



**National Indian Health Board  
Resolution 25 – 02**

**REAFFIRMING THE FEDERAL TRUST RESPONSIBILITY AND THE NATION-TO-NATION RELATIONSHIP**

**WHEREAS**, the National Indian Health Board (NIHB), established in 1972, serves all federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of healthcare delivery to AI/ANs, as well as upholding the federal government’s trust responsibility to AI/AN Tribal governments; and

**WHEREAS**, Tribes signed treaties and negotiated other agreements with the United States in which they ceded vast amounts of territory in exchange for certain solemn promises, including protecting Tribal self-government and providing for the health and well-being of Indian peoples; and

**WHEREAS**, the Supreme Court has affirmed that “Our Constitution reserves for the Tribes a place—an enduring place—in the structure of American life. It promises them sovereignty for as long as they wish to keep it;”<sup>1</sup> and

**WHEREAS**, the United States has a unique legal and political relationship with Tribal governments established through and confirmed by the United States Constitution, treaties, federal statutes, executive orders, and judicial decisions; and

**WHEREAS**, central to this relationship is the Federal Government’s trust responsibility to protect the interests of Indian Tribes and communities, including the provision of healthcare to American Indians and Alaska Natives; and

**WHEREAS**, in recognition of the trust responsibility, Congress has passed numerous Indian-specific laws to provide for Indian health care, such as the Indian Health Care Improvement Act (IHCIA), in which Congress reiterated that “Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people;” and

**WHEREAS**, Congress has also legislated to provide Indians with access to general health programs, such as Medicaid, while creating Indian-specific protections within those programs that reflect this unique political relationship; and

**WHEREAS**, historic and persistent under-funding of the Indian healthcare system has resulted in problems with access to care and has limited the ability of the Indian healthcare system to provide the full range of medications and services that could help prevent or reduce the complications of chronic diseases; and

---

<sup>1</sup> *Haaland v. Brackeen*, 599 U.S. 255 (2023)



**WHEREAS**, year after year, the federal government has failed American Indians and Alaska Natives by drastically underfunding the Indian Health Service (IHS) far below the demonstrated need. For example, in 2023, IHS spending for medical care per user was only \$4,078, while the national average spending per user was \$13,493. This correlates directly with the unacceptable higher rates of premature deaths and chronic illnesses suffered throughout Tribal communities; and

**WHEREAS**, in 2018, the U.S. Commission on Civil Rights found that: “Federal funding for Native American programs across the government remains grossly inadequate to meet the most basic needs the federal government is obligated to provide. Native American program budgets generally remain a barely perceptible and decreasing percentage of agency budgets;” and

**WHEREAS**, due to chronic underfunding, life expectancy for AI/ANs in 2021 has declined by nearly 7 years, such that the life expectancy for our People is only 65 years, which is the same life expectancy of the total U.S. population in 1944, which is 11 years less than the overall American population’s life expectancy of 76 years; and

**WHEREAS**, recent federal actions have sought to drastically cut funding, staffing, and programs that serve Tribes and which constitute critical components of the federal government’s legal trust and treaty obligations; and

**WHEREAS**, the federal trust responsibility requires that current federal funding, staffing, and programs that serve Tribes shall not be abridged.

**NOW THEREFORE BE IT RESOLVED**, that the National Indian Health Board steadfastly reaffirms the federal trust responsibility and the Nation-to-Nation relationship between the United States government and Tribal nations; and

**BE IT FURTHER RESOLVED**, that the National Indian Health Board staunchly opposes federal reductions in force, funding cuts, or freezes to funding or hiring which could impede the provision of health services to Indian Country, as such actions stand in direct violation of the federal trust responsibility; and

**BE IT FURTHER RESOLVED**, that we call upon Congress to uphold its constitutional duty to legislate with regard to advancing Indian healthcare and should continue to promote Tribal sovereignty and uphold the Nation-to-Nation relationship between the United States and Tribes in fulfillment of its trust and legal responsibilities; and

**BE IT FURTHER RESOLVED**, that we call upon the Administration to uphold the federal trust responsibility, recognize the special political status of American Indians and Alaska Natives, and honor the Nation-to-Nation relationship throughout all Executive and Administrative actions by ensuring stable resources and staffing to Indian programs, including Indian healthcare; and



**BE IT FURTHER RESOLVED**, that we call upon the Administration to conduct Tribal Consultation before implementing any Executive actions or policy changes which could have substantial direct effects on one or more Indian Tribes or the Nation-to-Nation relationship; and

**BE IT FINALLY RESOLVED**, that this resolution shall be the policy of the National Indian Health Board until it is withdrawn or modified by subsequent resolution.

**CERTIFICATION**

The foregoing resolution was adopted by the Board, with a quorum present, on the 11<sup>th</sup> day of March 2025.

ATTEST:

A handwritten signature in black ink, appearing to be "Sam Moose".

---

Vice Chairperson, Sam Moose

A handwritten signature in black ink, appearing to be "William Smith".

---

Chairperson, William Smith