

# National Indian Health Board



## 4<sup>th</sup> Biannual Centers for Disease Control & Prevention (CDC) Tribal Consultation

Official Testimony  
on the

## Statement of Organization, Function, and Delegations of Authority

Presented by Reno Keoni Franklin  
Chairman, National Indian Health Board

January 28, 2010

Atlanta, GA



926 Pennsylvania Avenue, SE | Washington, DC 20003 | 202-507-4070 | 202-507-4071 fax | [www.nihb.org](http://www.nihb.org)

*The Red Feather of Hope and Healing*

Good afternoon Honorable Tribal Leaders, Dr. Thomas Frieden, and other Centers for Disease Control and Prevention (CDC) representatives. My name is Reno Keoni Franklin, Chairman of the National Indian Health Board (NIHB). The National Indian Health Board represents the 564 Tribes and it is on their behalf that I present this testimony today. Thank you for the opportunity to present this testimony concerning the recent reorganization of the Centers for Disease Control (CDC), as published in the Federal Register on December 28, 2009.

The NIHB is concerned that the Center's reorganization proceeded without any advance consultation with Indian Tribes and Tribal organizations, that the reorganization fails to provide for direct input from and support to Indian Tribal governments, and that the reorganization may adversely impact Tribal grant applications, support and management.

The President's November 5, 2009 Memorandum to all federal agencies, together with Executive Order 13175, require an exacting process for federal agencies to consult with federally recognized Indian Tribes on initiatives that may impact tribal interests. The CDC's Tribal Consultation Policy recites that the "CDC recognizes its special obligations to, and unique relationship with, the [American Indian and Alaska Native] population, and is committed to fulfilling its critical role in assuring that [American Indian and Alaska Native] communities are safer and healthier." The policy also states that "an integral element of this government-to-government relationship is that consultation occur with [American Indian and Alaska Native] Tribes on issues that impact them, and that Tribes participate in the decision making process afforded in a government-to-government relationship." The policy further recites that the "CDC abides by the concept that consultation is 'an enhanced form of communication that emphasizes trust, respect and shared responsibility...'" The NIHB is disappointed with the CDC's failure to consult with American Indian and Alaska Native Tribes, consistent with these authorities, and believes that had consultation occurred the current reorganization might have proceeded differently and yielded different results.

For instance, the NIHB is concerned that the reorganization will impact the ability of Tribes to access funds and resources through CDC projects. The NIHB is also deeply concerned with the absence of a specific Tribal liaison office, and does not believe that a generic office for state and local governments complies either with the president's Memorandum and Executive Order, nor with the

CDC's own internal consultation policy. Had consultation occurred, these are issues that would have been raised and taken into account during the reorganization process.

With regard to the CDC's new organization, the NIHB is gravely concerned that the creation of a new "Office of State and Local Support" fails to meet the agency's duty to acknowledge and address the special trust responsibility which the agency has with Indian and Alaska Native Tribes. Tribes are not States. Tribes are not a "local" group. Tribes are independent, federally-recognized governmental entities which enjoy a unique government to government relationship with the United States under Article I of the Constitution, and for whom the United States exercises a special trust responsibility. The newly created Office of State and Local Support is offensive to that relationship and fails to honor the proper place that Indian Tribes have in the family of American governments. To remedy this problem, the CDC should create an Office of Tribal Affairs.

The implication of relegating Tribes to "local" governments is that the CDC would require that Tribes work through states and local municipal or county governments in utilizing the CDC resources, rather than work directly with the CDC. This has already occurred in the context of H1N1, where the CDC required Tribes to work through the States to access vaccinations precisely at a time when Tribes needed efficient and direct CDC access in order to address the unique vulnerability of their Indian populations to the H1N1 virus. Had Tribes been able to directly work with the CDC, it is possible that some of the H1N1 deaths in Indian Country would have been prevented. By permitting and facilitating Tribes in directly dealing with the CDC, the CDC ensures that its initiatives will reach Indian Country efficiently and in a culturally appropriate manner that respects the government to government relationship.

The NIHB is also concerned that the new reorganization has neglected the value of the close familiarity which American Indian and Alaska Native Tribes have developed over the course of many years with specific grant funding agencies and opportunities. Over the year Tribes have developed a technical capacity across Indian Country in dealing with these agencies. The NIHB is concerned that Tribes will now lose the critical connections that have developed with these key agencies—agencies which have now disappeared. Here, again, it is critical that each agency have an American Indian/Alaska Native person leading a Tribal Liaison Office, precisely as the NIHB recommended to

the Obama Transition Team, in order to disseminate CDC information to the Tribes while respecting and honoring the government-to-government relationship with the Tribes.

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 between the Federal Government and the Tribes, but because our tribal communities generally face far greater health risks 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 I look forward to working with the CDC TCAC and with larger CDC organization to incorporate these comments into the CDC's organization.

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