



Tribal Recommendations and Actions

Centers for Disease Control and Prevention (CDC) Agency for Toxic Substances and Disease Registry (ATSDR) Second Biannual CDC/ATSDR Tribal Consultation Session November 20, 2008



CDC Welcoming Remarks and Tribal Questions

❖ **Action:**

TCAC should have the opportunity to meet with the new CDC Director and other new members of upper leadership in order to establish a relationship with them and to continue the work that is being done.

❖ **Action:**

As a Committee, TCAC should have the opportunity to meet with Tom Daschle, the new Secretary for Health and Human Services, to enlighten him on TCAC's work.

Comments:

- It is not clear whether there will be a new CDC Director under the new administration. The CDC Director and/or her designee, and other CDC senior leadership will be present at the next CDC Consultation Session hosted in Atlanta.
- The Office of Intergovernmental Affairs and its Intradepartmental Council of Native American Affairs (ICNAA) could be used to assist in facilitating a meeting with, or introduction to, Secretary Daschle.

❖ **Recommendation:**

TCAC has only scratched the surface of creating a relationship between CDC and Indian Country. TCAC strongly urges the new administration to encourage additional development and full support of the relationship to impact the public health issues negatively affecting AI/ANs.

Comments:

- There was discussion with NCEH/ATSDR regarding the need for collaborations between Indian Country and federal governmental agencies such as the Environmental Protection Agency (EPA), regarding water issues on AI/AN lands. TCAC hopes for increased

collaboration with other agencies in future endeavors with the assistance of NCEH/ATSDR.

- ❑ It was noted that TCAC and CDC should fully consider the opportunity to invite identified public health partners including state health departments and other agencies across the federal government to join TCAC meetings. The ICNAA has stated they are willing to assist with this effort.
- ❑ TCAC has made inroads into addressing public health issues in Indian Country as a result of establishing the CDC TCAC, having regular scheduled meetings and conference calls with substantive dialogue between tribal leaders and appropriate CDC staff, and increasing the awareness of and ongoing connectivity between CDC and tribes.
- ❑ TCAC is prioritizing multiple actions to influence CDC budget processes and allocations to benefit AI/AN tribes and organizations. They have high expectations of CDC to honor the commitment to fully implement its Tribal Consultation Policy.

❖ **Action:**

An initial recommendation was reinforced that CDC establish an Office of Tribal Affairs in the Office of the Director (OD) and that the OD respond in a timely and effective manner to TCAC's recommendations.

Comments:

- ❑ The establishment of an Office of Tribal Affairs in the Office of the Director has been recommended by Dr. Stephanie Bailey, and this recommendation is going through the comment and approval process through CDC's Management Analysis and Services Office (MASO).
- ❑ A flow chart was distributed that shows a process for TCAC recommendations to come to CDC. It indicates a time line to track flow and assign responsibility to assure that CDC responds in a timely manner. This approach will add accountability to the process.

❖ **Action:**

TCAC supports keeping strong government-to-government relationships between AI/AN Tribes and the federal government (CDC) and the role and responsibility CDC has for facilitating its grantees (states) understand this relationship and assure that AI/AN tribes benefit from the resource awarded to states.

Comments:

- ❑ Allocation of CDC funds to states to address public healthy issues and health disparities does not assure that funds will actually get to a tribe or benefit AI/ANs. Many states do not have a good working relationships with the federally recognized tribes located within their state and do not understand the government-to-government relation based on tribal sovereignty.
- ❑ Because there is a limited pool of resources, tribes desire to be funded directly rather than through the states. In such instances where CDC funds states, states need to be held more accountable to fully engage tribes in all aspects of planning, implementing, and evaluating public health activities resulting from use of these resources. Activities and collaborations for the benefit of tribes need to be strategic to gain greatest impact.

❖ Action:

The TCAC Budget Subcommittee will be re-established in order to effectively impact CDC's budget.

Comments:

- Congress puts a number of limitations on CDC's budget that limit its flexibility, and TCAC intends to influence CDC's budget flexibility at the Congressional level.
- TCAC strongly objects to sending healthcare and public health monies outside the country without helping the United States tribes, communities, and people first. The new administration and CDC need to meet this obligation to eliminate the health disparities within the U.S.
- CDC's new budget request should include provisions for increases in allocations to AI/AN tribes to address public health prevention activities as well as an indication of CDC's commitment to meeting the healthcare needs of Indian Country.

**Open Tribal Consultations****Rosemary Lopez
Tohono O'odham Nation
Suicide Prevention**

In the area of suicide prevention, it is important to keep both gatekeeper and wellness prevention programs active to build community readiness and responsibility to take action when youth are in crisis. Community readiness is needed to begin the process of talking about suicide.

Tribal communities need suicide prevention education, information, and resources. The police department are the first responders to episodes, and they need more training and practice and intervention. Ideally, crisis counselors will be available.

Communities want and need very basic information on risk and protective factors, on suicide prevention, and to build their knowledge over time.

When a community experiences great losses over time, whether due to suicide or other causes such as poor health, it takes time for community members to believe that they can create change. Many contacts are needed with community members, including telephone, presentations, and formal trainings, in order to build the knowledge and confidence that community members can be proactive in building protective factors.

CDC and SAHMSA should continue to fund programs to assist with suicide prevention efforts in tribal communities. CDC and SAHMSA use the terminology "cluster" when describing the problem of suicide in Indian Country. In Indian Country, however, suicide is an epidemic. Tribes must prepare for long-term, ongoing nation-building activities to address suicide issues in their communities.

Comments:

SAHMSA is more likely to continue to fund suicide prevention efforts, where CDC funds can help with the evaluation of the effectiveness of the programs. CDC can also provide technical assistance with evaluation.

CDC will be holding an expert federal panel on suicide that will include CDC, SAHMSA, IHS, and other entities that have roles in suicide prevention. This panel will concentrate on maximizing their resources to make an impact on youth.

**Theresa Wall
Comprehensive Cancer Planning**

Cancer-related data exist, but it is cumbersome to retrieve. Tribal members are involved in three different healthcare systems: the Indian Health Service (IHS), the Medicaid system, and Blue Cross/Blue Shield. Each system has its own data collection system, and they cannot “talk to each other.”

The Cancer Registry should add a category in its reporting system to identify the AI/AN specific Nation.

There should be a mechanism by which Nations can retrieve complete data and information from the Cancer Registry.

Comments:

Capacity-building grants should be made available to help tribes with the information technology and capacity they need to build and establish.

Some technical assistance grants are available from CDC.

The state of Arizona has begun to add tribal affiliations to its data sets. This model might be helpful.

With its national cancer partners, CDC can facilitate formulating strategies for better cancer data collection and analysis.

States receive programmatic funds for cancer, and in some cases, those funds can be shared with tribes and potentially used to build IT capacity.

The Office of Workforce and Career Development (OWCD) at CDC has technical assistance available, including the local government requesting an Epi Aid. In this process, epidemiologists in the Epidemic Intelligence Service (EIS) training program are sent to an area to work on a specific problem or project to help create solutions. Another mode of assistance is “Info Aid,” which provides for fellows with backgrounds in informatics to help set up a database or a surveillance system.

Rick Laredo

Concern was expressed about animal-borne diseases. For instance, two tribal members were infected with West Nile Virus in 1999 and were not diagnosed in a timely manner. Tribes should

be informed and protected. This information must be brought to the tribal level, and a system for communication must be established with clear lines of responsibility.

Comments:

CDC is a large federal agency that has 11 National Centers and many divisions, branches, and programs. CDC desires to continue to collaborate and partner with NIHB, the Area Tribal Health Boards and Tribal Epidemiology Centers to increase access to public health expertise. Tribes are invited to see CDC as a resource that is available to assist them in addressing their public health issues. Tribes can contact CDC's Senior Tribal Liaisons, their TCAC representative, a CDC subject matter expert or project officer. The TCAC was established to continue to open doors and build partnerships with CDC and tribal leaders to address public health. The TCAC representatives are crucial links between Indian Country and CDC.

Animal diseases are addressed by a department of USDA called Animal and Plant Health Inspection Services (APHIS), which has an office in Albuquerque. States have various means of electronic communication.

It was suggested that tribes have representation on the Council of State and Territorial Epidemiologists (CSTE) and the National Association of State Public Health Veterinarians. Their membership is open, and they can assist with early warning systems.

CDC can serve as a resource for infectious, as well as chronic, diseases.

**Louise Benson
Hualapai Tribe**

After nuclear testing in Nevada, the Hualapai Tribe was advised not to eat rabbit anymore. The rabbits had lumps on their bodies. In the year 2000, tribal elders began to die of cancer. Before 2000, few records or data were kept on elder deaths. Mojave County was denied the ability to make claims for deaths due to cancer. Many families in Mojave County have been stricken by cancer, but it is not considered to be an area that was affected by the nuclear testing. Both Indians and non-Indians in the region need assistance in this area.

**Dana Pierce-Hedge
Executive Director, National Native American AIDS Prevention Center**

HIV remains an issue in AI/AN communities, despite innovations and advances in drug therapy and increases in life expectancies.

Federal agencies must coordinate their efforts. In doing rapid HIV testing, it is critical to make referrals to treatment.

**Shay Welch
Native Images, Tucson, Arizona**

AI/ANs comprise 3% of Arizona's total population, but Natives have the second highest HIV infection rate of all of the Arizona ethnicities. The State of Arizona 2008-2011 Comprehensive HIV Prevention Plan does not address the American Indian / Alaska Native communities, Tribes, or Tribal / Native Organizations. The Arizona Native HIV Task Force and individual Natives have voiced concerns about the State of Arizona's parity, inclusion, and representation

as well as the lack of funding directed towards the Indigenous peoples. There have been conversations with CDC personnel regarding these disparities and the fact that the State is not following CDC HIV funding guidelines.

At national conferences and meetings, Natives report difficult, at best, relationships with their States and their States' Offices of AIDS. Over the last two years, the National Alliance of State and Territorial AIDS Directors (NASTAD) has been directed to elevate its efforts to consult with Tribes, Tribal Organizations and Individual American Indians / Alaska Natives. While a few States have been or are engaging their Indigenous populations, most are not.

The State of Arizona's Statewide HIV Prevention Planning Committee has one identified voting seat to represent Natives throughout the State. This one seat is held by the Inter-Tribal Council of Arizona (ITCA), and ITCA has repeatedly stated that it cannot speak for Natives, that it can only collect and disseminate information to Tribes. This non-participatory approach has essentially silenced the Native population as our individual and statewide Native HIV Task Force concerns go unheard and unaddressed.

Together, Tribal Leaders, Native Organizations, CDC personnel, and State personnel can bring the leadership, resources, and collaboration needed to address this 21st century predator in Indian Country. The State of Arizona and many others must engage with the Indigenous peoples if we are to mitigate the spread of HIV in Indian Country. Today, it is recommended that TCAC take action and request that the CDC require States to hold meaningful consultation and to seat at least two Natives on their Statewide HIV Prevention Planning Group.

The CDC has the authority to require these actions under the terms and conditions of funding to the States for HIV Prevention Planning and activities guidelines. The States have not been held accountable for their actions regarding Natives and HIV and the CDC, through the devolution of authority to the States, has not fulfilled its trust responsibility to ensure parity, inclusion, and representation of Native Peoples.

Comments:

States, IHS, and CDC are obligated to help with the problem of HIV in Indian Country.

It was recommended that TCAC convene a tribal consultation strictly focused on HIV and STDs in Indian Country.

Arizona state agencies are mandated by executive order to engage in consultations with tribes.

Gustobal

Arizona Native American HIV Task Force

Because Native populations are considered to be "insignificant," they are rendered ineligible for state funding for HIV / AIDS prevention, and no national grants are awarded directly to Native people.

TCAC must help ensure that HIV is still a major issue of concern and help overcome stigmas about HIV in AI/AN communities. Tribal communities should be trained in testing, which should be as commonplace as a flu shot. Tribal leaders and tribal council are challenged to lead the way for their people by getting tested.

Focus Area #1: Resource Allocations and Budget Priorities

❖ Action:

TCAC should continue to request direct funding for tribes and increases in funding allocations for American Indian/Alaska Native issues.

Comments:

- Tribes are not subservient to states: tribes are sovereign nations. However, receiving funds that are passed through states is often difficult and sometimes impossible.
- Improving collaboration across CDC will likely lead to more direct funding for tribes and urban centers. Specifically, Centers across CDC could set aside their funding for tribes.
- Public Health Prevention Block Grants will continue to exist, and may have a “new look” in the transition period with a new administration and new Congress. These grants could have an impact on tribal communities.
- The Budget Subcommittee of TCAC will become more active and more knowledgeable and will therefore be able to make specific recommendations about direct funding.

❖ Action:

States must be held accountable to ensure that CDC funds awarded to states are shared with AI/AN tribes. CDC should make it a policy and a priority that if resources directed toward tribal issues are awarded to an institution or entity that is not a tribal institution or entity, then those resources are awarded on the condition that the institution will collaborate with a tribe, tribal organization, or tribal entity.

Comments:

- This policy will address accountability issues. Some tribes have good working relationships with their states, others do not.
- Tribes should be involved from the beginning of the grant application process.

❖ Action:

CDC should understand the significant ability of tribes to determine what works and is successful in Indian Country.

Comments:

- Better data-based approaches to allocating funds will ensure that AI/AN tribes and Native people are more fully reached.

National Indian Health Board

❖ Action:

Raising the health status of American Indian / Alaska Native people should be a main goal of CDC as an agency. With a new administration, it is imperative that CDC maintain its commitment to supporting the implementation of its Tribal Consultation Policy and being responsive to recommendations and issues raised during tribal consultations.

Comments:

- CDC's commitment to AI/AN tribes needs to be reflected in its FY 2010 budget to assure allocation of resources to maximize the enhancement of public health capacities at the tribal levels.
- Tribal communities experience health disparities in multiple forms, and many of the chronic diseases are preventable. Disparity in Indian Country must be reduced. It is the duty of CDC to provide programs in Indian Country that will increase public health capacities and prevent illness, injuries, and disease. Health services are under-funded, and many areas have low public health capacities. The measure of any government is how it treats children, the elderly, and the sick and needy.
- CDC must assure that adequate staff and resources are available within the Office of the Director to support its tribal consultation policy implementation. CDC should articulate a succession plan for the Senior Tribal Liaison and other positions that are critical to the implementation plans with TCAC.
- CDC should endeavor to strengthen the native public health workforce that truly understands the needs of native communities. The partnership with Morehouse is crucial and should continue to be funded, as it increases public health capacity and provides an AI/AN public health workforce that is sustainable in tribal communities.
- In partnership with National Indian Health Board (NIHB), CDC should develop a process to assure ongoing communication tribal stakeholders about important information, funding, and training opportunities, major issues, and CDC response.
- CDC's evaluation of the implementation of Public Health Emergency Preparedness Funds should pay attention to the completeness and accuracy of the state reports documenting tribal participation in state plans. TCAC desires to see quarterly and annual reports of state activities and to strengthen the working relationship with COTPER and its DSLR and SNS and its state project officers.
- TCAC should be involved in the discussion and planning across CDC and its Centers on providing culturally appropriate planning for project officers in states with established AI/AN communities. Plans should be shared with TCAC before implementing training.

Alida Montiel**Yacqui Tribe and Inter-Tribal Council of Arizona****Comments:**

- Tribes have had difficulty accessing CDC grant monies awarded to states in the past.
- The governor of Arizona issued an executive order requiring consultation and cooperation with Arizona tribes. CDC and ATSDR can aid in the success of tribal-state relationships.
- The willingness of CDC to examine federal resource distribution and whether tribes are able to access critical health and human service program funding is an area that should be constantly assessed.

- The willingness of CDC to examine federal resource distribution and whether tribes are able to access critical health and human service program funding is an area that should be constantly assessed.
- Assuring tribal eligibility and improving tribal capacity are two ways to overcome this problem.
- Eligibility for direct funding by sovereign governments will increase the probability of fair resource distribution among the American Indian tribal nations.

Focus Area #2: Public Health Preparedness and Emergency Response

Dave Nez
Navajo nation

❖ **Action:**

The Navajo nation would like to explore opportunities for CDC direct allocation for emergency preparedness / response and pandemic influenza planning for the Navajo Nation. The Navajo Nation requests the creation of a site for the National Strategic Stockpile / Receiving, Storing, and Staging in the central part of the Nation to serve the rural and isolated area of northern Arizona.

Comments:

- While the state is supportive of this request, there is no funding to support the development, implementation, and maintenance of the Nation's pandemic influenza plan.
- The Navajo Nation would like to explore the possibility of "carrying over" monies across grant periods.

Theresa Ener
Arizona Department of Health
Bureau of Emergency Preparedness

❖ **Action:**

It is important for CDC to listen to the statements from tribes about the difficulties they have in accessing monies for preparedness activities that go to states as rationale demonstrating the need for these dollars to go directly to AI/AN tribes.

Comments:

- The state is responsible for all people and populations within its boundaries, which makes for a coordination challenge because the Navajo Nation conducts its preparedness efforts within its borders. Navajo Nation is included in multiple surrounding states, which are at varying levels with planning and public health preparedness from that of the state of AZ.
- They are investigating opportunities for independent planning and participation in political development.

- Many times it is the tribes who have to be the first responders to any incident occurring on the reservation, time is wasted waiting on getting resources from states rather than having it.
- Many of the tribal lands are isolated. It should be noted that non-Natives also live on Indian lands.

❖ **Action:**

All tribal leaders and CDC should remind the new administration of the United States' federal trust responsibility to AI/AN tribes.

❖ **Action:**

CDC needs to hold states accountable for cooperating with requirements regarding sharing resources with tribes. The requirements for states should be strengthened: if a state receives money from CDC based on population numbers that include Indian tribes, then the state must be accountable for the money and ensure that tribes benefit from the money. In the event of an emergency or a disaster, CDC should contact the state to ask what the state has done for the Indian tribes located within its borders.

Comments:

- CDC should allow tribes to carry over funds from year to year, and to spend funds on deliverables from prior years. This recommendation particularly applies to emergency preparedness and bioterrorism funds.
- CDC will make available information on how the warning and emergency operations systems work, including how CDC functions in a disaster.
- CDC can help tribes navigate the systems of FEMA and the DHS through the Emergency Operations Center.
- Tribes can communicate with CDC's Emergency Operations Center.
- The Division of State and Local Readiness (DSLRL) was a suggested means for pursuing the mechanisms by which states pass resources on to tribes. The bureaucratic process is lengthy and confusing and often results in tribes not getting funds when they are needed. It was suggested that DSLRL create more feasible and practical mechanisms, perhaps with the help of the Public Health Law Program, for states to use to create agreements with tribes to move funds quickly.

❖ **Action:**

The Navajo Nation requests direct funding for AI/AN tribes, rather than going through the different states and federal regions in which the Nation is housed.

Comments:

- Since the Indian Nations have a government-to-government relationship with the federal government, when CDC awards federal monies to states, the onus should be on CDC to facilitate and assure that the states contact tribes within their borders, rather than the reverse.

- ❑ It was suggested that RFPs include language regarding pre-planning activities to identify the appropriate Tribal Planning Committee. Minutes and backup documentation of states activities with tribes should be required as part of the RFP application submitted to CDC.
- ❑ Although CDC has included guidance language in the Public Health Emergency Preparedness funding opportunity announcement to states related to tribes. CDC does not have the ability within the granting process to impose sanctions on states that do not comply with the requirements.
- ❑ States must create an emergency plan with the tribes so that each knows the appropriate contacts.
- ❑ CDC does have the authority to withhold funding if tribal engagement in a state is not satisfactory. They must be informed about these situations in order to remedy them.
- ❑ Two-way communication is crucial: CDC will not necessarily be aware of disasters that occur in states. The tribes were urged to inform their liaisons at CDC of concerns.
- ❑ If CDC provides direct funding to tribes, then there should be a provision for carrying those funds forward into subsequent fiscal years. It is difficult for some tribes to expend their resources internally in the short amount of time for which the funds are available.
- ❑ There may be a lack of willingness on the part of counties and other agencies and entities not at the state level to enter into written partnerships with tribes.
- ❑ Tribes should be informed and prepared. They should take information about preparedness to the tribal level. Further, tribes need access to resources to do an adequate job of preparing. Indian Country includes many resources that need to be protected, such as water sources.

Focus Area #3: Epidemiology and Disease Surveillance

❖ Recommendation:

CDC should increase funding and technical assistance as needed to improve local, regional, and national epidemiologic comprehensive data and knowledge regarding AI/AN tribes and people.

Comments:

- ❑ CDC should create funding opportunities and grants to help tribes gather the data that they need to apply for larger additional grants to address public health issues in their areas.
- ❑ Barriers to successful surveillance of Indian Country include a lack of over-sampling, racial misclassification, and decreasing funding for Tribal Epidemiology Centers.

- Funding from CDC for infrastructure and capacity support for Tribal Epicenters is needed.
- Alliances should continue to be forged between AI/AN tribes and other agencies and entities to allow for the sharing of data.
- Tribes are encouraged to communicate about their specific epidemiological concerns.
- CDC can work with tribes, IHS, and other federal agencies to maximize resources that are devoted to tribes.
- CDC has provided significant resources to state health departments to develop epidemiologic and surveillance capacity. Tribal Epicenters need this same long term support to develop and build needed infrastructure and to be able to respond to local and regional tribal public issues that arise, such as Rocky Mountain Spotted Fever.

❖ **Recommendation:**

CDC should work directly with TECs and their constituent tribes to gain access to multiple disease surveillance systems that potentially have data about AI/AN populations.

❖ **Recommendation:**

CDC should systematically assist the TECs in pulling information from multiple data sources into a more reliable, valid, and succinct description of community health status that tribal leaders can use for improved public health planning.

**Rosemary Lopez and Charles Kmet
Tohono O'odham Nation**

❖ **Action:**

Tribal nations need to be recognized as public health authorities, and they need assistance with infrastructure development.

Comments:

- There is an opportunity to improve current surveillance activities on reservations by building epidemiology capacity within the tribal system. This will include ongoing training of tribal health workers in basic public health principles and may require adding expertise through partnerships or hiring staff.
- When tribal surveillance capacity is increased, the health system will have a better ability to detect outbreaks quickly.
- Having this expertise within the tribal system will address some jurisdictional concerns and questions that arise in public health work on reservations.

❖ **Action:**

There is an opportunity to improve the responsiveness of the surveillance system and to collaborate and communicate with partner organizations. It is recommended that a formal authority and decision-making structure be created within the tribe.

❖ Action:

There is an opportunity to improve the effectiveness of tribal outreach, prevention, and promotion activities by linking them more closely with data from the clinical side of public health practice and with other data sources available on reservations.

Comments:

- Understaffing is a problem at systems across each of the Tribal Epicenters. Improving local and regional tribal capacity will ease some of these problems.
- The tribes have the opportunity to improve reporting to county and state systems and therefore increase recognition of disease problems that are specific to native lands.
- Tribes can exercise their rights of self-determination by taking on these important roles.
- Tribes and tribal Epicenters can apply for assistance through the EIS Program. CDC assigns trained epidemiologists in the field to help with problems and capacity-building.

❖ Action:

CDC can partner with IHS to help establish reporting protocols at the local level to ensure that tribes are part of the surveillance and notification process.

Comments:

- CDC can set the tone for how tribes are treated and help to remove any stigmas that may still exist. State and local partners look to the CDC as an example.
- Any funds provided to states by DHS are required to be shared with tribes.
- If CDC is the primary responder to an event, then CDC must elevate tribes to a nation-to-nation relationship and not treat tribes as local governments.
- Securing consistent funding to carry out surveillance activities and for staff support is a challenge.
- Tribes need access to data, particularly about HIV / AIDS, in order to apply for funding to address the issues.
- Additionally, data on cancer is needed: some tribes are not granted access to data from their nations, and there is no infrastructure for a data sharing program.

❖ Action:

CDC should consider reviving the AI/AN Public Health Law Working Committee.

❖ Action:

Tribal data must be protected. Because of past abuses, research is a sensitive issue for many tribes. Further, questions considering data ownership must be resolved, as there is a hesitancy to ask for epidemiologic assistance if data will be shared on a wider scale. These data issues must be resolved.

❖ Action:

Language in terrorism preparedness and emergency response grants should be changed so there are fewer restrictions on how the funds are spent. Tribes need to build public health

infrastructure. The grant language is appropriate for counties and other groups that are concerned with data transmission. Tribes, however, need to build their infrastructure.

❖ **Action:**

Elder care and long-term care are serious concerns for tribes. CDC should understand that tribes look at these issues from a holistic perspective. The NCAI, NIHB, individual tribes, and the Centers for Medicare and Medicaid are working on position papers and making connections to provide services for long-term care needs.

Focus Area #4: Environmental Public Health in Indian Country

Anslem Roanhorse
Navajo Nation

❖ **Action:**

Federal agencies, including CDC and ATSDR, should include adequate levels of funding consistent with the coordinated five-year plan to carry out the eight objectives created in the Waxman Congressional hearing in October 2007.

Comments:

- In order to better understand the extent of risk that uranium mining and milling have had on the human health and environment, the Navajo Division of Health urges the CDC and ATSDR to be key partners by supporting a long-term comprehensive assessment and research program with adequate personnel and resources.
- Uranium mining is an issue on several reservations, and the United States should be held accountable for the damage that was done.
- Section 215 of the Indian Health Care Improvement Act reauthorization bill should be retained to assure that environmental and nuclear health hazards are studied and monitored.
- TCAC should support the Navajo Nation in its efforts to help their people and land.

Deborah Patton
Inter Tribal Council of Arizona

❖ **Action:**

Tribal lands need clean, safe water and trained, certified operators to keep the water clean. Groundwater has been contaminated by industries.

Comments:

CDC does not receive funds to protect the air, water, or food. The EPA does that work, but CDC does work on these issues from a public health perspective.

Focus Area #5: Obesity

Dr. Renteria, Medical Director Health Services, Pascua Yaqui Tribe of Arizona

❖ Action:

Obesity is a critical public health problem for Native Americans. The focus must be on prevention, and efforts must take place at the societal, community, and individual levels. Diet and physical activity patterns must be changed. Tribes need help implementing these programs.

❖ Action:

Tribes need increased funding to address childhood obesity. Because of the number of children in need, more funds are needed to help schools mandate physical education. TCAC needs information regarding these grants to share with their tribal constituents.

Comments:

- The State and Territorial Injury Prevention Directors Association (STIPDA) monies are spread across a number of areas and issues. Tribal leaders are encouraged to contact their Congressional representatives regarding increases in funding and where additional STIPDA funds should be sent.
- Safety has an impact on exercise: AI/ANs must feel safe so they can get exercise outside and to gather food in traditional ways.
- The Robert Wood Johnson has funded a Healthy Community Initiative, which includes a move toward “food sovereignty” for tribes.
- The CDC should find best practices and model programs to disseminate to tribes.
- Sixty applications were received by CDC’s Native Diabetes Wellness Program for a grant for returning to traditional foods and sustainable ecological approaches. Eleven grants were awarded. CDC should fund all 60 applicants.
- This program is evidence of the effectiveness of tribes partnering with CDC to address public health issues.

Open Tribal Testimony

❖ Action:

CDC should consider the implications of their population service requirements for their cooperative agreements.

Comments:

- Tribes suffer from inadequate grant writing capacity, and many smaller tribes do not meet the population-based requirements for certain CDC FOAs.

- CDC should educate tribes regarding what is available and how tribes can better access available services.

❖ **Action:**

Regarding public health preparedness, CDC should remember tribes that border Canada as well as Mexico often encounter are significant public health issues connected to both borders.

Comments:

- Major concerns for tribes located along the United States and Mexican and Canadian borders include issues such as border security, border health, environmental health, water safety, accessibility, and disease detection and control.
- Tribal leaders express concern about environmental and climate changes that are impacting their communities. Environmental health concerns include asthma, indoor and outdoor air quality, surface and groundwater quality, and mining waste products.
- Concerns about water contamination from mining and increases in cancer rates are significant. Tribes desire CDC to get more engaged with them and other state and federal partners to collaborative address these issues.
- Tribes should have consultations with all federal agencies and states, especially given the multi-jurisdictional approaches to emergency preparedness. Working with multiple agencies will also likely improve efforts regarding uranium mining and milling.
- CDC should provide technical assistance to tribes regarding communication and emergency protocols.
- Better communication and increased collaboration is needed with communities on the border.
- CDC is working with IHS and Border Patrol to establish better reporting mechanisms.

❖ **Action:**

Alternatives and technical assistance needs to be made available to tribes that do not have good relationships with their states.

❖ **Action:**

Technical assistance is requested from CDC regarding increases in cancer rates in Indian Country and to investigate the perceived link between cancer rate increases and environmental factors.

❖ **Action:**

A strongly coordinated approach similar to tobacco cessation initiatives needs to be developed to address obesity issues. Funds should be directed to tribes and not have tribes negotiate with states to get resources to benefit their population.

❖ **Action:**

One of the directives of the TCAC Budget Subcommittee should be to affect the CDC and HHS budget, particularly direct funding for tribes. Further, the Budget Subcommittee should examine the HHS Strategic Plan for FY 2007 – 2012. Their comments regarding emergency preparedness should align with that document.

Comments:

- Tribal communities need to return to the ways that their grandparents lived. Tribal communities should not depend on anyone but themselves.
- Accurate and reliable health data for AI/AN populations are often lacking or nonexistent.
- The data are often unavailable for tribes to use in efforts to secure additional funding.
- There are inconsistencies between the burden of health disparities and CDC support.
- CDC should pay closer attention to an impending rise in HIV infections across Indian Country. CDC should expand research on HIV risk and intervention in Native communities.
- CDC should address emerging diseases that have an impact on tribal communities, such as the threat of Hepatitis C.
- CDC should develop opportunities to raise the awareness of HIV and AIDS in native communities by participating in activities, such as Awareness Day and meetings.
- CDC should apply its resources more efficiently to address the most pressing public health threats facing Indian Country.
- Tribal leaders express concern about environmental and climate changes that are impacting their communities. Environmental health concerns include asthma, indoor and outdoor air quality, surface and groundwater quality, and mining waste products.

❖ Recommendation:

Tribal infrastructure to address public health needs is limited. There needs to be increased funding to support capacity and infrastructure development in this area, including direct funding to assist in building and supporting a AI/AN public health workforce.

Comments:

- There is a need to emphasize strengthening partnerships with tribal colleges and universities and schools of public health to strengthen the native public health workforce.

❖ Action:

High rates of infant mortality and injury disparities persist in Indian Country, and numerous tribal leaders articulated significant rates of suicide and a desire to work with CDC to address public health threats to AI/AN youth.

❖ Action:

CDC should develop more collaboration among tribal entities and federal, state, and local agencies and entities.

❖ Action:

It was noted that the tribal consultation should last more than one day in order to allow all leaders to speak their issues without time constraints.