

**Testimony of David Boxley, Councilman, Metlakatla Indian Community**  
**“House of Representatives American Indian and Alaska Native Public Witness Hearings”**  
**House Appropriations Subcommittee on Interior, Environment, and Related Agencies**  
**February 25-26, 2025**

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**Recommendations:**

1. Increase funding for the Bureau of Indian Affairs, including Tribal Hatcheries, the Pacific Salmon Treaty, Tribal Court Assistance, Native Language Resilience, and Dams.
  2. Protect the Indian Country programs from cuts, rescissions, sequestrations, and freezes.
  3. Ensure mandatory funding for contract support costs and section 105(I) lease payments.
  4. Reduce dependence on competitive grants for Indian Country.
  5. Restore critical infrastructure investments for the Indian health system.
  6. Address staffing shortages through adequate funding.
  7. Increase funding and extend self-governance to the Special Diabetes Program for Indians.
  8. Increase funding for behavioral and mental health programs.
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**Introduction:** Thank you, Chairman Simpson, Ranking Member Pingree, and Members of the Subcommittee for the opportunity to share our funding priorities for the FY 2026 federal budget. My name is David Boxley, and I serve as a Councilman of the Metlakatla Indian Community. We are located on the Annette Islands Reserve in southeast Alaska, a land base of 87,000 acres which includes significant fish and forestry resources. At our Annette Island Service Unit, we provide primary health services through funding from the Indian Health Service (IHS) as a co-signer to the Alaska Tribal Health Compact under the Indian Self-Determination and Education Assistance Act (ISDEAA).

We would like to thank this Subcommittee for its recent, historic investments in Indian Country programs. To build off these victories, we urge you to remember that the trust and treaty responsibility to provide for the well-being of Tribal Nations exists irrespective of Congress’ separate goal to balance the budget. This Subcommittee must appropriate the amounts necessary to fulfill its obligations. To that end, I offer the following recommendations for your consideration for FY 2026 appropriations for the IHS and Bureau of Indian Affairs (BIA).

**Exempt the IHS and BIA from Cuts, Sequestrations, Rescissions, and Funding Freezes:**

The IHS, BIA, and its Tribal partners under ISDEAA strive to provide for the well-being of Tribal Nations through the provision of high-quality services such as social assistance, law enforcement, court services, child care, education, and healthcare, in line with the federal government’s trust obligation. However, year after year, we experience large shortfalls across all BIA programs, causing government services in our community to be inefficient, inadequate, and inconsistent. In addition, chronic underfunding of the IHS means our people are disproportionately affected by obesity, diabetes, heart disease, cancer, substance use disorder, and other preventable conditions. Despite these longstanding issues, the IHS and BIA are constantly at risk of additional budget cuts, sequestrations, rescissions, and funding freezes. As recently as January 2025, Tribal Nations like ourselves feared that our desperately needed funding was frozen when the Office of Management and Budget paused federal financial assistance. Similarly, in FY 2024, Congress rescinded \$350 million marked for public health infrastructure from the IHS. In fact, the IHS is the only federally funded service providing direct patient care that is not exempt from sequestration. This uncertainty greatly impacts our daily operations, ability to plan for the future, and provision of services to our citizens.

We respect the efforts of Congress and the Administration to balance the federal budget. However, we ask you to remember that your trust obligation exists irrespective of these goals. In fact, the IHS and BIA budgets remain so small in comparison to overall spending that cuts, rescissions, sequestrations, and freezes do not result in any meaningful savings in the national debt, but they do harm Tribal Nations and our citizens. We urge Congress to ensure that any cuts hold us harmless.

**Bureau of Indian Affairs.** *Operation of Indian Programs.* The Operation of Indian Programs account is critical to providing the base funding we need to run a functioning government, but it has long been critically underfunded. Programs that are impacted include real estate, higher education, Tribal scholarships, social services, and firefighting. For example, our real estate program only has one staff member, which is not enough to keep up with community needs. Additionally, our fire department and social services program are critically underfunded and in dire need of staffing, equipment, and training. Finally, due to increased drug use, our social service program, fire department, and emergency medical services desperately need support, and Foster Care placements are at an all-time high. We are therefore extremely grateful that this Subcommittee proposed a nearly \$300 million increase for the Operation of Indian Programs in its draft FY 2025 appropriations bill. This is a meaningful step towards Congress fully realizing its trust and treaty obligations to our citizens, and we urge you to ensure its inclusion in the final bill.

Additionally, we request advance appropriation for the BIA. As exemplified by the FY 2025 appropriations process, it has sadly become the norm for Congress to rely on multiple continuing resolutions before final bills are enacted. This uncertainty delays the distribution of our full yearly amount by several months or more and makes it impossible for us to manage our annual budgets. We are not able to plan our finances even weeks ahead due to the uncertainty. Indian Country should not be impacted by unrelated political disputes in Washington, D.C. Advance appropriations for the BIA would better honor Congress' trust and treaty responsibility to Tribes, stabilize Tribal governments, reduce dependence on uncertain grant funding, and improve overall practices.

*Tribal Hatcheries.* We deeply appreciate the proposed increase for the Fish, Wildlife, and Parks sub-activity within the BIA Trust-Natural Resources Management budget and are asking the Subcommittee to ensure increases in funding levels for FY 2026.

*U.S./Canada Pacific Salmon Treaty.* The Pacific Salmon Treaty was negotiated between the U.S. and Canada in 1985 to prevent overfishing and provide optimal production and fair sharing of the salmon harvest. In the Department of Interior's budget, this funding is appropriated through the BIA Trust-Natural Resources Rights Protection Implementation sub-activity and the U.S. Fish and Wildlife Service's Pacific Marine Fisheries Commission. We thank you for the Subcommittee's continued support for this program in FY 2025 by proposing a \$1.6 million increase, and encourage further investments in FY 2026. We are specifically in need of a tagging trailer (\$1 million) to monitor and manage the salmon populations.

*Tribal Court Assistance for Tribes Subject to PL 83-280.* We deeply appreciate the much-needed support for Tribes who are affected by Public Law 83-280. We are extremely grateful for the proposed increase of 34% for the BIA Public Safety and Justice program. We fully support this proposed amount and ask that you continue to include PL 280-specific funding in FY 2026.

*Support Sustained Funding for Native Language Programs.* Our community is currently engaged to revitalize and sustain our Tsimshian language. We received a one-year amount of \$300,000 to support our programs, but this funding is not guaranteed year after year. While we are extremely grateful for your investment and support, it is unreasonable to expect Tribes to make meaningful progress toward revitalizing a language in such a short amount of time. We ask the Subcommittee to initiate a direct, sustained funding model for Native languages.

*Increase Funding to Support Raising the Chester Lake Dam.* Our sole source of municipal water for all our community needs is the Chester Lake Reservoir, maintained by a dam constructed in 1985. However, heavy rainfall can cause the reservoir to overtop. This results in a loss of valuable water supply, especially in drought conditions we have experienced and will likely experience again. We need to raise the dam an additional 10-20 feet to increase our resiliency and self-sufficiency. We have secured partial funding through the Federal Emergency Management Agency's Hazard Mitigations Assistance and Building Resilient Infrastructure and Communities grants; however, more

is needed. We urge the Subcommittee to allocate more funding to these programs and increase funding for the BIA's Safety of Dams and Dam Maintenance accounts.

**Indian Health System.** *Safeguard Tribal Access to Medicaid in Budget Reconciliation.* While Medicaid is not within the purview of this Subcommittee, we recognize the role you play in the upcoming budget reconciliation process. To the extent that Medicaid reform is considered, we urge you to protect the Indian health system's access to Medicaid. Indian health facilities like ours get 30% to 60% of their funding from Medicaid dollars, but Medicaid outlays in Indian Country only account for 0.21% of total program spending. In other words, capping Medicaid would not result in any material savings to the federal government, but it would utterly devastate our facility and force us to cut back on the care we provide our citizens. To protect our programs and people, we implore Congress to exempt services received through IHS and Tribal programs from counting towards any funding cap. This exemption was included the last time Congress considered these reforms in the American Health Care Act of 2017 and the Better Care Reconciliation Act of 2017. We also urge you to also support exempting Alaska Natives and American Indians from any work requirements to access Medicaid benefits. Furthermore, should Medicaid spending be reduced, we urge you to appropriate additional funds to the IHS to offset the devastating losses we would experience.

*Continued Support for Advance Appropriations for IHS.* We thank you for your commitment to advance appropriations for the IHS and for proposing to expand it to Health Care Facilities Construction and Sanitation Facilities Construction for FY 2027. We strongly support this proposal.

*Mandatory Funding for Contract Support Costs (CSC) and 105(l) lease payments.* We appreciate the Subcommittee's commitment to fully funding CSC and section 105(l) leases, but issues remain. Despite the obligatory nature of these payments, they are in the discretionary budget, where they continue to take up a larger and larger percentage of overall IHS funding. In FY 2020, the Subcommittee found that "[o]bligations of this nature are typically addressed through mandatory spending, but in this case, since they fall under discretionary spending, they are impacting all other programs funded under the Interior and Environment Appropriations bill, including other equally important Tribal programs."

We are concerned that this issue will only worsen given the recent Supreme Court ruling in *Becerra v. San Carlos Apache Tribe* that ruled the IHS is required to pay CSC on third-party revenues. This will cause a drastic escalation in the CSC budget, and we are very worried that Congress will cut other essential Tribal programs to pay for these increases. Indeed, in FY 2024, this Subcommittee approved cuts to Electronic Health Records Modernization, Health Care Facilities Construction, and Sanitation Facilities Construction in part to offset the increases to CSC and section 105(l) leases. To permanently protect the rest of the IHS budget, we ask you to advocate with your colleagues on authorizing committees to enact mandatory appropriations for CSC and 105(l) lease costs.

*Purchased/Referred Care (PRC) and Travel.* In Alaska, our rural communities are not located on a road system requiring our patients to travel far distances, often by plane to access health care services. In recent years, the cost of travel through commercial and chartered flights and medevac transports has skyrocketed to unsustainable levels straining our already limited resources to provide health care services. In Fiscal Year 2023, the Alaska Tribal Health System overspent the PRC budget by \$44 million to cover the high costs of patient travel. We urge this Subcommittee to allocate an additional \$50 million to the Alaska Area for PRC to address this issue.

*Adequately fund critical infrastructure investments.* We were excited to see that this Subcommittee proposed advance appropriations for infrastructure accounts in its draft FY 2025 bill. We also appreciate Congress' investment in IHS sanitation facilities through the Bipartisan Infrastructure Law. This program has funded over 200 projects in our communities to provide clean water and safe sanitation systems for many communities for the first time. Yet, with a multi-billion-dollar backlog and growing inflation, funding to close out the list of sanitation facilities is not keeping

pace with need. This creates situations where facilities are unfit and unsafe. Therefore, we recommend increases for Health Care Facilities Construction and Sanitation Facilities Construction in FY 2026.

*Address Staffing Shortages.* The Alaska Tribal Health System is chronically understaffed due to challenges like underfunding and rural location. We face difficulties recruiting and retaining critical staff because our facilities are located in remote areas in Alaska. We thank this Subcommittee for proposing a 12% increase to the Hospitals and Health Clinics line item, which will help Tribal health programs offer competitive salaries and benefits. We urge this Subcommittee to ensure this increase is included in the final bill along with additional direct resources for staff housing.

*Extend Self-Governance Funding Options to the Special Diabetes Program for Indians (SDPI) and increase funding to \$200 million/year.* Communities like ours across Indian Country rely on these resources to address the alarming rates of diabetes among our people. SDPI's success rests in the flexibility of its program structure that allows for the incorporation of culture and local needs into its services. While we understand that SDPI is not under the jurisdiction of the Subcommittee, we ask you to support permanent reauthorization at a minimum base of \$200 million per year with annual adjustments for inflationary increases. This is consistent with that which was included in the first continuing resolution released on December 17, 2024, before the pared-down version passed. Congress should also authorize SDPI participants the option of receiving their federal funds through either a grant or self-governance funding mechanisms under ISDEAA.

*Behavioral Health.* Our communities, like all of Indian Country, have been devastated by the ongoing fentanyl and opioid epidemic. Nevertheless, funds for these services are extremely limited. For example, in FY 2024, Congress only appropriated \$2 million to fund essential detoxification-related services. That's less than \$1 per IHS patient. We urge the Subcommittee to dedicate resources to detoxification and reemphasize the importance of protecting funding for the following accounts—Health Care Facilities Construction, Alcohol & Substance Use, and Mental Health.

**Reduce Dependence on Federal Grants.** We also support ending the use of competitive grants to provide Tribes with federal funds. Grants unfairly pit Tribes against each other for resources we are all deserving of. The federal trust responsibility does not require that we jump through a myriad of hoops and onerous applications to see that services are provided to our citizens. Too often, Tribes are too under-resourced to apply for federal grants and comply with their reporting requirements. Our staff must divert time to apply and report, thereby diluting the usefulness of the resources. Instead, we request widespread, formula-based funding across all programs that are distributed through our ISDEAA contracts and compacts. This will give us the flexibility to respond to the specific needs of their own communities, not those prescribed by federal grants. This also means appropriating enough resources so funds are provided in meaningful amounts across all Tribes. We join other Tribal leaders in calling for broad-based funding for Tribes and Tribal Organizations.