



COALITION OF LARGE TRIBES

Blackfeet Nation • Cheyenne River Sioux Tribe • Crow Nation • Eastern Shoshone Tribe
Fort Belknap Indian Community • Mandan, Hidatsa & Arikara Nation • Navajo Nation • Northern Arapaho Tribe
Oglala Sioux Tribe • Rosebud Sioux Tribe • Sisseton Wahpeton Sioux Tribe
Shoshone Bannock Tribes • Spokane Tribe • Ute Indian Tribe • Walker River Paiute Tribe

December 14, 2022

The Honorable Nancy Pelosi
Speaker of the House
House of Representatives
1236 Longworth H.O.B
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
United States Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
House of Representatives
2468 Rayburn H.O.B
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
United States Senate
317 Russell Office Building
Washington, DC 20510

Re: Indian Health Care Funding and Advance Appropriations

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer, and Minority Leader McConnell:

On behalf of the Coalition of Large Tribes (“COLT”), a national tribal organization representing the interests of the 51 federally recognized Indian tribes that have reservations of 100,000 acres or more, I urge you to include ***Advance Appropriations*** for the Indian Health Service (“IHS”) in the appropriations bill for FY 2023.

Advance appropriations for the IHS do not cost the federal government another dime, but failure to include IHS as advance appropriations costs Indian Country everything. Advance appropriations for Indian healthcare would keep the promises the United States made in Treaties to Native Americans. The step would ensure that IHS programs are steadily funded despite uncertainty that comes with Continuing Resolutions, sequestration and government shutdowns. Veterans’ healthcare, one of the only other government-funded healthcare programs, has enjoyed this stability for more than ten years. It is long past time to stop putting American Indian and Alaska Native lives at stake. It is time for you get this done. Native lives cannot remain at the mercy of government and political instability. We are the only people whose access to critical healthcare is denied by political uncertainty. Healthcare is a solemn Trust and Treaty obligation and it should not be discretionary. It should be mandatory.



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In 2022, COLT adopted a resolution and joined a letter led by the National Indian Health Board addressing these topics (attached). COLT will not relent its efforts to make advance appropriations for IHS the law of the land.

At a minimum, Native Americans and Alaska Natives should have parity with the protections already afforded to Veterans. You are aware that Native American have the highest rate of military service of any ethnic group in the United States. Yet, our Native Veterans are largely dependent on IHS for the healthcare. Protecting IHS with advance appropriations would protect Native Veterans and all Natives equitably. Please make it happen.

Thank you for your leadership and keeping the promises that America has made to us.

Respectfully,

Hon. Marv Weatherwax, COLT Chairman
Councilman, Blackfeet Nation Tribal Business Council

CC: Montana, South Dakota, North Dakota, Wyoming, Idaho, Nevada, Arizona, New Mexico and Utah Congressional Delegations



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Coalition of Large Tribes (COLT)

Resolution: August-16-2022-Resolution #06-2-22 (NN Twin Arrows)

**Resolution in support of including full and mandatory funding to the Bureau of Indian Affairs
in the President's FY 2024 Budget Request to Congress**

WHEREAS, the Coalition of Large Tribes (COLT) was formally established in early April 2011, and is comprised of Tribes with large land base, including the Blackfeet Nation • Cheyenne River Sioux Tribe • Crow Nation • Eastern Shoshone Tribe • Fort Belknap Indian Community • Mandan, Hidatsa & Arikara Nations • Navajo Nation • Northern Arapaho Tribe • Oglala Sioux Tribe • Rosebud Sioux Tribe • Sisseton Wahpeton Sioux Tribe • Shoshone Bannock Tribes • Spokane Tribe • Ute Indian Tribe and is Chaired by President Kevin Killer, Oglala Sioux Tribe; and

WHEREAS, COLT was organized to provide a unified advocacy base on all issues affecting Tribes that govern large trust land bases and that strive to ensure the most beneficial use of those lands for tribes and individual Indian landowners; and

WHEREAS, Congress has chronically underfunded the Bureau of Indian Affairs (BIA) resulting in insufficient funding for Tribes, including for COLT-member Tribes that rely on programs implemented by the BIA and have vast needs for tribal government resources and services for their citizens ; and

WHEREAS, a cause of the BIA's chronic underfunding is that Congress has not appropriated funding at the true level of need at the BIA and has also subjected BIA's funding to discretionary funding through the annual appropriations process as opposed to mandatory funding; and

WHEREAS, Tribes encounter a substantial lack of clarity on future funding levels that are less than full funding and subject to the discretionary annual appropriations process, which impairs their ability to make long-term plans; and

WHEREAS, mandatory funding is preferable because it avoids the discretionary annual appropriations process and would provide Tribes with clarity on funding levels; and

WHEREAS, mandatory funding for the BIA is in line with the United States carrying out its treaty obligations and trust responsibility to Tribes, and



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WHEREAS, the Biden Administration supports mandatory funding for the Indian Health Service, which is a historic, beneficial shift in the paradigm of Nation-to-Nation relations that seeks to restore the promises made between our ancestors and the United States, and the same interest and rationale for supporting mandatory funding for the Indian Health Service should be applied to mandatory funding for the BIA, and

WHEREAS, the most recent Congressional mark-up of the President's FY 2023 Budget Request grossly underfunds the BIA, as well as the Bureau of Indian Education (BIE) (nearly \$100 million short of DOI's Request), leaving areas desperate for attention gutted: Public Safety and Justice (\$148 million short of DOI's Request), human services (\$30 million short of DOI's Request), and language (less than half of DOI Request);

WHEREAS, neither Tribes nor the United States can fulfill their mission of tribal self-determination if Tribal governments have only one quarter or one third of the resources that the Department of the Interior has determined are the minimum needed to maintain the status quo, let alone support Tribal progress;

WHEREAS, the President's next Budget Request to Congress will be for funding for Fiscal Year 2024.

NOW THEREFORE BE IT RESOLVED, that COLT hereby supports and requests the inclusion of full and mandatory funding for the BIA in the President's FY 2023 Budget Request to Congress; and

NOW THEREFORE BE IT FURTHER RESOLVED, that COLT requests its Congressional Delegations to support full funding of the BIA and BIE as requested by the Department of the Interior in the President's FY 2023 Budget Request to Congress and to eliminate the current mark-up reductions to those amounts; and

NOW THEREFORE BE IT FURTHER RESOLVED, that COLT hereby supports the inclusion of full and mandatory funding for the BIA in the President's FY 2024 Budget Request to Congress and requests that President Biden include full and mandatory funding for the BIA in the President's FY2024 and 2025 Budget Requests to Congress; and

BE IT FINALLY RESOLVED, that this resolution shall be the policy of COLT until it is withdrawn or modified by subsequent resolution.



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CERTIFICATION

This resolution was enacted at a duly called meeting of the Coalition of Large Tribes held on the Navajo Nation, Twin Arrows Casino, 22181 Resort Blvd. Flagstaff, AZ on August 16th, 2022, at which a quorum was present, with the resolution approved unanimously.

Dated this August 16th, 2022

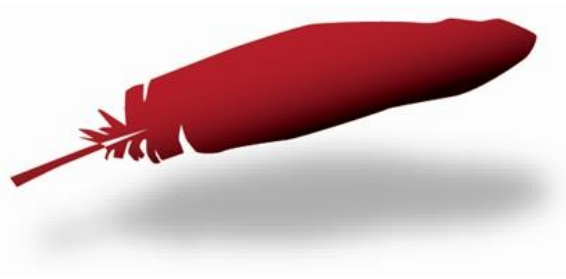
Attest:

A handwritten signature in blue ink that reads "Nathan Small".

Nathan Small, Secretary, Coalition of Large Tribes

A handwritten signature in black ink that reads "Kevin Killer".

Kevin Killer, Chairman, Coalition of Large Tribes



November 30, 2022
UPDATED: December 12, 2022

The Honorable Nancy Pelosi
Speaker of the House
House of Representatives
1236 Longworth H.O.B
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
House of Representatives
2468 Rayburn H.O.B
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Re: Indian Health Care Funding and Advance Appropriations

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer, and Minority Leader McConnell:

On behalf of the undersigned Tribal nations, Tribal Organizations, and friends of Indian health, we write to respectfully request that you support and ***include Advance Appropriations and no less than the House-passed level of \$8.121 billion*** for the Indian Health Service (IHS) in the final Appropriations bill for FY 2023.

We call upon Congress to honor the United States' trust and treaty obligations to Tribal nations by securing these requests to improve the health care status of American Indians and Alaska Native people.¹ Tribal nations exchanged millions of acres of land for the agreements and promises in the treaties between our nations, including the obligation for the provision of comprehensive health care from the United States.

Accordingly, these federal responsibilities are carried out, in part, by the IHS, within the Department of Health and Human Services. This agency provides both direct care and resources

¹ Congress declared the fulfillment of the trust responsibility and treaty obligations to achieve the highest health care levels for American Indians and Alaska Natives and to provide the requisite resources to be the policy of this Nation in the *Indian Health Care Improvement Act*. 25 U.S.C. §1602.

for the delivery of health care services to American Indian and Alaska Native people.² The IHS and the Indian health care delivery system are unique in this regard.

American Indian and Alaska Native people often face the most significant health disparities among all populations in the United States. The rates of diabetes, suicides, behavioral health challenges, COVID-19 infections, hospitalizations, and deaths are higher than most other populations. Yet, the Indian health system is underfunded by nearly 50% of appropriate levels.

Strategic investments from the COVID-19 relief funding packages such as the *American Rescue Plan Act*, have been welcomed. However, the underlying conditions which contributed to the tragic COVID-19 outcomes remain unaddressed. These conditions include, for example, the lack of adequate health care facilities, specialty care facilities, available workforce, and consistent and recurring funding for prevention and treatment services.

This chronic underfunding significantly limits the availability and accessibility of health care services for our communities. It also leaves the Indian health system particularly vulnerable to the instability of the federal funding process when Continuing Resolutions or government shutdowns occur.

Each day without full funding, with only temporary or no funding from the Continuing Resolutions or government shutdowns, is a step backward for Indian health care systems. Health care service delivery, administrative functions, and other operations are significantly impeded, delayed, or disrupted during periods of Continuing Resolutions or government shutdowns to the detriment of the American Indian and Alaska Native patients.

Congress can change that. The United States and Tribal nations share a government-to-government relationship and a mutual resolve to improve the health of our communities. Securing the House-passed levels of funding and Advance Appropriations will provide the initial step forward to funding stability for the Indian health care system.

We urge Congress to take this necessary step and stand ready to work with you in improving the lives of American Indian and Alaska Native people. Thank you for your consideration in this matter.

Tribal Nations

- Absentee Shawnee Tribe of Oklahoma
- Caddo Nation
- Chickasaw Nation
- Citizen Potawatomi Nation
- Cloverdale Rancheria of Pomo Indians of California

² Although the federal trust responsibility and treaty obligation extends throughout the federal government, the IHS is the primary agency which carries out these responsibilities. The IHS provides health care services either directly to American Indian and Alaska Native people, or through contracts or compacts with Tribal nations which, in turn, provide the services. The IHS may also enter contracts with urban Indian organizations to provide health care services to American Indian and Alaska Native people in certain urban locations.

Confederated Tribes of the Colville Reservation
Cowlitz Tribe
Fond du Lac Band of Lake Superior Chippewa
Jamestown S'Klallam Tribe
Jamul Indian Village of California
Keweenaw Bay Indian Community
La Posta Band of Mission Indians
Lummi Indian Business Council
Manchester Point Arena Band of Pomo Indians
Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians (Gun Lake Tribe)
Mississippi Band of Choctaw Indians
Nez Perce Tribe
Oneida Nation
Pechanga Band of Indians
Peoria Tribe of Indians of Oklahoma
Poarch Creek Indians
Pueblo of Tesuque
Pyramid Lake Paiute Tribe
Rappahannock Tribe
Resighini Rancheria
Saint Regis Mohawk Tribe
San Carlos Apache Tribe
Sault Ste. Marie Tribe of Chippewa Indians
Skokomish Tribe
Sokaogon Chippewa Community
Standing Rock Sioux Tribe
Swinomish Indian Tribal Community
Tohono O'odham Nation
Tsalagiya Nvdagi Tribe
Tunica-Biloxi Tribe of Louisiana
Upper Mattaponi Indian Tribe
Walker River Paiute Tribe
Wampanoag Tribe of Gay Head (Aquinnah)
Ysleta del Sur Pueblo

Organizations

ACA Consumer Advocacy
AI/AN Health Partners
Alaska Native Health Board
Alaska Native Tribal Health Consortium
Albuquerque Area Indian Health Board, Inc.
American Academy of Dermatology Association
American Academy of Pediatrics
American Indian Health & Services
American Indian Health Commission for Washington State
American Indian Health Service of Chicago

Association on American Indian Affairs
Bakersfield American Indian Health Project, Inc.
Bristol Bay Area Health Corporation
California Consortium for Urban Indian Health
California Rural Indian Health Board
Canoncito Band of Navajos Health Center
Caring Ambassadors Program
Choctaw Health Center
Coalition of Large Tribes
Colorado Consumer Health Initiative
Consolidated Tribal Health Project, Inc.
Cook Inlet Tribal Council, Inc.
Copper River Native Association
Council of Athabascan Tribal Governments
Every Texan
Fallon Tribal Health Center
Families USA
Family Voices
First Focus on Children
Fresno American Indian Health Project
Great Lakes Area Tribal Health Board
Great Plains Tribal Leaders' Health Board
Health Care Voices
Hepatitis C Mentor & Support Group, Inc.
Hunter Health
Indian Health Care Resource Center of Tulsa
Indian Health Center of Santa Clara Valley
Indigenous Pact
Inter Tribal Association of Arizona
International Association for Indigenous Aging
International Association of Forensic Nurses
Justice in Aging
Kansas City Indian Center
Kids Forward
Maniilaq Association
Metro New York Health Care for All
Michigan League for Public Policy
National Association of Pediatric Nurse Practitioners
National Council of Urban Indian Health
National Indian Health Board
National Indigenous Women's Resource Center
National League for Nursing
National Native American Boarding School Healing Coalition
National Partnership for Women & Families
Native American Connections
Native American LifeLines, Inc.

Native American Rehabilitation Association of the Northwest, Inc.
Native Americans for Community Action, Inc.
NATIVE Project - Urban Indian Health Program - Spokane, WA
Nevada Coalition to End Domestic and Sexual Violence
Nisqually Tribal Health & Wellness Center
Northwest Harvest
Northwest Portland Area Indian Health Board
Oklahoma City Indian Clinic
Oklahoma Policy Institute
Partners In Health
R2H Action [Right to Health]
Riverside-San Bernardino County Indian Health, Inc.
Rocky Mountain Tribal Leaders Council
San Francisco AIDS Foundation
Sault Tribe Health Division
Seattle Indian Health Board
Self-Governance Communication & Education Tribal Consortium
SF Hep B Free - Bay Area
South Dakota Urban Indian Health
Southcentral Foundation
Southeast Alaska Regional Health Consortium
Southern Indian Health Council, Inc.
Southern Plains Tribal Health Board
Texas Native Health
Treatment Action Group
Tuba City Regional Health Care Corporation
United American Indian Involvement, Inc.
United South and Eastern Tribes Sovereignty Protection Fund
Universal Health Care Foundation of Connecticut
University of California San Francisco School of Medicine HEAL Initiative
Urban Inter-Tribal Center of Texas - Urban Indian Health Program - Dallas, TX
USAgging
Wiconi Wakan Health and Healing Center
Work for Consolidated Tribal Health Project

Friends of Indian Health

Angela Alvary
Ken Artis (Ho-Chunk Nation), Artis Law Office
Lana Fox
Miranda Carman, LCSW
Patricia Powers
Yana Blaise

Cc: The Honorable Rosa DeLauro
The Honorable Kay Granger
The Honorable Chellie Pingree
The Honorable David Joyce
The Honorable Raul Grijalva
The Honorable Bruce Westerman
The Honorable Teresa Leger Fernández
The Honorable Jay Obernolte
The Honorable Sharice Davids
The Honorable Tom Cole
The Honorable Patrick Leahy
The Honorable Richard Shelby
The Honorable Jeff Merkley
The Honorable Brian Schatz
The Honorable Lisa Murkowski