



**Testimony of Maine Public Health Association in Support of:
LD 785: An Act to Enact the Remaining Recommendations of the Task Force on Changes to the Maine
Indian Claims Settlement Implementing Act**

Joint Standing Committee on Judiciary
State House, Room 438
Thursday, February 19, 2026

Good afternoon, Senator Carney, Representative Kuhn, and distinguished members of the Joint Standing Committee on Judiciary. My name is Rebecca Boulos, and I am the executive director of Maine Public Health Association.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent nearly 950 individual and 80 organizational members across the state, and our mission is to advance the health of all people and places in Maine.

MPHA is in support of LD 785: "An Act to Enact the Remaining Recommendations of the Task Force on Changes to the Maine Indian Claims Settlement Implementing Act."

The Maine Indian Claims Settlement Act of 1980 established a different, more restrictive status for Wabanaki tribes than that of all other 570 federally recognized tribes in the United States. LD 785 would implement the remaining consensus recommendations of the Task Force on Changes to the Maine Indian Claims Settlement Implementing Act. This bipartisan task force recommended 22 changes to the Act, which will restore tribes' inherent rights.

Public health is about ensuring community conditions help – and don't harm – everyone's health and wellbeing. However, tribal citizens in Maine have faced unjust and unfair conditions that negatively impact their health – including contaminated drinking water, food insecurity, cultural disrespect, unsafe housing, higher rates of incarceration, and poverty. All these factors are compounded by other determinants of health, including high rates of unemployment and limited access or proximity to quality and affordable health care.

Historical and intergenerational trauma and discrimination, and systemic racism^a are intricately intertwined in Maine public policies that influence determinants of tribal citizens' health. These structural inequities^b are

^a The "system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call 'race'), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources." See Jones CP. 2018. Toward the science and practice of anti-racism: Launching a national campaign against racism. *Ethnicity & Disease*; 28(Suppl 1): 231–234.

^b The "personal, interpersonal, institutional, and systemic drivers—such as, racism, sexism, classism, able-ism, xenophobia, and homophobia—that make those identities salient to the fair distribution of health opportunities and outcomes. Policies that foster inequities at all levels (from organization to community to county, state, and nation) are critical drivers of structural inequities." See National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. *Communities in action: Pathways to health equity*. Washington (DC): National Academies Press (US); 2017 Jan 11. 3, [The Root Causes of Health Inequity](#).

pervasive and cross-cutting, leading to differential health outcomes for tribal communities in Maine, and restricting their power to influence these determinants of health. The consequences of this trauma and structural inequity are clear: tribal citizens have lower life expectancy, and greater risk for addiction, intentional self-harm and suicide, and chronic diseases, including obesity, diabetes, and chronic liver disease.

According to Kalt and Singer (2004): “Tribal sovereignty is not a set of ‘special’ rights. Rather, its roots lie in the fact that Indian nations pre-exist the United States and their sovereignty has been diminished, but not terminated. Tribal sovereignty is recognized and protected by the U.S. Constitution, legal precedent, and treaties, as well as applicable principles of human rights.”¹

MPHA supports the growing movement to recognize the sovereign rights of the Wabanaki people at both the state and federal levels. This issue is central to protecting the air, land, water, and our shared climate future. We understand that restoring fairness is not just the right thing to do for the Wabanaki Nations. It’s the right thing to do for all of us who live in Maine.

The State of Maine should recognize the sovereign determination of the Wabanaki people. Maine Public Health Association is proud to support LD 785, and we respectfully urge you to vote LD 785 “Ought to Pass.” Thank you for your consideration.

¹Kalt JP & Singer JW. [Myths and Realities of Tribal Sovereignty: The Law and Economics of Indian Self-Rule](#). Harvard University. March 2004.