

**Committee on Natural Resources**  
**Oversight Field Hearing**  
**Oklahoma City, OKL**  
**April 4, 2025**  
**9:00 AM (CDT)**

**Questions from Rep. Westerman** for The Hon. Gary Batton, Chief, Choctaw Nation, Durant, OK

1. **Please list any suggested improvements you have for the self-governance compact negotiation process.**

**Answer:** The primary obstacle has been the level of capacity of the Office of Self-Governance (OSG) within the Department of Interior (DOI). There are simply not enough staff serving as Negotiators within OSG to address the growing demand for self-governance among Tribes. Using any comparison, such as the number of negotiators working for Indian Health Service self-governance negotiations, or the number of BIA field and Central Office staff working on self-determination contract negotiations, the OSG is woefully short of capacity to support the number of existing self-governance Tribes, much less support significant expansion.

2. **What additional services is Choctaw Nation looking to expand self-governance in?**

**Answer:** As a priority, we would first seek to expand self-governance in other agencies of the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA), although we urge expansion across all federal agencies.

These contain programs that Tribes have delivered for decades but remain siloed as separate grants. Self-Governance would allow us to consolidate and much better leverage funding for complementary services such as those in Forest Service, Food Distribution, Rural Development, Administration for Children and Families, the Substance and Mental Health Services Administration, and the Centers for Disease Control.

- a. **How can Congress assist with the expansion of services?**

**Answer:** Clear statutory authority must be enacted by Congress that extends P.L. 93-638 authority to agencies other than BIA and IHS. That extension of authority must curb or eliminate federal agency discretion and favor tribal assumptions of federal authority and resources. Without a law requiring an agency to transfer authority and resources to a Tribal, at Tribal option, bureaucratic pressures will make sure that no expansion happens.

The P.L 93-638 statute (ISDEAA) has been refined and polished over the past 50 years- Congress should simply apply its provisions to every federal department.

**3. Supplemental funds often play a large role in a tribe's ability to pursue and innovate self-governance services. To what extent have additional funds been used to supplement the needs of your various self-governance programs?**

**Answer:** The most extraordinary example is because the federal bureaucracy did not treat our Reservation as a Reservation since removal to Oklahoma, federal resources were directed elsewhere for Law Enforcement, Courts and Detention, ever since the earliest days of BIA. When the Supreme Court reaffirmed that our reservation had never been disestablished, we had to very quickly find resources to supplement the meager BIA resources and responsibly protect our people under our jurisdiction. This was very challenging, and while Congress has made progress to increase funding, the gap has not been entirely filled with appropriations to this day.

Other examples of our supplementing programs have been:

- Large investments in Higher Education (BIA) for our citizens. The federal appropriation as it currently stands for the number of our citizens is virtually non-existent.
  - a. Choctaw Nation invests over \$60 million annually in education, including college scholarships, career development, early childhood education, and K-12 support programs.
  - b. In 2024 alone, we provided nearly \$15 million in higher education assistance and supported over 3,800 students in our summer school programs. The Choctaw Nation understands that increased educational opportunities better equip the workforce for increased productivity.
- Purchased and Referred Health Care (IHS). We have periodically had to invest millions to ensure that citizens are not denied lifesaving health services when referred to outside providers.
- Water and Sanitation (IHS). Over the last 30 years, the Nation has had to move forward with addressing serious lack of water or sewer needs with other resources while waiting for IHS to allocate funds to these projects. It isn't reasonable to ask our citizens to wait for up to a year without water or a septic system while the federal bureaucracy gets the funding disbursed. These funds should be distributed at the beginning of the year based upon a formula.
- Health Facilities Construction. The Nation has heavily invested to construct new and replacement health clinics over the last 30 years as well as the replacement Talihina hospital in FY 2000. No health facilities have been included on the IHS Health Care Facility Construction Program list (federal construction funds) for the Choctaw Nation over the last 30 years.
- Health Provider Housing. The Nation must invest heavily in housing for health professionals, including providers and nurses, in Talihina Oklahoma. Talihina, the location of the IHS hospital that was transferred to the Nation's administration in 1995, is located in a community of 1,100 with scarce housing appropriate or attractive for providers and their families. A limited number of outdated quarters were transferred from IHS; however, the Nation has had to locate other funding sources to expand the housing stock to ensure that recruitment and retention of providers to the community is possible.
- Health Wellness Centers (16) Construction. The federal government, via IHS, never emphasized wellness or prevention activities, as the scarce funds were used almost exclusively on treatment of life-threatening conditions. Using the flexibilities of

self-governance, the Nation constructed and operates under its self-governance compact sixteen (16) Wellness Centers across the reservation, varying in size and complexity to fit the community. Emergency workers in the community, such as police officers and firefighters, are invited to the Wellness Centers, regardless of their tribal status.

**a. Where has your tribe found these supplemental resources?**

**Answer:** Using the experiences of self-governance and rebuilding its governmental capacity and expertise, the Nation operates very successful businesses and is a strong regional partner at all levels: community, municipal, county and state. This has led to leveraging all sorts of resources, whether it be those developed by the Nation in profitable ventures or grants, or sharing the costs with other governments and organizations that have similar goals as we.

**b. What challenges has your tribe faced when pursuing supplemental funding?**

**Answer:** The biggest challenge has been the federal resistance to allowing Contract Support Cost funds, what we call “CSC Funding”, to cover the administrative costs tribes bear when we provide supplemental funding to expand the federal programs, services, functions, and activities in our 638 agreements. Congress should clarify that it intends full federal funding of CSC for the administrative costs associated with tribal spending of tribal supplemental funding for federal programs, services, functions, and activities in our 638 agreements.

**4. What was the biggest benefit you've seen in your community after choosing to compact out healthcare programs from the Indian Health Service?**

**Answer:** The first would be the range of, and access to, health care services in the Reservation. The Nation has been able to internalize specialty services and expand outpatient procedures directly delivered by us that prevent our people from having to drive long distances to receive. We continually review and assess geographic areas and types of care that are underserved and develop plans to address them.

The Nation maintains a low vacancy rate for its providers and other health care professionals through a variety of strategies, including loan repayment, housing, graduate medical education and being the employer of choice across the Reservation.

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**5. ISDEAA turns fifty this year. We have seen tremendous success with-increased**

**self- governance. Please share how turning to self-determination and self-governance has changed the trajectory of your tribe?**

**Answer:** While Tribes began rebuilding their governmental structures much earlier than federal self-governance authority, it was incremental and moved forward slowly. With self-governance authority beginning in the early 1990's, a very large component of federal programs and services were turned over to Tribal control. No longer was the Nation required to ask for approval for every strategy or service it chose to pursue on behalf of the people – it was now up to Tribal leadership to make these important decisions that best met local priorities. The shift resulted in something revolutionary. The Nation enacted more codes, developed appropriation processes, procurement, human resources and other systems for itself, and built systems for internal accountability and reporting to Tribal leadership. This leap forward in capacity and strength of government ignited all kinds of other initiatives and partnerships, including business development, extensive partnerships with other governments and increasing our control over natural resources and other assets in the Reservation.

**6. How can the audit process tribal self-governance programs go through be improved?**

**Answer:** The audit required for self-governance Tribes is limited to the Single Audit. The Nation successfully completes the audit each year without incident. The only minor item is that once submitted to the Federal Audit Clearinghouse, there should be no other requirement to mail the audit to any federal agency, as they all have access.

**7. Please speak to how self-governance amplifies the government-to-government relationship the Choctaw Nation has with the U.S. Federal government?**

**Answer:**

- Self-governance has changed, over time, the government-to-government relationship between us and the federal government by elevating our agreements from being mere “grantees,” “stakeholders” or “procurement contractors” to a government-to-government, negotiated compact required by federal statutory policy. Compacts are not entered into with vendors, but rather with peers.
- Tribal Consultation, or mutual. diplomatic and respectful discussions over federal policies affecting Tribal governments is now a mainstay of our relationship, when it was not so previous to the mid 1990s.
- ISDEAA assumes that Tribes are not only capable, but are in the best position to direct, administer and provide services that are based on local community needs, and that the “prolonged Federal domination of Indian service programs has served to retard rather than enhance the progress of Indian people and their communities” (Congressional Findings).

**8. What has been the biggest challenge to your community's economic development after engaging in self-determination agreements?**

**9. How has self-governance impacted the tribe and surrounding community in the employment sector of the economy?**

**Answer:** ISDEAA enabled us to become one of the State of Oklahoma's largest employers, with over 13,000 employees currently. In 2024, we were recognized by Forbes magazine as the 2nd best employer in Oklahoma and 32nd best employer nationally. Our goal is to be the employer of choice in Southeastern Oklahoma, and we are a key contributor to the overall economic growth of our region. This is possible because of self-governance agreements that help us to create employment opportunities and make crucial investments in housing and infrastructure.

**10. What has been the biggest detriment to Choctaw Nation's self-governance opportunities that Congress should be aware of?**

**a. How best can Congress work to address these issues?**

**Answer:** Self-governance is a proven, highly successful initiative that has been a catalyst to grow our sophistication and proficiency as governments. In the early days of ISDEAA, there was a great deal of skepticism, primarily from the federal bureaucracy, whether Tribes were capable of handling new responsibilities and whether they would be accountable. Those should no longer be questions after the Nation's 30 years in self-governance. Unfortunately, as we discuss expansion of self-governance into other federal departments and agencies, we are receiving the same kind of skepticism and bureaucratic resistance, even when discussing programs we have been operating under grants since the 1960s. Expansion of self-governance has been advocated by Tribes since before 2000 and the same, tired "reasons why not" continue to be promoted by those federal officials that currently have their stronghold over those programs. What Congress can do is to pass legislation that unambiguously extends authority for self-governance to federal agencies other than BIA and IHS. That extension of authority must curb or eliminate federal agency discretion and favor tribal assumptions of federal authority and resources. Without a law requiring an agency to transfer authority and resources to a Tribal, at Tribal option, bureaucratic pressures will make sure that no expansion happens.

**11. In your written testimony, you mentioned contract support costs and the way in which they support Choctaw Nation's healthcare services. Please describe that process.**

**Answer:** Contract support costs (CSC) are essential to support all of the systems that serve the direct program, such as finance, human resources and many others. These are reasonable costs that are necessary to administer responsible and accountable health operations. The ISDEAA statute requiring CSC be paid when programs are assumed has been reaffirmed three times by the U.S. Supreme Court.

Since these are recognized as legally-binding obligations, the federal appropriations were made indefinite appropriations to cover such sums as necessary. To fully recognize the non-discretionary nature of CSC obligations as described by the Courts, CSC should be moved to mandatory appropriations.

a. **Where has Choctaw Nation experienced issues in receiving those payments?**

**Answer:** For the BIA, the policy does not permit payment of 100% of the requirement at the beginning of the fiscal year. This policy strangely only applies to self-governance Tribes. The Nation frequently has not received 100% under after the entire fiscal year is over, meaning that we must cash flow a federal obligation. The BIA policy should require full payment with later reconciliation.

The IHS policy requires 100% to be paid as required, and payments are much more timely. However, the IHS has yet to fully implement the requirements of the last Supreme Court decision on CSC from June 2024. Collaborative work was done last fall to prepare an interim process, but relatively very few payments to Tribes have been made, either for the current year 2025 or for prior years that adjusted payments are due and owing.

12. **In your written testimony, you described several opportunities that Choctaw Nation has used to keep healthcare vacancy rates low in rural communities. What was the catalyst for those specific opportunities?**

**Answer:** With the flexibilities afforded through self-governance, the Nation uses several strategies for recruitment and retention in rural communities. The most successful for recruitment of health professionals has been our Graduate Medical Education (GME) program. A rural GME is very difficult to sustain, and most rural GME programs unattached to a much larger health system most often fail. The Nation successfully competed for a grant through the Health Resources and Services Administration for a Teaching Health Center that defrays some of the costs for our 15 accredited student slots. However, there are a host of other costs to make a rural GME successful, with increased needs for transportation, travel, housing and others. The Nation is uniquely positioned to consolidate and reallocate resources in its health system to address these wrap-around costs that are not provided by any federal GME program. The GME not only recruits the students themselves but also recruits providers who want to be part of a teaching hospital faculty. It also raises the quality of care being provided, as the faculty and staff are more up to date on the most modern health care practices.

The Nation also placed a high priority on provider and nurse housing. To attract families with relatively higher incomes, the Nation found that housing was a key component to influence a decision to work for our health system. The city of Tali hina simply did not have enough housing, or housing that would be desirable to providers, nurses and their families. Once constructed, the tenants pay rent that goes back into the overall program. The IHS formerly had a small number of units in Tali hina, but by making it a priority, it has become an important part of our recruitment efforts.

There are some limited opportunities for placement of providers in our facilities

through federal loan repayment programs, such as IHS. However, we have found that student debt for health professionals has dramatically increased, and that the Nation should create its own program to expand the number of professionals recruited to our facilities.

a. **What was the process enacted that brought these ideas to fruition?**

**Answer:** While some funding per GME student is received via the HRSA grant, most of the resources needed for these ideas and initiatives come from the Nation's ability to reprogram budgets and redesign its health program under self-governance authority. The freedom to design and administer our own health programs also fostered a partnership with Oklahoma State University facilitating accreditation of our program and a pipeline of students.

**13. What changes should Congress make to the self-governance process to ensure continued successes for tribes?**

**Answer:** The existing 638 statute is "tried and true" after 50 years of refinement and implementation. Self-Governance works. Expand ISDEAA, word for word, to all agencies, and, at each tribe's option, make it the sole vehicle for all federal funding available to benefit that tribe.

**14. In the realm of telehealth, how has self-governance provided opportunities that being a direct-service tribe would not?**

**Answer:** As a self-governance Tribe, the Nation is in the driver's seat to identify where and how such services are provided and which telehealth platform is used. The Nation is also able to design the program without waiting for IHS to act or having a "one-size-fits-all" approach to all of Indian country. For instance, the Nation has identified some very rural communities in the Reservation that have no healthcare providers, native or non-native. Residents of these communities must drive long distances to access health care. The Nation evaluated this and quickly learned that a traditional clinic setting would not be as financially viable due to the lower patient workload. We also have a great partnership with Oklahoma State University to extend access to care in rural areas of Oklahoma. By expanding our existing partnerships, OSU and the Nation will shortly be opening telehealth clinics in these communities to increase access to primary care to the entire population. Tribes receiving direct services from the IHS must rely upon IHS to make the decisions for any changes in service delivery and are not able to redirect the resources themselves.