



August 23, 2018

RADM Michael D. Weahkee,  
Acting Director  
Indian Health Service 5600 Fishers Lane,  
Rockville, MD 20857

**Re: IHS Strategic Plan 2018 - 2022**

Dear RADM Weahkee:

On behalf of the National Indian Health Board, I write to provide comments in response to the Agency's request for comments on the draft Indian Health Service (IHS) Draft Strategic Plan for FY 2018-2022. We appreciate the work that the Tribal-Federal Workgroup did in reviewing previously submitted comments from Tribes and Tribal organizations and in creating this updated Plan for further Tribal input.

Established in 1972, the 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.

**Include the United States Treaty and Trust Responsibility to Tribes in the Strategic Plan**

The United States has a unique legal and political relationship with American Indian and Alaska Native Tribal governments established through and confirmed by the United States Constitution, treaties, federal statutes, executive orders, and judicial decisions. Central to this relationship is the Federal Government's trust responsibility to protect the interests of Indian Tribes and communities, including the provision of healthcare to American Indians and Alaska Natives.

Further, Congress has passed numerous Indian-specific laws to provide for Indian health care, including establishing the Indian health care system and permanently enacting the Indian Health Care Improvement Act (IHCA).<sup>1</sup> In the IHCA, for instance, Congress found that "Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people."<sup>2</sup> The Indian Health Service (IHS) was created in 1955 to assist the U.S. to fulfill its obligation to provide health care to AI/ANs. Twenty years later, Congress enacted the Indian Self-Determination and Education

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<sup>1</sup> 25 U.S.C. § 1601 et seq

<sup>2</sup> Id. § 1601(1)

Assistance Act of 1975 to enable Tribes and Tribal Organizations to directly operate health programs that would otherwise be operated by IHS, thereby empowering Tribes to design and operate health programs that are responsive to community needs. Title V of the Indian Health Care Improvement Act authorized federal funding for urban Indian organizations to provide health services to AI/ANs, many of whom had been relocated to urban areas by federal relocation programs. Together, this complex healthcare system is often referred to as the “I/T/U” (IHS/Tribal/Urban) or Indian health system. A year later, the Congress authorized IHS and Tribal health programs to bill Medicare and Medicaid, which expanded the resources available to them to carry out the federal trust responsibility.

The obligation to provide healthcare to AI/ANs does not extend only to the IHS. The federal trust responsibility is the responsibility of all government agencies, including others within the Department of Health and Human Services (HHS). Agencies like the Centers for Disease Control and Prevention (CDC); Substance Abuse and Mental Health Services Administration (SAMHSA); and Centers for Medicare and Medicaid Services (CMS) all play a crucial role in ensuring that Indian Country receives both preventative and direct access to health services. As such, HHS importantly included a statement in the introduction of its own Strategic Plan for FY 2018-2022 that acknowledge the Federal Government’s unique legal and political government-to-government relationship with Tribal governments and its special obligation to provide services for American Indians and Alaska Natives based on their relationship to Tribal governments.<sup>3</sup> This language is absolutely critical to underscoring the uniqueness of the Indian health system and the United States special obligation to provide health care to Tribes and it is very concerning that IHS’ own Strategic Plan doesn’t recognize it.

NIHB respectfully requests that the IHS Strategic Plan provide language in its Mission or Vision statement that directly addresses the trust responsibility and the political relationship between the United States and Tribes. We encourage IHS to use the same language that was adopted in the HHS Strategic Plan to ensure consistency.

## **Conclusion**

We thank you for this opportunity to provide comments on the IHS Draft Strategic Plan for FY 2018-2022. We look forward to continue working with you to improve the health of American Indians and Alaska Natives. Please contact NIHB’s Director of Policy, Devin Delrow, at [ddelrow@nihb.org](mailto:ddelrow@nihb.org) if there are any additional questions or comments raised in this letter.

Sincerely,



Vinton Hawley, Chairman  
National Indian Health Board

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