



**CHOCTAW NATION OF OKLAHOMA
TESTIMONY OF CHIEF GARY BATTON BEFORE THE HOUSE NATURAL
RESOURCES COMMITTEE EXAMINING 50 YEARS OF THE INDIAN SELF-
DETERMINATION AND EDUCATION ASSISTANCE ACT IN INDIAN COUNTRY**

April 4, 2025

Chairman Westerman, Ranking Member Huffman, and distinguished Members of the Committee,

Yakoke for the opportunity to testify on behalf of the Choctaw Nation of Oklahoma (“Choctaw Nation” or the “Nation”) before the U.S. House of Representatives Committee on Natural Resources to discuss the positive impacts the Indian Self-Determination and Education Assistance Act (“ISDEAA”) (Pub.L. 93-638, 25 U.S.C. §§5301 et seq.) has had on the Nation, and more importantly tribal and non-tribal community members, since its inception.

The Choctaw Nation, a federally recognized Tribe, governs one of the largest Reservations in Indian Country, encompassing 11,000 square miles spread over 13 counties in southeastern Oklahoma. Our Nation is responsible for providing critical services to over 230,000 members. We are proud to be the third largest and growing tribal government in the Country.

While the Nation was not the first tribe to negotiate a self-governance compact, we quickly realized the impact that this authority could have in achieving our goals of achieving self-sufficiency, more effectively and efficiently using federal dollars, enhancing our ability to provide more culturally relevant and localized services and in turn improving the health and well-being of our community, creating good paying jobs, building critical infrastructure, and promoting high impact economic development throughout the state.¹

In recognition of the 50th anniversary, the Nation is celebrating the use of self-determination contracts and self-governance compacts as critical tools that provide tribal governments with the option and flexibility needed to successfully deliver federally funded services to our members. Honoring this success, the Tribal Council passed Resolution 03-25 to acknowledge and celebrate ISDEAA’s anniversary.² The Resolution reads, “[ISDEAA] was a pivotal law which gave tribal governments the right to administer and oversee the implementation of their own and federal programs...” For this reason, we ask this Subcommittee, Congress as a whole, and this administration to not only fully embrace this authority which enhances local decision making, but to expand the authority to additional agencies and programs within your jurisdiction to ensure that

¹ Choctaw Nation, [Choctaw Nation Recognizes the 50th Anniversary of the Indian Self-Determination Act of 1975](#) (Jan. 7, 2025) (“In Choctaw Nation: A Story of American Indian Resurgence, Dr. Valerie Lambert notes that it wasn’t until eight years after the ISDEAAs signing that Choctaw Nation used the funding to start programs...”).

² Choctaw Nation, [CR-03-25](#), A Resolution Acknowledging and Celebrating the 50 Year Anniversary of the Indian Self-Determination and Education Assistance Act of 1975 (Dec. 18, 2024).

tribal governments have the tools they need to make decisions that reflect the needs of their citizens and employees.

To provide specific examples of the way we have utilized ISDEAA, my testimony summarizes the scope and impact of our self-governance compact as it pertains to the Nation administering programs traditionally carried out by the U.S. Department of Health and Human Services (“HHS”) for the benefit of Choctaw members as a requirement of the federal government’s trust and treaty obligations; the economic impacts of utilizing self-governance agreements; and a short overview of where we see opportunities to expand the use of self-governance agreements that fall within the jurisdiction of this subcommittee, particularly with respect to additional programs at HHS and the Forest Service.

I. U.S. Department of Health and Human Services

Given the breadth and rural nature of our jurisdictional footprint, the Choctaw Nation has an expansive healthcare network consisting of 27 facilities (8 clinics, 16 Wellness Centers, Hospital, and 2 Substance Abuse Recovery Centers). These facilities help us ensure that we can meet the demand of over 1.2 million patient encounters annually.

To meet this demand, the Choctaw Nation began operated its healthcare facilities through a self-governance agreement with the Indian Health Service (“IHS”) in 1995. For the last 30 years, this has allowed the Nation to pull back the layers of federal bureaucracy and redirect resources to the delivery of health care programs that are needed most by those in our region. The Nation via self-governance authority can design and re-design health programs to meet tribal specific needs without diminishing the United States’ trust responsibility and obligations to our citizens and communities. This allows the Nation to be timelier and more responsive in addressing health care needs that are identified, including how services are delivered as well as expanding health services to underserved areas of the Reservation.

Contract Support Costs (“CSC”) are another tool supporting the delivery of healthcare services through the Nation’s self-governance agreements. These costs are a dollar-for-dollar transfer of administrative costs IHS would have used to deliver the services that the Nation now provides directly. Although the payment of CSC costs has been challenged, CSC has repeatedly been affirmed by the federal courts as a legally binding contractual obligation of the IHS for self-determination and self-governance.

II. Economic Development

As previously stated, ISDEAA helps us create employment opportunities and make investments in affordable housing and critical infrastructure.

a. Employment Opportunities. Not only did ISDEAA allow us to tailor our services to the needs of our people, it also enabled us to become one of the State of Oklahoma’s largest employers. Currently, the Choctaw Nation ranks among the top ten largest employers in Oklahoma, with over 13,000 employees. Recognized by Forbes as the #2 best employer in Oklahoma and as the 32nd best employer nationally, we continue to expand our economic footprint

while ensuring long-term prosperity for our communities. The Choctaw Nation has a keen focus on being the employer of choice throughout the reservation.

For the Choctaw Nation's healthcare system alone, we employ more than 1,900 in high quality health sector positions, including doctors, residents, pharmacists, nurses, radiologists, laboratory and support staff. These are good paying jobs for tribal members and non-tribal members residing in communities across the Reservation alike. To support job creation in some of our most rural communities, the Nation uses several strategies to keep vacancy rates as low as possible, such as managing housing for providers near the health campus, funding a training center for nurses and other hard-to-fill professions, recruiting providers through a variety of loan repayment programs, and starting an accredited Graduate Medical Education ("GME") program for family practice providers and pharmacists.

b. Investments in Affordable Housing. The Nation has also invested significantly in building housing and other critical infrastructure to ensure that our employees have affordable access to the services they need to be successful working at our operations. Since 2014, we have built over 1,500 homes and invested \$257 million in new housing developments. Many of the communities we are building in are historically underserved and have not had significant new housing construction in decades. Over the next five years we plan to invest \$50 million annually to construct 240 new homes per year. The Choctaw Nation understands home ownership to be a critical pathway to economic self-sufficiency for our tribal Members.

c. Investments in Infrastructure. Without modern infrastructure, jobs, growth opportunities, and quality of life in our rural communities are at risk. Since 2010, we have invested over millions of dollars in infrastructure projects, including roads, water lines, broadband, and public safety facilities. In 2020 when the pandemic hit, the digital divide in Southeastern Oklahoma was evident. Children completing education assignments, elders attending tele-health appointments, and tribal members utilizing remote work during the pandemic were forced to depend on internet connectivity in our parking lots at our community centers and businesses because of the lack of broadband connectivity within Southeastern Oklahoma. Telehealth partnerships between the Nation and Oklahoma State University will make primary care available to natives and non-natives in rural communities without any healthcare providers. Currently, we are addressing this divide with local, state, and federal partnerships to expand broadband throughout our reservation.

d. Health Care Innovation. Self-Governance has provided us with the flexibility to expand and innovate far beyond the former IHS administration of health services. Health care access in very rural areas such as the Choctaw Nation is difficult, and not often sustainable for other health providers. There are many communities without providers or where rural hospitals are closing, and counties in which the Oklahoma State Department of Health (OSDH) has shuttered offices. The Nation is the health system underpinning communities and counties across the reservation with public health, wellness and access to primary care, lifting the health status of natives and non-natives alike. For instance, we partner with the OSDH to provide flu immunizations in all the schools throughout the reservation and provides access to primary care in Talihina and other very rural areas to all residents without access to care. Our health system leverages grant funding to operate Choctaw Transit, a system of non-emergency medical

transportation to doctor's appointments, serving over 2,600 patients and performing 29,000 trips per year. Our hospital in Talihina is a teaching hospital that attracts quality faculty and residents of which over 80% go on to practice in rural locations and over 70% choose to work for our health system. We placed a priority on prevention and wellness by opening 16 Wellness Centers across the reservation, and sponsor insurance premiums for thousands of patients that generates revenue to further expand the health system. We address the needs of elders through Healthy Aging specifically oriented for this population providing enhanced case management, home assessment (accessibility and safety), referrals to other Choctaw programs (such as housing or human services), rides, medical alert devices, and enhanced medication management. All of these initiatives impacting the economy and health status within the reservation would not have been possible without the advent of self-governance.

III. Future Opportunities to Enhance the Use of ISDEAA

There are two primary areas where this Subcommittee can aid in the expansion of the use of Self-Governance agreements – other HHS programs beyond the IHS and the Forest Service.

a. HHS Programs Beyond the IHS. Although the use of Self-Governance agreements has proven to be highly successful and a much more efficient and effective use of federal resources, it is only directly applicable to the U.S. Department of Interior and the IHS. A federal feasibility study was conducted in 2003 that determined that expansion of self-governance is feasible with 11 other agencies within HHS, in areas such as Child Care and Development Fund, Head Start and Substance Abuse and Mental Health Administration programs.³ Such an expansion would provide more opportunities for efficiencies and leveraging similar or related programs for greater impact in Indian country.

b. Forest Service. As this Subcommittee knows, the Nation has been an important steward of the Ouachita National Forest. Following a remote oversight hearing before the entire House Natural Resources Committee on March 8, 2022, entitled “Examining the History of Federal Lands and the Development of Tribal Co-Management,”⁴ I wrote the Committee to express my regret that the Forest Service had not testified given the on-going work undertaken by the Nation to try and work with the Forest Service to co-manage and directly manage portions of Oklahoma Ranger District of the Ouachita National Forest which occupies 336,000 acres on the Choctaw Nation Reservation.

Over a century ago, the United States took that valuable Reservation land from us despite solemn treaty promises that it would never be taken. After harvesting and extracting a century's worth of commercial value from our forest, we believe the Forest Service has a legal and moral obligation to allow the Nation to properly manage our forest. Yet, the Forest Service has repeatedly told us that they have limited authority to work with us. Unlike state and local governments, the Forest Service lacks the authority to transfer Forest Service land to the Nation, even if that land has lost Forest Service character or the Forest Service lacks the financial or staff resources to management

³ U.S. DEP'T OF HHS, [Tribal Self-Governance Demonstration Feasibility Study](#) (Mar. 2003).

⁴ [Examining the History of Federal Lands and the Development of Tribal Co-Management Remote Oversight Hearing Before the H. Comm. on Natural Resources](#), 118th Cong. (2022) (state of Choctaw Nation of Oklahoma Chief Gary Batton).

the land. The Forest Service is also limited in its scope to enter into co-management agreements that achieve the Nation's intended goals. We operate the Bureau of Indian Affairs' forestry programs available under self-governance, and while these are limited resources, leveraging those of the Forest Service along with them would be much more efficient and effective.

Section 8703 of the 2018 Farm Bill (Pub.L. 115-334) tried to address some of these shortfalls by authorizing a tribal forest management demonstration project which allowed Tribal governments to use ISDEAA agreements (25 U.S.C. 5304 et seq.) to carry out activities authorized by the Tribal Forest Protection Act ("TFPA") (25 U.S.C. 3115a et seq.). While this was an important step forward, activities authorized by TFPA are limited to protecting tribal lands and trust resources from threats like fire, disease, and other risks, and to restore federal lands. We were excited to see that the House Agriculture Committee passed version of the Farm Bill during the 118th Congress included a demonstration program under TFPA for prescribed burning. However, the Nation is capable of doing so much more. We have proven time and time again, and note by providing life and death services, that we can carry out any program, function, service, and activity that the Forest Service can. This is why we are asking this Subcommittee to work with the House Agriculture Committee to ensure that the Farm Bill includes language more broadly authorizing ISDEAA agreements to be used with the Forest Service.⁵

⁵ See Sec. 106(a)(3)(B)(v)(III) and Sec. 206(b)(2) of [H.R. 471](#), Fix Our Forests Act, 119th Cong., available at; See also Section 801 of [S. 2354](#), Improving Agriculture, Research, Cultivation, Timber, and Indigenous Communities Act, 118th Cong.