

S. 2783, S. 3406, S. 3857 AND S. 4365

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS

UNITED STATES SENATE

ONE HUNDRED EIGHTEENTH CONGRESS

SECOND SESSION

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JULY 10, 2024
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S. 2783, S. 3406, S. 3857 AND S. 4365

WEDNESDAY, JULY 10, 2024

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 2:52 p.m. in room 628, Dirksen Senate Office Building, Hon. Brian Schatz, Chairman of the Committee, presiding.

**OPENING STATEMENT OF HON. BRIAN SCHATZ,
U.S. SENATOR FROM HAWAII**

The CHAIRMAN. Good afternoon. Thanks for waiting. Sorry for being late. We had a vote that started a bit late.

During today's legislative hearing, we will consider four bills: S. 2783, Miccosukee Reserved Area Amendments Act; S. 3406, Technical Corrections to the Northwestern New Mexico Rural Water Projects Act, Taos Pueblo Indian Water Rights Settlement Act, and Aamodt Litigation Settlement Act; S. 3857, Jamul Indian Village Land Transfer Act; and S. 4365, Veterinary Services to Improve Public Health in Rural Communities Act.

S. 2783 was introduced by Senators Rubio and Scott. The bill would amend the Miccosukee Reserved Area to include a tribal residential area known as Osceola Camp into the Miccosukee Reserved Area, and authorize \$14 million for activities to protect the camp from flooding.

S. 3406 was introduced by Senators Luján and Heinrich. This bill would authorize approximately \$18.5 million in back interest payments into three Indian water rights settlement trust funds benefiting the Navajo Nation, Nambé Pueblo, Pojoaque Pueblo, San Ildefonso Pueblo, and Tesuque Pueblo, and Taos Pueblo pursuant to their ratified rights settlements.

S. 3857 was introduced by Senators Padilla and Butler. This bill would transfer into trust status approximately 172 acres currently owned in fee simple status by the Jamul Tribe, clarify the applicability of Federal law and regulation to those lands and prohibit gaming activities under the Indian Gaming Regulatory Act on those lands.

S. 4365 was introduced by Vice Chair Murkowski. This bill would authorize the Indian Health Service to support public health veterinary services to prevent and control rabies and other zoonotic disease transmission in IHS service areas. You can tell my staff wrote this, because I would never have written the word zoonotic.

[Laughter.]

The CHAIRMAN. Before I turn to the Vice Chair for her opening statement, I would like to extend my appreciation and welcome to our witnesses for joining us today. I look forward to your testimony and our discussion.

Vice Chair Murkowski?

**STATEMENT OF HON. LISA MURKOWSKI,
U.S. SENATOR FROM ALASKA**

Senator MURKOWSKI. Thank you, Mr. Chairman. I appreciate today's hearing. You have given a good run-down on the other bills on the agenda, but I want to speak to S. 4365, which is our Veterinary Services to Improve Public Health in Rural Communities. It would authorize the Indian Health Service to offer public health veterinary services, including spay and neuter services, to tribes to help reduce the number of stray dogs in Native communities.

The over-population of stray and abandoned dogs in Indian Country is a significant public health and safety issue. More than 250,000 reservation dogs, as they are often called, roam the Navajo Nation alone.

I have introduced S. 4365 because Alaska Native children experience the highest incidences of hospitalization from dog attacks than any other group in the Nation, and we need to deal with it. According to IHS data, an average of 4,800 tribal members are hospitalized or receive outpatient care for dog bites each year. Some studies indicate that tribal areas experience a death rate from dog attacks that is 35 times higher than the rest of the Nation. Most of these cases are either in Alaska or on the Navajo Nation.

Even a non-fatal dog bite comes with serious emotional, economic, and public health costs. Dog bites can of course transmit rabies, parasites and other zoonotic diseases. I am with you on the zoonotic diseases; I think we get rabies, right, parasites. But they transmit diseases to humans and unvaccinated animals. Medical treatments can be terrifying for children and elders, often involving significant time away from home and a series of painful rabies shots.

Under current law, the IHS lacks sufficient legal authority to carry out veterinary services directly or in partnership with the tribe under a 638 self-governance agreement. We know that, because at least two tribal organizations in Alaska tried to add veterinary services to their multi-year funding agreements. They were denied by IHS.

So my bill would address this gap in health services by amending the Indian Health Care Improvement Act to state clearly that public health veterinary services are an authorized service of the IHS. That way, these services can be included in a tribe's funding agreement under ISDEA.

The bill would also allow the IHS to assign veterinarians commissioned by Public Health Service Commissioned Corps to IHS service areas where rabies are endemic. Note there is no requirement that IHS assign such officers. It only authorizes it as yet another tool in the tool box when we absolutely need it.

Dogs have significant historic and cultural ties in Alaska Native communities. Individuals and families depend on their dogs, and when that relationship becomes distressing or disturbing for any

reason, like a rabid dog in a village requiring all of the dogs in the village to be euthanized, it can be a source of great trauma. So we have to get some help here.

My office worked with a number of tribal members and organizations in drafting this. I would like to recognize one person in particular for his efforts, and that is Donald Charlie. Don is a former musher and a tribal leader of the Nenana Native Village. He pushed for passage of three resolutions by the Alaska Federation of Natives, calling attention to the lack of veterinary care in Native communities.

Don's leadership on this issue helped us produce a bill that is supported by organizations like the Alaska Federation of Natives, Alaska Native Tribal Health Consortium, as well as the American Veterinary Medical Association.

This is a commonsense piece of legislation that ensures the Federal Government lives up to its trust obligations while providing a humane, non-lethal option for animal population control.

I am looking forward to hearing from our witnesses today on not only my bill, but the others before the Committee.

The CHAIRMAN. Thank you, Vice Chair Murkowski.

Are there any other members who would like to make an opening statement? Senator Luján.

**STATEMENT OF HON. BEN RAY LUJÁN,
U.S. SENATOR FROM NEW MEXICO**

Senator LUJÁN. Thank you, Chairman Schatz, Vice Chair Murkowski, for your thoughtfulness and for bringing us to this hearing today.

I am especially appreciative that this hearing includes my legislation, the Technical Corrections to the Northwestern New Mexico Rural Water Projects Act, the Taos Pueblo Indian Water Rights Settlement Act, and the Aamodt Litigation Settlement Act.

Between 2009 and 2010, Congress enacted several water rights settlements, which included the Northwestern New Mexico Rural Water Projects Act, Taos Pueblo Indian Water Rights Settlement Act, and the Aamodt Litigation Settlement Act, benefitting six tribes. These settlements are part of the Federal Government's trust responsibility to providing water to tribes and to pueblos.

While the enactment of the settlements is vital to ensure that the Navajo Nation, Taos Pueblo, the Pueblos of Nambé, Tesuque, Pojoaque and San Ildefonso have access to water, the enacted settlements included an unconventional prohibition preventing the Department of Interior from investing the trust funds from the settlements before specific dates. This prohibition on investment resulted in tribes and pueblos missing out on interest earnings that other settlements enjoy.

This legislation presented before the Committee will authorize \$18.4 million for the three water settlement trust funds to collect interest that they are owed from their enacted settlements to create much-needed water infrastructure. This will help us fulfill our trust responsibility and promote water security for tribes and pueblos, as well as non-tribal users, in New Mexico.

I appreciate the willingness of the Department of the Interior in working with me and my office to address prohibitions impacting

the settlements from being able to fully see the potential of the funds. I look forward to hearing from our witnesses today and working with the Chair and Vice Chair on moving this legislation forward in order to bring these much-needed resources quickly to the communities who most need them.

Thank you for the time. I yield back.

The CHAIRMAN. Thank you, Senator Luján.

I will now turn to our witnesses. We would like to introduce the Honorable Melanie Anne Egorin, Assistant Secretary for Legislation at Health and Human Services; Mr. Jason Freihage, Deputy Assistant Secretary for Management at the Office of the Assistant Secretary for Indian Affairs at the Department of Interior; the Honorable Talbert Cypress, Chairman, Miccosukee Tribe of Indians in Miami, Florida.

Senator Padilla, would you like to introduce your witness?

**STATEMENT OF HON. ALEX PADILLA,
U.S. SENATOR FROM CALIFORNIA**

Senator PADILLA. Thank you, Mr. Chair, and thank you, Vice Chair Murkowski, for the hearing today.

I am honored to introduce Erica Pinto, the Chairwoman of Jamul Indian Village in California, who will be testifying today, albeit remotely. I also welcome the several members of the tribal council who are in the audience.

Ms. Pinto proudly serves as the first woman elected as chair of Jamul since 2015. She has been involved with the tribal council for over 23 years, having first become a council member at the age of 21.

Her leadership extends well beyond the tribe, however. Ms. Pinto also serves on tribal advisory committees for the Departments of Health and Human Services and the Interior, where she advises Federal agencies on intra-governmental responsibilities and obligations.

She has consistently led on efforts to improve tribal health care and to bring additional focus to the missing and murdered indigenous peoples crisis.

As chairwoman, Ms. Pinto has led the tribes to significant economic progress on their path to self-reliance. She grew up with her three brothers on the Jamul Indian Village and reservations, where she witnessed firsthand the hardships her people faced. Her mother was also very active in tribal government for several decades, so her leadership and commitment to serve the tribe comes as no surprise.

S. 3857, the legislation before this Committee today, would place approximately 172 acres of land into trust for the benefit of the tribe. After years of sacrifice and their efforts to achieve self-determination, the Jamul Indian Village deserves a true homeland to preserve their sacred history and bring together their community for generations to come.

It has been an honor to work alongside the chairwoman and the entire tribe on this, as we seek not just to permanently safeguard their home but maintain their rich history and traditions for future generations. I want to thank Chairwoman Pinto for her leadership and for her testimony today.

Mr. Chair, before I close, I would just like to make a brief comment to Deputy Secretary Freihage. I want to thank you for your testimony today and the BIA's support for this legislation. We have been in touch with the Bureau also on several tribal gaming applications submitted by tribes in California.

I would like to formally request a BIA "in-person consultation" with the impacted tribal governments who have weighed in on these applications but have been unable to meet with leadership at the Bureau or the Department, here in Washington, in person, to address their concerns. It is imperative that the department meet with these tribes and live up to their tribal consultation commitments.

With that, thank you again, Mr. Chairman, for this hearing.

The CHAIRMAN. Thank you, Senator Padilla.

Vice Chair Murkowski?

Senator MURKOWSKI. Thank you, Mr. Chairman.

I would like to introduce a witness that is joining us virtually, from Alaska. Brian Lefferts is a Commander in the U.S. Public Health Service Commission Corps. He currently serves as the Director of Public Health at the Yukon Kuskokwim Health Corporation in Bethel, Alaska. This is a tribal non-profit health care organization serving 58 communities in southwest Alaska.

Commander Lefferts has spent 18 years with YKHC, serving several positions, working on a wide array of public health issues, including disease investigation, population health management, nutrition, and environmental health. I am looking forward to his testimony on S. 4365, and his insights into the real-world impact of animal overpopulation and the risks of rabies within our rural communities.

The CHAIRMAN. Thank you, Vice Chair.

We will now proceed to our testimony. We would like everybody to confine their remarks to five minutes or less, and we will start with the Honorable Melanie Anne Egorin. Please proceed with your testimony.

**STATEMENT OF HON. MELANIE ANNE EGORIN, PH.D.,
ASSISTANT SECRETARY, U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

Ms. EGORIN. Good afternoon, Chairman Schatz, Vice Chair Murkowski, and members of the Committee. Thank you for the opportunity to provide testimony on an important legislative proposal before your Committee, and for your continued support for the Department and the Indian Health Service in its efforts to health and well-being of American Indians and Alaska Natives.

I am Melanie Anne Egorin, the Assistant Secretary for Legislation at the Department of Health and Human Services. It is my pleasure to join the Committee again, as we work together to combat the public health challenges in tribal communities.

The Department and IHS agree that the increase in injuries and zoonotic disease spread by animals in Indian Country represents a significant public health issue for tribal members in these rural communities. In recent years, free-roaming domestic animals have contributed to rabies outbreaks on tribal lands, human deaths due to zoonotic diseases, and severe injury and deaths due to mauling.

The Department is working as a whole through diverse offices and mission areas to address the public health concerns related to zoonotic diseases, including but not limited to rabies. The IHS already coordinates with and assists tribes with animal population control efforts to the extent practicable but within its authorities.

Additionally, the Centers for Disease Control and Prevention and the Commissioned Corps of the United States Public Health Service help to lead the department's efforts on the national surveillance of and education about rabies and other zoonotic diseases.

While it recognizes the importance of this emergent threat in Indian Country, the IHS has to balance its limited resources to deliver direct services to its defined population while combating a number of unique public health challenges facing Indian Country. The Biden Harris Administration has advocated for additional resources to combat these growing threats in Indian Country and is committed to fighting to reduce health disparities impacting tribal members.

The IHS has examined first-hand and heard directly from tribes, especially those in northern Alaska, about the real public health risk from the high rates of dog bite injuries in tribal communities. Over the past five years, there have been over 200 patients hospitalized from dog bite injuries or attacks and an additional 24,000 who received ambulatory services at IHS clinics. The Navajo, Alaska, Great Plains, and Phoenix Areas have had the highest numbers of bite-related hospitalizations over the last five years. We know that tribes are desperate for assistance in addressing the problems at its source.

The IHS authorizing statute does not currently convey authority to carry out veterinary services. As IHS does not have this authority, there is no authority for a tribal health program to add veterinary services to its ISDEA agreement. Within their authority, the IHS, CDC and USPHS collaborate in careful coordination with other tribal, Federal, State, county and external partners to reduce the risk of zoonotic disease spread in Indian Country.

The IHS Division of Environmental Health Services staff work on surveillance, training and capacity building, and have been involved for decades with novel vector borne and zoonotic diseases in Indian Country. It also coordinates with outside partners to facilitate the delivery of spay, neuter, and rabies clinics for domestic dogs and cats and has worked with Federal partners like USDA on zoonotic disease prevention and risk factor reduction projects.

The U.S. Department of Agriculture's Animal and Plant Inspection Service has collaborated with the IHS Division of Environmental Health Services at the local level as needed on zoonotic disease prevention or risk factor reduction projects.

The CDC has conducted several surveillance evaluations to characterize the risk of rabies in tribal lands in several high-risk communities in the southwest United States. Rabies testing and reporting rates are up to 15 times lower compared to their non-tribal adjacent communities, in part because tribal communities do not have their own rabies laboratories. The highest risk for rabies re-introduction lies in tribal lands where free-roaming dog populations remain a major public health issue. For example, as the Vice Chair

noted, the Navajo Nation is home to approximately 250,000 free-roaming dogs with many remaining unvaccinated against rabies.

The Veterinary Services for Improved Public Health in Rural Communities Act would work to combat this public health crisis. The department shares the goals of the drafters to combat zoonotic disease spreading in IHS areas and ensure that tribal members throughout Indian Country are protected with robust public health outbreak prevention. Like the bill's drafters, the department and IHS are looking to improve the response to zoonotic related disease and improve the safety of tribal communities.

That being said, the bill in its current form does not include any additional resources for the department to stand up a new program without compromising its efforts to provide direct care, address other longstanding inequities or combat other emergent public health challenges in Indian Country.

We look forward to continuing to work with Congress on improving the health of tribal populations, including the issues related to this bill. As always, HHS welcomes the opportunity to provide technical assistance as requested by the Committee and its members.

Thank you again for this opportunity to testify. I am happy to answer your questions.

[The prepared statement of Ms. Egorin follows:]

PREPARED STATEMENT OF HON. MELANIE ANNE EGORIN, PH.D., ASSISTANT
SECRETARY, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Good afternoon Chair Schatz, Vice Chair Murkowski, and Members of the Committee. Thank you for the opportunity to provide testimony on an important legislative proposal before your Committee, and for your continued support of the Indian Health Service (IHS) and efforts from the Department of Health and Human Services to improve the health and well-being of American Indians and Alaska Natives (AI/AN). Your consideration today of S. 4365, the *Veterinary Services to Improve Public Health in Rural Communities Act* underscores that commitment to improving the quality of life in Indian Country.

I am Melanie Anne Egorin, the Assistant Secretary for Legislation (ASL) at the Department of Health and Human Services (HHS or Department). My office serves as the primary link between the Department and Congress. The Office of the ASL provides technical assistance on legislation to Members of Congress and their staff, facilitates informational briefings relating to Department programs to support policy development by Congress, and supports implementation of legislation passed by Congress. It is a pleasure to join the Committee again, as we work together to combat the public health challenges in tribal communities.

Background

The Department and the IHS agree that the increase of injuries and zoonotic disease spread by domesticated and wild animals in Indian Country represents a significant public health issue for tribal members in these rural communities. There are an estimated 70 million stray dogs and cats in the U.S., Tribal Lands, and territories, which contribute to traumatic events and injuries, zoonotic disease spread, and road traffic accidents. In recent years, free-roaming domestic animals have contributed to rabies outbreaks on Tribal lands, human deaths due to zoonotic diseases, and severe injury and death due to mauling.

The Department is working as a whole through diverse offices and mission areas to address the public health concerns related to zoonotic diseases, including rabies. The IHS already coordinates with and assists tribes with animal population control efforts to the extent practicable within its authorities. Additionally, the Centers for Disease Control and Prevention (CDC) and the Commissioned Corps of the United States Public Health Service (USPHS) help to lead Department efforts on the national surveillance of and education about rabies and other zoonotic diseases.

The IHS operates its mission, in partnership with AI/AN tribal communities, through a network of over 600 federal and tribal health facilities and 41 Urban In-

dian Organizations that are located across 37 states and provide health care services to approximately 2.87 million AI/AN people annually.

As you may know, appropriated funds to the IHS are used to provide health care to IHS-eligible AI/ANs—the IHS’ defined service population. The Department and the IHS have worked hard to prioritize resources provided by Congress to ensure that patients have access to accessible—and affordable—quality care. The IHS works hard every day to ensure that limited resources are used wisely to ensure the greatest impact on its defined service population—from direct care services to sanitation and facilities construction, and health care facilities construction.

While it recognizes the importance of this emerging threat to Indian Country, the IHS has to balance its limited resources to deliver direct services to its defined population while combating a number of unique public health issues facing Indian Country, including the fentanyl and opioid crisis, the maternal mortality crisis, domestic and interpersonal violence, and high diabetes rates—to name a few. The Biden Harris Administration has advocated for additional resources to combat these growing threats in Indian Country and is committed to fighting to reduce health disparities impacting tribal members.

IHS Health Issues Related to Rabies Incidents in Rural Communities

The IHS has examined first-hand and heard directly from tribes about the real public health risk from the high rates of dog bite injuries in AI/AN communities. Over the past five years, there have been over 200 patients hospitalized from dog bite injuries or attacks at IHS clinics. The Navajo and Alaska Areas have had the highest number of bites requiring hospitalizations. During that same period, there were over 24,000 patients receiving ambulatory care from dog bites. The Navajo, Alaska, Great Plains, and Phoenix Areas have had the highest numbers of bite-related hospitalizations over the last 5 years.

The IHS has also heard from tribes—especially from those in Northern Alaska—who are desperate for assistance addressing the problem at its source. A multitude of challenges have created a perfect storm for risk of injury and disease spread from animals in especially rural areas. AI/ANs living on reservations often have little to no access to veterinary care. Gaps exist in the availability of free rabies vaccines to rural pets, resulting in a higher risk of rabies exposure in humans and animals. The lack of regular parasite control for pets in these areas has led to an increased risk of exposure to transmissible parasites to human beings. There is also a lack of access to veterinary spay-neuter surgery to reduce unplanned litters, which has led to an overpopulation of strays and abandoned dogs—thus increasing exposure to disease, parasite infestation, and dog bites.

The Indian Self-Determination and Education Assistance Act (ISDEAA) only authorizes contracts for certain programs prescribed by Congress. As the Committee knows, the IHS’ foundational purpose is to provide health care for AI/ANs. IHS’ authorizing statutes do not currently convey authority to carry out veterinary services. As IHS does not have the authority, there is no authority for a tribal health program to add the activity to its ISDEAA agreement.

HHS Public Health Surveillance, Education, and Partnerships

Within their authorities, the IHS, the CDC, and USPHS collaborate in careful coordination with other tribal, federal, state, county, and external partners to reduce the risk of zoonotic disease spread in Indian Country. The IHS Division of Environmental Health Services staff work on surveillance, training, and capacity building, and have been involved for decades with novel vector borne and zoonotic diseases not previously identified in Indian Country. This Division has implemented Hantavirus and Rocky Mountain Spotted Fever prevention strategies, conducted arbovirus surveillance and risk reduction strategies, and assisted tribal communities in the development of and adoption of lay vaccinator programs for rabies virus. It has also coordinated with outside partners to facilitate the delivery of spay, neuter, and rabies clinics for domestic dogs and cats. The U.S. Department of Agriculture’s Animal and Plant Inspection Service has collaborated with the IHS Division of Environmental Health Services at the local level as needed on zoonotic disease prevention or risk factor reduction projects.

The CDC collects data on domestic human rabies cases and conducts near real-time animal rabies surveillance in 54 jurisdictions, including Alaska, through the National Rabies Surveillance System. No Tribal communities have their own rabies laboratories and therefore they rely on relevant state laboratories for all testing. This may present a barrier to sample collection, testing, and reporting, which further obscures the burden of rabies in these communities. The CDC has conducted several surveillance evaluations to characterize rabies risks in Tribal Lands. In several high-risk Tribal communities in the southwestern U.S., rabies testing and re-

porting rates are up to 15-times lower compared to their adjacent non-Tribal communities.

An evaluation of the risk of rabies re-introduction into the U.S. found that the highest risk is in Tribal Lands where free roaming dog populations remain a major public health issue. It was found that the Navajo Nation is home to approximately 250,000 free roaming dogs, with many remaining unvaccinated against rabies. Rabies risk mapping performed by CDC, which considers road connectivity, urbanicity, and human-to-unvaccinated dog ratios found that up to 185,000 unvaccinated dogs likely reside in areas that could support and sustain dog-to-dog transmission of rabies. This highlights the realistic potential for reintroduction of dog-mediated rabies or spillover from local rabies reservoir wildlife in the Navajo Nation. These findings likely reflect similar vulnerabilities in other Tribal Lands across the United States.

S. 4365, Veterinary Services to Improve Public Health in Rural Communities Act

The *Veterinary Services to Improve Public Health in Rural Communities Act* would amend the Indian Health Care Improvement Act to combat zoonotic disease outbreaks and advance public health preparedness for Native communities, Alaska Native villages, or Indian reservations, including by providing spay and neuter services and vaccinations for animals.

S. 4365 would authorize the Secretary to expend funds for public health veterinary services to prevent and control zoonotic disease infection and transmission in IHS Service areas where the risk for disease occurrence in humans and wildlife is endemic. The bill would also enable the Secretary to deploy veterinary public health officers from USPHS to IHS Service areas to combat, prevent and control zoonotic disease infection and transmission in IHS Service areas where the risk is endemic.

The proposed legislation also mandates the Secretary and IHS to coordinate with the Director of the CDC, and the Secretary of Agriculture. Further, the bill would require the Secretary of HHS to submit to certain Committees in Congress on a biennial basis, a report on the use of funds, the assignment and deployment of veterinary public health officers from the USPHS, data related to the monitoring and disease surveillance of zoonotic diseases, and related services provided under the proposed legislation. Finally, S. 4365 would amend the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act, to include the Director of the IHS, in the “One Health framework.”

Controlling the pet population would decrease the incidence of dog bites, which have caused an increase of injuries and deaths on Tribal Lands. This bill would potentially limit the incidence and spread of zoonotic diseases and also allow people to walk safely in their communities. The Department shares the same goal as the drafters—to combat zoonotic disease spreading in IHS Service areas and ensure that tribal members throughout Indian Country are protected with robust public health outbreak prevention. Like the bill’s drafters, the Department and IHS are looking to improve response to any zoonotic related disease and improve safety in tribal communities.

That being said, the bill, in its current form, does not include any additional resources for the Department to stand up a new program without compromising its efforts to provide direct care or combat other emergent public health challenges in Indian Country. The legislation could include language to authorize such sums that may be necessary to provide these services in Indian Country and the Appropriations Committees could then be able to decide whether to fund these new activities.

We look forward to continuing our work with Congress on improving the health of AI/AN populations including the issues related to this bill. As always, HHS welcomes the opportunity to provide technical assistance as requested by the Committee or its members.

Thank you again for the opportunity to testify today, and I am happy to answer any questions the Committee may have.

The CHAIRMAN. Thank you very much.

Mr. Freihage, please proceed with your testimony.

STATEMENT OF JASON FREIHAGE, DEPUTY ASSISTANT SECRETARY OF MANAGEMENT, INDIAN AFFAIRS, U.S. DEPARTMENT OF THE INTERIOR

Mr. FREIHAGE. Good afternoon, Chairman Schatz, Vice Chairman Murkowski, and members of the Committee. My name is Jason Freihage. I am the Deputy Assistant Secretary for Management in

the Office of the Assistant Secretary for Indian Affairs at the Department of the Interior. Thank you for the opportunity to present testimony on S. 2783, Miccosukee Reserved Area Amendments Act, S. 3406, Technical Corrections to the Northwestern New Mexico Rural Water Projects Act, Taos Pueblo Indian Water Rights Settlement Act, and Aamodt Litigation Settlement Act, and S. 3857, Jamul Indian Village Land Transfer Act. The department supports S. 2783, S. 3406, and S. 3857.

S. 2783 would amend the Miccosukee Reserved Area Act by expanding the Miccosukee Reserved Area to include Osceola Camp, which is within the boundaries of Everglades National Park. The National Park Services currently authorizes management of the Camp through a Special Use Permit.

S. 2873 would guarantee the permanence and protection of the Camp and eliminate the need for recurring permit approval. The bill would also authorize appropriations, not more than a total of \$14 million, to safeguard Camp structures from flooding events. The department supports S. 2783.

S. 3406 would amend the Omnibus Public Land Management Act of 2009 and the Claims Resolution Act of 2010 to authorize funding for the Navajo Nation Water Resources Development Trust Fund, the Taos Pueblo Water Development Fund, and Aamodt Settlement Pueblos Fund, amounts that would have accrued if the department had the authority to invest those funds upon appropriation.

Four Indian water rights settlements, the Taos Pueblo Indian Water Rights Settlement Act, the Aamodt Litigation Settlement Act, and the Duck Valley Settlement and the Crow Tribe Water Rights Settlement Act of 2010 contain provisions that authorize an investment of monies into settlement trust fund accounts after their enforceability date.

The enforceability date is effective when the Secretary finds that all conditions for the full effectiveness and enforceability of the settlement occurred and is published in the Federal Register. But the Northwestern New Mexico Rural Water Projects Act, or Navajo Settlement, also allowed an investment of monies into the Navajo Nation's resource development trust fund only upon a specified date certain 10 years after the enactment date. These provisions prohibited the department from investing trust fund monies before the enforceability date or a date certain.

But the department mistakenly invested trust fund monies when they were appropriated and before the enforceability date. When the department discovered its error, the department's solicitor's office determined that the amounts earned prior to the date that the funds were authorized to be invested conflicted with the Anti-Deficiency Act, and those funds must be returned to the Treasury. Soon after, the department then returned all interest monies accrued prior to the authorized date back to Treasury.

The provisions contained in the five water settlements that prohibit the investment until the enforceability date or a date certain is reached are not common in Indian water rights settlements. The department supports S. 3406, to put those water settlements on par with other Indian water rights settlements.

S. 3857 would place approximately 172.1 acres of land located in San Diego, California, into trust for the benefit of the Jamul Indian

Village. The bill makes the land that are owned in fee by the tribe part of the reservation for the Jamul Indian Village and includes a prohibition against Class II and Class III gaming under the Indian Gaming Regulatory Act.

The parcels to be transferred into trust are Daisy Drive, which is the main access road into the tribe's existing trust land, a parcel that contains a culturally significant church and cemetery and two parcels that the tribe plans to use for housing development, a clinic and an administration building.

The department supports S. 3857. The restoration of tribal homelands continues to be a priority for the department and Biden Administration.

Chairman Schatz, Vice Chair Murkowski, and members of the Committee, thank you for the opportunity to provide the department's views.

[The prepared statement of Mr. Freihage follows:]

PREPARED STATEMENT OF JASON FREIHAGE, DEPUTY ASSISTANT SECRETARY OF MANAGEMENT, INDIAN AFFAIRS, U.S. DEPARTMENT OF THE INTERIOR

Good afternoon, Chairman Schatz, Vice Chairman Murkowski, and members of the Committee. My name is Jason Freihage, and I am the Deputy Assistant Secretary of Management for Indian Affairs at the Department of the Interior (Department). Thank you for the opportunity to present testimony on S. 2783, "*Miccosukee Reserved Area Amendments Act*," S. 3406, "*Technical Corrections to the Northwestern New Mexico Rural Water Projects Act, Taos Pueblo Indian Water Rights Settlement Act, and Aamodt Litigation Settlement Act*," and S. 3857, "*Jamul Indian Village Land Transfer Act*."

S. 2783, Miccosukee Reserved Area Amendments Act

S. 2783 would amend the Miccosukee Reserved Area Act by authorizing expansion of the Miccosukee Reserved Area to include Osceola Camp (Camp), which is situated within the boundary of Everglades National Park. The bill would uphold the sovereignty of the Miccosukee Tribe of Indians and ensure the Camp remains within the landscape of Everglades National Park in perpetuity. The NPS currently authorizes management of the Camp through a Special Use Permit; this bill would ensure permanence and protection of the Camp and eliminate the need for recurring permit approval. Additionally, the bill would authorize appropriations of such sums as necessary, but not more than a total of \$14,000,000, to safeguard structures within the Camp from flooding events.

The Department supports S. 2783.

S. 3406, Technical Corrections to the Northwestern New Mexico Rural Water Projects Act, Taos Pueblo Indian Water Rights Settlement Act, and Aamodt Litigation Settlement Act

S. 3406 would amend the Omnibus Public Land Management Act of 2009 and the Claims Resolution Act of 2010 to authorize funding for deposit into the Navajo Nation Water Resources Development Trust Fund, the Taos Pueblo Water Development Fund, and the Aamodt Settlement Pueblos' Fund equivalent to the amounts that would have accrued to the trust funds if the Department had the authority to invest the funds upon appropriation.

In the 111th Congress, four Indian water rights settlements (the Taos Pueblo Indian Water Rights Settlement Act, Pub. L. No. 111–291; the Aamodt Litigation Settlement Act, Pub. L. No. 111–291; the Duck Valley settlement, Pub. L. No. 111–11; and the Crow Tribe Water Rights Settlement Act of 2010, Pub. L. No. 111–291) included provisions authorizing an investment of monies into the settlement trust funds after the enforceability date. The enforceability date is effective when the Secretary finds that all conditions for the full effectiveness and enforceability of the settlement had occurred and publishes that finding in the Federal Register. The Northwestern New Mexico Rural Water Projects Act, Pub. L. No. 111–11, (Navajo Settlement), also allowed for the investment of monies into the Navajo Nation Resources Development Trust Fund, only upon a specified date certain ten years after the enactment date.

These provisions prohibited the Department from investing trust fund monies before the enforceability date or a date certain. However, the Department mistakenly started investing trust fund monies when they were appropriated, which was before the enforceability date. When the Department discovered this error, the Department's Solicitor's Office determined that the interest amounts earned prior to the date that the funds were authorized to be invested were contrary to the Antideficiency Act and, in accordance with 31 U.S.C. § 3302, must be returned to Treasury. The Department then returned all interest monies accrued prior to the authorized date back to Treasury.

The issue that S. 3406 addresses is a provision in certain Indian water rights settlements that prohibited investment until the enforceability date was reached. This provision is not common in Indian water rights settlements. Similar provisions appeared in other settlements enacted in 2009–2010, including the Crow Tribe Water Rights Settlement Act of 2010; the Taos Pueblo Indian Water Rights Settlement Act; the Aamodt Litigation Settlement Act; and the Navajo- Gallup Water Supply Project and Navajo Nation Water Rights. In each of these settlements, funds were inadvertently invested and returned to Treasury. The Department supported similar legislation to resolve this issue, and thus supports S. 3406 to correct this issue for the Northwestern New Mexico Rural Water Projects Act, the Taos Pueblo Indian Water Rights Settlement Act, and the Aamodt Litigation Settlement Act.

S. 3857, Jamul Indian Village Land Transfer Act

S. 3857 would place approximately 172.1 acres of land located in San Diego, California, and owned in fee by the Jamul Indian Village into trust for the benefit of the Jamul Indian Village. The bill makes the lands part of the reservation for the Jamul Indian Village and includes a prohibition against class II and class III gaming under the Indian Gaming Regulatory Act.

The parcels to be transferred into trust are comprised of: a parcel with Daisy Drive, which is the main access road into the Jamul Indian Village's existing trust land; a parcel that contains a culturally significant church and cemetery; and two parcels that the Jamul Indian Village plans to use for housing development, a clinic, and an administration building.

The Department supports S. 3857. The restoration of Tribal homelands is a priority for the Department and Biden Administration.

The CHAIRMAN. Thank you very much.

We will now recognize the Honorable Talbert Cypress, Chairman of the Miccosukee Tribe of Indians in Miami, Florida.

**STATEMENT OF HON. TALBERT CYPRESS, CHAIRMAN,
MICCOSUKEE TRIBE OF INDIANS**

Mr. CYPRESS. Good afternoon, Chair Schatz and Vice Chair Murkowski and members of the Committee. Thank you for the opportunity to appear virtually before you today.

I am Talbert Cypress, Chairman of the Miccosukee Tribe of Indians of Florida, a federally recognized tribe located in the Greater Everglades in South Florida. The views expressed herein are those of the Miccosukee Tribe.

I appreciate the opportunity to discuss S. 2783, the Miccosukee Reserved Area Amendments Act, which would expand the current boundaries of the Miccosukee Reserved Area to include the Osceola Camp. Thank you also to Senator Scott and Senator Rubio for sponsoring this legislation.

We strongly support S. 2783, which would ensure appropriate governance for the Osceola Camp and authorize funding to elevate structures in the Camp to protect it from artificially engineered floodwaters from the Central Everglades Planning Project.

The Miccosukee Tribe was federally recognized in 1962, and after that recognition, our villages within Everglades National Park were managed with a Special Use Permit granted by the National Park Service from 1964 to 1998. In 1998, Congress passed the

Miccosukee Reserved Area Act. The concept for this Act was to provide a legal framework under which members of the tribe could live permanently and govern their own affairs in villages set aside for the tribe's use within the Park.

The Miccosukee Reserved Area Act of 1998 has been a resounding success for the tribe and for Everglades National Park, our residential community has been protected and the right to self-government facilitated. The national park, its waters and visitor access have been well protected.

However, there remains one Special Use Permit within Everglades National Park which still facilitates the occupancy of an outlying village. This is my father's village, called the Osceola Camp, after descendants of the war leader Osceola who was executed after being captured under a flag of truce during the Second Seminole War.

My ancestors have lived in the Osceola Camp for generations, but the Camp continues to be subject to Special Use Permit renewal by Everglades National Park. The bill under consideration today would finally complete the protection of the tribal communities remaining within Everglades National Park.

I truly appreciate the opportunity to address this Committee. Thank you for your support.

[The prepared statement of Mr. Cypress follows:]

PREPARED STATEMENT OF HON. TALBERT CYPRESS, CHAIRMAN, MICCOSUKEE TRIBE
OF INDIANS

Good morning, Chair Schatz, Vice Chair Murkowski, and members of the Committee, thank you for the opportunity to appear before you today. I am Talbert H. Cypress, Chairman of the Miccosukee Tribe of Indians of Florida, a federally-recognized tribe located in the Greater Everglades in South Florida. The views expressed herein are those of the Miccosukee Tribe, a sovereign tribe recognized pursuant to the Indian Reorganization Act of 1934. I appreciate the opportunity to discuss S. 2783, the Miccosukee Reserved Area Amendments Act, which would expand the current boundaries of the Miccosukee Reserved Area (or "MRA") to include the Osceola Camp. Thank you also to Senators Rubio and Scott for sponsoring this legislation. If enacted, S. 2783 would make amendments to the Miccosukee Reserved Area Act of 1998, legislation that set aside inhabited Tribal lands within Everglades National Park for the benefit of the Miccosukee Tribe of Indians of Florida and our constituents. We strongly support S. 2783, which would ensure appropriate governance for the Osceola Camp and authorize funding to elevate structures in the camp to protect it from artificial engineered floodwaters from a Congressionally authorized project, the Central Everglades Planning Project.

Expansion

The current boundaries of the Miccosukee Reserved Area were delineated by the Miccosukee Reserved Area Act of 1998, Public Law 105-313. This Act brought under Tribal jurisdiction a stretch of land on the northern edge of Everglades National Park which has been inhabited by the Tribe for generations since the original villages and designated state reservation of 99,000 acres within Everglades National Park were evicted as a result of the creation of the Park and subsequent wilderness-style management. Following the Tribe's 1962 federal recognition, the villages which were established within this strip of land within the borders of the Park were managed as a Special Use Permit of the national park from 1964 until 1998.

In 1998, Congress passed the Miccosukee Reserved Area Act, predicated on the finding that "[t]he interests of both the Miccosukee Tribe and the United States would be enhanced by a further delineation of the rights and obligations of each with respect to the Special Use Permit Area and to the Park as a whole." Public Law 105-313, § 2. An important goal of this 1998 legislation was to "replace the special use permit with a legal framework under which the Tribe can live permanently and govern the Tribe's own affairs in a modern community within the Park." *Id.* at § 3. The Act further provided that "the Tribe shall govern its own affairs and oth-

erwise make laws and apply those laws in the MRA as though the MRA were a Federal Indian reservation.” *Id.* at § 5(a)(3).

This same Act provided for the protection of Everglades National Park alongside the rights of the Tribe within the Miccosukee Reserved Area. Section 6 of the Act provides, among other environmentally protective measures, that the Tribe shall be responsible for “compliance with all applicable laws” and “shall prevent and abate degradation of the quality of surface or groundwater that is released into other parts of the Park,” and “shall not impede public access to those areas of the Park outside the boundaries of the MRA,” and that no gaming shall be permitted to be conducted on the MRA.

The Miccosukee Reserved Area Act of 1998 has, by all accounts, been a resounding success for the Tribe and for Everglades National Park. Our residential community has been protected and our effective self-government therein has been facilitated. The National Park, its waters, and its visitor access have been well protected and Tribal impacts kept within the borders of the Miccosukee Reserved Area. However, there remains one Special Use Permit within Everglades National Park which still facilitates the occupancy of an outlying village that is approximately six (6) miles down US-41 (the Tamiami Trail) from the Miccosukee Reserved Area.

This is my father’s village, called the Osceola Camp, after descendants of the war leader Osceola who was executed after being captured under a flag of truce by General Thomas Jessup in 1837 during the Second Seminole War. My ancestors have lived in the Osceola Camp for generations, but within its borders our existence continues to be subject to Special Use Permit renewal by Everglades National Park. The proposed Miccosukee Reserved Area Amendments Act introduced here, S. 2783, would finally complete the protection of the Tribal communities remaining within Everglades National Park. The area proposed to be included into the MRA consists of the tree island on which the Osceola Camp is located and a fire break extending out from the island which will protect the Tribal community and facilitate continued Everglades National Park prescribed burns.

The incorporation of these thirty (30) acres into the MRA will create a much more consistent legal framework for Tribal residents and law enforcement personnel living and working along the northern border of Everglades National Park. Once the Osceola Camp becomes a part of the MRA, residents can be included demographically as residents of Tribal lands and can more effectively avail themselves of Tribal emergency and infrastructure services funded by the Tribal government.

Elevation

While we strongly support S. 2783’s expansion of the Miccosukee Reserved Area, the second component of this bill is equally, if not more, important. Our homelands have been significantly impacted and altered by drainage authorized by Congress in 1948 as the Central and Southern Florida Project. Our northern homelands have been flooded and polluted, while our southern homelands have been dehydrated. The Comprehensive Everglades Restoration Plan authorized by Congress in 2000 includes the Central Everglades Planning Project, itself authorized in 2016. This project, when completed, will restore the natural flow to a three mile stretch of the Everglades, where a portion of the Levee 29 will be removed north of a bridge which has been built to span the stretch.

However, the Osceola Camp is right in the flow way of the water which will be released when the levee is degraded. The authorization of appropriation included within this bill, of \$14,000,000 (fourteen million dollars), will provide funding for the work already begun by the National Park Service and Florida Department of Transportation to elevate the camp and its traditional structures above the new floodplain height, in tandem with the Tamiami Trail Next Steps Project which is elevating the roadway to protect it from the rising water levels. As the village is on the border of the US-41 (Tamiami Trail) roadway, this approach is efficient and harmonized with the existing authorized projects. However, without this funding and the engineering support that comes with it, the Tribe will again bear the brunt of the environmental impacts from the manipulation of the ecosystem that we live within, and the village will be under substantial and untenable risk of frequent flooding.

This is one of the only remaining Tribal tree islands inhabited by a substantial residential community. My parents and grandparents’ generation lived on many more tree islands throughout the Greater Everglades. When the Army Corps of Engineers began the dredging and channelization of the Everglades in the 1940s, our elders remember federal officials promising that, should floodwaters over top our traditional tree islands, they would be elevated at the federal government’s expense. They were not. To date, we have lost more than 60 percent of the land mass of the tree islands within the Miccosukee Water Conservation Area 3-A. Our people mourn this loss, and we call on Congress to not repeat this history as further ma-

nipulations of the ecosystem move forward. The projects are positive ones which repair the harms of past drainage, dredging, and channelization, but the Tribe must ensure that this time, our residential communities are protected from floods.

Conclusion

In conclusion, S. 2738 would elevate the village at Osceola Camp, and transition the Osceola Camp from the Special Use Permit model to inclusion within the Miccosukee Reserved Area. We strongly support S. 2738 because this legislation will enable the United States to fulfill its trust obligation to the Miccosukee Tribe of Indians of Florida by simultaneously protecting this Tribal village from flood impacts and ensuring its perpetual Indigenous self-governance.

I truly appreciate the opportunity to address this Committee and thank you for the support you have shown to tribes and our sovereignty. I look forward to any questions you may have.

Shonabisha (Thank you).

The CHAIRMAN. Thank you, Mr. Chairman. We really appreciate it.

We will now recognize the Honorable Erica Pinto, the Chairwoman of the Jamul Indian Village of California. Welcome.

STATEMENT OF HON. ERICA PINTO, CHAIRWOMAN, JAMUL INDIAN VILLAGE OF CALIFORNIA

Ms. PINTO. Thank you, Chairman Schatz, Vice Chair Murkowski, and distinguished members of the Committee. My name is Erica Pinto, and I have the honor to serve as Chairwoman of the Jamul Indian Village of California. My mother is Carlene Chamberlain, and my father is Jessie Pinto, Sr. I would like to acknowledge our team in the room, the Jamul Council, also Kerry and Craig, and all the Jamul tribal members who are watching. I thank all those who came before us.

Thank you for the opportunity to testify on S. 3857, the Jamul Indian Village Land Transfer Act. I have submitted written testimony that discusses my tribe's history, our perseverance, and our need for additional trust lands.

I plan to focus my remarks this afternoon on our vital need for trust lands to ensure access to our reservation, to protect our cemetery and church, and to return my people to our ancestral homeland. My ancestors were a band of Kumeyaay Indians known as the Jamul Band, where people have continuously resided on a portion of our aboriginal territory in southern California since long before the arrival of the Spanish. For generations, we were without an officially declared land base until the Catholic diocese received a grant of our ancestral cemetery for the purpose of an Indian graveyard. The cemetery is the final resting place for nearly all of our relatives and ancestors dating back to the 1800s.

The diocese later built a small church on the land in the early 1900s and allowed us to reside together, remain close to each other, near our ancestors, and practice our culture and traditions. Our commitment to remain there despite the poor living conditions and attempts to move us speaks to our love, dedication, and connection to the cemetery and the surrounding lands.

In the 1970s, the Secretary of the Interior initially took 4.6 acres into trust to establish our reservation. Until the early 1980s, the people lacked basic utilities like running water and electricity. Living conditions for our people were deplorable. One shallow well supplied contaminated drinking water for our members. Our hous-

ing was primarily small shacks made up of scrap materials and dilapidated trailers.

We did without basic amenities in order to remain on our ancestral lands near our cemetery, to protect our way of life. The Department of Interior last exercised its authority to accept land into trust for our tribe in 1982, when it approved a 1.3 acre fee-to-trust transfer.

Over time, our ancestral lands have diminished from over 640 acres to only six acres, which now comprises our entire land base, one of the smallest reservations in the Nation. Since the tribe's lands were accepted into trust, we have done our very best to maximize the use of our land.

In 2005, we made the extremely difficult decision to move off the reservation with the dream of a better life of becoming self-sufficient and not relying on the Federal Government. We wanted to be able to provide much-needed services to our members.

However, the relocation from our ancestral lands resulted in a significant loss of culture, language, community, and even life since we have been unable to reside together and care for one another.

S. 3857 accepts these parcels of land into trust for the tribe's benefit. The land is located within our ancestral territory in rural San Diego County. Since this bill prohibits gaming, it is important for this Committee to know that the tribe cannot use these lands for gaming purposes once accepted into trust.

The bill protects access to our reservation, preserves our ancestral cemetery and church, protects our sacred sites, and it allows us to bring our people home once and for all. In addition to tribal housing, we plan to build a health care facility, a tribal administration building, a cultural center, a park, a police station, and a commercial kitchen to serve our members traditional foods.

Bringing back our members together and providing them with access to our cultural sites, access to our traditional foods, and improve services and resources is not only something our people have longed for; it is vital to ensure our continued existence, to exercise self-determination and most importantly, exercise our tribal sovereignty.

Thank you again to the Committee for holding this hearing and for your consideration of S. 3857, the Jamul Indian Village Land Transfer Act. On behalf of my tribe, I would like to thank Senators Padilla and Butler for their sponsorship of this legislation and for their hard work and commitment to Indian Country.

With that, I am happy to answer any questions the Committee may have. Thank you.

[The prepared statement of Ms. Pinto follows:]

PREPARED STATEMENT OF HON. ERICA PINTO, CHAIRWOMAN, JAMUL INDIAN VILLAGE OF CALIFORNIA

Chairman Schatz and distinguished Members of the Senate Committee on Indian Affairs, my name is Erica M. Pinto, and I have the honor to serve as Chairwoman of the Jamul Indian Village of California (the "Tribe" or "JIV"). Thank you for the opportunity to provide testimony on S. 3857, the Jamul Indian Village Land Transfer Act, and thank you to Senator Padilla, as the bill's sponsor, and Senator Butler, as co-sponsor, for their dedication to represent the interests of the Native American tribes in the State of California, and in particular for their notable efforts on S. 3857.

History of the Jamul Indian Village

JIV's 6-acre Reservation, one of the smallest in the United States, is located in a rural area east of downtown San Diego, California. The Tribe's ancestors were a band of Kumeyaay (Mission-Diegueño) Indians known as the Jamul Band, who historically occupied their village territory in the Jamul Valley northwest of the San Ysidro Mountains. The Jamul Band were known as Mission Indians of California because at one point, they were under the jurisdiction of Spanish missionaries who established missions throughout Southern California for the purpose of converting and "reducing" the aboriginal population and using them as laborers to facilitate Spanish settlement of the area. Historically speaking, the Jamul Band is a part of the group of Indians who referred to themselves as Kumeyaay people, but were also known politically as the Diegueño people because they were under the jurisdiction of the San Diego Mission de Alcalá during Spanish control of the region. Spanish records as early as 1776 reference an Indian settlement at Jamul. Members of the Jamul Band have continuously resided on a portion of their aboriginal territory since before the arrival of the Spanish until present day, which included land within the Tribe's present-day Reservation.

Despite the Jamul Band's legal claim to occupy lands in the Jamul Valley, after the United States government acquired California under the Treaty of Guadalupe Hidalgo, the United States agreed to recognize land grants of Mexican citizens who decided to remain in California. One such land grant was the Jamul Rancho within the Jamul Valley, which was part of the Jamul Band's ancestral lands. Thereafter, members of the Jamul Band occupying lands located within Jamul Rancho were considered by white settlers to be "squatters," and were at risk of being displaced from their lands.

In 1891, Congress passed the Mission Indian Relief Act, creating a Commission that came to be known as the "Smiley Commission," with the mandate to survey and select reservation lands for each band or village of Mission Indians residing within California. Two of the three commissioners were not present in California to fulfill the Act's mandate, and thus did not participate in the survey and selection process. A single commissioner oversaw the survey and selection of Indian reservations under the Act. Reports from this commissioner make clear that he did not visit any areas south of what is now Interstate 8, and the closest he came to Jamul Rancho was 22 miles east at Campo.

The Smiley Commission created under the Mission Indian Relief Act did not accomplish its legislative mandate to both select a reservation for each band or village, and to include the land and villages that had been in the actual occupation and possession of each band or village of Mission Indians. The Jamul Band was omitted from the Smiley Commission's work, and evidence shows that the commissioners intended for members of small bands of Indians to move onto other "catch-all" reservations that had been established with what was deemed sufficient capacity to accommodate additional Mission Indians. Although the Smiley Commission thought that the closest reservations would provide for small bands scattered throughout San Diego County, this assumption did not account for cultural norms among these bands to avoid entry onto another band's lands without a specific invitation from that band, or the Jamul Band's determination to protect its own culture and way of life.

Therefore, despite the commissioners' intent to provide the Jamul Band with a home at a nearby reservation, members of the Jamul Band did not move. Rather, the situation for the Jamul Band remained largely unchanged, with its members living in abject poverty on its ancestral lands but without an officially declared land base, until the Coronado Beach Company granted the land holding the Jamul Band's ancestral cemetery to the Catholic Diocese "for the purpose of an Indian graveyard and approach thereto." The cemetery is the resting place for nearly all of the Tribe's ancestors, dating back to the 1800s. The Jamul Band's ties to this ancestral cemetery and surrounding lands explains their resoluteness to remain there. The Diocese later built a small church for the Jamul Band in the early 1900s, and provided a modicum of legal protection for a portion of its Indian village. The cemetery, which is almost at full capacity, and church remain a vital part of the Tribe's culture and traditions, and are part of the lands that are the subject of S. 3857.

Following failures of the Superintendents of the Office of Indian Affairs in Southern California to effectively engage with scattered Indians beyond reservations that had been created for larger Mission Indian bands prior to and in conjunction with the Mission Indian Relief Act, the federal government appointed a special agent in 1908 whose jurisdiction was over the landless Indians of Southern California, in order to investigate conditions and "secure title" for "landless Indians" like members of the Jamul Band, who did not then reside on a federal reservation, and whose land tenure was uncertain and at risk of encroachment by settlers.

The need for action by the federal government was summarized by Special Agent C.E. Kelsey in a letter to the Commissioner of Indian Affairs, stating, “There are no necessities in California equal to those of the robbed, starving, helpless people for whom [monies for support and civilization of California Indians] are appropriated.”

Although the federal government was charged with securing title for landless Indians who had not been afforded their rightful lands under the Mission Indian Relief Act, the federal government’s de facto policy eventually became to prioritize those Indians and Indian bands who were homeless, aggressive with respect to their land rights, or in significant conflict with non-Indians who claimed a right to Indian-occupied land. As the Jamul Band was a relatively small band living on aboriginal lands located within the boundaries of privately held land at that time, the Jamul Band was largely ignored. This constituted yet another failure on the part of the federal government to provide land for the Jamul Indians who had steadfastly remained on their ancestral land.

Establishment of the JIV Reservation

As a testament to the Tribe’s determination, the Jamul Band’s Indian Village was the only nonreservation village that survived up through the 1970s when the Secretary of the Interior took into trust the initial 4.66 acres of the Tribe’s Reservation—land that had been occupied by members of the Jamul Band since before the Spanish Mission era, from time immemorial. Until the early 1980s, the Tribe’s lands lacked basic utilities like running water and electricity. One shallow well at the low point of the cemetery property supplied drinking water of dubious quality for Tribal members. Members of the Jamul Band did without these modern amenities in order to remain on their lands, near their ancestral cemetery, as a way to protect their culture and way of life. Although their culture survived, living conditions for the Jamul Band were dire, and they severely lacked economic resources to improve their standard of living.

Present-day members of the Tribe are descended from the Jamul Band, and the Tribe’s lands have been diminished over time from more than 640 acres to a small 6-acre sliver of land alongside the ancestral cemetery and church. The Tribe was formally organized under the Indian Reorganization Act (“IRA”) in 1981, when the Jamul Indians determined that they would pursue organization as a half-blood community under Section 19 of the IRA. Having established its 4.66-acre Reservation, the Jamul Indians held an election in May of 1981, and ratified a Constitution that formally established the Jamul Indian Village. The Department of the Interior (“Department”) approved the Tribe’s Constitution two months later, and the Secretary of the Interior then included the Tribe in the next list of federally recognized tribes published in the Federal Register. The Department last exercised its authority to accept land into trust for the Tribe in 1982, when it approved a 1.372-acre fee-to-trust transfer under a grant deed naming the Jamul Indian Village as beneficiary.

Therefore, two parcels—collectively 6.032 acres—comprise the Tribe’s entire trust land base, one of the smallest in the United States. We are thankful that the federal government recognizes that helping tribes to reacquire lands—and the placement of those lands into trust—is key to tribes’ future prosperity and is essential to maintain culturally significant areas that are central to tribal identity, religion, and beliefs.

S. 3857 and the Tribe’s Needs for Additional Trust Lands

As mentioned above, Tribal members endured dire economic conditions for over a century, in order to stay near their ancestors’ resting place and to keep their culture strong. Since the Tribe’s lands were accepted into trust, the Tribe has done its very best to maximize use of its limited trust acreage. It eventually became clear to Tribal members that, in order to improve living conditions for future generations, sacrifices would need to be made. Beginning in 2005, the Tribe’s members voluntarily moved off of the Tribe’s 6-acre Reservation, as a sacrifice to ensure that the Tribe would become self-sufficient and less reliant on the federal government. Since this time, the Tribe’s small Reservation has been fully and completely developed by the Tribe’s economic endeavors, which include a gaming facility. This has helped the Tribe to realize its goals of self-sufficiency and limited reliance on federal resources.

Despite this improvement in the Tribe’s economic conditions, Tribal members’ sacrifice to move off-Reservation has resulted in the adverse consequence of significant loss of the Tribe’s culture, language, and community, since its members have not been able to reside together on Tribal lands.

In short, the Tribe desperately needs additional trust lands so that it may preserve and protect its cultural sites, and develop housing for its members, a health clinic,

a grocery store, Tribal administrative offices, law enforcement, educational services, and other community resources in service of the Tribe's members.

Additional trust lands are essential to the Tribe's efforts to restore its ancestral land base, to ensure that its most culturally sacred sites are safeguarded, to bring its members, who are now dispersed throughout San Diego County and beyond, home to reside on Tribal trust lands, and to provide essential services to its people. Development of trust lands is an important piece of the Tribe's overall plan for restoration and protection of its culture. The Tribe believes that bringing its members back together, and providing those members with access to their cultural sites and to improved services and resources, is vital to ensure the Tribe's continued exercise of self-determination.

S. 3857 therefore accepts four parcels of land, totaling approximately 172.1 acres located in rural San Diego County, California, into trust for the benefit of the Jamul Indian Village of California. The Tribe purchased and holds fee simple title to these lands.

Fee-to-Trust Parcels

The first of these four parcels totals 161.23 acres of land held in fee by the Tribe. This land is located proximate to the Tribe's Reservation, and is within the Tribe's ancestral territory. The Tribe hopes to use this property to develop housing for Tribal members, and for Tribal administrative offices, a health clinic, child-care center, educational services to Tribal members, a community center, law enforcement offices and other community resources in service of Tribal members. Placement of this land into trust will support the Tribe's efforts in cultural and community restoration, and will bring Tribal members home to a place they can occupy together.

Parcel 2 totals approximately 6 acres, is owned in fee by the Tribe, and lies nearly 1,000 feet north of the Tribe's current Reservation within the Tribe's ancestral territory. Placement of this property into trust would help the Tribe to realize its goal to provide essential services and community resources to Tribal members, which also extends the Tribe's cultural preservation by ensuring the health and welfare of members of the Tribe for generations to come.

The third parcel is the 4.030-acre parcel referred to by the Tribe as the Daisy Drive property. This property is contiguous to the Tribe's Reservation. Daisy Drive runs through this property and provides the only physical access to the Tribe's Reservation, and to the Tribe's church and ancestral cemetery. Placement of this property into trust will preserve the Tribal community's ability to access the Tribe's Reservation, and will preserve Tribal members' ability to access cultural landmarks, all via Daisy Drive.

The fourth and final parcel listed in S. 3857 is the Tribe's historical church and ancestral cemetery property. This parcel totals 0.84 acres and is contiguous to the Tribe's Reservation. This parcel holds the Tribe's historical church and ancestral cemetery where the Tribe's ancestors are laid to rest, and is part of the ancestral lands that the Tribe has called home since prehistoric times. The Tribe continues to use this property for cultural ceremonies and it remains an essential part of the Tribe's history. Placement of the church and cemetery property into trust ensures the preservation and protection of this culturally significant property for future generations of Tribal members. It should be noted that the cemetery is nearly at capacity, so the Tribe is working on finalizing a land swap with the state and federal wildlife agencies and would request an amendment during markup to place that land into trust upon completion of the land swap. If completed the land swap would add a little over an acre directly behind the current cemetery site. The land would provide space for the expansion of the ancestral cemetery and the land to be given to the Fish and Wildlife Service in exchange is of superior environmental quality and location. The Tribe looks forward to completing that action late this year or early next.

Lastly, it should be noted that the Tribe will not use any of these parcels for gaming purposes, as S. 3857 entirely prohibits gaming on these parcels once they are taken into trust. The Tribe will use this land solely for the purposes described above, in an effort to protect the cultural identity, resources and history of the Tribe.

Conclusion

JIV is excited by the opportunities that placement of these parcels into trust present, but restoration and protection of ancestral lands by trust status remains most important. The Tribe has immensely improved conditions for its people since its formal federal recognition in 1981. I have dedicated my life to service of the Jamul Indian Village, and I am exceedingly proud of how far we have come, but it remains the Tribe's primary goal to restore ancestral lands and secure protections

for our culturally significant places. By passage of S. 3857, the federal government would be helping the Tribe to honor its ancestors and their sacrifices in order to remain and prosper in the place that we have always called home.

Thank you again to this Committee for holding this hearing and for your consideration of S. 3857, and to Senators Padilla and Butler for their work on behalf of the Jamul Indian Village and all of Indian country. I am happy to answer any questions that you may have.

The CHAIRMAN. Thank you very much.

Now we will recognize our final witness, Mr. Brian Lefferts, the Director of Public Health at the Yukon Kuskokwim Health Corporation in Bethel, Alaska.

STATEMENT OF BRIAN LEFFERTS, DIRECTOR OF PUBLIC HEALTH, YUKON KUSKOKWIM HEALTH CORPORATION

Mr. LEFFERTS. Good afternoon. My name is Commander Brian Lefferts with the U.S. Public Health Service and I am here today on behalf of the Yukon-Kuskokwim Health Corporation, YKHC, where I have worked for the past 18 years. Thank you for the opportunity to testify today.

YKHC is a tribal health organization of 58 federally recognized Alaska Native tribes which was formed to administer a comprehensive health care delivery system for the communities of the YK region in Southwest Alaska. For more than 30 years, we have provided health care services to the people of the region under a Self-Governance Compact with the Indian Health Service under Title V of the Indian Self-Determination Act.

YKHC serves a remote, isolated service area approximately the size of the State of Oregon. This region is the traditional home to Alaska's indigenous Yup'ik, Cup'ik, and Athabascan people, and is not connected to the road system. As of the 2010 Census, 89 percent of the residents are Alaska Native, and around half of the population speaks the Yup'ik or Cup'ik language at home.

YKHC provides a variety of community, social, and population health services to the approximately 30,000 residents in the region. Our health system includes 41 village clinics, five subregional clinics, a regional hospital, and other regional services and programs.

The Alaska Native people in this region suffer dramatic health disparities compared to communities on the road system. Approximately a third of the homes in the region lack indoor plumbing, and we experience the highest household crowding rates in the United States. The life expectancy of people in this region is 69 years, 10 years less than the US average. This decreased life expectancy is driven by elevated cancer incidence, increased prevalence of chronic heart, lung, and liver diseases; high rates of infectious diseases; and high levels of intentional and unintentional injuries, including dog bites.

The Veterinary Services to Improve Public Health in Rural Communities Act, which seeks to modify the Indian Health Care Improvement Act to include veterinary care, is vital to the health and well-being of Alaska Native communities. Indigenous people have a unique relationship with the land and animals. For thousands of years, this relationship was critical for survival, and it has become the basis of many cultural traditions and their identity as a people.

This is especially true in the Yukon-Kuskokwim region where subsistence diets still account for a majority of the foods consumed,

and individual and community health are linked to the health of wildlife in the region.

Changes to the types of disease and illnesses affecting animals in the region is creating new threats to humans that were not historically a concern. For example, we have seen an emergency of brucellosis in caribou and walrus populations and distemper outbreaks in seal populations. These animals provide a critical food source for our communities.

There has also been a recent detection of Highly Pathogenic Avian Influenza in wild birds, and there is evidence that these have jumped to some wild mammals in Alaska. As far back as 2005, YKHC has worked with Fish and Wildlife and tribes in the region to provide High Path Avian Influenza surveillance and monitoring and hunter education as a part of a “be prepared, not scared” campaign to help ensure our people can continue to participate in subsistence in a safe and healthy way.

These are only a couple of examples that show why having a dedicated YKHC staff to investigate zoonotic illness outbreaks and communicate health risks is critical to protecting human health in the region. Rabies is the most pressing of these zoonotic illnesses in the region and poses a significant threat to human health. Rabies is transmitted through bites or contact with infected animals. It is considered enzootic through northern and western Alaska where it is always present among fox in the area. Occasionally we have cases where humans are attacked by a rabid fox or wolf.

But the greatest risk to humans comes from dogs who have been bitten by an infected fox. The risk of being bitten by a dog in rural Alaska is higher than in other areas, due to the prevalence of rabies and the large number of stray and unwanted pups that occur in areas without sufficient spay and neuter services.

YKHC’s environmental health services team works with local health aides and medical providers to identify cases of animal bite. In a typical year, there are over 100 dog bite investigations to ensure rabies transmission does not occur, and to determine if post exposure prophylaxis is necessary, which is recommended in about 20 percent of the cases. Not only are bites a risk for rabies, but the attack themselves can lead to serious adverse health outcomes or death. We believe this legislation will reduce the incidence of preventable injuries and illnesses among the people in the region.

In 2008, a joint strategic framework meeting involving the American Medical Association, the American Veterinary Medical Association and other major health groups coined the term One Health that was adopted to refer to the interdependence of human, animal, and environmental health. This modern holistic approach aligns with longstanding indigenous understanding that our connectedness to the land and animals are essential to improving not only physical health but also mental, behavioral, emotional, cultural, and spiritual well-being.

This legislation will support the One Health vision and improve health outcomes for our communities by enhancing our ability to address zoonotic diseases and by recognizing veterinary services are a critical function to improve the health status of Alaska Natives. We are excited about this legislative effort and believe it will

significantly enhance our ability to ensure the well-being of our people in a culturally relevant way.

Quyana for the opportunity and honor to provide testimony today.

[The prepared statement of Mr. Lefferts follows:]

PREPARED STATEMENT OF BRIAN LEFFERTS, DIRECTOR OF PUBLIC HEALTH, YUKON KUSKOKWIM HEALTH CORPORATION

My name is Commander Brian Lefferts with the U.S. Public Health Service and I am here today on behalf of the Yukon-Kuskokwim Health Corporation (YKHC) where I have worked for the past 18 years. Thank you for the opportunity to testify on the Veterinary Services to Improve Public Health in Rural Communities Act.

YKHC is a tribal health organization of 58 federally-recognized Alaska Native tribes which was formed to administer a comprehensive health care delivery system for the communities of the Yukon-Kuskokwim region in Southwest Alaska. For more than thirty years, we have provided health care services to the people of the region under a Self-Governance Compact with the Indian Health Service under Title V of the Indian Self-Determination and Education Assistance Act.

YKHC serves a remote, isolated service area approximately the size of the State of Oregon. This region is the traditional home to Alaska's indigenous Yup'ik, Cup'ik, and Athabascan people, and is not connected to the road system. As of the 2010 Census, 89 percent of the residents are Alaska Native, around half of the population speaks the Yup'ik or Cup'ik language at home.

YKHC provides a wide variety of community, social, and population health services to the approximately 30,000 residents of the region. Our health system includes 41 village clinics, 5 subregional clinics, a regional hospital, skilled nursing facility and other regional services and programs.

The Alaska Native people in this region suffer dramatic health disparities compared to communities on the road system. Approximately, $\frac{1}{3}$ of the homes in the region lack indoor plumbing, and we experience the highest household crowding rates in the United States. The life expectancy of people in this region is 69 years—10 years less than the U.S. average. This decreased life expectancy is driven by elevated cancer incidence, increased prevalence of chronic heart, lung, and liver diseases; high rates of infectious diseases; and high levels of intentional and unintentional injuries, including dog bites.

The Veterinary Services to Improve Public Health in Rural Communities Act, which seeks to modify the Indian Health Care Improvement Act to include veterinary care, is vital to the health and well-being of Alaska Native communities. Indigenous people have a unique relationship with the land and animals. For thousands of years, this relationship was critical for survival, and it has become the basis of many cultural traditions and their identity as a people. This is especially true in the Yukon-Kuskokwim region where subsistence diets still account for a majority of the foods consumed, and individual and community health are linked to the health of wildlife in the region.

I. Enabling dedicated YKHC staff to investigate zoonotic illness outbreaks and communicate health risks is critical to protecting human health in our region.

Changes to the types of diseases and illnesses affecting the animals in the region is creating new threats to humans that were not historically a concern. For example, we have seen the emergence of brucellosis in caribou and walrus populations and distemper outbreaks in seal populations. These animals provide a critical food source for our communities.

There have also been recent detection of Highly Pathogenic Avian Influenza (HPAI) H5N1 in wild birds, and there is evidence that these have jumped to some wild mammals in Alaska. As far back as 2005, YKHC has worked with USFWS and tribes in the region to provide HPAI surveillance and monitoring and hunter education as a part of a "be prepared, not scared campaign," to help ensure our people can continue to participate in subsistence in a safe and healthy way.

These are only two examples which show that having dedicated YKHC staff to investigate zoonotic illness outbreaks and communicate health risks is critical to protecting human health in our region.

II. This Legislation will enable YKHC to help address the most pressing zoonotic illness in the region.

Rabies is the most pressing of zoonotic illness in the region and it poses a significant threat to public health. Rabies is transmitted through bites or contact with infected animals. It is considered enzootic throughout northern and western Alaska where it is always present among fox in the area. Occasionally, we have cases where humans are attacked by rabid fox or wolf, but the greatest risk to humans comes from dogs who have been bitten by an affected fox. The risk of being bitten by a dog in rural Alaska is higher than other areas due to the prevalence of rabies and the large number of stray and unwanted pets that occur in areas without sufficient spay and neuter services.

YKHC's environmental health services team works with local health aides and medical providers to identify cases of animal bite. In a typical year, there are over 100 dog bite investigations to ensure rabies transmission does not occur, and to determine if post exposure prophylaxis is necessary, which is recommended in approximately 20 percent of cases. Not only are bites a risk for rabies, but the attack themselves can lead to serious adverse health outcomes or death. We believe this legislation will reduce the incidence of preventable injuries and illnesses among the people of our region.

III. Veterinary Care is Health Care

In 2008, at a joint strategic framework meeting involving the American Medical Association, the American Veterinary Medical Association and other major health groups, the term "One health" was adopted to refer to the interdependence of human, animal, and environmental health. This modern holistic approach aligns with longstanding indigenous understanding that our connectedness to the land and animals are essential to improving not only physical health but also mental, behavioral, emotional, cultural, and spiritual well-being.

This legislation will support the One Health vision and improve health outcomes for our communities by enhancing our ability to address zoonotic diseases and by recognizing veterinary services are a critical function to improve the health status of Alaska Natives. We are excited about this legislative effort and believe it will significantly enhance our ability to ensure the well-being of our people in a culturally relevant way.

Quyana for the opportunity and honor to provide testimony today.

The CHAIRMAN. Thanks to all our witnesses.

I want to start with Assistant Secretary Egorin. The Committee submitted questions for the record for hearings we held last December, which was an oversight hearing, and then in February, which was a legislative hearing. What is the status for receiving responses to these questions for the record?

Ms. EGORIN. Senator, we are in the final stages of clearance of the questions for the record. As we noted with your staff yesterday, we hope to have them by the end of the month. I do recognize that this is a delayed timeline, and have personally asked to make sure they are expedited.

The CHAIRMAN. Is there somebody we should be talking to to emphasize that it is pretty difficult to do oversight if it takes nine months to get an answer to a question?

Ms. EGORIN. Senator, I am the right person to express that, and as I said to my team and to many of your colleagues, please feel free to reach out to me if you are not getting a response. Please feel free to highlight this. I will shake trees and pound fists to move things along.

The CHAIRMAN. Okay. What happened?

Ms. EGORIN. There is a clearance process and your Committee is one of multiple with questions for the record that must go through a process of drafting and clearance. We are a small and mighty team. And it is really just a process of working through this, along

with the other functions that the Assistant Secretary for Legislation's Office is responsible for.

The CHAIRMAN. Okay. I don't want to steal my Vice Chair's thunder on the veterinary services thing, but I want to get some clarity here. It seems like you are saying two things about veterinary services. In the beginning of your testimony you seemed to say essentially that there is a balance to be struck in terms of the deployment of resources. Am I getting that part right?

Ms. EGORIN. There is a balance to be struck.

The CHAIRMAN. And the second thing is like you need an authorization. So I am trying to figure out whether you are permitted to provide these services but you just don't have the money, so you want an authorization and an appropriation? is this a legal question? Or is it just a, we can't do everything and we are having to triage this thing?

Those really are two different questions.

Ms. EGORIN. They are two different questions. As I said, the department supports the intent of this legislation. The challenge is, right now we do not have the legal authority to provide veterinary services. Therefore, for tribes to keep their ISDEA agreements, we cannot authorize those services.

But at the same time, IHS has very limited resources. So to add this to the list of services would then put pressure on other areas.

The CHAIRMAN. Okay, so you say you have a legal impediment and a fiscal one?

Ms. EGORIN. Yes.

The CHAIRMAN. Okay, got it. And could IHS offer these services through 638?

Ms. EGORIN. No. Right now we are prohibited from offering these services.

The CHAIRMAN. Okay.

Chairwoman Pinto, besides much-needed housing for your tribal members, what other activities does the tribe plan on the land to be placed into trust and why is it so important to place that land into trust?

Ms. PINTO. Thank you for the question, Chair Schatz. It is important for us because we have been without a community for the last 20-plus years. We plan on bringing, in addition to the homes, much-needed homes, we have a commercial space there where we can bring a grocery store, retail space, a museum, a tribal police station. I am really looking forward to a commercial kitchen, because without our indigenous foods, our traditional foods, it is hard to be a healthy person and get into these healthy habits. It's so easy to go to McDonald's.

So we plan on bringing those kinds of amenities for the members, but also for the community at large in Jamul.

The CHAIRMAN. Thank you very much.

Chairman Talbert, can you describe how the Park Service's ecosystem restoration work being done in the Everglades has impacted the Camp?

Mr. TALBERT. Sure. Right now, what's going on is they are raising the Tamiami Trail. They are bridging it so that water can flow through more consistently. And it will flow into the southern Everglades. The Camp is situated right in the flow-way. So the author-

ization of this bill would include funding to help raise the structures in the Camp in order to protect the people that live there, and also to help facilitate the restoration.

The CHAIRMAN. Just so I am getting the context here, would you characterize your relationship with the Park Service as reasonably collaborative?

Mr. TALBERT. Yes, they have been reasonably collaborative. They meet with the members of the Camp there independently without the tribal government's presence. But we also meet with them together as well.

So it is a very strong effort in order to see this project through.

The CHAIRMAN. Thank you.

Mr. Freihage, since they are not described in the bill, what are the "appropriate actions" that the Secretary of Interior can take to protect the Camp?

Mr. FREIHAGE. As the chairman noted, because the water levels will be raised, it is necessary to elevate the lands and some of the structures so they are not flooded. The work would also include reestablishing roadways and driveways to the Camp in addition to replacing the utilities across the site.

The CHAIRMAN. Thank you.

Vice Chair Murkowski?

Senator MURKOWSKI. Thank you, Mr. Chairman. I just want to go back to you, Assistant Secretary Egorin. You have made clear in response to the Chairman that currently, IHS does not have the authorization. So you do not have the legal authority to include the veterinary services, specifically spay and neuter services, in an ISDEA contract or compact. That is correct?

Ms. EGORIN. That is correct.

Senator MURKOWSKI. So that is correct. So that is why, this is the question. Is that why, then, IHS had previously denied the request by both, well, there were two tribal health organizations in Alaska, at YKHC and Maniilaq, when they sought to add veterinary spay and neuter services to their self-governance agreements, because they lacked the authority?

Ms. EGORIN. Senator, that is correct.

Senator MURKOWSKI. Okay. So this bill will fix that legal authority, is that correct?

Ms. EGORIN. That is correct.

Senator MURKOWSKI. And then I get what you have said about balancing limited resources. We understand that. But we also know that you have to have the legal authority first. So that is what we are trying to do here.

To what extent is IHS assisting tribes right now with spay and neutering services? Are you doing anything at all?

Ms. EGORIN. Thank you for that question, Senator. IHS just really looks at this issue through the lens of public health. And what they do right now with tribes is working through community education, messaging and coordination, and providing support for partners including tribes.

Senator MURKOWSKI. So you are doing that. What is your funding source for that public education then?

Ms. EGORIN. That comes from, as part of our larger public health messaging and public health work.

Senator MURKOWSKI. Okay. All right. Based on your extensive testimony, which I appreciate, it sounds like you would agree that an authorization to IHS to support spay and neutering under ISDEA agreements is going to help as we are dealing with these dog populations that are real problems, whether it is in Navajo Nation or in Alaska?

Ms. EGORIN. Senator, this legislation would allow ISDEA agreements to include these services, and if that is what a tribe would like to include in an agreement, it will allow us to work with them.

Senator MURKOWSKI. So we can talk about the funding aspect of it, but you have also raised another question, another concern in recognizing that we don't have rabies testing that is out in these areas. So whether it is northern Alaska or in parts of Indian Country, to what extent is IHS actually collecting data then on the dog bites and the rabies exposures? You have listed, you said 24,000 ambulatory cases.

So you are obviously making some level of accounting. Where are the gaps in that, and the One Health framework that Commander Lefferts mentioned, to what extent is IHS working with CDC inter-agency on an initiative that does this kind of monitoring?

Ms. EGORIN. Thank you for recognizing the work that the Centers for Disease Control and Prevention does. They are the public health surveillance operation within HHS. They work closely with IHS as well as with State and local partners to monitor not just rabies but other public health concerns. It is their data that showed that there was a 15 percent, or a 15 times lower testing rate in tribal communities than communities around them.

They are working with tribal partners. There are limitations within IHS and within the capacities of their facilities. We continue to work with State, local and other partners to make sure that we are doing surveillance the best we can with the current parties.

Senator MURKOWSKI. So let me ask, Commander Lefferts, when we think about the impact of a dog bite, we think, okay, trauma to the child, the family, it is scary. But when you are in a rural community and you don't have the ability to do the testing there, more often than not it is going to require a trip either from the village to Bethel or a trip into Anchorage. You may have hospitalization costs.

Can you speak to just really the cost, and I hate to try to equate it to just dollars, but the Assistant Secretary here has said we are balancing resources here. But if in fact you have costs that could average, as I understand, around \$20,000 per person plus lost wages plus travel costs if folks have to fly, then that is also a balancing factor if that individual is being treated through IHS facilities.

Commander Lefferts, can you just speak to that aspect of what rabies treatments in rural Alaska really means?

Mr. LEFFERTS. Thank you, Senator, for the question. Yes, each time someone is bitten by a dog, somebody from the Office of Environmental Health at YKHC works with people locally to try to identify if that dog had been vaccinated previously and if they can put it under quarantine. Oftentimes, we are unable to locate the dog or we send it off for testing and it is positive for rabies, in

which case we will have to offer post-exposure prophylactic treatment to anyone who had come into contact with that.

Senator MURKOWSKI. Can I interrupt you right there, Commander? When you send this off for testing, how long does it take to turn that around? I am assuming your testing lab is Anchorage.

Mr. LEFFERTS. Yes, we send it to the virology lab in Fairbanks. So it could take a couple of days to get the animal there, and then they usually prioritize these tests and we can have results within another day of receiving it or so.

Senator MURKOWSKI. Okay. So you have the cost associated with the actual testing, but the cost to the individual again for treatment is not cheap.

Mr. LEFFERTS. So this is, yes, it is a series of treatments as well, so we have to treat the individual, the first treatment often comes with flying them into Bethel, which is, as you mentioned, very expensive. The treatment itself is several thousand dollars. Then it is a series of treatments that has to be done after that. If there is no local health clinic, that patient would then need to be flown back to Bethel for multiple treatments.

This can be quite burdensome on the family. If it is a child, they will need to have an adult accompany them on the trip. That creates additional burdens on the family who has one of the caregivers away from the community the whole time they are accompanying the child to Bethel for treatment.

Senator MURKOWSKI. Thank you. Mr. Chairman, I am out of time.

The CHAIRMAN. Thank you very much to our testifiers. If there are no more questions for our witnesses, members may also submit follow-up written questions for the record. The hearing record will remain open for two weeks, and I want to thank all the witnesses for their time and their testimony.

This hearing is adjourned.

[Whereupon, at 3:43 p.m., the hearing was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF RICHARD BRANNAN, CEO, WIND RIVER FAMILY AND
COMMUNITY HEALTHCARE SYSTEMS

Our Service Area is Ground Zero for Dog Bites in Wyoming

I appreciate this opportunity to share with this Committee the perspective of a 638 tribal health care facility about the very real public health emergency of dog bites for Native families. Wind River Family and Community Health Care Systems (WRC) was established in 2016 to serve the Wind River Indian Reservation that is home to Wyoming's two tribes—the Northern Arapaho Tribe (NAT) and the Eastern Shoshone Tribe—and ground zero for 50 percent of all dog bites in the state of Wyoming. We respectfully submit this testimony to share with Congress the perspective of tribal medical personnel about the urgent need to expand the authority of the Indian Health Service to include veterinary health care.

Dog Bites Increased More Than 90 percent on the Wind River Reservation Between 2017 and 2020

In 2020, we compiled a report for Dog Bites on the Wind River Indian Reservation using data collected from multiple agencies, including WRC, Sage West Hospital Emergency Room, Indian Health Services in Fort Washakie, and the Bureau of Indian Affairs Wind River Agency. The data revealed that in just three years the incidence of dog bites increased 91 percent. At the time, we could not determine if the increase was linked to an increase in dog attacks, an increase in accessibility to services, an increase in reporting by the agencies or a combination of all.

Last year, we reexamined the issue using data collected from our organization alone. In the last three years, our organization has seen a total of 183 patients for dog bites. There were a total of 232 injuries reported and a combined total of three hundred sixty-five 365 dog-bite related visits to the clinics. The nature of this injury is unique in that it affects the entire population, regardless of age or gender—the youngest patient seen in our clinics being one year of age and the oldest patient being 81.

The rate of dog bites our patients suffer is significantly disproportionate to surrounding communities and the state of Wyoming overall. If state reports included the number of dog bites in the area, the Wind River Indian Reservation would account for over 50 percent of the total injuries reported in Wyoming during 2023.

The number of feral dogs roaming the community has grown throughout the past several years correlating with increases in dog bite injuries throughout the same time period.

Free Roaming Dogs Take a Toll on Physical and Mental Wellness

The local community has become increasingly wary of feral dogs. In a recent wellness survey conducted by our team, respondents highlighted presence and aggressive or feral dogs as a top reason for not partaking in outdoor wellness activities due to fear for personal safety. And with good reason.

Dog bites pose the risk of fractures, scarring, nerve and muscle damage, and infection such as rabies and tetanus. Patients who suffer from dog bite injuries are often bitten by stray or unaccounted for dogs that may not have vaccinations. This vaccination uncertainty contributes to more care needed by patients due to rabies shots being a recommended addition to their injury treatment.

Our patients who suffer from dog bite injuries suffer physical trauma, mental/emotional distress, in addition to feeling unsafe within their community.

Dog Bites are Costly to Both Tribal Families and Tribal Health Care Facilities

Dog bite injuries on the Wind River Reservation are not only prevalent but costly. We estimate their total treatment cost to be more than \$28,000 for an average child and \$46,000 for an average adult. Such costs can deter local families from seeking proper care and force local health care facilities like ours to redirect our limited

health care resources. Clinically speaking, dog bites are trauma injuries that require immediate medical attention. The 183 dog bite patients we have treated in the past three years cost our facility more than \$5 million.

We cannot support taking IHS resources away from existing programs to fund a new veterinary health program. But neither we nor our patients can afford for the federal government to continue ignoring this problem either. WRC supports the expansion of IHS authority to include veterinary health care in order to protect our patients from traumatic injury and our tribal health care system from financial harm.

IHS Authority Limits Our Capacity to Serve Our Community

As a 638 tribal health care facility, WRC cannot contract with the IHS to provide services to limit the dog population or incidence of zoonotic diseases on the Wind River Reservation because IHS currently lacks the authority to approve such contracts. We are grateful for the Senate Committee on Indian Affairs holding a hearing on this urgent public health issue. We welcome Committee Members to visit us here on the Wind River Reservation and see for themselves the challenges our patients face navigating a community full of free roaming dogs due to the lack of tribal veterinary care. We thank the Committee for striving to create sustainable, long-term solutions and stand ready to be part of the solution.

PREPARED STATEMENT OF JAMES W. CROSBY, M.S., PH.D., CBCC-KA, CDBC
RESEARCH ASSOCIATE CANINE BRAIN PROJECT

Thank you, Chairperson Schatz, Vice Chairperson Murkowski, and Members of the Senate Committee on Indian Affairs, for holding this hearing on a critical matter of public health and safety, S. 4365.

I am an expert in dog behavior and particularly the details and data behind human Dog Bite Related Fatalities. I have studied these cases across the U.S., within the U.K., Australia, Ireland and Canada.

Free-roaming dogs in the desert Southwest in the U.S. are a clear threat to public safety. I have reviewed a number of attacks that have happened within the American Indigenous lands, including the Navajo Nation. Typically, human fatalities in these areas are from roaming, unmonitored and most likely reproductively intact domesticated dogs that have returned to a nearly feral state. The most common victim in this geographic area is a person alone, often walking for transportation, in areas of the Indigenous Nations that lack even basic animal control resources.

Currently the Navajo Nation and their Tribal Police are horribly limited in the resources they have to address this problem. Charitable organizations help, but it is critical that Federal resources be deployed towards the issue of fatal attacks, veterinary services to humanely reduce the dog population, and reducing public health risks due to dog bites.

According to the AVMA, reproductively intact males are involved in 70 to 76 percent of reported dog bite incidents. Unspayed females attract groups of free-roaming intact male dogs, increasing the bite risk to humans. Mother dogs are very protective of their puppies and may bite those who try to handle the young.

I strongly urge you and the Committee to commit deeply important and needed resources to this part of our Southwestern population to increase safety, quality of life, and reduce what is an oft-unrecognized threat.

PREPARED STATEMENT OF HON. VINCE JAMES, CHAIRMAN, HEALTH EDUCATION AND
HUMAN SERVICES COMMITTEE, 25TH NAVAJO NATION COUNCIL

I am pleased to acknowledge the introduction of S. 4365, the Veterinary Services to Improve Public Health in Rural Communities Act, by U.S. Senator Lisa Murkowski, Vice Chairman of the U.S. Senate Committee on Indian Affairs. This significant piece of legislation aims to prevent and control severe and life-threatening zoonotic diseases, which are infections that spread between people and animals, in rural and tribal communities.

The health and well-being of our Navajo people are of utmost importance, and this bill represents a crucial step forward in ensuring that our communities have the necessary resources to address zoonotic diseases effectively. By providing enhanced veterinary services, we can better protect our families and livestock, ultimately improving public health outcomes across our Nation.

For the Navajo Nation, this legislation would bring substantial benefits. Enhanced veterinary services would help safeguard our livestock, which are a vital part of our culture, economy, and daily sustenance. Improved control of zoonotic dis-

eases would reduce health risks and medical costs for our people, ensuring a healthier and more resilient community. This initiative also aligns with our ongoing efforts to enhance healthcare infrastructure and services across the Navajo Nation.

I commend Senator Murkowski for her leadership and commitment to addressing the unique challenges faced by rural and tribal communities. We look forward to working collaboratively to support the passage of this vital legislation and to furthering the health and safety of our people.

Thank you.

PREPARED STATEMENT OF KEVIN JAMES MAY, CHAIR, JAMUL-DULZURA COMMUNITY
PLANNING GROUP

Dear Chairman Schatz,

To introduce ourselves, we are the Jamul-Dulzura Community Planning Group in the Unincorporated County of San Diego. We are publicly elected to serve in the best interest of the community regarding land matters. We are grateful to have another opportunity to participate in the democratic process and share our perspective on the very unique circumstances and context of the Jamul Indian Village (JIV) and Jamul Casino in our planning area.

Since learning of the “Jamul Indian Land Transfer Act” Bill H.R. 6443 on December 5, 2023, we have written to our Congressman, Darrell E. Issa, and to Chair Harriet Hageman of the Indian Affairs and Insular Committee and cc’d a lengthy list including Senator Alex Padilla and US President Joseph Biden. This letter sent on January 9, 2024, is attached. We make the case against the “Land Transfer Act” as the means to accomplish this land to trust acquisition. There exists a Federally recognized process through the Bureau of Indian Affairs (BIA) and the Department of the Interior (DOI) for handling land to trust applications which will engage the local community and the County Board of Supervisors in resolving land use issues, jurisdictional conflicts and provide the planning and resources to ensure public safety as our community expands with commercial entertainment venues by the Jamul Casino.

In contrast, the Pala Mission Band of Indians Land Transfer Act Bill H.R. 423, approved by the Senate on July 27, 2023, which saved the 721-acre Gregory Canyon from a landfill operation proposal in North San Diego County, was opposed by everyone; local governments, conservation groups and the Pala Tribe itself. This was a great outcome. The tribe in effect saved the day by purchasing it. This Bill presented by Representative Darrel E. Issa and sponsored by Senator Alex Padilla was a grand win-win success story, although we have no doubt the DOI would have streamlined this through the process. However, our situation is very different, and this one method cannot be arbitrarily applied to all cases.

In the Report accompanying Bill H.R. 6443, Chair Westerman of the House on Natural Resources gives a very brief background on the tribal history with information qualified “as according to the Tribe” and concludes the need for this legislation as the right remedy. We could not disagree more. This Report is very incomplete. There is no mention of the possible reasons for the internal conflicts between the Jamul Indian Village (JIV) and the Bureau of Indian Affairs (BIA) alluded to in this Report that would impede land to trust applications. Our letter delineates numerous problems with the JIV’s choice of land parcels, but one source of great concern for the BIA might be found in the history of the casino developers. In 2018, the JIV defaulted on a 48- million-dollar loan and other financial obligations totaling close to 77 million dollars.

Simultaneously, the developer Penn National Gaming was ousted as manager of the Hollywood Casino yet still holds a 101acre parcel of land that is contiguous to the 4-acre JIV. This should be a huge red flag for this Committee. Afterwards, the JIV started buying up noncontiguous parcels for land to trust acquisitions near the middle of the town center.

This Land Transfer Act is not an alternative of last resort as suggested in the Westerman Report. On May 5, 2021, the San Diego County Board of Supervisors voted to lift a County wide blanket opposition to “fee-to-trust” applications, in place since 1994, and they laid the framework for future “fee-to-trust” proposals. There is a path forward here in San Diego County.

Working through the Federal process approach lives up to the cooperative “nation to nation ties” ideal of the Proclamation of Indigenous People. Our Community Planning Group welcomes the opportunity to meet and discuss and answer any question you have. We look forward to hearing from you.

Our Community Planning Group watched your Senate Hearing, and we thank you for inviting us to participate and offer our comments.

We were especially grateful for your question to Chairwoman Pinto regarding what other commercial projects she was planning. This cuts to the heart of our biggest concern of rapidly expanding casino related business enterprises that will continue to overburden aging transportation road networks in our rural area without cooperative agreements negotiated with our local government to plan for and share the enormous costs for these infrastructure projects.

Casinos in Southern California with close proximity to coastal communities thrive and become their own mini Las Vegas, like Viejas and Sycuan, which evolved into luxury resort entertainment and shopping destinations. As we mentioned in our letters, the Jamul Casino, already a 228,000 square foot facility completed in 2016, is in its 2nd stage build-out adding a 16-story hotel and expanded event and entertainment center. Since the opening of the casino, Jamul has experienced significant increases in Average Daily Trips (ADT) that peak on Saturdays by an additional 13,000 ADT, as reported by the Jamul Indian Village (JIV) in 2022. This causes major traffic congestion on SR-94, a 2-lane state rural highway which is the main travel route for our community. Our roads are beyond capacity in our region of Jamul-Dulzura. Furthermore, the entire geographic area is rated as a High or Very High Fire Hazard Severity Zone, and wildfire emergency evacuation remains the biggest threat to our survival in the backcountry during fire season.

We believe that Senator Padilla and Representative Issa are well meaning in their efforts to assist in the cause to repatriate native lands, but following the inception of the JIV in 1978, when the Daley Family deeded 4.66 acres to a Trust for Native American families, the Bureau of Indian Affairs (BIA) Pacific Region and Riverside District Office have managed the entire history of applications and negotiations to establish land and tribal status. To remove the BIA from their traditional role without justification should be a red flag for this committee.

In the late 1990's, casino developers began competing for gaming rights. Harrah's Casino and Stations Casino were early competitors, but both eventually failed. Then, Lakes Gaming Inc. tried and was unsuccessful as well, but did purchase two contiguous parcels of 86 and 10 acres. Finally, in 2012 Penn National Gaming was able to create some legitimacy for gaming, despite the earlier conflicts with the BIA, and bought out Lakes Gaming's interest including the two parcels. In 2018, two years after the completion of the "Hollywood Casino", the JIV defaulted on massive loans arranged by Penn National Gaming, terminated their contract, and reestablished themselves as the "Jamul Casino". The two contiguous parcels were retained by Penn National Gaming. Additionally, the cemetery, parcel #4, is burdened by a "fraudulent conveyance" lawsuit against the Roman Catholic Diocese. We are including a Map of the Jamul Area showing significant features, identifying the parcels in play and giving context to the geographic relationships.

A "Land Transfer Act" is an all or nothing strategy and is not an appropriate vehicle in this situation. Once ratified, the BIA will be removed of its traditional role in resolving jurisdictional and internal conflicts, and all parties, (Local, County and State Government representatives and agencies, and Natural Communities) will be shut out of the possibility to negotiate anything.

1. For Off-Reservation issues of public safety: There will be massive increases of traffic without funding for roads and infrastructure improvements to accommodate emergency evacuation planning.
2. For Off-Reservation conflicts with the long-term goals of our subarea land-use plans: Without negotiations to protect the most biologically diverse region in the continental United States from an expanding gaming industry, we will fail in our stated mission to "remain rural" and "to preserve natural resources for future generations."

Unfortunately, both Senator Padilla with Bill S. 3857 and Representative Issa with Bill H.R. 6443 have overlooked the complexities of this community, our Planning Area, and the history of legal entanglements of the JIV.

We have previously written extensive and detailed letters explaining our situation and we welcome the opportunity to appear in an online conference to answer any questions you may have. We are able to supply documentation from 1978 onward to back up our claims including from the BIA district office. We have been truthful and we stand by our testimony. Thank you for listening to us.

*The following attachments have been retained in the Committee files:

- 1) MAP of the Community of Jamul and vicinity: showing parcels, conservation land use, and context of geography.
- 2) JDCPG Letter of November 14, 2022 to Chairwoman Erica M. Pinto. Comments Re: Draft Tribal Environmental Impact Report (TEIR) for the Jamul Casino Hotel and Event Center Project.

3) JDCPG Letter of January 7, 2024, to Harriet Hageman, Chair of the Indian and Insular Affairs Subcommittee, concerning the Darrel E. Issa Bill H.R. 6443

4) JDCPG Letter of May 13, 2024, to Brian Schatz, Chairman of the US Senate Committee on Indian Affairs.

PREPARED STATEMENT OF DR. BUU NYGREN, PRESIDENT, NAVAJO NATION

Yá'át'ééh, Chairman Schatz, Vice Chairwoman Murkowski and members of the Committee. My name is Dr. Buu Nygren and I am the President of the Navajo Nation. Thank you for the opportunity to submit written testimony in support of the Technical Corrections to the Northwestern New Mexico Rural Water Projects Act, Taos Pueblo Indian Water Rights Settlement Act, and Aamodt Litigation Settlement Act, S. 3406. Thank you also to Senator Luján and Senator Heinrich for sponsoring this legislation. The Navajo Nation strongly supports this bill, which would fix problems with the trust fund language included in multiple Indian water rights settlements enacted during the 2009 and 2010 time period, including the three settlements addressed in S. 3406. The settlements to be fixed by this legislation are the Navajo Nation settlement of water rights in the San Juan River Basin in New Mexico, the Taos Pueblo settlement, and the Aamodt settlement of the water rights of the Pueblos of Nambé, Pojoaque, San Ildefonso and Tesuque.

The legislation makes a technical fix to Pub. L. No. 111-11, the legislation that both authorized a settlement of the Navajo Nation's water rights in the San Juan River Basin and created a Navajo Nation Water Resources Development Trust Fund (Navajo Trust Fund or Trust Fund). The technical fix is needed because a provision in Pub. L. No. 111-11 prohibited investment of the Navajo Trust Fund for ten years following enactment of the legislation, until 2019. This provision prohibiting investment for ten years is not typical in Indian water rights settlements and resulted in the Navajo Nation being deprived of millions of dollars of interest that otherwise should have accrued to the Navajo Trust Fund. The \$6.3 million that S. 3406 would authorize to be appropriated to the Navajo Trust Fund represents the amount of money that would have accrued in our Trust Fund if it had been properly invested and allowed to remain in the Trust Fund prior to 2019. S. 3406 also includes provisions that make a similar fix to the trust funds for two other New Mexico-based Indian water rights settlements originally authorized in the Taos Pueblo Indian Water Rights Settlement Act, Pub. L. No. 111-291 and the Aamodt Litigation Settlement Act, Pub. L. No. 111-291. These water rights settlements also had technical errors that resulted in the lack of appropriate investment of settlement trust funds.

The Navajo Trust Fund established under section 10702 of Pub. L. 111-11 can be used by the Navajo Nation both for construction of necessary water facilities and for water conservation activities needed for the Nation to utilize its water rights in the San Juan River Basin. This Trust Fund has and will continue to provide vitally important funding for the Nation to use in exercising the water rights recognized in Pub. L. 111-11 by completing the construction of facilities that are being built to fulfill the promises of the water rights settlement. Indeed, this fix to the Trust Fund language is necessary to fulfill the promise that the San Jan River Basin settlement represents to the Navajo Nation.

Indian water settlements provide certainty concerning the availability of water supplies for all parties. This is good policy and good sense. Consistent with the federal trust responsibility, funding these settlements is critical to ensuring the ability of settling tribes to put their water to use. Enacting this bill is an important step towards fulfilling the economic potential created by the water rights settlements that Congress enacted for the Navajo Nation, the Taos Pueblo, and the Pueblos covered by the Aamodt settlement. I therefore respectfully urge the Committee to support swift passage of this legislation.

Additional letter

RE: LETTER OF SUPPORT FOR S.4365—THE VETERINARY SERVICES TO IMPROVE PUBLIC HEALTH IN RURAL COMMUNITIES ACT

Dear Senator Murkowski,

On behalf of the Navajo Nation ("Nation"), I am writing to express support for S. 4365—the Veterinary Services to Improve Public Health in Rural Communities Act. This vital piece of legislation addresses a critical public health issue within the Navajo Nation and other Indian Health Service (IHS) areas where rabies and animal attacks are significant threats to our communities.

From 2001 to 2008, the rate of dog bites among Native children in the Southwest Region was 70 percent higher than the national average. Currently, the Navajo Nation is home to approximately 250,000 dogs. Our Animal Control Program (NNAC)

reports over 3,000 annual treatments for animal attacks, predominantly affecting children and the elderly. Additionally, between 2012 and 2016, there were 68 citations issued for non-compliance with rabies vaccination requirements under our Rabies Control Code.

Your bill focuses on providing veterinary public health services, including spaying and neutering, vaccination, and surveillance, is essential for reducing the risk of rabies and other zoonotic diseases. These services will significantly benefit the Navajo Nation by helping to control the dog population and prevent rabies outbreaks. The proposed addition of Veterinary Public Health Officers from the Commissioned Corps of the Public Health Service, coordinated by the Secretary of Health and Human Services, will enhance our capability to manage these public health risks effectively. I also appreciate the requirement for tribal consultation to determine funding distribution ensures that the unique needs of each tribe, including the Nation.

I would recommend that the bill also include provisions for spaying and neutering feral dogs, as they constitute a significant portion of our dog population and contribute to the public health challenges we face. Additionally, leveraging the expertise and resources of the Department of Agriculture's Animal and Plant Health Inspection Service (APHIS) could enhance the bill's effectiveness in managing zoonotic diseases and supporting spay/neuter clinics.

We are grateful for your leadership in sponsoring this legislation and your commitment to improving public health in rural communities. I look forward to supporting the implementation of this bill and collaborating to ensure its success.

PREPARED STATEMENT OF HON. FRED L. ROMERO, GOVERNOR, PUEBLO OF TAOS

Good afternoon Chairman Schatz, Vice Chairwoman Murkowski and members of the Committee. My name is Fred Romero and I am the Governor of Taos Pueblo.

I am here today to discuss S. 3406, the "Technical Corrections to the Northwestern New Mexico Rural Water Projects Act, Taos Pueblo Indian Water Rights Settlement Act, and Aamodt Litigation Settlement Act". My testimony addresses Section 3, entitled "Authorization of Payment of Adjusted Interest on the Taos Pueblo Water Development Fund," and Section 5(a) entitled "Section 509 of the Claims Resolution Act of 2010."

1. Taos Pueblo

Taos Pueblo, *Tau-Tah*, the place of the Red Willows, is located in North-Central New Mexico. Our people, *Tauh tah Dainah*, have lived in the Taos Valley since time immemorial, and as the first users of the Valley's water resources, constructed irrigation systems still in use today.

We have over 2,700 enrolled members. Our land base is approximately 111,372 acres, including farmlands and range lands in the Taos Valley and mountains with peaks reaching nearly 13,000 feet. Our Pueblo lands include a culturally important and hydrologically unique wetland that supports herbs, plants, clays, bison and other wildlife, and waterfowl essential to our traditional and ceremonial way of life. This wetland is known as the Taos Pueblo Buffalo Pasture.

Taos Pueblo is a National Historic Landmark and was designated a World Heritage Site in recognition of our enduring living culture.

2. The Taos Pueblo Indian Water Rights Settlement Act, Title V of the Claims Resolution Act of 2010 (P.L. 111-291)

In 2010, Congress enacted the Claims Resolution Act (P.L. 111-291), including Title V, the Taos Pueblo Indian Water Rights Settlement Act ("Settlement Act"). The Settlement Act recognized Taos Pueblo's extensive water rights and authorized and approved the settlement negotiated among Taos Pueblo and other parties to the adjudication of the waters of the Taos Valley. The adjudication, entitled *State of New Mexico ex rel. State Engineer v. Abeyta* and *State of New Mexico ex rel. State Engineer v. Arrellano*, was filed in the United States District Court for the District of New Mexico in 1969. The adjudication includes three tributaries of the Rio Grande in northern New Mexico, namely the Rio Pueblo, Rio Lucero and Rio Hondo, or in our Tiwa language, the *Tuatah Bah-ah-nah*, *Bah bah til Bah ah nah*, and *Toohoo Bah ah nah*. Our Blue Lake Wilderness Area is a major part of the watershed for the streams in the adjudication.

The settlement was the product of decades of litigation and negotiation. It ends centuries of disputes between the Pueblo and our non-Indian neighbors. The Settlement Act authorized \$36 million in federal funding, with a State of New Mexico cost contribution in addition to this amount, for a number of "Mutual-Benefit Projects" tailored to resolve complicated disputes over specific water issues.

Section 505(a) of the Settlement Act also established the Taos Pueblo Water Development Fund to pay or reimburse costs incurred by the the Pueblo for:

- (1) acquiring water rights;
- (2) planning, permitting, designing, engineering, constructing, reconstructing, replacing, rehabilitating, operating, or repairing water production, treatment or delivery infrastructure, on-farm improvements, or wastewater infrastructure;
- (3) restoring, preserving and protecting the Buffalo Pasture, including planning, permitting, designing, engineering, constructing, operating, managing and replacing the Buffalo Pasture Recharge Project;
- (4) administering the Pueblo's water rights acquisition program and water management and administration system; and
- (5) watershed protection and enhancement, support of agriculture, water-related Pueblo community welfare and economic development, and costs related to the negotiation, authorization, and implementation of the Settlement Agreement.

The Settlement Act authorized \$50 million in a mandatory appropriation to the Taos Pueblo Water Development Fund and authorized appropriations of an additional \$38 million, as adjusted by such amounts as may be required due to increases since April 1, 2007, in construction costs, as indicated by engineering cost indices.

The settlement became final and enforceable on October 7, 2016 when the Secretary of the Interior published her finding in the Federal Register that all conditions precedent to enforceability had been fulfilled.

3. Pre-Enforcement Date Investment Prohibition

Typically, Federal Indian water rights settlement legislation authorizes Tribal settlement funds to be invested during the period of time from when the funds are deposited until they can be utilized on the settlement enforcement date. Yet our Settlement Act, and other affected Indian water rights settlement legislation enacted in 2009 and 2010, was unusual in that its directive to the Secretary to invest the Taos Pueblo Water Development Fund specified "upon the Enforcement Date," instead of upon the deposit date. Section 505(c), *Title V of the Claims Resolution Act of 2010* (P.L. 111-291). The result was the loss of millions of dollars in potential investment earning that could otherwise have accrued during the nearly six years between enactment and the Enforcement Date. But for the words "upon the Enforcement Date," those six years worth of investment earnings could have been available for implementation of our settlement.

4. Sections 3 and 5(a) of S. 3406, "Authorization of Payment of Adjusted Interest on the Taos Pueblo Water Development Fund"

Section 3 of S. 3406 provides a technical correction to recover these lost investment earnings through an authorization to appropriate \$7,794,297.52 to the Taos Pueblo Water Development Fund. This technical correction will facilitate implementation of the settlement and will have substantial, tangible benefits to Taos Pueblo. The appropriations authorized by the technical correction will be subject to the authorized uses specified in Section 505(a) of the Settlement Act, such as water rights management and administration, surface water irrigation infrastructure improvements, and restoration of the Taos Pueblo Buffalo Pasture wetland.

Section 5(a) of S. 3406 makes clear that nothing in the legislation affects the previous satisfaction of the conditions precedent in Section 509(f)(2) of the Settlement Act, or affects the validity of the Secretarial finding published in the Federal Register on October 7, 2016, pursuant to Section 509(f)(1) of the Settlement Act, that such conditions precedent were fully satisfied.

Taos Pueblo is in full support of this legislation. We believe the Department of Interior supports Section 3 of S. 3406 based on our conversations with them during the development of this bill and in light of testimony for the Department of the Interior before the Senate Committee on Indian Affairs in support of a similar technical amendment for the Shoshone-Paiute Tribes' settlement legislation. In that testimony, Assistant Secretary of Indian Affairs Bryan Newland noted that "prohibiting investment until an enforceability date is reached is not common in Indian water rights settlements," and "as a matter of equity, [the Department] would support similar legislation to resolve this same issue in the four other Indian water rights settlements approved by Congress in 2009 and 2010." Our Taos Pueblo settlement is one of the settlements.¹

¹See S. Rept. 118-80—TECHNICAL CORRECTION TO THE SHOSHONE-PAIUTE TRIBES OF THE DUCK VALLEY RESERVATION WATER RIGHTS SETTLEMENT ACT OF 2023,

5. Conclusion

S. 3406 would correct an injustice in our original water settlement legislation and would provide funding to help put our water rights to use for the Taos Pueblo people. We ask that you support this technical correction amendment and move the bill expeditiously.

Thank you for the opportunity to testify. I'm happy to answer any questions from the Committee.

PREPARED STATEMENT OF BRANDY TOMHAVE, JD, INTERIM EXECUTIVE DIRECTOR,
NATIVE AMERICA HUMANE SOCIETY

Introduction

As the only organization in the United States dedicated to helping families in Indian Country live healthfully and harmoniously with domestic animals, the Native America Humane Society (NAHS) appreciates this opportunity to submit testimony for the record of the congressional hearing about the urgent need to expand the authority of the Indian Health Service to include veterinary health care. For too long, the federal government has failed to fulfill its trust responsibility to provide the basic animal welfare services that are integral to protecting human health and safety. Congressional action is needed for tribal communities to access veterinary services.

Background

People and dogs should be able to remain healthy and live safely with each other, but that is nearly impossible on most of the 326 federal Indian reservations where populations of stray and free roaming dogs present a public health challenge beyond the imagination of most Americans. For example, an estimated 250,000+ dogs roam free on the Navajo Nation which has only one veterinarian, yet Navajo is considered lucky because most tribes have no veterinarian at all. The inability of Indian Health Service to provide veterinary care is why American Indians are at greater risk of dog bites and exposure to zoonotic diseases than all other Americans.

Dog Bites

Between 1991 and 1998 Indian Health Service (IHS) studied dog bite related injuries on the Rosebud Reservation in South Dakota.¹ Hospital emergency room logs identified 396 total animal bite cases, of which 346 were dog bites. IHS calculated that rate of dog bite injury as being 431 per 100,000, which is nearly three times the national average of dog bites (129.3 per 100,000) that the Centers for Disease Control (CDC) reported in 2001.

Relatedly, researchers at CDC conducted a study to examine dog bites among American Indian and Alaska Native (AI/AN) children visiting IHS and tribal health facilities between 2001 and 2008.² CDC found that the average annual dog bite hospitalization rate among Native children in Alaska and the Southwest was about double the rate for other children in the United States.

The CDC concluded, "Dog bites represent a significant public health threat in AI/AN children in the Alaska, the Southwest, and Northern Plains West regions of the U.S. Enhanced animal management and education efforts should reduce dog bite injuries and associated problems with pets and stray dogs, such as emerging infectious diseases."³

Unfortunately, there are no studies of the total number of dog bite cases annually treated by facilities within the IHS system but some snapshots from a couple of tribes provide clues about the scope of the problem:

- San Carlos Apache Tribe: The San Carlos Bylas Community Health Center treats on average 50 dog bite injuries per year.

S.Rept.118–80, 118th Cong. (2024), at 3, notes 7 and 8, <https://www.congress.gov/congressional-report/118th-congress/senate-report/80/1>.

¹Tina Russell, "Man's Best Friend: Dog Bite Related Injuries on the Rosebud Reservation 1991–1998," *The IHS Care Provider*, Volume 26, Number 3, March 2001:33–41, https://www.ihs.gov/sites/provider/themes/responsive2017/display_objects/documents/2000_2009/PROV0301.pdf.

²Bjork A; Holman RC; Callinan LC; Hennessy TW; Cheek, JE; McQuiston JH, "Dog Bite Injuries among American Indian and Alaska Native Children," *The Journal of Pediatrics*, Volume 162, Issue 6 (2013): 1270–1275, [https://www.jpeds.com/article/S0022-3476\(12\)01421-7/abstract](https://www.jpeds.com/article/S0022-3476(12)01421-7/abstract).

³*Ibid.*

- Navajo Nation: According to Navajo Nation Animal Management, there are over 3,000 individuals treated each year at hospitals and clinics for animal attacks and bites.
- Northern Arapahoe and Eastern Shoshone Tribes: Over 250 dog bite cases on the Wind River Reservation are seen each year at tribal health care facilities, where just one dose of anti-rabies vaccination costs about \$2,400. Five doses are required, costing the IHS service area for the Eastern Shoshone and Northern Arapahoe \$600,000 annually.⁴

Zoonotic Diseases

The interconnectedness of humans and animals includes the transmission of illnesses called zoonotic diseases. Dogs can carry and transmit several viral and bacterial diseases to humans through infected saliva and breath, contaminated urine or feces and direct contact. Though the risks of such infection are generally low (especially among pet dogs) feral dogs are at particular risk of becoming vectors for diseases. Feral dogs on Indian reservations pose public health risks that IHS must be able to address to save human lives.

Health and Human Services has understood this for at least the past two decades. From 2002 to 2004, an eastern Arizona tribal community was hit hard by Rocky Mountain Spotted Fever (RMSF), a zoonotic disease spread by feral dogs infested by the common brown dog tick. In just two years RMSF caused 15 hospitalizations and 2 deaths in that one tribal community alone. A decade later, CDC reported that “More than 300 cases of RMSF and 20 deaths have occurred on Arizona Indian reservations between 2002 and 2014, illustrating the severity of the epidemic.”⁵

Unfortunately, rabies is another zoonotic disease for which tribal communities are especially at risk, particularly Alaska Native Villages where rabies is endemic in certain wildlife that are threats to domesticated dogs who have limited, if any, access to veterinary care. In Northern and Southwest Alaska, between 2002 and 2011, the dog bite rate was 8.5 and 7.0 respectively, compared to 3.1 per 100,000 nationally. Untreated exposure to the rabies virus is nearly always deadly.⁶

Cost of Congress Doing Nothing

Dog bite costs within the IHS system are well known and significant. In 2001, IHS reported that between 1991 and 1998 there were 346 dog bite cases identified on the Rosebud Reservation at a cost of about \$21,000 each, or \$7,266,000 total.⁷ Inflation alone has roughly doubled the cost of medical care since then. In 2024 those same 346 dog bite cases would cost the IHS Rosebud Service Unit about \$43,000 each or \$15 million total. Dog bite treatment diverts limited IHS funding from much needed primary care.

Dividend of Congress Doing Something

Native Americans currently comprise only 0.3 percent of veterinarians in the United States. This is in part due to Native children’s lack of exposure to veterinarians. As the kids say, “You have to see it to be it.”

Dr. Mienna Ludka, DVM, a member of the Sault Ste. Marie Tribe of Chippewa Indians and the 2023 graduating class of the Michigan State University College of Veterinary Medicine says, “I think a major barrier for Native Americans joining our profession is the lack of exposure to the veterinary profession in their communities. Most native communities are in under-served rural areas, where poverty and geographic isolation make regular veterinary care inaccessible. Due to this, the younger generations growing up in our Native communities have limited opportunities to interact with veterinarians who could potentially serve as a role model for them to one day join the profession.”⁸

⁴ Clair McFarland, “Death Of Ethete Woman Revives Effort To Pass Loose & Vicious Dog Ordinance On Reservation,” April 22, 2022, Cowboy State Daily, <https://cowboystatedaily.com/2022/04/22/death-of-ethete-woman-revives-effort-to-pass-loose-vicious-dog-ordinance-on-reservation/#:~:text=and%20vicious%20dogs.,The%20death%20of%20a%20woman%20in%20Ethete%20on%20April%2010,supervisor%20of%20Northern%20Arapaho%20Housing.>

⁵ Harvard Health Publishing, Harvard Medical School, <https://www.health.harvard.edu/promotions/harvard-health-publications/get-healthy-get-a-dog-the-health-benefits-of-canine-companionship>.

⁶ Bjork A et al, *Supra*.

⁷ Tina Russell, “Man’s Best Friend: Dog Bite Related Injuries on the Rosebud Reservation 1991–1998,” The IHS Care Provider, Volume 26, Number 3, March 2001:33–41, https://www.ihs.gov/sites/provider/themes/responsive2017/display_objects/documents/2000_2009/PROV0301.pdf.

⁸ Michigan State University, College of Veterinary Medicine, Vet School Tails, November 12, 2021, <https://com.msu.edu/vetschool-tails/community-voices-native-american-heritage-month>.

Veterinary medicine at IHS facilities could forge pathways from tribal schools to veterinary schools. Such pathways to other graduate schools are already turning out tribal doctors, lawyers, nurses, social workers and engineers whose impact on their tribal communities is transformative.

Conclusion

The United States has long embraced its trust responsibility to provide for the health and welfare of American Indian tribes and Alaska Native Villages but has not yet addressed the dynamic relationship between the health and safety and of people and dogs. The incidence of dogs spreading fatal zoonotic diseases and mauling to death tribal members should prompt Congress and the Executive Branch to recognize that this is a public health emergency in Indian Country.

PREPARED STATEMENT OF LEDY VANKAVAGE, SR. LEGISLATIVE ATTORNEY, BEST FRIENDS ANIMAL SOCIETY

Thank you, Chair Schatz, Vice Chair Murkowski, and Members of the Committee, for holding a hearing on an important public health and safety measure, S 4365. We appreciate Vice Chair Murkowski sponsoring this long over-due legislation.

Best Friends Animal Society is a national non-profit located in Kanab Utah. The Navajo Nation is our neighbor, and we collaborate with Navajo leaders and animal control officers on trying to humanely reduce the dog population. Most of our Best Friends Navajo Team members live on the reservation and have witnessed hundreds of free roaming puppies and dogs on the Nation. Although data regarding the number of free roaming dogs on Navajo is lacking, the estimates that have been reported are anywhere from 250,000 to 500,000 stray dogs.

Currently the Navajo Nation only has one veterinarian on staff, and two full-time private veterinarians practicing on a reservation as large as West Virginia. Our Best Friends Navajo Team works closely with the Navajo Nation Animal Control officers to transport puppies and dogs from animal control to rescue organizations. Best Friends also holds and funds multiple spay/neuter events on the Nation, but it is simply a drop in the bucket. Federal resources are desperately needed for veterinary services to humanely reduce the dog population and decrease the public health costs due to dog bites. Dr. Jim Crosby, an expert in dog bites has stated that the most dog bite related fatalities occur in the Southwest, where the Navajo Nation is located. This is not a coincidence.

According to the AVMA, unneutered male dogs represent 90 percent of dogs presented to veterinary behaviorists for dominance aggression, the most commonly diagnosed type of aggression. Intact males are also involved in 70 to 76 percent of reported dog bite incidents. Unspayed females that attract packs of free-roaming male dogs, increase the bite risk to people through exposure to many unfamiliar dogs. Mother dogs are very protective of their puppies and may bite those who try to handle the young.

Best Friends urges you to support this bill that gives the necessary authorization to the Indian Health Service to carryout veterinary services. This is a measure that is crucial to public safety, and consistent with the One Health initiative. Thank you for your consideration for safe and humane communities.

PREPARED STATEMENT OF DR. MICHAEL WATSON, ADMINISTRATOR, ANIMAL AND PLANT HEALTH INSPECTION SERVICE

Thank you for the opportunity to provide written testimony to discuss our rabies management program and S. 4365, the *Veterinary Services to Improve Public Health in Rural Communities Act*.

Rabies is a serious disease of wildlife in the United States that can have a significant impact on human and animal health. If left untreated, it has a 100 percent fatality rate in humans and kills almost 60,000 people around the world each year. Thankfully, compulsory pet vaccination laws and mass vaccination campaigns have eliminated the canine variant of rabies from wild and domestic animals in the United States. However, there are several other variants in wildlife, including raccoon rabies in the east and Arctic fox rabies in Alaska.

Since 1997, acting through its Wildlife Services program, the Animal and Plant Health Inspection Service (APHIS) and its National Rabies Management Program have led Federal efforts to control the virus in wildlife, thereby protecting domestic animals and the public. APHIS activities include:

- Conducting enhanced rabies surveillance as a complement to public health surveillance to better understand where the disease is, allowing us to better focus our control and elimination efforts.
- Distribution of oral rabies vaccines to create a zone free of disease and moving these rabies-free zones appropriately.
- Conducting research to increase scientific knowledge and to better inform rabies management strategies.
- Coordinating on effective strategies for rabies elimination with all partners, collaborators, and stakeholders in the U.S. and with partner agencies in Canada and Mexico.

The oral rabies vaccination program is the key to expanding U.S. rabies-free zones. Each year, APHIS drops approximately 8 million oral rabies vaccination baits in 13 eastern states, from Maine to Alabama, creating a rabies-free zone that prevents the spread of raccoon rabies further westward.

In urban and suburban areas, APHIS and cooperators distribute vaccine bait by helicopter or vehicles. In rural areas, APHIS typically distributes vaccine bait from a plane. When a raccoon bites into the vaccine bait, the packet ruptures, allowing the vaccine to coat the animal's mouth and throat. Animals that receive an adequate dose of the vaccine develop antibodies against rabies. As the number of vaccinated animals in a population increases, disease transmission decreases, creating an "immunity barrier" to stop the further spread of rabies.

Although raccoon vaccination is our largest rabies prevention effort, APHIS helped the Texas Department of State Health Services successfully eliminate canine rabies in coyotes in 2004. Our efforts using oral rabies vaccination also reduced the spread and eventually eliminated a unique variant of the disease in gray foxes. In Arizona, APHIS works on a variety of collaborative rabies research and management projects focused on gray foxes, skunks, and bats, as well as free-ranging dogs on tribal lands.

Alaska has a unique variant of rabies in Arctic foxes. It has a broad circumpolar distribution throughout North America, Europe, and Asia. In Alaska, rabies outbreaks routinely occur during winter and the number of red foxes with this variant has increased over the past decade. This observation, along with modeling, suggests regional warming trends may be associated with increased contact rates and transmission between Arctic and red foxes. We currently do not have a rabies vaccination program targeting Arctic foxes due in part to the remote geographic area this variant encompasses. There are also challenges with Arctic fox behavior, including their large home ranges, distance they travel, and varying behavior in summer and winter.

But the bill before us today understands these challenges and would accordingly direct APHIS to conduct a more in-depth study of the viability of a wildlife rabies control program in Arctic regions. This would allow us to work with our state, tribal, and other partners to identify the potential barriers for a successful program and possible mitigations for those impediments.

Ontario, Canada, successfully eliminated Arctic fox rabies in red foxes in southern Ontario, but the situation in Alaska will be different. Better understanding the unique challenges of Alaska, the different species involved and their ecology, will be important. In Alaska, we would most likely need to use selective intervention with oral rabies vaccine in and around remote communities. This will not eliminate arctic fox rabies in red foxes or Arctic foxes, but instead would likely be part of an integrated rabies prevention and control strategy carried out in cooperation with the Indian Health Service and other partners.

A few thoughts and concerns for consideration:

- The study focuses on potential management strategies to reduce the risk of transmission to Tribal members in Arctic regions, which would only include the northernmost parts of the state, and probably excluding fox populations in other areas of the state.
- The study targets fox species, but we know that the disease is also transmitted through domestic animals, such as unowned or difficult to capture dogs. We have had success with orally vaccinating dogs in other areas including free ranging dogs. Implementation of similar strategies could strengthen rabies prevention and control efforts in remote communities.
- While we appreciate the study, it is very likely to identify the need for a valuable program to protect the health and safety of native Alaskans. However, without resources for a program, it is highly unlikely that APHIS will be able to implement a program that stands any chance of success. Further, diverting

resources from other regions could potentially erase years of success with virus control and local elimination elsewhere.

- Under the sections authorizing the use of public health officers, it may be helpful to include mention of USDA or APHIS such that future control activities could be coordinated or conducted with assistance from our Wildlife Services program.

Thank you again for the opportunity to discuss this important program.

INTERGOVERNMENTAL AFFAIRS
July 24, 2024

Senate Committee on Indian Affairs,
838 Hart Senate Office Building,
Washington, DC.

RE: ANTHC SUPPORT OF SENATE BILL 4365

To Whom It May Concern:

On behalf of the Alaska Native Tribal Health Consortium (ANTHC), I write this letter in support of Senate Bill 4365, the Veterinary Services to Improve Public Health in Rural Communities Act.

ANTHC is a statewide tribal health organization serving all 229 tribes and all Alaska Native and American Indian (AN/AI) people in Alaska. ANTHC provides a wide range of statewide public health, community health, environmental health, and other programs and services for Alaska Native people and their communities. ANTHC and Southcentral Foundation operate programs at the Alaska Native Medical Center, the statewide tertiary care hospital for all AN/AI people in Alaska, under the terms of Public Law 105-83.

Alaska Native communities do not have regular access to veterinary care. This has led to a consistent threat to both human and animal health and welfare. This lack of access was recognized by the Alaska Federation of Natives in 2022 as an “unmet public health crisis”. The downstream impacts of this disparity is clearly exemplified by the fact that Alaska Native children have the highest rate of hospitalization for dog bites in the Indian Health Service system and are hospitalized for dog bites at double the rate of children in the general US population.

Dogs are a known risk for zoonotic illness transmission amongst livestock, wildlife and humans. Zoonotic illness is any disease that can spread between animals and humans. Rabies transmission between fox, dogs and humans is a constant concern in the entire western and northern regions of Alaska. As part of their compact with Alaska Native Tribes, the Indian Health Service supports Environmental Health programs at regional Tribal Health Organizations across our state. A significant portion of the workload for these programs concerns rabies prevention activities. This includes vaccinating companion animals against rabies, conducting dog bite investigations and coordinating with local and state officials in response to public health emergencies resulting from rabies transmission between wild fox and local dog populations. As red fox expands their range northward, the frequency of these situations have increased and “near miss” public health emergencies have become commonplace. These events often require expensive and painful post exposure prophylaxis treatment for humans and large scale culling of companion animals. Rabies is always fatal to humans and this is not a theoretical risk. In 2023, 29.9 percent of the 67 foxes tested for rabies in the Norton Sound region were positive.

While Tribal Health Rabies Prevention Programs reduce some of the risk associated with rabies transmission in rural Alaskan communities, they cannot begin to address the root cause of the issue. Without access to basic spay and neuter services, there is no humane or effective way to control animal populations in rural Alaska. Because of this, vaccination alone is not a sufficient method of rabies prevention. Veterinary care became common in the lower 48 states as healthcare practitioners began to understand that the health of companion animal populations has a direct impact on the health of a human population. The same is true in Alaska.

Senate Bill 4365 acknowledges this disparity in service and the connection between human and animal health that is so well understood by the communities that the Alaska Native Tribal Health Consortium serves. Alaskan Native people share a profoundly deep and interdependent relationship with dogs. The inability to access basic veterinary care has implications beyond the physical, impacting the emotional and spiritual health of Alaska Native people. The Tribal Health System in Alaska has developed novel, effective and sustainable solutions in order to address shortfalls in access to medical, dental and behavioral healthcare in the past and with the ratification of Senate Bill 4365, can similarly work towards remedying another

unmet public health need. This bill is an important step in achieving the intent of the Indian Health Care Improvement Act.

Sincerely,

MONIQUE R. MARTIN, VICE PRESIDENT

BRISTOL BAY AREA HEALTH CORPORATION
July 23, 2024

Senate Committee on Indian Affairs,
838 Hart Senate Office Building,
Washington, DC.

RE: ANTHC SUPPORT OF SENATE BILL 4365

To Whom It May Concern:

Bristol Bay Area Health Corporation (BBAHC) is a tribal health organization representing 28 villages in Southwest Alaska. For fifty years, we have provided comprehensive healthcare services to the people of Bristol Bay.

As a healthcare organization that encompasses a One Health framework, having the backing of the IHS as a co-coordinating agency in the National One Health Framework would help to further our mission to provide quality healthcare with competence, compassion and sensitivity to our region. At the core of our values, the promotion of health and prevention of disease cannot be fully carried out without the addition of veterinary care as part of the IHS healthcare model.

Rabies is the most pressing and prevalent zoonotic disease we are faced with in the region, and it creates a constant public health threat to our population. It is enzootic among the fox population in western and northern Alaska. There is an occasional threat to humans directly through the wildlife population, but the biggest threat comes from dogs that have been bitten by an infected fox.

Due to the current and historic lack of veterinary care, including access to spay and neuter surgery, there is a large number of unwanted and stray dogs. These are significant contributing factors to the health disparities seen in Alaska Native children, who face the highest rate of hospitalizations due to dog bites in the country.

Our Environmental Health department spends a significant portion of time each year carrying out public health rabies prevention activities through vaccination of pets and rabies investigation and response. In 2021, over a span of 5 months, our staff sent 8 animals to the State of Alaska virology lab, where 6 of those tested positive for rabies, including one unvaccinated, domestic dog involved in a bite incident.

Our prevention program helps to reduce the risk of rabies transmission, but it is unable to treat the root cause of the problem, which is a lack of basic veterinary care services in the region. The only humane way to control the population of dogs and significantly reduce the risk of rabies transmission is through stable and consistent veterinary care.

When post exposure prophylaxis is warranted after a bite, it is costly to the mental health and wellbeing of the patient and family involved, and the cost of time, travel and treatment can add up to 10s of thousands of dollars per incident.

Since time immemorial, Alaska Native People have shared an unspeakable bond with dogs. Veterinary care is not just animal health care, it also serves our human population's physical, mental, emotional and spiritual health.

BBAHC recognizes that veterinary care is public health care. The provisions of SB 4365 will help to bring critical healthcare services that are virtually non-existent to rural Alaska. Thereby improving basic public health services while also improving health equity and decreasing disparities among Alaska's Indigenous population.

Quyana (Thank You),

ROBERT J. CLARK, PRESIDENT/CEO

July 9, 2024

Senate Committee on Indian Affairs,
838 Hart Senate Office Building,
Washington, DC.

Dear Senator Murkowski and Indian Affairs Committee,

Thank you for your willingness to out forth the S. 4365, the Veterinary Services to Improves Public Health in Rural Communities Act. I am a veterinarian from North Carolina who fell in love with the Native people of Alaska, Navajo, and Cherokee and lead trips with veterinary students each year (twice a year to the Yup'ik villages in Alaska) to help serve the veterinary needs in the villages. The task we face is daunting. While there are many small groups of veterinary teams that go into the villages and vaccinate dogs for rabies and provide services for spaying/

neutering, after 15 years, we have only put a dent in the population. It isn't that the people don't want to have their dogs cared for medically, they just do not have access to it. And funding the trips into the villages can be very expensive. But, each group does what they can to help serve these communities.

The result is that many Village Police Officers (VPO) have to shoot any dogs that are not tied up to prevent bites within the villages. Rabies is endemic in the area, carried mostly by the fox, which is then spread quickly to the dogs, and thus the humans. Unfortunately, it is usually the children that are bit. With little access to healthcare, rabies causes deaths to the humans. The numbers of rabies cases in the Alaskan Native villages is astounding. The VPO's do not like to shoot the dogs, and many suffer mental illnesses from having to kill them. Others leave their posts after a season because they do not want to be a part of it. The children tell stories of their dogs being shot while walking with them to school. Mentally and emotionally this is not a sustainable solution.

My hope is that S. 4365 will pass and allow the Indian Health Services to be able to provide this much needed service to the communities more readily. The cost of the preventative care for the dogs is significantly less than the treatments for the humans affected by the dog bites and the metal rehabilitation of those in positions requiring them to kill the stray dogs. Thank you for your time and for helping find a cure to this terrible predicament.

Sincerely,

DR. PAGE WAGES, VETERINARIAN—ALASKA AND NORTH CAROLINA

ALASKA NATIVE RURAL VETERINARY, INC. (ANRV)
July 17, 2024

Senate Committee on Indian Affairs,
838 Hart Senate Office Building,
Washington, DC.

Dear Senator Murkowski and Indian Affairs Committee,

Thank you so much for introducing S. 4365. My name is Angie Fitch, I am the executive director and founder of Alaska Native Rural Veterinary, Inc. (ANRV)

Since our inception in 2011, ANRV has provided veterinary care to over 90 villages, across several regions of rural Alaska. I am in favor of this bill because it will work as a preventative measure, which has its advantages over the consequence of not having it. It will be much safer and more cost effective than the way things are now.

During our travels, I have learned that there are many layers to the lack of veterinary care in rural tribal communities. Loose dogs pack up and become aggressive, they bite, defecate in parks where children play, carry parasites and spread diseases such as distemper and rabies. Dogs are the known carrier of rabies from wildlife to humans. They are also the transmitter of deadly tick disease to people, which is now a growing concern in Alaska.

There is also a mental health correlation to the lack of veterinary care. Witnessing suffering and death of pets or the shooting of dangerous or rabid dogs, is mentally traumatizing to the entire community, especially the children. And often-times the shooter, I am told will have nightmares long after the incident takes place. One village police officer told me that it wounds his soul to have to put dogs down. People deserve better than this, and hopefully this bill is just that.

Over the years of providing care in rural Alaska, ANRV has noticed a direct correlation between controlling the numbers of stray dogs with sterilizations and a reduction in dog bites to people. The communities that we provide consistent veterinary care have visibly fewer to no strays and less people are being bitten or injured by dogs.

The safest and most reasonable solution to this public health disparity is accessible veterinary care, vaccinations and spay/neuter service.

Prevention makes the most sense. It provides safer communities, prevents costly medical care to people who are attacked or contract a transmissible disease. It also greatly reduces the chance of individuals having to go through rabies prophylaxis treatment due to dog bites.

Thank you again, Sen Murkowski for introducing this bill that will address this important issue, improve public health and the quality of life for so many tribal communities.

Sincerely,

ANGIE FITCH, EXECUTIVE DIRECTOR/FOUNDER

NORTHERN PUEBLOS TRIBUTARY WATER RIGHTS ASSOCIATION

7/9/2024

Hon. Brian Schatz, Chairman,
Senate Committee on Indian Affairs
838 Hart Senate Building
Washington, DC.

RE: SUPPORT OF THE PUEBLO OF NAMBÉ, PUEBLO OF POJOAQUE, PUEBLO DE
SAN ILDEFONSO AND PUEBLO OF TESUQUE FOR S. 3406

Dear Senator Schatz and members of the Senate Committee on Indian Affairs:

The Pueblo of Nambé, the Pueblo of Pojoaque, the Pueblo de San Ildefonso, and the Pueblo of Tesuque (collectively “Pueblos”), as the four members of the Northern Pueblos Tributary Water Rights Association, write this letter in support of the bill sponsored and introduced by Senator Lujan of the New Mexico delegation, S. 3406, to restore interest on the Aamodt Settlement Pueblos’ Fund established by section 617(c)(1)(B) of the Aamodt Settlement Act, Pub. L. No. 111–291. The Pueblos herein state their support for the bill.

Section 617(c)(1)(B) of the Aamodt Settlement Pueblos’ Fund authorized the appropriation of \$37.5 million “to assist the Pueblos in paying the Pueblos’ share of the cost of operating, maintaining, and replacing the Pueblo Water Facilities and Regional Water System.” The Aamodt Settlement Act appropriated an additional \$15 million for the Pueblos, for a total of fund amount of \$52.5 million. The authorized funds are for the Pueblos only, for operation and maintenance expenses related to the Pojoaque Basin Regional Water System, the critical infrastructure necessary to effectuate the Aamodt settlement. Unlike other Indian water rights settlements, the Aamodt Settlement Act did not provide that the funds authorized in section 617 could be invested between the authorization date and the settlement enforcement date, which was September 15, 2017. As a result, the Pueblos’ funds sat for a period of 81 months, uninvested, without earning any interest.

S. 3406 will restore interest for that 81-month period so that the Pueblos’ settlement will be treated equally to other Indian water rights settlements whose funds Congress allowed to be invested. The Pueblos will, as a result of the bill, receive approximately \$4.3 million which will be added to the operation, maintenance and replacement fund shared by the Pueblos. The restored funds will bring the Pueblos into parity with other Indian tribes who have settled their water rights and invested the funds appropriated to them by Congress. Given the expectation of increasing costs to the Pueblos relating to operation, maintenance and replacement of the Regional Water System, the addition of \$4.3 million in forgone earned interest will be critically important.

The Pueblos wish to express their appreciation for the Committee’s actions to ensure that the Pueblos are treated on equal footing with other Indian tribes in this country. We thank you for undertaking this important rectification of the Aamodt Settlement Act.

Sincerely,
GOVERNOR NATHANIEL S. PORTER; GOVERNOR MILTON HERRERA; GOVERNOR
CHRISTOPHER MOQUINO; AND GOVERNOR JENELLE ROYBAL

JULY 9, 2024

Senate Committee on Indian Affairs
838 Hart Senate Building
Washington, DC.

Thank you for the opportunity to comment on S. 4365, the Veterinary Services to Improve Public Health in Rural Communities Act. This bill will not only enhance public health in rural tribal communities across the United States, but it will also save Indian Health Service a tremendous amount of money. Just here in Alaska, we estimate that the preventative veterinary services supported by this bill will be far less expensive than post exposure prophylaxis treatments for rabies alone. Many of our rural communities experience seven times the national average for reported dog bites to humans. Dogs are the known common transmitter of rabies from wild-life to people.

There are also a large mental and behavioral health implication associated with dog culling and fear of outdoor activities, as a result of dog overpopulation. At the present time, rural communities suffer these public health challenges, and their only recourse is to periodically shoot loose and dangerous dogs. This does not solve

the problem as the remaining dogs quickly reproduce and replace those killed. This activity is also traumatizing to those who witness the culling, especially children. Many village public safety and police officers have reported that dog culling was the main reason for leaving their job; several have required therapy to manage the effect of dog culling on their mental health.

S. 4365 will support preventive veterinary public health care which will address the problem at the root cause, through access to canine sterilization and vaccination procedures. This is the safest and most effective way to manage these issues. It is also less expensive than what IHS currently spends on hospitalizations for dog bite injuries, rabies post exposure prophylaxis treatment and the mental and behavioral impacts of living with dog overpopulation.

Dogs have always been a central part of Indigenous culture in North America. When an aspect of life that has, for millennia, been beneficial becomes a threat it has terrible impacts on cultural, mental, and behavioral health. This bill will provide a solution that will return the relationship between people and dogs in rural communities back to a mutually beneficial situation and save the health care providing organizations associated with IHS millions of dollars by improving public health and quality of life for the residents.

Sincerely,

ARLEIGH J. REYNOLDS, D.V.M., PH.D., DIRECTOR EMERITUS, THE CENTER FOR
ONE HEALTH RESEARCH, THE COLLEGE OF INDIGENOUS STUDIES, UNIVERSITY
OF ALASKA FAIRBANKS

ANGIE FITCH, EXECUTIVE DIRECTOR, AK NATIVE RURAL VETERINARY, INC.

ALASKA MEDICAL PSYCHOLOGY
July 22, 2024

Senate Committee on Indian Affairs
838 Hart Senate Building
Washington, DC.

To Whom It May Concern:

I have been a clinical psychologist in Alaska for more than 40 years and I've been the director of four rural mental health centers. I've consulted on psychological issues throughout the state and have frequently testified about trauma and related psychological issues.

I am well aware that there has been a long-standing issue of stray dogs in the villages, including problems with frequent dog bites and rabies. I also am aware that someone has to take responsibility for euthanizing these stray dogs when it becomes necessary to protect the public. In my experience this is almost always psychologically difficult and generates substantial trauma and grief for those who have to perform the euthanization, as well as for those who witness it.

There is already far too much grief in the villages, and the accumulation of grief is one of the factors behind the high rate of suicides in the villages.

I particularly remember working with a client whose job was to euthanize the animals and at the local animal shelter; she had repetitive nightmares about her tongue being cut off and not being able to speak. We came to realize that these nightmares had to do with inability to speak about her feelings and grief about euthanizing the animals. When she finally was able to verbalize this, she understood that she had absolutely had to quit her job, that it was costing her too much even though she needed the work.

It makes much more sense to have a program that neuters and spays dogs to control these dangerous overpopulations, than to continue with the current lack of support for such an important program related to public health and quality of life.

Please contact me if further information is needed.

STEPHEN PARKER, PH.D., CLINICAL PSYCHOLOGIST

JAMUL, CA
July 9, 2024

Dear Senate Indian Affairs Committee member,

I'm writing to you to voice my opinion concerning the bill H.R. 6443, S. 3857 that incorporates 172 acres in San Diego's East County region into the Jamul Indian Village trust. As a resident of Jamul I will be directly impacted by what Senator, Darryl Issa is calling "economic development." It will bring increased traffic to an already impacted fire zone area that only has access for evacuation on one road. This is unacceptable and threatens the entire community of Jamul. The Jamul In-

dian Village has already increased traffic exponentially by building a casino and now a 16 story hotel on this same and only thoroughfare. There have been increased traffic collisions on Highway 94E since the Jamul tribe received the initial 6 acre parcel into trust. Please consider this, I encourage you to vote NO on H.R. 6643, S. 3857 and keep Jamul rural.

Sincerely,

TRICIA STEWART

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. BRIAN SCHATZ TO
HON. MELANIE ANNE EGORIN

Question 1. Your written testimony states that the Indian Health Service (IHS) does not have the legal authority to offer veterinary services directly, or to allow tribes to add these services to their Indian Self Determination Education and Assistance Act (ISDEAA) self-determination compacts or contracts. However, if IHS were able to offer these services, does IHS have an estimate of the cost?

Answer. At this time, IHS does not have an estimate of the cost for providing veterinary services if IHS were authorized to offer such services. Currently, there is not enough information to inform the IHS as to whether each of the twelve IHS Areas need such veterinary services, or any number less than the twelve IHS Areas. However, the IHS is willing to work with the Senate Committee on Indian Affairs' staff, and the bill sponsor's staff to provide an estimate based on the bill's intent. For example, is the intent to have veterinarian and program staff for each of the twelve IHS Areas, or to have only veterinarians and program staff in only those IHS Areas with a defined and demonstrated need for veterinarian services as described in the drafter's legislation, or to have only veterinarians and programs in only those IHS Areas that have Tribes and Villages located in rural areas? Again, IHS is willing to work with the Committee and staff on a cost estimate based on the drafter's intent in the legislation.

Question 2. If Tribes with 638 contracts could add veterinary services to their ISDEAA agreements, how many Tribes would be interested in taking these services over?

Answer. The Indian Health Service was only recently made aware by drafters of the legislation that several Tribes and Villages in the Alaska Area expressed interest in adding, by contracting or compacting, veterinary services to existing ISDEAA agreements. The IHS would need to further research whether tribal consultation would be helpful in evaluating the veterinary services need in all twelve IHS Areas.

Question 3. Your written testimony states that IHS, the Center for Disease Control and Prevention (CDC), and the Commissioned Corps of the United States Public Health Service (USPHS) collaborate with Tribes and other partners to reduce the risk of zoonotic disease transmission. Does IHS currently work with the USPHS, or any other partners, to offer any veterinary services, such as rabies clinics?

Answer. Currently, the IHS does not offer any veterinary services, nor rabies clinics, in any of our IHS Areas. However, IHS routinely collaborates with the Centers for Disease Control and Prevention, tribes, and other entities to reduce transmission of zoonotic diseases. One example of this collaboration is that the IHS provides reports to animal control, such as tribal and other government agencies, federal, state, and county, about high-risk animal encounters such as dog-bites, and where indicated, public health entities (tribal and other government agencies, federal, state, county) regarding suspected or confirmed cases of reportable zoonotic diseases. Such reports inform decisions by those authorities to support prevention activities like rabies vaccination efforts.

IHS utilizes the One Health approach to fulfill its responsibilities for investigating outbreaks of zoonotic diseases and coordinating with other federal and state agencies, partners, and stakeholders across the public health, agriculture, wildlife, and environmental sectors at the national and subnational levels.

IHS prioritizes zoonosis efforts through surveillance for vector-borne diseases, such as plague, hantavirus, tularemia, tick-borne relapsing fever, WNV, Lyme Disease, and other zoonoses, including rabies. Surveillance tools—such as sentinel chicken flocks and mosquito trapping—are maintained with state, county, and tribal partners. The HHS IHS Division of Environmental Health Services conducts indicator-based surveillance using the IHS Notifiable Disease and External Cause of Injury system.

IHS has developed strong partnerships with U.S. Department of Agriculture veterinarians, the U.S. Army, Tribal Indian Health Boards, and NGOs, and collaborates on interventions, including fogging operations, flights to identify standing water, dusting, lay rabies vaccinator programs, and partnerships to reduce the free-

roaming pet population. For example, the Billings Area Indian Health Board implemented a lay vaccinator program, influenza-like illness surveillance, and Hantavirus outreach and education. On the Navajo Nation, multiple NGOs are partnering with tribal and federal programs and colleges and universities to provide a comprehensive approach to address the stray animal population, including raising awareness and knowledge about the risks associated with pet overpopulation and reduced cost or free veterinary services which may reduce risk for zoonotic disease and bite injuries.

Lastly, upon request from IHS, the USPHS is available to assist IHS with veterinarian services. There is one USPHS veterinarian officer currently assigned to IHS working in an administrative role at IHS headquarters. In addition, there are over 1,200 USPHS officers working across Federal IHS facilities and Tribal facilities, across multiple disciplines.

