National Indian
Health Board

4th Biannual
Centers for Disease Control & Prevention (CDC) Tribal Consultation

Official Written Testimony of the National Indian Health Board

submitted by

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The Red Feather of Hope and Healing

Atlanta, GA
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INTRODUCTION

Good afternoon Honorable Tribal Leaders, Dr. Thomas Frieden, and other esteemed Centers for Disease Control and Prevention (CDC) representatives. I am Cynthia Manuel, Councilwoman for the Tohono O'odham Nation and representative to the CDC Tribal Consultation Advisory Committee (TCAC) for the National Indian Health Board (NIHB) of which I am a Board Member and on whose behalf I present this testimony to you today. I am pleased to see each of you here today and I appreciate the CDC's support, leadership and willingness to listen, work, and respond to important public health issues in Indian Country.

We, the Tribes, are here today to strengthen our partnership with the CDC and to request direct support in building a more equitable public health infrastructure throughout Indian Country by addressing the public health issues and concerns consistently identified by the Tribes as vital issues that when addressed, will reduce health disparities and improve the health status of American Indian & Alaska Native (AI/AN) people.

HISTORY

Currently there are 564 federally recognized Tribes throughout the United States. Through treaty rights, statutes Executive Orders, Presidential Memoranda, court decisions and the Constitution of the United States, the federal government recognizes Tribes as sovereign nations. This unique **government-to-government relationship** affords the Tribes the ability to deal directly with the federal government, that is, the Tribes can deal with federal agencies directly regarding funding opportunities rather than go through the states. With respect to protecting and improving the public's health, we recognize tribal sovereignty can pose unique challenges for the CDC and for other federal agencies. But these challenges can be readily addressed through direct consultation with the Tribes.

The National Indian Health Board (NIHB) has served as a centralized coordination point and important resource for Tribes and federal partners to increase collaboration on communication activities, model practices, technical assistance, and advocacy to address and increase the awareness of health disparities and public health issues in Indian Country. Through its leadership and collaboration, the CDC established the Tribal Consultation Advisory Committee (TCAC) in 2006, following the release of its Tribal Consultation Policy (TCP) in late 2005, in response to the Department of Health and Human Services (DHHS) Department Tribal Consultation Policy in early 2005. The Tribal Consultation Policy establishes standards to guide the CDC in working effectively with Tribes and Tribal organizations to ensure increased Tribal access to the CDC programs and resources. The policy also outlines several venues for Tribal consultation and information exchange with the CDC staff and leadership that maximize both tribal and agency participation. The CDC TCAC is one of the key components of the CDC's successful Tribal Consultation Policy. Other components include the Biannual Tribal Consultation sessions and the CDC's participation in annual DHHS national and regional tribal consultation sessions. We commend the CDC for supporting these Tribal consultation sessions throughout Indian Country and it is through that support that the Tribes are here today.

PURPOSE OF THE CDC TCAC

The purpose of the CDC TCAC is to provide a complementary venue where Tribal representatives and CDC staff can exchange information about public health issues in Indian Country, identify urgent public health needs of AI/AN communities and discuss collaborative approaches to addressing these issues and needs. The CDC TCAC is composed of elected Tribal leaders (or their designees empowered to speak on their behalf) and an alternate from each of the 12 geographic regions in

Indian Country. Also on the CDC TCAC are elected Tribal leaders and their alternates representing the national Tribal organizations of the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), the Tribal Self Governance Advisory Committee (TSGAC) and the Direct Service Tribes Advisory Committee (DSTAC). In total, these 16 Tribal Leaders constitute the CDC TCAC.

RECOMMENDATIONS TO THE CDC

To date, the CDC TCAC has held ten (10) meetings with the CDC staff, including three (3) Tribal Consultation Sessions, the fourth (4th) being held today here in Atlanta, GA. The CDC TCAC meetings and the Tribal Consultation sessions have allowed the development of a number of recommendations for the CDC Director's consideration and action. Previous Tribal Consultation Sessions and meetings provided the following Tribal recommendations to the CDC:

Adherence to the Tribal Consultation Policy

As published in the Federal Register (December 28, 2009), the CDC has undergone a recent re-organization. In light of this re-organization the CDC and the lack of Tribal consultation that occurred during this process, the NIHB is concerned that the CDC'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 NIHB is concerned that this re-organization 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 with either with the President's Memorandum (November 5, 2009) and Executive Order (13175), nor with the CDC's own internal Tribal Consultation Policy. Had consultation occurred with the Tribes, these issues would have been raised and taken into account during the reorganization process. By placing the Tribes under the "Office of State and Local Support," the implication of the Tribes as a "local" entity would be given and would require the Tribes to work through the states rather than work directly with the CDC. As we have seen with the recent H1N1 outbreak and vaccination planning, the Tribes were not able to work through the states in a timely manner to address this pertinent issue for our uniquely vulnerable population.

The Federal Government's provision of health services is critically important for AI/AN Tribes. This is so, not only because of the unique relationship that exists under the U.S. 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 the Tribes is critical to achieving positive health outcomes across Indian Country.

Additional testimony will be provided during this Tribal Consultation by the NIHB Board Chairman, Reno Keoni Franklin, with more detailed information on the importance of this issue the need to address it with the Tribes.

Resource Allocations and Budget Priorities

The CDC should reaffirm its commitment to a government-to-government relationship with Tribes through **direct funding to Tribes** and **increased funding allocations** to American Indians and Alaska Natives. Allocation of the CDC funds to states to address public health issues and health disparities does not assure that funds will actually get to Tribes or benefit AI/ANs. Many states do not have effective working relationships with the federally-recognized Tribes located with their state and do not understand the government-to-government relation based on Tribal sovereignty.

Tribes are not subservient to states: **Tribes are sovereign nations**. However, receiving funds that are passed through states is often difficult and sometimes impossible. In such instances where the CDC funds states directly, states need to be held accountable to **fully engage Tribes** in all aspects of planning, implementing, and evaluating public health activities resulting from the use of these resources. The CDC needs to hold states accountable for cooperating with requirements regarding the sharing and distribution of resources with the Tribes. The requirements for states should be strengthened: if a state receives money from the CDC based on population numbers that include Tribes, then the states must be accountable and ensure that Tribes benefit from the funding that has been allocated to these ends.

Activities and collaborations for the benefit of Tribes need to be strategic to gain the greatest impact. We recognize the willingness of the CDC to examine how federal resources are distributed and therefore requests that the CDC leadership consistently assess whether Tribes are able to access critical health and human service program funding. The Tribes object to sending healthcare and public health funding outside the country without helping the United States Tribes, communities, and people first. One clear outcome of improved collaboration with the CDC is the willingness of the CDC to consult with Tribes as it is doing here today.

Provide States Guidance in Working with Tribes

The Tribes support strong government-to-government relationships between American Indian and Alaska Native Tribes and the federal government (CDC). The Tribes recognize the role and responsibility that the CDC has for facilitating its grantees (states) to understand this relationship and assure that American Indian and Alaska Native Tribes benefit from resources awarded to states. States must be held accountable to ensure that the CDC funds awarded to states are shared with AI/AN Tribes.

The CDC should make it a priority to develop policies, such as creating a States Guidance Document, which can both describe and enforce conditions requiring institutions to collaborate with a Tribe, Tribal organization, or Tribal entity. The Tribes request the increased accountability between states and Tribes to effectively address the health disparities faced by AI/AN people. The Tribes are confident that the CDC can aid in creating successful tribal-state relationships to improve health outcomes for AI/ANs.

Adequate Funding for Tribal Health Program Activities

The CDC's commitment to the Tribes needs to be reflected in its annual federal budget request to assure allocation of resources to maximize the enhancement of public health capacities at the Tribal level. Tribal communities experience health disparities in multiple forms, and many of the chronic diseases that affect AI/ANs are preventable. It is the duty of the CDC to provide programs to Indian Country that will increase public health capacities and prevent illness, injuries, and disease while promoting health and wellness.

As health services for AI/ANs are chronically under-funded, budget requests should include provisions for increases in allocations to AI/AN Tribes to address public health prevention activities, as a clear indication of CDC's commitment to meeting the health care needs of Indian Country.

Through other Tribal consultation processes, such as the DHHS Department-Wide Tribal Budget Consultation, the Tribes consistently identify the following as National Tribal Health Priorities:

1. Diabetes
2. Cancer
3. Behavioral Health (Alcohol/Substance Abuse/Mental Health)
4. Cardiovascular Disease/Heart Disease/Stroke

5. Health Promotion/Disease Prevention
6. Injury Prevention
7. Maternal and Child Health
8. Dental Health
9. Water and Sanitation
10. Respiratory/Pulmonary Health

All of these priorities can and should be addressed through the CDC support and Tribal Action.

The Tribes have consistently identified the following for specific consideration in funding allocations:

- **Environmental Health:** There is a clear need for collaborations between Indian Country and federal governmental agencies such as the CDC, the ATSDR and the Environmental Protection Agency (EPA) to address concerns about environmental and climate change factors that are impacting the health of AI/AN communities. Environmental health concerns include asthma, indoor and outdoor air quality, surface and groundwater quality and mining waste products. Addressing environmental issues will also aid in addressing chronic diseases rates such as cancer, which is a by-product identified by many Tribes as a health priority.
- **Epidemiology:** The CDC should increase funding and technical assistance to improve local, regional and national epidemiological comprehensive data and knowledge regarding AI/AN Tribes and people. The CDC has provided significant resources to state health departments to develop epidemiological and surveillance capacity. The Tribal Epidemiology Centers (TECs) need this same long term support to develop and build needed infrastructure and to be able to respond to local and regional tribal public health issues.
- **Public Health Emergency Preparedness:** There is a need for direct allocation of emergency preparedness/response and pandemic influenza planning for the Tribes. In evaluating the implementation of these funds, the CDC should pay attention to the completeness and accuracy of the state reports documenting tribal participation in state plans. In light of the current H1N1 influenza outbreak throughout the U.S. and its effect on Indian Country, as well as the lack of Tribal consultation that took place when funding was allocated to the states and local governments, the CDC needs to consider the implications of the lack of Tribal consultation that took place prior to the distribution of these funds and how that will impact the distribution of the strategic national stockpile, vaccinations, collaborations with the states, and the continued distribution of information to Indian Country about prevention efforts for the fall flu season and beyond.
- **Suicide Prevention:** The CDC and the SAMHSA should continue to fund programs to assist with suicide prevention efforts in Tribal communities. Suicide is an epidemic throughout Indian Country and Tribes must prepare for long-term, on-going nation building activities to address suicide issues in their communities. The CDC needs to work and consult directly with the Tribes to address this issue.
- **Obesity Prevention:** Obesity is a critical public health problem for AI/ANs and has been consistently identified as a health issue that is preventable when appropriate steps are taken to address it early in life. Tribes need help with the implementation of prevention programs and efforts that take place on the individual and community levels, specifically during childhood. Because of the number of AI/AN children in need, more funds should be allocated to address this issue in Indian Country. In 2009, the NIHB began working on the NIHB National Childhood Obesity Prevention Initiative. The NIHB welcomes collaboration and support from the CDC leadership, agencies, and divisions.
- **Tribal Public Health Accreditation:** The proposed Public Health Infrastructure Objectives of Healthy People 2020 include language to increase the proportion of Tribal, local and state health departments that conduct performance assessment and improvement activities, implement health improvement plans and obtain public health

accreditation. Funding from the CDC is provided to agencies supporting local and state infrastructure development. Support for Tribal infrastructure development needs to be equitable to build capacity of Tribal public health systems to meet the Healthy People 2020 Objectives.

Reform Grant Requirements

Along the lines of increased direct funding and providing guidance to states, the Tribes request the establishment of a technical assistance subcommittee to evaluate how the CDC program announcements and the grant application process can be modified to encourage more Tribal applicants and to help ensure that Tribal applicants have equal opportunities to compete successfully. The CDC should understand the significant ability of Tribes to determine what works and what is successful in Indian Country. To achieve this, Tribes should be involved from the beginning of the grant application process. The Tribes should be involved in the discussion and planning across the CDC and its centers, divisions and agencies to provide culturally appropriate planning for project officers in states with established AI/AN communities. Plans should be shared with the Tribes before implementing trainings. In addition, high priority should be given to:

- Reforming grant requirements, such as the use of Tribal infrastructure for accounting processes;
- Employing grant reviewers who are familiar with Tribes and trained in Tribal health programs;
- Developing standardized language for CDC program announcements that specifies Tribal eligibility when appropriate and provides authoritative guidance on working with Tribes;
- Expanding efforts to evaluate and ensure that funds awarded to state health departments are appropriately benefiting AI/AN populations in those states.

Increased Participation of the CDC Senior Leadership

Raising the health status of American Indian and Alaska Native people should be a main goal of CDC as an agency. With the new administration, it is imperative that the CDC act upon its commitment and obligation to fully implement procedures of the CDC/ATSDR Tribal Consultation Policy in the following ways:

- Assure that adequate staff and resources are available within the Office of the Directors to support tribal consultation policy implementation.
- Respond in a timely and effective manner to the recommendations made by the CDC TCAC, as it is the advisory committee to the CDC for the Tribes.

The Tribes request that the CDC Senior Leadership increase their interaction with Tribes by increasing their level of participation with the CDC TCAC and in Tribal sponsored meetings, conferences and consultation sessions in order to effectively address and respond to recommendations and issues raised during these meetings. Additionally, the Tribes request to meet with the CDC Director and ATSDR Administrator on an annual basis with other members of CDC Senior Leadership in order to formally establish these collaborative relationships in raising the health status of AI/AN people.

BREIF HISTORY OF THE CDC BUDGET PRIORITIES/RECOMMENDATIONS

The history of the CDC budget priorities for FY2009 and FY2010 are reflective of how the CDC leadership, agencies, and divisions are being responsive to the needs of the AI/AN communities and the needs that have been expressed and delivered to the CDC via the CDC TCAC and the Tribal Consultation process. A detailed examination of where the CDC allocates funds directly to the Tribes and under what circumstances will allow the CDC TCAC to use this information to make well-informed recommendations to the CDC regarding AI/AN health priorities.

Fiscal Year 2009: CDC Budget Priorities/Recommendations
The CDC identified increased program investments for a total of $168.4 million that included the following programs that directly impact the AI/AN population:

1. Vaccines for Children Program (VFC) at + $64.0 million
2. Quarantine Stations at + $33.5 million
3. Strategic National Stockpile at + $19.9 million
4. National Center for Health Statistics at + $11.1 million
5. Pandemic Influenza at + $3.1 million
6. HIV/AIDS, Domestic Testing Initiative at + $10.6 million

Fiscal Year 2010: CDC Priorities/Recommendations
As with the previous year, the CDC identified $185.0 million for increased program investments that included:

1. HIV/AIDS, Research and Domestic at + $51.0 million
2. Strategic National Stockpile at + $25.2 million
3. Public Health Emergency Preparedness Cooperative Agreement at + $14.2 million
4. Health Statistics at + $13.3 million
5. Emerging Infectious Diseases at + $10.0 million
6. School Health at + $5.0 million
7. Safe Motherhood/Infant Health at + $5.0 million
8. Racial & Ethnic Approach to Community Health (REACH) at + $4.0 million
9. Navajo Nation Uranium Studies at + $2.0 million

Although the Tribes agree that the areas identified above by the CDC as programmatic areas in need of additional funding and/or priority health issues for the FY2009 and the FY2010, direct funding allocations were rarely considered (Vaccines for Children programmatic increase specifically mentions AI/AN children as a target population), if they were considered at all. Further, the recommendations made by the Tribes via the CDC Tribal Consultation sessions and the CDC TCAC meetings were not directly addressed through any consideration of direct funding or target population language in the CDC budget proposals.

Regardless of how Congress chooses to allocate funds based on the CDC's recommendations, it is the responsibility of the CDC to consult with the Tribes during the budget review process to identify the areas that Tribes are listing as priority areas or priority health issues. The NIHB and the CDC TCAC stand ready to assist the Tribes and the CDC in the creation of budget recommendations that are reflective of the needs of the Tribes.

SUCCESSFUL APPROPRIATIONS FOR INDIAN COUNTRY
Congress requested the assistance of the NIHB and the National Native American AIDS Prevention Center (NNAAPC) in creating language addressing HIV/AIDS in Indian Country. The effort was successful: language, contained in the House Appropriations Bill funding the CDC contains this language and it specifically calls for funding to go directly to the Tribes; recognizes the need for accountability for the States to work with the Tribes and; encourages the States to work with the Tribes in providing funding for HIV/AIDS education, prevention and epidemiology. This effort successfully demonstrates that policymakers are aware of the Tribal/State issues and challenges when it comes to scarce and critically needed funding for Tribal health promotion and disease prevention. It is interesting and valuable to note that this is the only instance in the House Appropriations bill report outlining congressional intent for FY 2010 CDC spending that specifically mentions Tribes.

SUMMARY

The Tribes wish to acknowledge the efforts of the CDC in their willingness to listen and work with us in addressing the health disparities that continue to plague Indian Country today. Without the help of the CDC, Tribes will continue to be one step behind the larger population in prevention efforts and in addressing health issues that increase our disease burden, reduce our lifespan from birth, and increase our mortality rates. Further, the Tribes acknowledge that the CDC is working with the TCAC, a consultation entity that represents the Tribes and acts on behalf of the Tribes to create a healthier Indian Country, to help guide the CDC in supporting the Tribes through direct funding allocations and overall support.

In the proposed budget recommendations from the CDC for FY2009 and FY2010, the CDC states its mission as focusing on maintaining health—on health protection through health promotion, disease prevention and preparedness through programs that reduce health disparities for all people. Further, the CDC states that it is "committed to achieving the best possible value from our public health investments across our federal, state, local, Tribal and territorial health network" (DHHS FY09 CDC, Justification of Estimates for Appropriation Committees, p. 2). The Tribes welcome this commitment by the CDC, stated specifically in the FY2009 budget recommendations and the FY2010, where "all people" are considered and look forward to a future of collaboration with the CDC in addressing the health priorities and reducing the disease burden of the AI/AN population for future generations.

Ladies and Gentlemen, Honorable Tribal Leaders, and esteemed representatives of the Centers for Disease Control and Prevention, thank you for your willingness to consult and listen to the Tribes today and for taking these recommendations back to the CDC for consideration and implementation.

<end of official written testimony>

<January 28, 2010 >

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