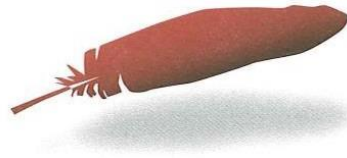


National Indian Health Board



National Indian Health Board Resolution 20 – 05

Support Direct Funding from CDC to Tribes and Tribal Organizations for Public Health Work in Indian Country

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

WHEREAS, the National Indian Health Board is the only Tribal organization to perform this work at the national level, working in support and coordination with Tribal organizations at the Area and local level; and

WHEREAS, American Indian and Alaska Native (AI/AN) Tribal nations share a unique government to government relationship with the federal government which requires the federal government to provide health services to Tribal nations; and

WHEREAS, the government to government relationship is between no governments other than the U.S. federal government and federally-recognized Tribal governments; and

WHEREAS, as sovereign nations, AI/AN Tribal Nations have an inherent right to promote and protect the health of their people; and

WHEREAS, AI/AN have the lowest life expectancy of any demographic and suffer from some of the worst health disparities in the U.S. in a wide array of indicators such as diabetes, cancer, addiction, and injury; and

WHEREAS, Apart from statistics that highlight negative results, resiliency is inherent to Tribal Nations and evidence from asset-based programming is needed to contribute to a vision of healthy nations;

WHEREAS, Advancing health equity in Tribal communities remains a continued unmet priority across Indian Country; and

WHEREAS, the Centers for Disease Control and Prevention (CDC) provides funding to improve the health and well-being of AI/ANs and support public health infrastructure; and

WHEREAS, AI/AN Tribes and Tribal organizations are best situated to understand their own needs and develop effective, efficient, culturally relevant solutions; and

WHEREAS, AI/AN Tribal Nations have largely been left out of the development of the U.S. public health system during the last century resulting in challenges in public health infrastructure and capacities; and

WHEREAS, This lack of public health infrastructure and capacity in Indian Country has contributed to the poor health outcomes noted above; and

WHEREAS, Public health funding provided by the CDC directly to AI/AN Tribal Nations will build much needed infrastructure and capacity for the provision of public health services in Indian Country; and

WHEREAS, Organizations whose purpose and mission is to serve state, county, territorial or local health officials are not specifically structured to impact the public health of Tribal nations; and

WHEREAS, National Tribal organizations such as the National Indian Health Board provide irreplaceable services to Tribal Nations such as culturally relevant technical assistance, issue specific guidance, and navigation through the public health accreditation process; and

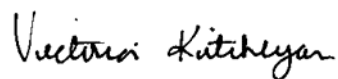
WHEREAS, Organizations whose purpose and mission is to serve a broad range of Americans may not account for either the unique political government to government relationship between Tribal Nations and the federal government or the culturally relevant framework with which effective Tribal public health infrastructure should be developed.

THEREFORE BE IT RESOLVED, that, as a federal agency, the CDC honor the Federal trust responsibility to Tribes by creating a specific funding set-aside for Tribal Nations for all block grants distributed by the agency; and

THEREFORE BE IT FURTHER RESOLVED, that the federal government—Congress and the CDC—tailor grants specifically to Indian Country with the intention to improve the health of AI/ANs, build the capacity or improve the infrastructure of Tribal health systems be provided directly to Tribes and Tribal organizations rather than non-Tribal entities.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 26th day of February, 2020.



Chairperson, Victoria Kitcheyan

ATTEST:

Lisa Elgin

Secretary, Lisa Elgin