a dedicated, supplemental appropriation to fund the federal services and benefits that will ultimately flow to approximately 55,000 to 60,000 newly eligible Lumbee tribal members. While implementation of full federal services for the Lumbee is not expected to begin for approximately three years, that window of time is not a reason for inaction – it is an opportunity. Federal Indian programs, including the Indian Health Service, the HUD Indian Housing Block Grant, and Bureau of Indian Affairs programs, are funded through finite, discretionary appropriations. Recognition of a new tribe does not automatically increase those appropriations, and the longer Congress waits to analyze the cost and plan accordingly, the more likely it is that existing tribal nations will bear the burden of an unfunded expansion.

The Catawba Indian Nation has a direct and long-term stake in this issue. As a tribe served by the Nashville Area IHS office, we stand to experience formula dilution across three major funding streams if sufficient new resources are not appropriated before Lumbee services come online:

- **Indian Health Service (IHS) — Nashville Area.** Absorbing more than 55,000 new Lumbee patients into the Nashville Area patient population will significantly dilute per-capita health funding for every existing Nashville Area tribe. IHS is already funded at roughly 60 cents on the dollar relative to documented need. There is no slack in the system to absorb this expansion without new money.
- **HUD Indian Housing Block Grant (IHBG).** IHBG allocations are formula-driven. Adding a large newly recognized tribe to the formula will mathematically reduce the IHBG share received by every other participating tribe unless the overall appropriation is increased proportionally. For the Catawba, even a modest dilution will have material consequences for housing construction, rehabilitation, and wait-listed tribal members.
- **Bureau of Indian Affairs Programs.** BIA education, social services, tribal government, and economic development programs are similarly funded through capped discretionary accounts. A large new tribe entering the BIA service universe without new money increases competition for existing program dollars across all participating tribes.

We are not asking this Subcommittee to reverse or undermine Lumbee recognition. We are asking Congress to use the time available wisely — to gather the information needed now so that sufficient appropriations are in place before Lumbee services begin. The Catawba Nation respectfully urges this Subcommittee to:

- Direct OMB and the relevant federal agencies — IHS, HUD, and BIA — to conduct a comprehensive cost analysis of Lumbee recognition and transmit that analysis to Congress within 90 days, so that appropriators have the data needed to plan for the additional resources required.
- Signal to the full Appropriations Committee that any future funding for Lumbee services must come through dedicated new appropriations — not through offsets or formula dilution from existing tribal program accounts.
- Begin including Lumbee cost projections in the FY 2027 and FY 2028 budget planning process so that Indian Country is not left scrambling when the three-year implementation window closes.

Local Food Purchase Assistance: Reauthorization with a Tribal Set-Aside

I also urge this Subcommittee's members to engage their colleagues on the Agriculture Committee and the Appropriations Subcommittee on Agriculture, Rural Development, and FDA in support of reauthorizing and funding the Local Food Purchase Assistance Cooperative Agreement Program — and specifically to encourage the Senate to adopt the tribal set-aside provision already included in the House Farm Bill.

The LFPA program was established in 2022 and, through subsequent rounds of funding, provided \$900 million to 50 states, the District of Columbia, four territories, and 84 tribal governments, sourcing foods from more than 8,000 local producers. More than 90 tribes nationwide participated in at least one round of the program, including the Catawba Nation. The program was terminated early by the current administration in early 2025.

The House Farm Bill – the Farm, Food, and National Security Act of 2026 – includes bipartisan language that would create a permanent program modeled after LFPA, eligible for up to \$200 million in annual funding, with ten percent of funds set aside for tribes. This tribal set-aside is essential. Without it, tribes would be forced to compete directly with states for limited program dollars, a competition in which tribal governments are structurally disadvantaged.

For the Catawba Nation and tribes across Indian Country, LFPA worked because tribal governments – not federal bureaucrats – controlled purchasing decisions. Tribes used those resources to support reservation-based farmers and ranchers while feeding food-insecure tribal members with culturally relevant, locally grown foods. The program advanced tribal food sovereignty, reduced federal dependency, and built durable local agricultural supply chains. These are outcomes consistent with the administration’s stated priorities.

While LFPA reauthorization falls within the jurisdiction of the Agriculture Committee and the funding falls to the Agriculture, Rural Development, and FDA Appropriations Subcommittee, Members of this Subcommittee have significant influence over the broader appropriations process and standing relationships with tribal communities that make your voice on this issue particularly valuable. I respectfully ask that you:

- Communicate to your colleagues on the Agriculture, Rural Development, and FDA Appropriations Subcommittee that the 10% tribal funding set-aside in the House Farm Bill is a critical provision that must be preserved in any Senate counterpart – ensuring tribes are not forced to compete directly with states for limited program dollars.
- Recognize in this testimony that the early cancellation of LFPA in 2025 left tribes without a program that was actively building local food infrastructure, and that a Farm Bill reauthorization with a dedicated tribal set-aside is the appropriate vehicle to make this permanent.

Update: The Carlisle Indian Industrial School and Repatriation

For the third consecutive year, I appear before this Subcommittee to report on the unresolved legacy of the Carlisle Indian Industrial School. While I am grateful for this Subcommittee’s continued attention to this issue, meaningful progress on repatriation remains incomplete – and the Catawba Nation’s interest in this matter remains deeply personal.

Wade Ayres, a Catawba boy sent to Carlisle in 1903, died less than five months after his arrival from complications associated with a vaccine given at the school. His remains, like many others,

were mismanaged when the U.S. Army relocated burial sites in 1927 without consulting the affected tribes or families. His family and our Nation are still waiting for his return home.

I continue to urge this Subcommittee to maintain and increase funding for the following priorities:

- **At least \$40 million** for the National Park Service’s Tribal Historic Preservation Program, which supports the Tribal Historic Preservation Offices on the frontlines of repatriation and cultural site protection.
- **At least \$1.5 million** for NAGPRA enforcement, ensuring federal agencies comply with repatriation obligations without forcing tribes into costly litigation.
- **At least \$1 million** for implementation of the Safeguard Tribal Objects of Patrimony (STOP) Act, preventing the illegal export and sale of sacred tribal artifacts.

Update: Indian Health Service — Gratitude for FY 2026 Funding and the Need for Continued Stability

I want to begin this section with a word of genuine gratitude. The FY 2026 Interior, Environment, and Related Agencies Appropriations Act — enacted as part of the bipartisan minibus signed into law on January 23, 2026 — provided \$8.05 billion for the Indian Health Service, along with \$5.31 billion in advance appropriations for FY 2027 and a \$5 million increase for Urban Indian Health, bringing that account to \$95.42 million. This Subcommittee’s commitment to IHS funding in a difficult budget environment did not go unnoticed in Indian Country, and the Catawba Nation thanks Chairman Simpson, Ranking Member Pingree, and the Members of this Subcommittee for your leadership.

As you may recall, earlier in 2025, the Department of Government Efficiency initiated federal workforce reductions that threatened the termination of as many as 2,500 Indian Health Service employees — exacerbating an already critical 30% vacancy rate. The Catawba Nation, a direct service tribe, stood to lose seven full-time staff, including three with direct patient contact. The layoff orders were rescinded on February 14, 2025, following strong advocacy from tribal organizations including the National Indian Health Board. We are grateful for that outcome.

However, the episode exposed the fragility of services that 2.5 million American Indians and Alaska Natives depend upon daily. The strong FY 2026 appropriation helps, but the near-miss cannot be treated as fully resolved. Looking ahead to FY 2027, I urge this Subcommittee to:

- Maintain and build upon the FY 2026 IHS funding level in FY 2027, including continued advance appropriations, to provide the budget certainty that tribal health programs require.
- Consider legislative guardrails requiring meaningful tribal consultation and a thorough impact assessment before any future workforce reductions affecting Indian Country are implemented,

to ensure that the trust responsibility is never again put at risk by administrative action taken without consultation.

Chairman Simpson, Ranking Member Pingree, and distinguished Members of the Subcommittee: the Catawba Indian Nation has been a sovereign people of this land since long before this nation was founded – a relationship formalized by treaty in 1763 and reaffirmed by Congress through federal recognition in 1993. We ask only that Congress honor its commitments – to fund the services that recognition demands, to protect the programs that sustain our families, to bring our children home from Carlisle, and to ensure that the healthcare system our people depend upon is never again placed at risk by administrative action taken without consultation.

Thank you.