**TESTIMONY OF DONNIE GARCIA, CHAIRMAN,**
**ALBUQUERQUE AREA INDIAN HEALTH BOARD, INC.**

**BEFORE THE SENATE COMMITTEE ON INDIAN AFFAIRS**

# OVERSIGHT HEARING: DELIVERING ESSENTIAL PUBLIC HEALTH AND SOCIAL SERVICES TO NATIVE AMERICANS—EXAMINING FEDERAL PROGRAMS SERVING NATIVE AMERICANS ACROSS OPERATING DIVISIONS AT THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**MAY 13, 2025**

Thank you, Chairman Lisa Murkowski, Vice Chairman Brian Schatz and respected members of the Committee for the opportunity to provide this written testimony on behalf of the member tribes of the Albuquerque Area Indian Health Board, Inc. (AAIHB). As Congress knows, Indian tribes have a unique political and legal status recognized by the U.S. Constitution. Elimination or disruption of federal funding for Indian country has a huge impact on the ability of tribes and tribal organizations to provide essential services to American Indians and Alaska Natives. Indeed, the problems that face communities nationwide are far more severe for Indian communities, with tribes having far fewer resources to address basic health care needs and larger problems like substance abuse, mental health and other issues. AAIHB acknowledges and appreciates that there has been broad bi-partisan Congressional support for addressing health and wellness issues facing Indian country.

AAIHB was established in 1980 and is a consortium of several federally recognized tribes in New Mexico and Southern Colorado.[1] AAIHB provides direct health care services to not only citizens of member tribes, but to citizens of other tribes in the surrounding Albuquerque area. AAIHB's purpose is to assess and advocate for the well-being of 27 tribal communities through the improved development of public health services and health education. AAIHB is almost entirely funded—about 86%—through various programs under the U.S. Department

[1] Member tribes include the To'Hajiilee Band of Navajos, the Ramah Band of Navajos, the Jicarilla Apache Nation, the Mescalero Apache Tribe, the Ute Mountain Ute Tribe and the Southern Ute Indian Tribe. For financial purposes the AAIHB is considered a government because the AAIHB board of directors is appointed by members of tribal governments.

of Health and Human Services. Approximately two-thirds of that funding falls outside of the Indian Health Service (IHS).

For example, our health programs significantly rely on funding directly from the National Institutes of Health (NIH), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC). While we receive a small amount of state and private foundation funding, the loss of our federal funding would force us to reduce or completely terminate health care services and related educational and research programs. A summary of these non-IHS programs that AAIHB receives is set forth below.

- CDC *Healthy Tribes Program*:
  - Approximately $1.2 million for Good Health and Wellness in Indian Country
  - Approximately $990,000 for Tribal Epidemiology Center Public Health Infrastructure
- CDC *Division of Injury Prevention*:
  - Approximately $200,000 for alcohol impaired driving prevention
  - Approximately $671,000 for tribal opioid prevention
- CDC *Division on HIV Prevention*:
  - Approximately $1.3 million
- SAMSHA *Tribal Opioid Response*:
  - Approximately $1.5 million
- NIH *Native Collective Research Effort to Enhance Wellness (N Crew)*:
  - Approximately $497,000
- NIH *Community Partnerships to Advance Science for Society*:
  - Approximately $989,429

Some of our funding streams noted above provide much needed research within Indian country to address addiction, substance abuse and pain, including for related factors like mental health and wellness. Understanding and addressing these issues is critical to a Healthy America for tribal communities. Secretary Kennedy recently testified that "reducing the initiation of drug use, particularly among young people, and increasing the number of individuals receiving evidence-based treatment, leading to long-term recovery from substance abuse disorders, [is] a top priority."[2]

[2] Statement of Robert F. Kennedy, Jr. Secretary, U.S. Department of Health and Human Services on the President's Fiscal Year 2026 Budget, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, at 4 (May 14, 2025). *See*

Eliminating or reducing those funding streams because they appear to be duplicative or too small for national impacts, ignores the uniqueness and size of Indian country compared to the country as a whole. For example, funding from N Crew for tribes and tribal organizations was a direct result of tribal consultation and the need for tribally led research as it relates to substance abuse and pain in Indian country. AAIHB receives other funding that may seem duplicative, but it is not and the funding is needed in Indian country. AAIHB for instance also receives federal grants that focus on opioid addition from the CDC and SAMSHA, but unlike the N Crew funds used for research, the CDC grants focus on surveillance and public health practice while the SAMSHA grant is issued directly to tribes to strengthen capacity of tribal behavioral health programs, as noted below.

We urge Congress to protect all of these funding streams and recognize that tribes and tribal organization receive funding from many sources and while it may seem duplicative it is not and all of the funding is needed to address health issues throughout Indian country. Indeed, Congress acknowledges the chronic underfunding of health and wellness related programs throughout Indian country. Rather than eliminating or reducing funding streams for research within Indian country, these funding streams must be protected and could even be consolidated—without reduction to tribes and tribal organizations—to eliminate the need to seek funding from multiple grant sources.

The Community Health Education and Resiliency Program (CHERP) at AAIHB provides trauma-informed and strengths based capacity building in STI/HIV prevention, opioid and substance use prevention, positive youth development, and mental health. Our program tailors to community needs to equip tribal public health professionals with the skills, resources, and tools to implement effective interventions and services. This program is funded mostly through SAMHSA and CDC grants. CHERP hosts a Wellness Conference, which is the only conference of its kind devoted to addressing HIV prevention, testing, and biomedical treatments, along with harm reduction strategies and substance use disorders within tribal communities. This allows for education and capacity building that is uniquely geared towards Indian country.

Within AAIHB is the Albuquerque Area Southwest Tribal Epidemiology Center (c), which is 1 of only 12 tribal epidemiology centers nationwide. More than

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https://docs.house.gov/meetings/AP/AP07/20250514/118230/HHRG-119-AP07-Wstate-KennedyR-20250514.pdf.

half of the funding for AASTEC comes from non-IHS programs. For example, AASTEC operates a Good Health and Wellness in Indian Country Program with funds provided by the Centers for Disease Control and Prevention—*Healthy Tribes Program*. Through that program AASTEC provides leadership, technical assistance, training, and other health resources to AAIHB's 27 tribal communities to promote community level changes that support health and wellness and prevent and manage type 2 diabetes, heart disease, and stroke and their associated risk factors, such as commercial tobacco use, physical inactivity, and unhealthy diet. More specifically for example, AASTEC provides 10 direct tribal sub-awards for community projects that are critical to improving health and wellness in tribal communities. We have significant concerns regarding this funding moving forward. All CDC staff within this program have been subject to a reduction in force (RIF) and the CDC Division of Population and Health, which is the division that oversees this program, is being proposed for elimination as part of the Administration's reorganization plan.

Similarly, as noted above, AASTEC receives important funding from the CDC Division of Injury Prevention. This funding assists with (1) building important collaboration among and between tribes and external partners, (2) building public awareness aimed at educating tribal communities on the burdens of motor vehicle accidents and alcohol-impaired driving, as well as risk reduction strategies, (3) strengthening the capacity ability within the tribal public health workforce to implement best practices, and (4) improving data collection and access to data. These evidence-based programs are essential for our tribal communities because unintentional injuries remain the leading cause of mortality for American Indian and Alaska Natives nationwide from birth through middle age. We are concerned about this funding because all staff within the CDC Division of Injury Prevention have been RIF'd. It is also important to note that the various RIFs that are occurring are concerning not only with respect to the status of funding moving forward, but the RIFs also result in the loss of institutional knowledge and result in the diminished capacity of federal staff who not only understand Indian country but provide important expertise and technical assistance with tribes and tribal organizations.

Heavy reliance on non-IHS funding streams to serve our tribal communities is not unique to AAIHB. Tribes throughout Indian country rely on these funding streams as well. Eliminating funding streams that tribes and tribal organizations, like AAIHB rely on will only further exacerbate the health disparities that American Indian and Alaska Natives face. While we understand that programs may be consolidated, any such consolidation should not result in less funding for Indian

country. As Congress considers the FY 2026 Budget we urge you to protect all non-IHS funding sources depended on by tribes and tribal organizations. Thank you.