

# National Indian Health Board



February 24, 2023

Rochelle Walensky, MD, MPH  
Director, Centers for Disease Control and Prevention  
1600 Clifton Road NE  
Atlanta, GA 30329-4027

## Re: CDC's Moving Forward Initiative

Dear Director Walensky:

On behalf of the [National Indian Health Board](#) (NIHB), I write to you regarding the recent Tribal consultation on CDC's Moving Forward initiative. We applaud CDC's efforts to change not only how CDC is organized and how it operates, but also its culture—to orient the agency toward timely action and a focus on health equity. While undertaking this change, this is a prime opportunity to position CDC to better serve Tribal nations, fulfill the federal trust responsibility, and lay critical groundwork for meaningfully advancing health equity in Indian Country.

This reorganization could not come at a more urgent time. The COVID-19 pandemic made it impossible to ignore the stark disparities in deaths and other health outcomes experienced by American Indians and Alaska Natives (AI/ANs). On August 31, 2022, the Centers for Disease Control and Prevention (CDC) released the [Provisional Life Expectancy Estimates for 2021](#), which reported a severe drop in life expectancy for AI/ANs—decreasing by 6.6 years from 2019 to 2021. Not only do AI/ANs, on average, die younger than all other Americans, but this disparity is worsening at an alarming rate. Our peoples' life expectancy today is the same as it was for the average American in 1944. Such a crisis of inequity demands a swift and profound response.

To be effective, this response must honor and recognize Tribal sovereignty, the federal trust responsibility, and how colonization and U.S. government policies drive the severe health inequities we face. As CDC raises health equity to an agency-wide priority, moving forward will require both a nuanced understanding of the unique context of Tribal health equity and a commitment to action.

**Root causes of AI/AN health inequities.** CDC has the opportunity to lead by example and use the Moving Forward initiative to address the systemic issues at the root of AI/AN health. Along with the commonly discussed “social determinants of health” like housing, economic stability, healthcare, transportation, food, etc., the legacies of colonization are powerful drivers of many of the health inequities Tribal communities are experiencing.

The systemic issues that give rise to AI/AN health inequities are rooted in the long history of harmful federal Indian policies: genocide; uprooting AI/ANs from homelands and Tribal community structures;



bans on cultural practices and language; forced relocation to reservations; abusive boarding schools; and others. Lingering legacies of colonization have become institutionalized in government policies, systems, and structures and continue to cause harm.

**The Moving Forward initiative and re-organization of the CDC is an unprecedented opportunity for making the kinds of systemic and cultural changes needed to effectively address these key drivers of health inequities and set the stage for a more equitable future.**

To address these key drivers and advance health equity, CDC should prioritize these five areas during the reorganization:

1. Tribal Sovereignty & the Nation-to-Nation Relationship
2. Federal Trust Responsibility
3. Disrupting Structures of Inequity and Shifting the Balance of Power
4. Visibility of American Indians & Alaska Natives
5. Honoring Indigenous Knowledge & Cultural Lifeways

### **I. Tribal Sovereignty & the Nation-to-Nation Relationship**

**Tribal sovereignty.** Respecting and upholding Tribal sovereignty must come first and foremost in any public health work in Indian Country. As sovereign governments, Tribal nations have inherent authority and responsibility to meet their citizens' healthcare and public health needs.

Respecting Tribal sovereignty, in large part, means honoring self-determination – supporting Tribes to make decisions for themselves on the best way to set priorities and design programs tailored to the needs of Tribal communities to advance health equity. In addition, Tribal sovereignty opens options and potential approaches to health equity that may differ from other communities or populations. For example, Tribal sovereignty allows Tribes to use Tribal law as a powerful tool for protecting public health and advancing health equity in Tribal communities. Ensuring sufficient flexibility and support for Tribes to design their public health priorities and interventions is both more effective in advancing health equity and more respectful of Tribal sovereignty.

**Nation-to-nation relationship.** Like all sovereign nations, Tribes maintain nation-to-nation relationships with the U.S. government. Therefore, any federal public health programs and health equity initiatives must flow through the appropriate diplomatic channels that respect the authority of Tribal governments. Because of the central importance of Tribal sovereignty, implementing federal public health initiatives in Tribal communities necessitates special attention to the significant nuances and complexities that arise at this intersection of jurisdictions. Too often, we see CDC focused on funding and partnership structures around states and local governments, but not Tribes. CDC must entirely rethink these structures to appropriately build in Tribal nations as it works to improve public health of the whole country. As we know all too well from the COVID-19 pandemic, public health challenges do not end at a particular geographic or jurisdictional border.

To give a specific example of why recognizing Tribal sovereignty is important, we often see Notices of Funding Opportunities (NOFOs) that do not account for the unique position of Tribes as sovereign



nations. These may include requirements such as a letter from a state chronic disease director or other state officer, which ignores the nation-to-nation relationship and is never appropriate to ask of a sovereign Tribe. Listing Tribes as simply eligible for a NOFO does not go far enough.

To address this issue, we ask that the reorganization make sure that all NOFOs from the CDC are reviewed before release by an expert in best practices for respecting Tribal sovereignty. In addition, CDC should provide training on Tribal sovereignty, the nation-to-nation relationship, and the federal trust responsibility to ensure that anyone involved in implementing CDC programs properly understands these core concepts, in addition to CDC's specific role in upholding them. Tribal sovereignty must be recognized as a matter of course in the agency's daily operations.

## **II. Federal Trust Responsibility**

The federal trust responsibility is integral to the unique legal and political relationship the U.S. maintains with Tribal governments. This relationship has been established through and confirmed by the U.S. Constitution, treaties, federal statutes, executive orders, and judicial decisions. In exchange for Tribal lands, the United States signed treaties with Tribal nations promising certain rights and services, including the protection of health and well-being. These treaties are the foundation of the federal government's trust responsibility to protect the interests of Indian Tribes and communities. Since ensuring good health and well-being for AI/ANs is part of the federal trust responsibility, anything that constitutes a barrier to fulfilling the trust responsibility is also a barrier to achieving health equity. Conversely, dedication to fulfilling the trust responsibility advances health equity.

CDC's Moving Forward initiative is a prime opportunity to reexamine the critical role CDC plays in fulfilling the federal trust responsibility. A piecemeal, grant-dependent approach to public health is inappropriate, as we have clearly seen how ineffective it is at supporting public health in Indian Country through the decrease of life expectancy over time. Instead, a cross-agency 10 percent Tribal set-aside would be in line with fulfilling the federal trust responsibility and addressing the long history of neglect that has led to the current state of health inequities. Funding should not be coming through competitive grants to Tribal nations, which only serve to force underserved Tribal nations to compete with each other. Grant administration is also a resource intensive burden that is not feasible for many Tribal nations. Instead, funding to Tribes should be broad-based and formula driven.

## **III. Disrupting Structures of Inequity and Shifting the Balance of Power**

The health inequities experienced by AI/ANs are rooted in the history and ongoing legacy of colonization – on the structures and policies introduced and maintained by the U.S. government. One way colonization led to drastic health inequities was by stripping Tribal nations of their political power and self-determination. Because Tribes were systematically excluded from decision-making and subjected to paternalistic federal policies for several hundred years, government policies, programs, and systems have not served the needs of AI/AN people. To achieve health equity, these structures of inequity must be dismantled, and power must be returned to Tribal nations – including within the realm of public health.



**Tribal consultation.** One of the essential forms of Tribal inclusion in governance is Tribal consultation. Because Tribes are sovereign nations, any time a federal government agency contemplates a policy change that will impact a Tribe or its citizens, that agency has an obligation and responsibility to pursue timely, meaningful, robust Tribal consultation. Meaningful consultation requires two-way communication and collaboration, not just informing Tribes about decisions that have already been made. Consultation should be with government officials with decision-making authority, as well as with agency subject-matter experts and designated Tribal liaisons. Follow-up from the consultation and application of the Tribal perspectives shared are also necessary for consultation to be meaningful.

**Tribal empowerment in governance.** Tribes also need to be included in government decision-making in other ways, like by expanding pathways for AI/ANs to become CDC employees and public health professionals, being responsive to the CDC Tribal Advisory Committee, and including Tribes on agency task forces and committees. For example, the proposed Executive Board to assess and recommend agency priorities each year should include permanent representation of an expert on Tribal priorities and sovereignty. During this reorganization and on an ongoing basis, CDC needs to prioritize integrating support for Tribal nations across all parts of the agency.

#### IV. Visibility of American Indians & Alaska Natives

For decades, it was the policy of the United States to terminate and assimilate AI/AN people to eradicate AI/AN peoples and cultures from existence. While Tribes have been remarkably resilient in preserving their communities and cultures despite these persistent challenges, AI/ANs are commonly invisible in the larger American cultural context. If AI/ANs continue to be unseen, the inequities will continue. Federal agencies like CDC must take active measures to ensure AI/AN people and Tribes are visible in two critical arenas: policy creation and data.

**Inclusion & visibility in policy creation.** Tribes must be included in every step of policy creation. Often the impact of policies on Tribes is treated as an afterthought, instead of ensuring Tribes are at the table throughout the policy development process. As a result, the policies themselves often leave out Tribes entirely and the cycle of invisibility continues. This is an especially significant risk for large scale initiatives like Moving Forward – Tribes need to be actively included throughout the process.

**Visibility in data.** High-quality, meaningful AI/AN health data is essential for identifying disparities, setting priorities, designing strategies, and highlighting successes related to health equity. However, AI/AN data is missing so often that AI/ANs have come to be known as the “Asterisk Nation” – a recognition of how often AI/AN data is withheld and replaced by an asterisk to denote that the sample size was too small or the data was statistically unreliable. Racial misclassification, missing data, and other quality issues continue to impede the representation of AI/ANs in many data sets. With AI/AN people and communities so often missing from the data, this becomes one more form of erasure of AI/ANs – our experiences are not represented, our needs are not heard, and our very existence becomes invisible. Improving data practices – in a way that supports Tribal sovereignty and is meaningful for



AI/AN – is crucially important as a step to undo the centuries of AI/AN erasure contributing to the ongoing health inequities in Tribal communities.

## V. Honoring Indigenous Knowledge & Cultural Lifeways

Colonization and the values introduced through colonization have led to devastating health inequities; leaning into traditional values and worldviews opens new pathways forward. We can only achieve health equity for Indian Country when we approach it through a Native lens.

Connection to community and culture is among the most powerful drivers for good health and resilience for AI/AN people. Strengthening connection to community and culture is essential to counter the harmful disconnection that resulted from centuries of historical injustices. For example, AI/ANs currently experience drastic inequities in diabetes rates; this can be traced back to the history of the disruption of traditional food systems through the forced removal of Tribes to reservations and the subsequent forced reliance on commodity foods. Many Tribal communities have prioritized food sovereignty and bringing traditional food systems back to the forefront of daily life, reintroducing balanced nutrition and a stronger connection to community and culture. Tribal communities and public health programs can share many other examples of how this kind of strengthened connection has led to improved health outcomes. CDC programs need to include the flexibility for Tribes to implement culturally appropriate public health initiatives that will support connection to Indigenous identity and community.

Previous government health initiatives have often focused solely on problems and disparities; this can leave the inaccurate, harmful impression that the communities experiencing inequities are somehow inherently deficient. This undercuts these communities' self-determination and sets the stage for government paternalism. Instead, as CDC reorganizes, the agency should strive for an organizational culture that is strengths-based and focuses on cultural humility. A strengths-based perspective recognizes that the answers for achieving health equity for a community lie within that community; the strengths, assets, and resilience of individuals and communities are vital to any effective path to health equity. The federal government is most effective in working towards health equity when it puts its resources behind supporting the leadership of Tribal communities. **Tribes know their people, communities, social and historical context, needs, and strengths best – Tribes are the experts in charting a path to health equity for their people.**

## VI. Conclusion

CDC can advance health equity for AI/ANs by ensuring flexibility and Tribal control in public health programs for Indian Country; accepting the federal government's responsibility to ensuring good health and well-being for AI/AN people; conducting meaningful Tribal consultation; implementing equitable funding structures; and recognizing that the answers for health equity lie within our communities. As CDC strengthens the agency's cross-cutting functions through the Moving Forward Initiative, Tribal relations and support should be viewed as a cross-cutting function that is just as important as any other. We look forward to continuing this conversation in the months and years



ahead. Please do not hesitate to contact NIHB if we can be of any further assistance with the Moving Forward Initiative.

Yours in Health,

William Smith, *Valdez Native Tribe*  
Chairman  
National Indian Health Board

