Written Testimony of Victor Joseph, Executive Director, Tanana Tribal Council

Submitted to the United States Senate Committee on Indian Affairs

Oversight Hearing: Indian Self-Determination and Education Assistance Act Successes and Opportunities at the Department of the Interior and the Indian Health Service

September 17, 2025

Chairman Murkowski, Vice Chairman Schatz, and Members of the Committee,

Thank you for the opportunity to provide testimony in recognition of the 50th anniversary of the Indian Self-Determination and Education Assistance Act (ISDEAA).

My name is Victor Joseph, and I serve as the Executive Director of the Tanana Tribal Council in Alaska. I also currently serve as Chair of the HHS Secretary's Tribal Advisory Committee and Co-Chair of the IHS National Tribal Budget Formulation Workgroup.

The Tanana is part of the Alaska Tribal Health System, a voluntary affiliation of the 229 federally recognized Tribes in Alaska and Tribal organizations providing health care services. The system is composed of approximately 180 village-based clinics, 25 subregional facilities, 8 regional hospitals, including the Alaska Native Medical Center, the statewide hospital in Anchorage.

With innovation and collaboration, the Alaska Tribal Health System is a testament to the inherent strength and advantages of tribal self-governance and self-determination. Tanana is a Co-Signer to the Alaska Tribal Health Compact. Through the compacting process authorized under ISDEAA, we are able to reallocate federal funds to direct resources where they are needed most, whether it's primary care, behavioral health, or preventive services. This results in more culturally responsive and efficient delivery of services.

There are still challenges, many of our rural communities lack road access to their regional hospital, and unpredictable weather can make airline travel unreliable. These challenges led to two significant innovations, with the Alaska Tribal Health System developing telehealth services, decades before the widespread adoption seen today. This technology supports frontline health care workers that make up the backbone of our system, the community health aides, behavioral health aides, and dental health aide therapists, who all originated in Alaska and are now national models. These providers deliver critical services in their communities and, in large part, are from the community and chosen by their Tribe to train and work in these essential roles.

However, despite the remarkable success of ISDEAA, opportunities for further improvement remain.

In Alaska, infants from communities without running water are five times more likely to be hospitalized for respiratory infections and 11 times more likely to be hospitalized for pneumonia

compared to the general population. In our unserved communities, one in three infants will be hospitalized every year due to a lack of running water and sewer.

As new sanitations systems get installed and existing infrastructure ages, adequate Operation and Maintenance funding is necessary to protect the federal investment and health of our people. IHS has the authority to fund the operations and maintenance of these systems. I respectfully request this committee direct IHS to work with Tribes to identify the current and projected operations and maintenance need to inform future agency budget requests.

Additionally, the Purchased and Referred Care (PRC) program is a significant component of the IHS and Tribal health delivery model, recognizing that not all services are available within the system, and that transportation to care, whether within Tribal health or to a non-tribal provider, is a necessary component of health care access.

In Alaska, PRC spending on transportation services, which is necessary to access higher-level care in much of Alaska, has increased dramatically during the same time due to a significant escalation in costs, threatening our ability to maintain access to care for those living in rural communities.

The IHS federally operated health programs have maintained significant unobligated or unused PRC financial balances that may effectively mask the underlying PRC needs. On behalf of the patients we serve, we respectfully request Congress to increase the PRC budget to address the increased cost of transportation. The PRC program has not received a meaningful program increase in over a decade and has been flat-funded in the last six fiscal years.

The IHS remains a key federal partner. It is critical that the IHS receive adequate funding to hire and retain their staff. From timely technical and legal assistance, to engineering and environmental health support, when the IHS is not provided the resources needed to maintain its personnel, all Tribes – direct service and compacting – pay the price.

As the committee rightfully focuses on the successes and potential opportunities associated with ISDEAA, the Alaska Tribal Health System serves as a powerful example of what is possible under self-governance and we fully support the expansion of Tribal Self-Governance. Thank you for the opportunity to provide testimony today.