

# National Indian Health Board



## National Indian Health Board Resolution 18 – 18

### Support for the Great Plains Tribal Chairmen’s Health Board Self-Governance Eligibility

**WHEREAS**, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs, as well as upholding the Federal government’s trust responsibility to AI/AN Tribal governments; and

**WHEREAS**, Tribes continue their journey – in honor of their treaties – to develop innovative solutions that address the health care delivery challenges facing their communities; and,

**WHEREAS**, Tribal leaders across Indian Country have spoken in unified support of the sovereign Tribes of the Oglala Sioux Tribe, the Cheyenne River Sioux Tribe and the Rosebud Sioux Tribe and their right to participate in self-governance and transfer management of the Sioux San Hospital to the Great Plains Tribal Chairmen’s Health Board (GPTCHB), under Title V of the Indian Self-Determination and Education Assistance Act (Act); and,

**WHEREAS**, the Tribal Self Governance Program has proven to have a significant positive impact on the health and well-being of participating Tribal communities because Tribes are in the best position to understand and address their own health care needs and priorities; and,

**WHEREAS**, chronic underfunding of the Indian Health Service and the inability to adequately staff facilities have severely affected the quality of care provided to Indian Health Service beneficiaries throughout the Great Plains Area, and across Indian Country; and,

**WHEREAS**, the decline in the quality of care at the Sioux San Hospital has caused harm to Tribal members and the local Tribal leadership acted to restore hope so that their Tribal communities could heal from the trauma; and,

**WHEREAS**, the Tribes of the Oglala Sioux Tribe, the Cheyenne River Sioux Tribe and the Rosebud Sioux Tribe would like to do what is best for their people and continue their relationship with the Indian Health Service, as a self-governance program; and,

**WHEREAS**, 25 U.S.C. §§ 5392(a). Title V of the Indian Self Determination Act imposes rules of construction that requires that

[e]ach provision of this [title] . . . shall be liberally construed for the benefit of the Indian tribe participating in self-governance and any ambiguity shall be resolved in favor of the Indian tribe; and.

**WHEREAS**, the Indian Health Service has provided an interpretation of Title V policy that is hindering an important Tribal initiative, intended to strengthen where the agency is facing endemic and persistent challenges in the Great Plains Area.

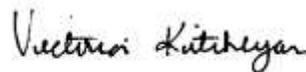
**THEREFORE BE IT RESOLVED**, the Board of Directors at the National Indian Health Board officially supports the sovereignty of the Oglala Sioux Tribe, the Cheyenne River Sioux Tribe and the Rosebud Sioux Tribe and their decision to designate the Great Plains Tribal Chairmen's Health Board to manage their health care services at the Sioux San Hospital, under Title V of the Indian Self Determination Act; and,

**BE IT FURTHER RESOLVED**, that NIHB believes that GPTCHB's three years of clean audits satisfies the Title V eligibility standards, and the IHS interpretation of the Title V eligibility language is incorrect and fails to properly apply the plain language of the statute and its interpretive rules; and

**NOW THEREFORE IT BE RESOLVED**, that NIHB requests the Secretary to reconsider the IHS preliminary determination of ineligibility as inconsistent with the ISDEAA statute and inconsistent with principles of self-determination and self-governance.

#### **CERTIFICATION**

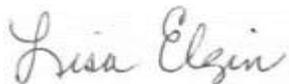
The foregoing resolution was adopted by the Board, with quorum present, on the 9<sup>th</sup> day of November, 2018.



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**Vice-Chair, Victoria Kitcheyan**

**ATTEST:**



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**Secretary, Lisa Elgin**