

# National Indian Health Board



*Submitted via email: secretary@hhs.gov and to President Trump via Tyler.A.Fish@who.eop.gov*

April 30, 2020

President Donald J. Trump  
The White House  
1600 Pennsylvania Ave, NW  
Washington, DC 20500

Secretary Alex M. Azar II  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

## **Re: The Inclusion of the Indian Health Services Director on the White House COVID-19 Task Force**

Dear President Trump and Secretary Azar:

On behalf of the National Indian Health Board (NIHB)<sup>1</sup> and the 574 federally recognized American Indian and Alaska Native (AI/AN) Tribes we serve, we write to strongly urge the inclusion of the Director of Indian Health Services (IHS), RADM Michael Weahkee, on the White House COVID-19 Task Force. We feel that given the unique relationship between the federal government and Tribes, ensuring that any COVID-19 response includes the needs of Indian Country is paramount. There is no better person to help inform that response than the duly appointed and confirmed leader of the agency that is responsible for the delivery of health care of AI/ANs.

### *I. The Trust Responsibility*

The trust responsibility creates both a unique relationship between the federal government and Tribes and an obligation of the federal government to ensure Tribes have access to needed and available resources during times such as this. This trust responsibility has been codified by treaties and reinforced through affirmation by the United States Supreme Court.<sup>2</sup> In 1977, the Senate report of the American Indian Policy Review Commission stated that, “[t]he purpose behind the trust

---

<sup>1</sup> Established in 1972, the National Indian Health Board (NIHB) is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

<sup>2</sup> The Court has consistently held that the federal government has a trust responsibility to Tribes, which has formed the foundation for federal/Tribal relations. See Seminole Nation v. United States, 316 U.S. 286 (1942), United States v. Mitchell, 463 U.S. 206, 225 (1983), and United States v. Navajo Nation, 537 U.S. 488 (2003).

doctrine is and always has been to ensure the survival and welfare of Indian tribes and people.” This trust responsibility is highlighted most recently in the Department of Health and Human Services (HHS) Strategic Plan FY 2018–2022:

Importantly, the Federal Government has a unique legal and political government to-government relationship with Tribal governments and a special obligation to provide services for American Indians and Alaska Natives based on these individuals’ relationship to Tribal governments<sup>3</sup>.

This creates a unique relationship between Tribes and the federal government, which has been recognized and reaffirmed by Congress through a number of laws, including the implementation of the 100% Federal Medical Assistance Percentage, holding the states harmless in the provision of health care through IHS and Tribal facilities<sup>4</sup>.

**Including the IHS Director on the COVID 19 Task Force will help better inform the COVID 19 response and recovery in Indian Country.**

*II. The Indian Health Service*

Section 601 of the Indian Health Care Improvement Act (IHCIA) established IHS as an agency under the U.S. Public Health Service (USPHS), making it an integral part of the federal public health emergency response apparatus. Relatedly, Section 218 of IHCIA authorizes IHS to award funds to Indian Country for communicable and infectious disease prevention, control, and elimination measures. This is important, as the Indian health system has a large federal footprint nationwide with 605 hospitals, clinics, and health stations managed by IHS, Tribal, and urban Indian health programs (the I/T/U system) stretching over 37 states. Management of this system has equipped RADM Weahkee with the requisite knowledge and resources to serve as an advocate for Indian Country. The vast reach of IHS also ensures that he will be knowledgeable of the issues currently being faced by Indian health care providers and can bring them forward to the Task Force. This perspective will provide the Task Force with valuable knowledge on how to target its response to best serve the needs of AI/AN populations.

*III. Conclusion*

We strongly urge you to include RADM Weahkee, in his capacity as the IHS Director, as part of the White House COVID-19 Task Force. The federal government has a unique obligation to Indian Country and needs to ensure that their response is informed by those who are working and providing care in Indian Country on a daily basis. We know that RADM Weahkee would be a powerful advocate for AI/ANs and think that his inclusion is necessary in order to adequately respond to this pandemic.

Thank you for consideration of this request,

---

<sup>3</sup> Introduction, “Cross-Agency Collaborations”, <https://www.hhs.gov/about/strategic-plan/introduction/index.html>

<sup>4</sup> The FMAP refers to the share of the payment to the provider that the federal government pays when services are rendered.

*Victoria Kitcheyan*

Victoria Kitcheyan

Chair

National Indian Health Board

Cc:

Tyler Fish, Executive Director, White House Council on Native American Affairs

Stacey Ecoffey, Director for Tribal Affairs, Office of the Secretary, Intergovernmental and External Affairs, Department of Health and Human Services

Devin Delrow, Associate Director for Tribal Affairs, Office of the Secretary, Intergovernmental and External Affairs, Department of Health and Human Services

RADM Weahkee, Director, Indian Health Service