



USET

SOVEREIGNTY PROTECTION FUND

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Transmitted via email

June 11, 2026

The Honorable Lisa Murkowski
Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, D.C. 20515

The Honorable Brian Schatz
Vice Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, D.C. 20515

Dear Chairman Murkowski and Vice Chairman Schatz,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF) we write express our support for the nomination of Mr. Mark Cruz, citizen of the Klamath Tribes, to be Director of the Indian Health Service (IHS).

USET SPF is a non-profit, inter-tribal organization advocating on behalf of thirty-three (33) federally recognized Tribal Nations from the Northeastern Woodlands to the Everglades and across the Gulf of Mexico.¹ USET SPF is dedicated to promoting, protecting, and advancing the inherent sovereign rights and authorities of Tribal Nations and in assisting its membership in dealing effectively with public policy issues.

As the permanent IHS Director role has been vacant for nearly 18 months, we appreciate the steps being taken by the Administration to fill the position for the remainder of the Trump Administration's term. The IHS Director plays a critical role in elevating the voices of Indian Country, as well as delivering upon the federal government's trust and treaty obligations to provide health care to Tribal Nations and our citizens. As Indian Country looks toward the future, it is vital that the incoming IHS Director remain a steadfast partner and advocate in promoting Tribal sovereignty and self-governance across the federal government. With this in mind, USET SPF would like to outline the following professional qualities and policy priorities the incoming IHS Director must have in order to be successful in the position, and respectfully request the Committee ensure alignment with these values and priorities as a part of the confirmation process.

¹ USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chickahominy Indian Tribe (VA), Chickahominy Indian Tribe—Eastern Division (VA), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Monacan Indian Nation (VA), Nanssemond Indian Nation (VA), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Rappahannock Tribe (VA), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), Upper Mattaponi Indian Tribe (VA) and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

Commitment to Tribal Consultation

An essential aspect of the federal trust responsibility and obligations to Tribal Nations is the duty to consult on the development of federal policies and actions that have Tribal implications. This requirement is borne out of the sacred relationship between the federal government and Tribal Nations, as well as numerous treaties, court cases, laws, and executive actions. It is a recognition of our inherent sovereignty and self-determination. The incoming IHS Director must commit to robust and ongoing Tribal consultation with all IHS areas and Tribal Nations, particularly as IHS pursues efforts to reorganize the agency.

This includes fully engaging with Tribal leaders in a proactive and transparent manner to understand and address the unique healthcare issues faced in each Tribal community. It also includes committing to robust information sharing with Tribal Nations such that we may provide meaningful feedback on agency actions.

As IHS, and the federal government as a whole, look to make transformational change within and across agencies in the remainder of the Administration's term, we urge both Congress and the Administration to look to Indian Country as fruitful ground. Tribal Nations and the Trump Administration have important overlapping goals, and we must focus our energies on pursuing those goals together. We share a foundational understanding that local communities, such as Tribal Nations, are best suited to address their people's needs and keep them safe. We are aligned in the desire for the federal government to remove barriers that prevent Tribal Nations from effectively caring for our people—a fuller recognition of Tribal sovereignty—while remaining committed to delivering the federal resources that Tribal Nations are due.

However, in order to realize these shared goals, the Administration must commit to ongoing, meaningful Tribal consultation on any and all actions that might affect us. It is vital that the IHS Director regularly engage in dialogue with Tribal Nations both in recognition of our sovereignty and with the goal of reaching mutual consent for federal actions. USET SPF stands ready to work alongside the incoming IHS Director to reach our shared goals through regular Tribal consultation and a commitment to implementing Tribal guidance.

Strong Commitment to Protecting and Expanding Tribal Self-Governance

A majority of our member Tribal Nations, as well as Tribal Nations across Indian Country, engage in self-governance by compacting or contracting federal government programs to provide essential government services, including vast portions of IHS programs and services. Self-governance provides a fiduciary model that acknowledges the inherent rights and authorities of Tribal Nations to direct federal resources in ways that undergird our own local priorities. Tribal Nations should be the decision-makers in the administration of federal programs and funding in our communities and must be empowered to make choices regarding program delivery that reflect our priorities and circumstances. Whether a Tribal Nation chooses to pursue self-governance authorities over their health program or decides that direct care services through the IHS best fit their needs and priorities, the IHS Director must be committed to honoring and supporting each Tribal Nations' sovereign decision-making regarding their healthcare services. The IHS Director must be a steadfast advocate for expanded Tribal self-governance authorities both within and outside the IHS for Tribal Nations who wish to exercise greater control over our health programs while maintaining the agency's commitment to providing quality direct care services for Tribal Nations that choose that path.

In the decades since enactment of the Indian Self-Determination and Education Assistance Act (ISDEAA), Tribal Nations have grown our health programs and now contract and compact with IHS for programs and services that constitute upwards of 60% of the IHS budget. We have leveraged our self-governance authorities to create more robust, comprehensive, and culturally appropriate health programs for our communities than possible under IHS direct care services, demonstrating the incalculable value of Tribal self-governance in improving the wellness of our communities and citizens.

Yet, IHS has continued to resist efforts to expand self-governance authorities to more IHS programs and services, despite broad Tribal Nations support and Congressional direction to do so. For example, in August 2025, IHS

announced that it would continue to distribute funding for 7 behavioral health initiatives via competitive grant mechanisms, despite receiving numerous comments from Tribal Nations and organizations in multiple rounds of consultation urging IHS to transition these funds to non-competitive distribution methods, including self-governance contracts and compacts. IHS also made this decision despite explicit encouragement from Congress to pursue behavioral health funding distribution through self-governance mechanisms.

Tribal Nations have also long advocated for resources from the Special Diabetes Program for Indians (SDPI) to be eligible for self-governance contracting and compacting. While this decision ultimately lies with Congress, IHS has, at times, worked against SDPI self-governance proposals and other efforts from Tribal Nations to shape the SDPI to fit our priorities. The SDPI is already widely considered the most successful public health program in Indian Country, but the program could be made even more efficacious if Tribal Nations had greater control over administration of these resources as we've requested. The IHS Director should be an active partner to Tribal Nations in ensuring that programs and services at their agency are responsive to Tribal priorities, which includes extending their full, vocal support for Tribal Nations exercising our inherent sovereignty to manage our own healthcare programs.

In addition, since the nominee is expected to maintain his Senior Advisor role at HHS, he should be a steadfast advocate for the protection and expansion of all mechanisms that promote Tribal sovereignty, such as the 477 program. Authorities under P.L. 477 are a critical tool Tribal Nations use in exercising our sovereignty over HHS programs, but recent actions at HHS have sought to limit programs eligible for inclusion in the 477 program. The incoming IHS Director should be a strong advocate alongside Tribal Nations for expanding and strengthening, not narrowing, the 477 program in advancement of Tribal sovereignty.

Support Full and Mandatory Funding for IHS

USET SPF, along with Tribal Nation and organizations across Indian Country, has long advocated for full and mandatory funding for all federal Indian programs in recognition of the federal government's trust and treaty obligations to Tribal Nations. Chronic underfunding of federal Indian programs continues to have disastrous impacts on Tribal Nations and communities, with American Indians and Alaskan Natives (AI/AN) experiencing some of the greatest health disparities among all populations in this country. These disparities were created and have been worsened by decade over decade of the federal government failing to provide the resources necessary to support healthy Tribal communities and cannot be solved with incremental funding increases that continue to disregard the scope of the U.S.'s obligations. Full and mandatory funding for the IHS in particular would be a critical step forward in better delivering upon the federal trust obligation and in the pursuit of improving the health and wellness of AI/AN communities.

For several years, Tribal health advocates have been involved in federal working groups at IHS and HHS tasked with creating an evidence-based estimate for a full funding figure for IHS. The workgroup has worked diligently to ensure the full funding estimate is both comprehensive and realistic and is nearly ready to publish its findings. The incoming IHS Director will be a central figure as Indian Country advocates for this proposal before Congress and therefore must remain open to learning about the full funding proposal and the robust process the workgroup undertook in creating it. If enacted, full and mandatory funding will fundamentally change the IHS. Change of this magnitude requires expertise, passion, and dedication to honoring Tribal guidance in implementing a new vision for the agency. The IHS Director should possess the acumen, leadership skills, and tenacity required to advocate for delivery on this long-standing priority.

Advocate for Tribal Nations

In addition to superior interpersonal and communication skills, it is our expectation that the IHS Director will serve as an advocate within the Administration, including the broader Department and with the Office of Management and Budget (OMB), and before Congress, especially given the nominee's intention to serve in a dual role. The IHS Director has access and is privy to deliberations within the Administration and Congress that Tribal Nations do not witness. Because of the position's necessary commitment to and close relationship with Tribal Nations, the IHS Director must enthusiastically represent our interests and priorities during these conversations. This is especially

important during situations where other federal officials may lack a deep and thorough understanding of the origins and basis of our unique and special relationship with the United States.

Tribal Nations have unique, political, government-to-government relationships with the United States, and we prepaid with our lands and resources for trust and treaty obligations that the United States owes us in perpetuity. The U.S. Constitution singles out Tribal Nations and Native people as unique, and the U.S. Supreme Court has time and again affirmed the principle that United States actions that deliver on trust and treaty obligations to Tribal Nations, Tribal citizens, and Tribal communities do not run afoul of the U.S. Constitution's equal protection requirements. The United States fulfills its trust and treaty obligations through the direct delivery of Tribal programs and services to Tribal communities and through provision of federal funding to Tribal Nations and Tribal organizations serving Tribal Nations so that we may provide services to our communities in a self-governing manner. Any Tribal program or funding delivered to Tribal Nations and Native people—including through Urban Indian Organizations and Tribal organizations serving Tribal Nations—is provided in furtherance of the United States' trust and treaty obligations. The federal employees necessary for the support of those Tribal programs and the disbursement of those Tribal funds are also part of the trust and treaty obligations.

It is vital that the incoming IHS Director not only possess a thorough understanding of this relationship and the U.S.'s obligations to Tribal Nations but also serve as a passionate advocate for truer and more robust fulfillment of these obligations through IHS and HHS as a whole. Improving healthcare and health outcomes in Indian Country will require coordination and significant investment across all HHS Operating Divisions, and the incoming Director will be a central part of driving this progress. Importantly, it will require consideration of the unique nature of the Indian Health Systems in policy and regulation. Tribal Nations use programs and services across the Department to support public health activities and deliver critical resources like Head Start, substance use disorder treatment and prevention services, and elder nutrition programs to our citizens. However, the structure of most non-Tribal specific programs prevents many Tribal Nations from accessing these resources.

At present, most Tribal Nations only access a fraction of the HHS resources for which we are technically eligible, as many HHS programs were not structured with Tribal Nations in mind. It is not enough for Tribal Nations and organizations to be eligible awardees within broader programs; we need dedicated Tribal set-asides within these programs. If the nominee will serve concurrently as IHS Director and Senior Advisor to the HHS Secretary as intended, he will be uniquely situated to advocate across the Department for reduced bureaucracy in federal Indian programs and adoption of funding mechanisms that reflect Tribal sovereignty and the U.S.'s responsibility to provide all resources necessary for Tribal healthcare.

Conclusion

USET SPF thanks you for your time and consideration regarding the nomination for IHS Director. With this Committee's support and a Director that is aligned with Tribal priorities at the helm, the IHS could be poised to enter a period of radical transformation in the recognition of our governmental status and the delivery of federal obligations to our people. The incoming IHS Director must support policies that uphold our status as sovereign governments, our right to self-determination and self-governance, and honor the federal trust obligation in full. To achieve this, the IHS Director must be a consummate advocate for and partner to Tribal Nations as we pursue these priorities together. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at LMalerba@usetinc.org or 615-838-5906.

Sincerely,



Kirk Francis
President



Kitcki A. Carroll
Executive Director