

National Indian Health Board

1



Centers for Disease Control Tribal Consultation Testimony: Statement Regarding the CDC National Public Health Improvement Program

**Presented by Vice President Rex Lee Jim
Executive Committee Board Member, National Indian Health Board
February 2, 2012 Atlanta, Georgia**

Good afternoon Honorable Tribal Leaders and Centers for Disease Control and Prevention (CDC) representatives. My name is Rex Lee Jim, Executive Committee Member of the National Indian Health Board's of Directors and Vice President of the Navajo Nation. The National Indian Health Board serves the 565 federally recognized Tribes in their efforts to improve the health status, systems and outcomes of their People. It is on their behalf that I present this testimony today. Thank you for the opportunity to present this testimony. We also wish to thank CDC for its support to NIHB to build Tribal public health capacity, provide technical support to the Tribes as they examine public health accreditation opportunities and enhance the numbers of American Indians and Alaska Natives entering fields of public health

The NIHB recognizes the efforts of CDC to strengthen and improve public health infrastructure and performance through various initiatives supported through the Office of State, Tribal, Local and Territorial Support (OSTLTS) and other Institutes, Centers and Offices within CDC. Such initiatives include:

- Affordable Care Act (ACA): Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance
- National Voluntary Accreditation for Tribal Health Departments
- National Public Health Performance Standards Program
- Public Health Law Program
- Winnable Battles
- National Public Health Improvement Program which made funding available to state, Tribal, local and territorial health departments and organizations.

NIHB also recognizes that additional staffing is needed within OSTLTS in order for the CDC to make promised strides in Tribal public health. It is our understanding that throughout the CDC's reorganization processes, two additional staff positions at the GS-13 level were promised in Tribal Support Office. During the Tribal Advisory Committee meeting this week, we learned that, due to budgetary restrictions, these positions are no longer assured in the Tribal Programs Office and may actually be re-allocated for other purposes. NIHB objects to this change and strongly supports the CDC's initial plans to secure two additional staff members at the GS-13



level to support and enhance Tribal outreach and programmatic support. Without fully staffing Tribal Support it will not be possible for CDC to move forward with the Tribes in a manner that will begin to appropriately build Tribal relations, public health capacity and Tribal programs within CDC. We stand with the recommendations of the Tribal Advisory Committee to the CDC in this matter and fully affirm support that these positions be filled as soon as possible.

Tribal Sovereignty, Budget Concerns and Direct Funding to Tribes

CDC should reaffirm its commitment to establishing a government-to-government relationship with Tribal governments by committing funding to assist in the development of Tribal and public health infrastructure, capacity and programs. To achieve this, NIHB cannot strongly-enough stress the importance of direct funding to Tribes and increased funding allocations to American Indians and Alaska Natives.

The Tribes' unique relationship with the Federal Government is vital to the health of Indian people. The federal government's promise to provide health care to Tribes was made long ago. Tribes ceded millions of acres of land to the government of the United States agreed via treaties with Tribes to provide a variety of services, including health care, to Indian people in exchange for land, for peace and for survival.

Article Six of the United States Constitution establishes that treaties of the United States as the supreme law of the land. This government to government relationship between the U.S. and federally recognized Indian Tribes has been reaffirmed by judicial decisions, executive orders and federal law. Since that time, all branches of the federal government have acknowledged the nation's obligations to the Tribes and the special trust relationship between the United States and American Indians and Alaska Native governments. Within the treaties lies the guarantee to Tribes that the provision of a variety of services, including health care, will be provided by the U.S. government. Trust Responsibility for American Indian and Alaska Native health care does not begin and end with the services provided through the Indian Health Service; rather, the Federal Government at-large possesses, and is responsible for upholding, this Trust Responsibility. This includes the Centers for Disease Control and Prevention.

Following the passage of the Budget Control Act of 2011 and the failure of the Congressional "Super Committee," federal budget sequestration is becoming increasingly likely. During sequestration, agencies will experience significant, mandatory cuts to their discretionary operating budgets. These cuts will have serious effects on the ability and obligation of agencies, like CDC, to uphold its Trust Responsibility for health care to Tribes. Therefore, NIHB feels strongly that tribal programs within CDC and those within all other agencies promoting American Indian and Alaska Native health must be spared from sequestration, cuts, and rescissions of any kind as the federal government works to reduce the deficit. In fact, with less than .05 percent of its budget dedicated to the improvement of American Indian Health, health promotion and disease prevention activities, the Tribes call for significant increases in the American Indian/Alaska Native-specific funding as an overall percentage of CDC outlays for these purposes.



Allocation of CDC funds to states to address public health issues and health disparities does not assure that funds will actually reach Tribes or benefit American Indians and Alaska Natives. Many states do not have effective working relationships with the federally recognized Tribes located within their state, likewise, states often do not understand the government to government relationship between the Tribes and the Federal Government. Tribes are not subservient to states: Tribes are sovereign nations; however, receiving funds that are passed through states is often difficult and sometimes impossible. The CDC is in the position to, and needs to hold states accountable for fully engaging tribes in all aspects of planning, implementing and evaluating public health activities resulting from the use of achievement of CDC resources. The CDC is in the position to ensure that states engage and collaborate with tribes in efforts to ensure that Tribal public health needs are included in federal funding that reaches the states.

On September 14, 2011, Secretary Sebelius released a letter to all state Governor's acknowledging the steps taken to strengthen partnerships with American Indian and Alaska Native Tribal Nations. The letter served as a reminder of the established Tribal consultation policy indicating the need for all states to involve tribes as a partner during the design and implementation of programs administered with funding allocated by HHS. NIHB applauds this action and affirms that it is clearly a positive response to the persistent Tribal requests for support and assistance in affirming the federal government's trust responsibility with federally recognized tribes.

NIHB suggests the CDC provide States with guidance on working with tribes. The CDC is encouraged to provide States with the needed education to understand the government-to-government relationship between American Indian and Alaska Native Tribes and the federal government (CDC). We request that, as we continue to work toward direct funding from CDC to the Tribes, CDC needs to embrace the responsibility for facilitating this effort to ensure programs, benefits and services from federal CDC resources include tribal communities.

To that end, we also commend CDC for supporting Tribal-State dialogue, the first of which was held in January 2010. This first step will be followed on Friday with the second national CDC-sponsored State-Tribal Relations dialogue and it will include the Centers for Medicare and Medicaid Services. Steps such as these are responsive actions to long-standing Tribal concerns about improving relations with the States and establishing a foundation of understanding about the Federal Government's Trust Responsibility with Federally recognized Tribes. We are hopeful that such dialogue will provide a respectful foundation of accountability and measurable improvements in sharing Federal resources with the Tribes.

Tribal Consultation

Tribal consultation is an essential, foundational element of the Federal Trust responsibility to the Tribes. Consultation includes the presence of the highest ranking Tribal officials, Tribally-elected leaders or their chosen representatives and this courtesy should also be afforded to the



Tribes during consultation. In previous meetings, NIHB requested the attendance of CDC leadership at Tribal consultation and stressed their importance in Tribal consultation. NIHB is pleased with the attendance and participation of Dr. Monroe, Delight Satter and Dr. Holzman at the TAC meetings and affirms their respect to the Tribal consultation process and to the Tribal leaders who make sacrifices to attend. NIHB respectfully requests the CDC establish a tracking mechanism to list action items for Tribal leaders and CDC leadership respectively. The proposed method of tracking should include a synopsis of the issues and requests the Tribes have brought forward to CDC, actions taken by CDC and CDC Center, Office or individual responsible for advancing, or responding to, Tribal concerns. NIHB requests that this document is included on the agenda of all future Tribal consultations with CDC and at TAC meetings. We also request that time is provided to discuss the information, determine next steps and establish a record of accountability for the TAC members. In addition, NIHB requests that this information is shared with NIHB for distribution to the Tribes and that it is placed on the CDC website and updated on a monthly basis.

Tribal Public Health Accreditation

NIHB has continued to support Tribal health organizations in their various stages of accreditation readiness with little funding from the CDC. The CDC continues to increase the capacity of non-Tribal organizations such as National Association of County and City Health Officials (NAACHO), Association of State and Territorial Health Officials (ASTHO), and the National Association of Local Boards of Health (NALBOH), among others to assist in this voluntary process while many Tribal health organizations are left with little capacity to join in this voluntary initiative. NIHB continues efforts to build partnerships with the Robert Wood Johnson Foundation and the Public Health Accreditation Board to promote NIHB's capacity and willingness to provide technical assistance to potential Tribal health organizations expressing interest in public health accreditation. We are appreciative of the CDC's verbal support of NIHB; however, insufficient funding continues to be a barrier. NIHB is hopeful that additional CDC funding and support for Tribal public health accreditation will be identified and active technical assistance will increase.

Nationally, CDC has invested a great deal to assess and increase the capacity and performance of local and state public health systems; however, very little has been invested to build tribal public health system. NIHB recognized this gap and continues to be at the forefront to ensure Tribes are included. For example, NIHB was invited to serve on the Tribal Public Health Institute Board to determine the feasibility of developing a Tribal public health institute through an 18-month study funded through the Robert Wood Johnson Foundation (RWJF). NIHB will be hosting two roundtable discussions at the Public Health Summit in Tulsa, Oklahoma in May 2012 and the Annual Consumer Conference in Denver, Colorado in September 2012.

NIHB has determined that Tribal public health accreditation is feasible and a summary of results were put into a Strategic Plan with short and long term objectives to include Tribes in accreditation. A number of these strategies were successfully implemented, including the development of Tribal Standards and Measures. The Public Health Accreditation Board



partnered with NIHB to ensure the Tribal Standards and Measures were developed through a process of Tribal Consultation and that the resulting accreditation program is relevant, applicable and culturally appropriate for Tribal settings. The PHAB Tribal Standards and Measures were released just prior to the launch of the accreditation program in September 2011. NIHB continues to actively participate in the PHAB meetings to continue efforts to support the need for Tribal public health accreditation readiness and supporting Tribal health organizations at various stages of implementation.

Closing

Since its establishment in 1972, the National Indian Health Board (NIHB) has served federally recognized American Indian/Alaska Native tribal governments by advocating for the improvement of health care delivery to American Indian/Alaska Natives. The NIHB works to ensure that the Federal government upholds its treaty obligations to American Indian and Alaska Native populations in the provision and facilitation of quality health care to our people.

NIHB respectfully requests that the CDC supports the Tribes at the same level of funding, support and resources to build their public health performance and capacity as local and state governments. We also ask that the CDC identify a direct funding mechanism to address the obvious lack of compliance from the states who have failed to partner with tribes during the design and implementation of programming.

The Federal Government's provision of health services is critically important for Alaska Native and American Indian Tribes. This is so, not only because of the unique relationship that exists under the Constitution and through Treaties between the Federal Government and the Tribes, but because our tribal communities face far greater health risks and disparities than the general population. A strong relationship between the CDC and Indian Tribes is thus critical to achieving positive health outcomes across Indian Country.

Ladies and Gentlemen, Honorable Tribal Leaders, and representatives of the Centers for Disease Control and Prevention, thank you for the opportunity to present these comments today, and we look forward to working with the TAC and with the CDC to advance the health of AI/AN's.

