

**Testimony of Councilman  
Jestin Dupree  
Assiniboine and Sioux Tribes  
of the Fort Peck Reservation  
FY 2027 Appropriations for the  
Indian Health Service, the Bureau of Indian Affairs,  
Environmental Protection Agency, and Tribal Historic Preservation Offices**

Chair and Members of the Subcommittee, thank you for the opportunity to present testimony on behalf of the Assiniboine and Sioux Tribes of the Fort Peck Reservation regarding Fiscal Year 2027 appropriations for the Indian Health Service (IHS), the Bureau of Indian Affairs (BIA), and the Environmental Protection Agency. I also appear today on behalf of the Assiniboine and Sioux Rural Water Supply System (ASRWSS).

The Fort Peck Reservation is in northeast Montana, forty miles west of the North Dakota border and fifty miles south of Canada, with the Missouri River forming our southern boundary. Our Reservation spans more than two million acres and is home to approximately 12,000 residents, including 7,600 of our 13,000 enrolled Tribal members.

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**A. ASSINIBOINE AND SIOUX RURAL WATER SUPPLY SYSTEM —  
FY 2027 REQUEST: \$5,265,000**

ASRWSS is the tribally chartered utility responsible for planning, constructing, operating, maintaining, and replacing the Fort Peck portion of the Reservation's rural water system. Congress authorized this project in Public Law 106-382, which requires the BIA to fund **100% of the system's operation, maintenance, and replacement (OM&R)** costs.

For FY 2027, ASRWSS requires **\$5,265,000**, an increase of \$298,000 over FY 2026, to meet rising costs driven by inflation and expanded service. When completed in 2026, the system will serve **7,750 square miles connected by 3,200 miles of pipeline**, providing clean and reliable drinking water to an area larger than New Jersey.

We appreciate the Subcommittee's past support and its adherence to the statutory requirement to fully fund OM&R. Continued full funding is essential to ensure uninterrupted water delivery to the Fort Peck Reservation. This funding is in the BIA's Construction—Other Construction Program Management Account.

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**B. INDIAN HEALTH SERVICE**

**1. Behavioral Health**

The Fort Peck Service Unit receives only **\$132,205 for mental health** and **\$1.77 million for Alcohol and Substance Abuse Programs**—far below what is required to address the mental health and addiction crises affecting our community. We urge the Subcommittee to significantly increase IHS behavioral health appropriations so that outpatient and inpatient treatment services can be expanded and made widely available across Indian Country.

## 2. Dental and Public Health Nursing

Under our ISDEAA contract, we receive only **\$1.1 million** to operate both the Dental and Public Health Nursing programs. Despite the dedication of our staff, this level of funding is insufficient to meet the needs of our population. We request a substantive increase for these programs.

## 3. Purchased and Referred Care (PRC)

For too long, IHS has failed to pay outside providers for duly approved PRC services. Bills for this care are often sent to Tribal members, despite IHS being responsible for payment. When IHS fails to pay, providers turn debts over to collection agencies, damaging Tribal members' credit and causing significant stress. During recent ISDEAA negotiations, we learned that the Fort Peck Service Unit owed **approximately \$3 million** to the Northeast Hospital in Poplar, Montana for PRC services dating back to 2018. Thus, this failure also hurts rural providers, some of whom now refuse to treat Tribal members.

This is not a funding issue. The Fort Peck Service Unit had a **\$13 million PRC carryover** as recently as last year. There is no justification for these unpaid bills.

We request that the Subcommittee direct IHS to:

- Provide a full report on delinquent PRC payments at the Fort Peck Service Unit, including a timeline for repayment;
- Offer technical assistance to PRC providers and to patients to ensure they understand that federal law prohibits billing Tribal members for approved PRC services and that patients know how and when they must provide notice of care to IHS; and
- Establish a protocol requiring IHS to pay PRC bills within **72 hours** of receipt.

## 4. IHS-VA Coordination for Native Veterans

Native Veterans in rural areas face significant barriers to accessing VA services. The nearest VA clinic is 50 miles away, and most visits result in referrals to the VA in Billings or Great Falls. As a consequence of this, Native Veterans are not getting the care we are owed. Both the federal trust responsibility and the nation's obligation to its Veterans demand better coordination.

We request that the Subcommittee direct IHS and the VA to conduct a joint consultation to identify service gaps and develop a plan to improve care for Native Veterans.

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## C. BUREAU OF INDIAN AFFAIRS

### 1. Law Enforcement

The fentanyl crisis has driven a sharp rise in crime on the Fort Peck Reservation, including violent assaults, kidnappings, and homicides. We estimate that **80% of criminal activity** is connected to drugs.

The Tribes have operated our own law enforcement program since 1996 and were among the first in the nation to establish cross-deputization agreements with state, city, and county agencies. However, we are losing officers to burnout and to higher-paying state and county positions. We urge the Subcommittee to increase BIA public safety funding so that Tribal law enforcement programs can recruit, hire, and retain qualified officers.

## **2. Tribal Courts**

Fort Peck has maintained an independent judicial system for nearly sixty years, including an appellate court. Our system includes law-trained judges, prosecutors, defenders, probation officers, and court reporters, and we exercise expanded jurisdiction under VAWA and the Tribal Law and Order Act. This level of responsibility requires stable, increased funding to maintain high-quality justice services.

## **3. Housing Improvement Program**

Overcrowding is a major contributor to health disparities, exposure to illness, and unsafe living conditions. The BIA Housing Improvement Program (HIP) is essential for addressing these needs. We urge continued and expanded funding for HIP.

## **4. Social Services & ICWA**

Mental health and substance misuse have placed enormous strain on our social services system. We need additional resources for prevention, wraparound services, and the recruitment and retention of licensed foster homes. We request increased funding for all BIA Social Services programs.

## **5. Natural Resources and Bison Program**

We thank the Subcommittee for its support of BIA Natural Resources programs, including the Bison Program. Since 2012, Fort Peck has received, quarantined, and managed Yellowstone bison, and since 2019 we have helped transfer more than 400 bison to at least 23 Tribes and, as of early 2025, to First Nations in Canada. The return of bison strengthens cultural identity, provides healthy food, and restores intertribal commerce. Continued support for this program is vital.

## **D. ENVIRONMENTAL PROTECTION AGENCY**

The Tribes appreciate the Subcommittee's continuing support of the State Tribal Assistance Grant Programs. These programs are vital to the Tribes' efforts to preserve, protect and enhance

our environment. STAG supports our General Assistance Program, our water quality program, our safe drinking water program, and our solid waste management programs.

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**E. TRIBAL HISTORIC PRESERVATION OFFICES**

Last year, the National Association of Tribal Historic Preservation Officers has requested \$34 million from the Historic Preservation Fund for Tribal Historic Preservation Offices. This request is not only reasonable, it is essential. Tribal nations are increasingly asked to review federal undertakings, consult on infrastructure projects, and protect cultural resources threatened by development, climate change, and erosion. These responsibilities grow every year, but funding has not kept pace.

**F. CONCLUSION**

The needs outlined in this testimony reflect both longstanding federal obligations and urgent challenges facing the Fort Peck Tribes. We appreciate the Subcommittee's continued commitment to Indian Country and respectfully request your support for the funding priorities described above.