

## **Op-Ed: For Native Communities, Medicaid Is a Promise Washington Must Keep**

*By Andy Mejía, Chairperson of the Lytton Rancheria and Chairman of the Sonoma County Indian Health Project*

As both Chairperson of the Lytton Rancheria and Chairman of the Sonoma County Indian Health Project, I carry a dual responsibility—one to uphold our sovereign Tribal nation's future and another to protect the health and well-being of Native families across Sonoma County. Today, I am compelled to speak out because Congress is on the brink of breaking a promise—one that could have deadly consequences.

Proposed Medicaid cuts, cloaked in budget language and political spin, would devastate Tribal and rural communities like ours. For many Native people, Medicaid—known as Medi-Cal in California—is not simply a program. It is a tool of justice. A modern-day treaty obligation. One of the few working mechanisms through which the federal government begins to make good on its commitment to provide healthcare to Native Americans.

That commitment is not upheld through Medicaid alone. It must be matched by robust, full funding of the Indian Health Service (IHS), which has long been chronically underfunded. IHS and Medicaid are two sides of the same coin—neither can fulfill the federal trust obligation without the other.

To walk that back now would not just be negligent—it would be a betrayal.

At Sonoma County Indian Health Project, Medi-Cal allows us to serve families who have faced generations of systemic neglect. It provides access to preventive screenings, maternal care, chronic disease treatment, and culturally rooted behavioral health services. For our elders, Medi-Cal brings dignity. For our youth, it brings hope. For many, it is the only way they see a doctor all year.

I think of the young Native father who came to our clinic after delaying care for years, only to discover advanced diabetes. Because of Medi-Cal, we were able to intervene, connect him to specialists, and keep him in his children's lives. I think of the elder who receives dialysis without worrying how she will afford her next meal. And I think of the Native teen who, through Medi-Cal-funded therapy, is finally speaking openly about trauma that has haunted her family for generations.

These are not anecdotes. They are a reflection of the reality faced by Indigenous people who, despite our resilience, continue to rank among the most underserved in America's healthcare system.

Our communities already suffer from higher rates of heart disease, diabetes, substance use, and suicide. We are more likely to live in healthcare deserts, with limited transportation, language barriers, and historical trauma that makes trust in care systems hard-earned. Medicaid helps bridge those gaps. Take that away, and the gap becomes a chasm.

Let us be clear: cutting Medicaid will not reduce the need for care—it will only reduce access to it. It will force Tribal health centers to ration services, delay care, and make impossible choices. And the consequences will ripple across generations.

Some argue this is about fiscal restraint. But ignoring chronic conditions until they become catastrophic is not frugal—it is foolish. Diverting patients from community care to overcrowded emergency rooms is not efficient—it is expensive. And stripping care from Native communities is not neutral—it is deeply unjust.

Likewise, IHS cannot continue to be funded at levels far below need. True healthcare equity for Native people will only come when Medicaid and IHS are both fully resourced and treated as the obligations—not options—that they are.

Congress must remember that Tribal nations are not interest groups. We are sovereign governments with a long history of being promised healthcare in exchange for land, resources, and peace. Medicaid, though not perfect, is part of how that promise is upheld in today's world. IHS is another. Both must be protected.

I urge our federal representatives—especially those who claim to stand with Indian Country—to reject these cuts. Come visit our clinics. Listen to the stories. Understand what is at stake.

This is not just a debate over budget lines—it is a decision about whose lives matter. For Native communities, Medicaid is not charity. It is a lifeline. And so is IHS. And Washington must not let go.