

Tribal Self-Governance Demonstration Project

# SOVEREIGN NATIONS

May, 1993

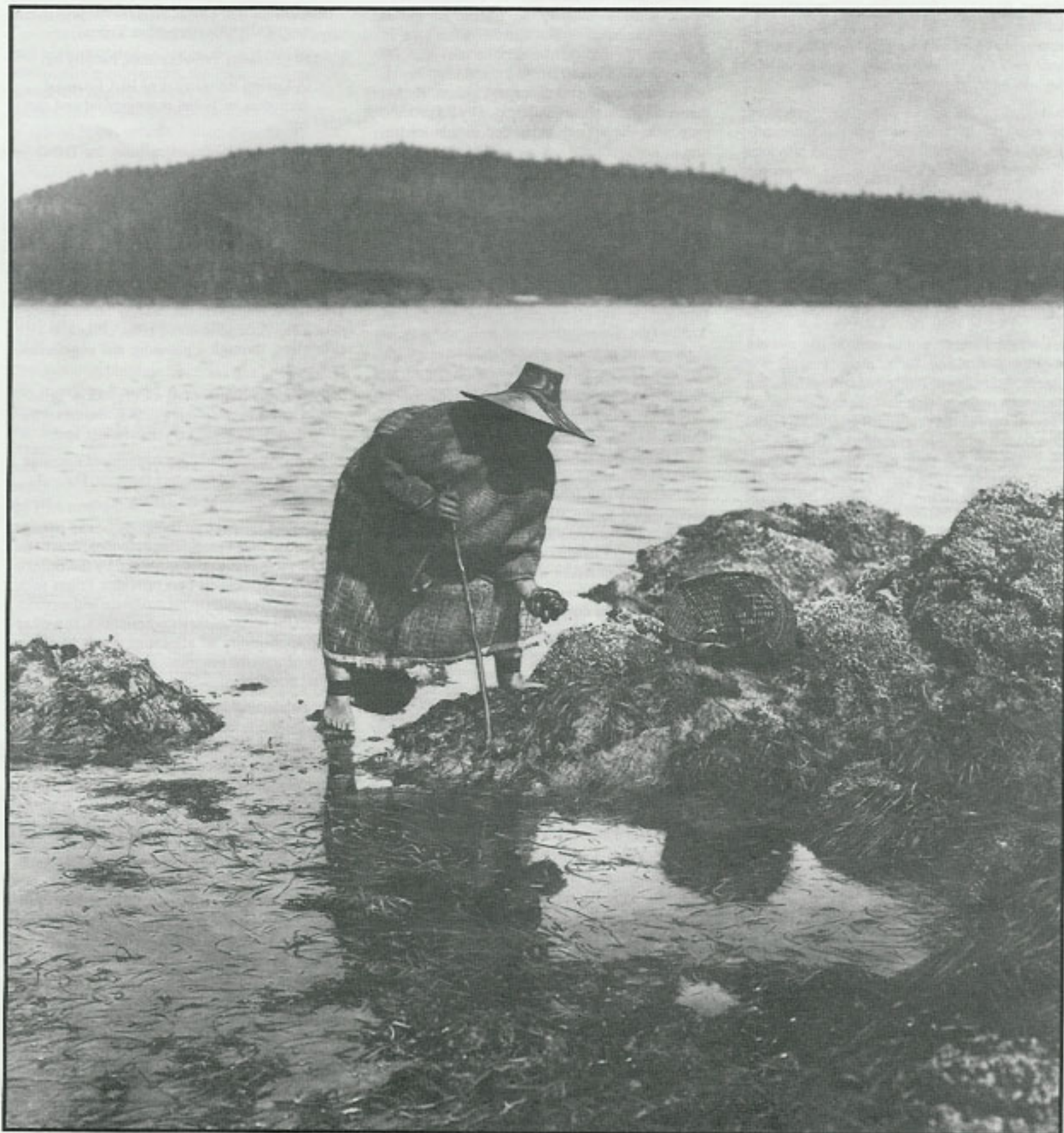
Volume 2

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## Self-Governance Tribes: Protecting Indigenous Rights

## HOW IT ALL BEGAN

*Editor's Note: Following is the first installment of a series of articles regarding the history of the Self-Governance Project. This month, we take a look at how the process began. In subsequent editions, SOVEREIGN NATIONS will review the chronology of the process leading up to the present. But lest we forget, it is important to note that this process is history in the making. It is important to look to history for wisdom, and to make today's choices with the awareness that they will affect the generations to come.*

In its general sense, the Tribes have practiced independence and self-governance for thousands of years. As has been documented in previous editions of SOVEREIGN NATIONS, the people who came to this continent from other places had much to learn from the indigenous people here. Their very survival was utterly dependent on their adoption of things the Tribes here had long since learned. This was the case not only with the use of natural resources for food and shelter, but also with the adoption of a new form of government. Today, they call it democracy, and a number of its principles are those adopted not from the monarchies that continued to reign in Europe at the time of American colonialism, but from such long existing native compacts as the Iroquois confederacy. American Indian Tribes have contributed immeasurably to America and the world through their rich, pleasing culture. Thus Congress in 1988 passed House and Senate Concurrent Resolutions recognizing the impor-

tant role of Tribes in establishing democratic government principles.

For now, however, let us zoom through the years to the fall of 1987. Twelve years prior, Congress passed Public Law 93-638, the "Indian Self-Determination and Educational Assistance Act." In the years to follow, the Bureau of Indian Affairs exhibited characteristic reluctance in changing its role from a service provider and manager of Tribal affairs to an administrator of Self-Determination contracts and grants. Rather than reducing in size as anticipated by P.L. 93-638 proposals, the agency expanded its administration.

In the fall of 1987, draft amendments to the act were being considered by Congress, when the Arizona Republic newspaper published a series of articles entitled "Fraud in Indian Country". The articles alleged serious waste and mismanagement in the Federal bureaucracy implementing the U. S. trust responsibility to the Tribes. In response to these charges, Chairman Sidney Yates of the House Interior and Related Agencies Appropriations Subcommittee held an oversight hearing. (Please note interview with Congressman Yates regarding the Self-Governance Process in this edition.)

During the November 1987 oversight hearing on the Arizona Republic allegations, Assistant Secretary of Indian Affairs Ross Swimmer and Interior Secretary Don Hodel proposed that the funds appropriated to the BIA be turned over to the Tribes to let them manage their own affairs. The next day, with Chairman Yates' encouragement, Tribal representatives met with Swimmer and Hodel. By mid-December, ten Tribes had volunteered to test the concept.

In December 1987, however, the Interior department, without consulting with the Tribes, proposed "Section 209" as an addition to the Indian Self-Determination Act amendments, "Section 209" provided for a direct transfer of funds currently contracted by Tribes with a waiver of the Trust Responsibility of the United States for programs assumed by participating Tribes. Tribal governments across the nation unanimously opposed this double dealing approach to BIA "reform".

The Self-Governance Tribes countered the unacceptable "Section 209" amendment with the proposal for Title III, the "Tribal Self-Governance Demonstration Project". Title III clearly protects the Trust relationship of the United States to Indian people. In the ensuing legislative process, Title III was designed by the Tribes to:

- Maintain the Trust Responsibility;
- Increase participation for the demonstration Project from ten to twenty Tribes; (Now up to thirty Tribes can participate)
- Expand the Project to include programs,

services, functions and activities at all BIA levels:

- Exclude selected BIA programs;
- Modify the Secretary's waiver authority with a preference for Self-Governance; and,
- Prohibit the Demonstration Project from negatively affecting other Tribes.

Title III promotes Tribal control, namely by:

- Allowing the transfer of BIA financial resources to Tribal management and control;
- Authorizing broad flexibility for Tribal utilization of those resources.
- Permitting Tribes to consolidate and redesign programs; and,
- Replacing multiple BIA P.L. 93-638 contracts and grants with a single Annual Funding Agreement.

Title III, as enacted in the "Indian Self-Determination Act Amendments of 1988", P.L. 100-472 authorizes, through a planning and negotiation process:

1. The development of a Compact of Self-Governance defining responsibilities in the new Tribal/Federal relationship; and,
2. An Annual Funding Agreement determining financial transfers from the Federal government to the Tribes.

Under the Compact, an Indian Tribe can administer and manage programs, activities, functions and services previously managed by the Bureau of Indian Affairs. It also provides Tribes with authority to redesign those programs and services to meet the needs of their communities, as well as the responsibility of allocating funds to effectively operate the programs and services based on Tribal priorities.

The authorizing law provided for two planning years for the Tribes and the BIA prior to negotiation of resource transfers. Congress provided appropriation support to the participating Tribes in the planning process and directed the BIA to research and prepare for the pending negotiations. During those initial planning years, the BIA neither undertook research and planning nor provided any useful program and budget information to the Tribes. The Self-Governance Tribes grew increasingly concerned that the BIA's failure to cooperate would seriously undermine the Project. By Fiscal Year 1990, the "first tier" Tribes (as the initial 10 volunteer Tribes became known) were in the negotiation state of the Project without any credible information available from the BIA. On April 2, 1990, the Tribal leaders from Quinault, Lummi, Hoopa Valley and Jamestown S'Klallam met with Interior Secretary Manuel Lujan to discuss Self-Governance negotiations and the need for an Independent negotia-

### SOVEREIGN NATIONS

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Self-Governance is a Tribally driven initiative intended to provide Tribal governments more control over their own destinies. The project fosters the shaping of a "new partnership" between Tribal governments and the government of the United States. We believe that excellence in related communication and education is fundamental to the achievement of these goals.

#### Note to contributors/editors:

We encourage your input, but cannot guarantee acceptance due to time and space constraints inherent in the publication of this newsletter.

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On the cover: Harvesting shellfish in the Northwest, an indigenous right that spans the generations. Self-Governance Tribes work hard to protect such rights and invest heavily in natural resource management.

tor. The Secretary pledged his personal support for the Self-Governance Project, and on April 28 appointed his assistant, William Bettenberg, as the Self-Governance negotiator.

Title III requires each Tribe's Compact and Annual Funding Agreement to be submitted to Congress 90 days prior to implementation. When the four Tribes met with Bettenberg on May 17, 1990, to determine a negotiations process, a BIA budget date was not yet available. Through Tribal planning efforts, draft model Compacts of Self-Governance and Annual Funding Agreements had been prepared. Due to the Congressional submission requirements, the Tribes pressed for completed negotiations by June 30, 1990. An internal BIA scramble, over the next five weeks, produced Tribal-specific budget information and allocation criteria designed to avoid negatively affecting other Tribes. The four Tribes did not have the opportunity to review BIA budgets or decision criteria in any detail prior to negotiations. We were forced by time deadlines to accept budget data and criteria in good faith during the last hours of negotiations. However, the Compacts/Agreements met the Congressional deadline for submission and were effective for Fiscal Year 1991 implementation starting October 1, 1990.

Due to the incomplete financial resources actually transferred in the Annual Funding Agreements, the Tribes requested Congressional funding for shortfalls and Project implementation expenses. Shortfalls were defined as the difference between what a Tribe should have received under the Annual Funding agreement and what the BIA retained to avoid restructuring itself or causing what they incorrectly perceived as a negative effect on other Tribes.

Congress provided \$3 million for planning and negotiations grants, start-up and implementation costs and shortfall estimates for Fiscal Year 1991. Congress also designated \$125,000, within these funds, for the Lummi Communication and Education initiative. This Project component, originally supported by the four Tribes because the BIA was providing no information about the Project, is intended to provide education services concerning the Self-Governance Demonstration Project.

For the first year of implementation, seven Tribal Compacts of Self-Governance were negotiated. These first tier Tribes included;

- Absentee - Shawnee Tribe
- Cherokee Nation of Oklahoma
- Hoopa Valley Tribe
- Jamestown S'Klallam Tribe
- Lummi Indian Nation
- Mille Lake Band of Chippewa Indians
- Quinault Indian Nation

Next month, SOVEREIGN NATIONS will examine how additional Tribes have become involved with the Self-Governance Demonstration Project, and how the Office of Self-Governance was established.

## THE Q&A FORUM

# CONGRESSMAN YATES ON SELF-GOVERNANCE

*Congressman Sidney R. Yates, (D-III) has served a critical leadership role in support of the Self-Governance Project from its outset (see related article this edition). He is a member of the House Appropriations Committee, and Chairman of the Subcommittee for the Department of the Interior and Related Agencies. This subcommittee provides annual appropriations for the Department of the Interior, as well as the U.S. Forest Service, the Department of Energy, the Smithsonian Institution and the National Endowments for the Arts and the Humanities. He is also on the Foreign Operations Subcommittee and is one of the 10 congressional representatives on the United States Holocaust Memorial Council. He was first elected to the U.S. House of Representatives in 1948 and served successive terms through the 87th Congress. In 1963, he was appointed by late President John Kennedy as Ambassador to the United Nations on the Trusteeship Council, where he remained until September 1964, when he resigned and again successfully ran for Congress. He has been re-elected every two years since. Congressman Yates was born in Chicago, and graduated from the University of Chicago Law School. He and his wife, Adeline, live in Chicago.*

SOVEREIGN NATIONS recently had an opportunity to conduct a brief interview with Congressman Yates in his office in Washington D.C.

**SOVEREIGN NATIONS:** Congressman Yates, as the Congressman who initiated the Self-Governance Process, what do you see as its biggest obstacle?

**Congressman Yates:** Financing is the biggest obstacle. But, fortunately, the Tribes have resources of their own. They have natural resources; and they have good people determined to make it go. Self-Governance is on its way now to being a successful project.

**SN:** Do you see Self-Governance as a new chapter in U.S./Tribal relations?

**Yates:** I do see it as a new chapter. For years and perhaps decades the big cry from Washington, from non-Indian people as well as from the Tribes, themselves, has been a desire to be self-dependent...to be independent as nations as they once were. And Tribes don't appreciate much of the dependency that many of them find themselves in. This effort will serve as a very good example of what may be done if the Tribes and the Federal Government cooperate in this kind of experiment.

**SN:** What are your thoughts on how the roles of the BIA would change if a majority of the Tribes go with Self-Governance?

**Yates:** It would be a long time before a major-



*"I think it's the way to go I really believe it's the way to go for the Native American people."*

-Congressman Sidney Yates  
on Self-Governance

ity of the Tribes would become involved with this experiment. But whatever happens, the Bureau of Indian Affairs would have to remain in existence, because of the continuing need for an agency to supervise the needs of the Indian people.

**SN:** How is the Self-Governance project progressing?

**Yates:** I think it's progressing very nicely. I think there's a sense of achievement. I think there's a sense of growing independence and a sense of confidence that has been lacking in so many Tribes in the past. From everything I have seen so far, it's been a very good undertaking. I think it's the way to go. I really believe it's the way to go for the Native American people.

**SN:** How will budget cutbacks affect the process?

**Yates:** Budget cutbacks are an unfortunate thing that we all must face. But speaking for myself, I know how important this initiative is and I will do everything I can do to help continue the experiment in order to give it a fair trial.

**SN:** What advice do you have for Tribes just entering or considering the Self-Governance process?

**Yates:** My advice to the Tribes would be to do the research and do the inquiries to follow the results of the Tribes that are now doing it, so they can undertake the same kind of experiment themselves. I think it's a great opportunity for independence and I look forward to a successful completion.

# STRENGTH IN THE FACE OF ADVERSITY

If there is an example of the strength of Self-Governance and of the ability of the system to continue to work in the face of overwhelming problems, that example is the Absentee-Shawnee. During the period of the initial years under Self-Governance, the Tribal leadership of the Absentee-Shawnee changed, and the Tribe was faced with conflict, including armed partisans. The conflict was internally resolved and the Self-Governance provisions and programs continued to operate effectively and efficiently through the transition from one government to the next.

The Absentee-Shawnee Tribe has made significant advances under Self-Governance in budgeting, planning and services. These have included expansion of the education department and the police department. Tribal accounting has been streamlined, and there is significantly more Tribal involvement by members in setting priorities.

"The Tribe attributes the increased involvement reflected by greater attendance at their General Council Meetings to the chance for participation in priority setting allowed under Self-Governance," and the Tribe believes that the Self-Governance Demonstration Project has significantly improved the lives of individual Shawnees and greatly increased the effectiveness of the dollars expended."

The Absentee Shawnee Tribe was historically formed due to a geographic separation from the Kansas body of the Shawnee Tribe. The Absentee Shawnee moved from Kansas to "Indian Territory" (later becoming the state of Oklahoma) in 1845. Under the Oklahoma Indian Welfare Act, the Absentee Shawnee were organized as the Shawnee Tribe of Indians of Oklahoma in 1935. The Tribe's Jurisdictional area consists of portions of Potawatomie County and Cleveland County of Oklahoma. The current land base of the Tribe consists of 11,017,000 acres, arranged in random checkerboard pattern. While the jurisdictional area of the Tribe is large, actual holdings are small.



*The Absentee Shawnee Tribal Complex*

The Tribe has an enrolled population of 2,640 with a service area population of 1,173. Most members live in the Little Axe Community and the area surrounding the City of Shawnee. The overall health status is poor due to dietary problems, sanitation conditions, language barriers, and financial problems. U.S. Census and Tribal base data show that unemployment below poverty level living conditions are high (40 + %) and related principally due to low educational achievement and the generally depressed economy of the area. The academic achievement by Tribal members is below state and national norms, as only 25 percent have completed high school and the adult educational attainment level is 8.9 years. The Tribe is dedicated to changing these conditions and statistics.

The Tribe organized its governing structure under a Constitution which provides for the General Council consisting of all Tribal members 18 years or older, a legislative/executive branch responsible for the day-to-day governance of the Tribe, and a judicial branch consisting of a Tribal Court and the Tribal Appeals Court. The Tribe's organizational structure includes a number of representative authorities including the Tribal Executive Committee, Economic Development Authority, Housing Authority, Election

Commission, Gaming Commission and Tax Commission. Other Tribal service programs located at the Tribal Complex include Tribal Enrollment, Finance, Police, Newspaper, Education, Health, and Social Services, and Home Improvement Program.

The Absentee Shawnee participation in Self-Governance is viewed by Tribal members as positive because it is perceived as more cost effective and more responsive to the needs of the Tribal membership and allows greater flexibility in the operation of programs. The Tribe has identified goals in six areas: Government, self-sufficiency, housing, education, health and culture. Under Self-Governance, the Tribe has initiated operational assessments and implemented management improvements in ten areas of program service functions and activities: Executive Direction and Administrative Services, Tribal Court System, Law Enforcement, Higher Education, Realty, Social Services/General Assistance, Health, Custodial Services, Tax Commission, and Economic Development.

The Tribe is concentrating on improving Administrative efficiencies and service delivery under the improvement afforded by Self-Governance.

## WHY SELF-GOVERNANCE IS NEEDED

*Editor's Note: The following article, developed by the Hoopa Tribe in Northern California, is presented as a case example as Self-Governance moves into the health care arena. Problems in Indian health care across the country are the norm rather than the exception. And Tribal control, experimentation and initiative is needed to deal with these problems. Self-Governance offers the financial support and administrative discretion to improve health care deliveries according to local priorities and conditions. In the article, the Hoopas describe some of the challenges they have faced over the years and their vision of needed change in Indian Health Care management by Tribal Governments. They envision the potential impact of the Self-Governance Process on their health care programs as follows:*

"The Self-Governance Demonstration Project can offer an excellent opportunity to experiment with better ways to deliver improved and expanded health care to Indian people. At the Hoopa Tribe, we have already undertaken two years of planning and design and are ready to implement these solutions. Providing flexibility within the Indian Health Care Improvement Act amendments with an authorization for Tribes to implement the Self-Governance Demonstration Project with the Indian Health Service will create the necessary authority to implement our Tribal model.

### PROJECT OVERVIEW

Rural health care programs today, like the Hoopa, face problems of recruitment and retention of quality medical staff, poor facilities, inadequate equipment and financially limited resources. Health care delivery systems throughout the nation are undergoing dramatic changes with improvements in technology, communications, and networking with other existing health systems. The Hoopa Hospital Project is designed to replace our outdated and obsolete systems with new and innovative methods for providing health care services, including preventative medicine. Two years of research and analysis have resulted in the development of an "Alternative Rural Hospital Model" (ARHM) which provides health care to the people on and adjacent to the Hoopa Reservation. The model is designed to coordinate health care activities with all the area's health organizations and agencies through a cooperative

networking system.

### HISTORY OF THE HOOPA HOSPITAL

The Hoopa Valley Indian Reservation was established by Executive Order in 1964 as a result of negotiations for a Peace and Friendship Treaty Between the Hoopas and their allies and the United States. Upon creation of the Reservation, the Federal government placed a physician for Hoopa at the Indian medical dispensary which later became a hospital at Fort Gaston, the Reservation's military outpost. In 1916, a permanent 15 bed hospital was built; and, in 1937, it was enlarged to 29 beds.

In 1955, the Bureau of Indian Affairs transferred control of the Hoopa hospital to the U.S. Public Health Service, Indian Division. During this same period, the Federal government began implementing the national termination policy. Part of the termination plan was to eliminate all Indian hospitals, including the Hoopa hospital. In response to the threatened total elimination of the Reservation's health services, a group of local residents in 1953 formed the Community Health Association (CHA). After several failed attempts to transfer the Indian hospital to the CHA, the Public Health Service began preparing to close the Hoopa Indian Hospital.

In 1958, negotiations were initiated to build a new Hoopa hospital to be operated by the CHA, and in 1950, the present Hoopa hospital was constructed. In 1972, with CHA facing sentencing continuing revenue losses, the local County government assumed operations of the hospital. In 1978, because of a California State-wide initiative to reduce government spending, the County began to reduce its financial assistance to the health facilities. In attempts to relieve themselves of the expense of the Hoopa hospital, the County began a series of transfers of the Hoopa hospital operations to various private health care providers.

Five different providers operated the Hoopa hospital since its construction in 1960. In early 1987, West World Inc. the manager at that time, filed for bankruptcy. After West World failed, the Mad River Community Hospital in Arcata, California, assumed control of the facility, restructured the operation and closed the inpatient services to maintain the hospital's profitability. They operated,



*Good Health...An outstanding objective.*

instead, only an emergency room and the medical lab. In August, 1987, Mad River announced plans to close the emergency room and lab.

The Hoopa Tribe persuaded Mad River to continue providing emergency, lab and X-ray services to the local area by committing to subsidize the emergency room operation expenses. In April, 1988, after the Federal Court decision in the Puzze case, the BIA assumed control of the Tribe's entire Tribal Budget and stopped any expenditures, including the hospital subsidy. Despite repeated Tribal requests for funds to maintain the emergency room, lab and X-ray, the Bureau denied the Tribe's use of its own monies. Immediately following the loss of the Tribal subsidy, Mad River closed the emergency room, lab and X-ray operations.

After the Mad River closure of medical services, the Hoopa Tribe and IHS were confronted with a crisis situation. The Sacramento Area Indian Health service temporarily continued to fund the X-ray and lab services for the Reservation community; however, no funds were provided for the emergency room. Without the emergency service on the reservation, all emergency patients must be transported to Arcata, some 65 miles and 1 1/2 hours away over two mountain ranges. The hospital's closure was preceded by the abandonment of the area's only ambulance service. The Tribe has as-

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sumed responsibility for the ambulance service and now operates California's only Indian EMS program.

#### **TRIBAL ASSESSMENTS OF ALTERNATIVE HEALTH CARE DELIVERY**

The Hoopa Tribal outpatient program was developed in 1973 to supplement, not duplicate, the services of the former hospital. Thus, the loss of emergency room and inpatient services was a devastating blow to our community. Since the Tribe is the largest health care provider in our rural area, we have been working diligently to restore as many of these lost services as possible. Through a series of negotiations, the Tribe has now obtained title to the former hospital building. However, these facilities require renovations and repairs to conform to present-day standards prior to its utilization as an outpatient clinic.

Unfortunately, the IHS has advised the Tribe that the Indian population within our service area of 3,100 scored very low on the assessment methodology developed by the Indian Health Service and Congress for determining priority allocations of IHS construction and renovation funds. Ironically, Federal laws prohibit us from using the building, regardless of who pays for the renovation, unless we meet the impossible standards set by the IHS. Our problems are not with the IHS standards themselves, but rather that they were never intended to be applied to situations like Hoopa. Therefore, we are being unnecessarily stymied from addressing our health care delivery problems due to the inappropriate application of standards creating impossible compliance obstacles.

Thus, while the hospital building sits idle and vacant, our outpatient clinic is seriously overcrowded due to the expanded service population following the closure of the hospital. As a result of this situation, an overcrowded unplanned, and piecemeal health care system has evolved that is in jeopardy of total collapse. Because the Hoopa Tribe's health service area is too small to rank high on the IHS needs assessment methodologies, the Reservation and surrounding communities have been, in effect, without any solution options.

The need for exploring viable system alternatives for small, rural Indian health care systems is well documented. The California Areas IHS Program Director, T.J. Merwood, in his December 5, 1988, Health Facility Priority System Report to the IHS Central Office stated, "We would like to explore the

possibility of designing the criteria for small facilities which would make them better compete in the existing priority system. Perhaps with your assistance, we could design a "model" which would be applicable to the smaller health centers."

#### **PRACTICAL IMPLEMENTATION OF SOLUTIONS**

Although the need for exploring and experimenting with alternative and locally responsive systems is understood, there is no consensus on the practical applications. Presently, Federal officials influential in the delivery of health care in Indian Country, i.e., contracting officers, have no guidelines for such experimentation. Without the opportunity to actually demonstrate the benefits resulting from experimental models, the Federal government and Indian Tribes simply have no alternative but to accept existing inadequate health care systems. Although the Hoopa Tribe has been supported by Federal policy officials, the IHS administrative technicians have not been as supportive. This IHS Administrative reluctance is caused, in large measure, by the fact that new experimental models necessarily mean creating an environment that stimulates change and flexibility within the established restrictive Federal rules and regulations governing health care systems.

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*...the existing Federal regulations have become the obstacles that prevent successful implementation of "new" way of delivering improved and expanded health care to Indian people. This is precisely why the Hoopa Tribe is seeking to include the IHS into the Self-Governance Demonstration Project."*

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Following the closure of the hospital, in efforts jointly funded by the Tribe and the IHS, the Tribe initiated a multi-phase study to determine the most feasible solution to addressing the local health care needs. In Phase I, the Tribe conducted an assessment for determining the best method for re-establishing basic health care services to the local community. Following a detailed research and analysis of available local services and financial resources, the study team determined that the Alternative Rural Hospital Model (ARHM) which has been utilized in

the other parts of California, was the most practical approach for the Hoopa Reservation. In a more detailed planning and implementation study during 1991, the study team developed a report that determined the actual components and the necessary implementation plan for a self-sufficient and self-sustaining operation within the existing funds available.

Our studies have proven that, through the design and implementation of the Alternative Rural Hospital Model, we can almost immediately improve and expand the present health care delivery system, including the provision of on-Reservation emergency services and temporary holding beds, in a self-sufficient manner. Presently, the Tribe cannot compete within the present-day arena for health care professionals because of the inadequacies within our health care system. Through the networking system included in the ARHM, we will create a cost-effective and efficient alternative method for selecting and supporting health care professionals instead of being solely dependent on the IHS system.

After over two years of study, planning and design at Hoopa, the existing Federal regulations have become the obstacles that prevent successful implementation of "new" way of delivering improved and expanded health care to Indian people. This is precisely why the Hoopa Tribe is seeking to include the IHS into the Self-Governance Demonstration Project (SGDP). Under the SGDP with resources transferred from the BIA, we have taken age-old problems on our Reservations and found new and innovative methods for solving them. We expect the same result can happen once Tribes are allowed to experiment in the service areas involving the IHS.

#### **CONCLUSION**

Many existing health care systems serving Indian people through the Country are inadequate. Among the reasons these inadequate systems perpetuate are the inflexibility of the available delivery system and simply the lack of tested and proven experimental models. The existing self-perpetuating system and its inherent limitations, whether political, personal or regulatory, have not provided any solutions to these problems. If self-sufficient alternatives are to be developed, Tribes must be given the opportunity to develop experimental models and the discretionary freedom to apply flexibility in how health care is being delivered in Indian Country. We believe Self-Governance will provide the Hoopa Tribe the opportunity.

## A NATURAL NEXT STEP

For Kawerak Incorporated, an Alaska Native regional non-profit corporation located in Nome, becoming part of the Self-Governance Demonstration Project in November, 1990, was a natural next step. Even before compacting, the 638 contractors in the Nome Agency had contracted every possible program from the Bureau, leaving only four staff in the agency offices. "Our interaction with agency and area staff was pretty minimal before compacting, especially with the area office, since they are located 800-900 miles away," says President Loretta Bullard.

Kawerak differs from most other Self-Governance participants in that they are a Tribal consortium, authorized by Tribal resolution to compact and provide services to the membership of 19 of the Bering Straits region's 20 Indian Reorganization Act or Traditional Tribal Councils. "Our Tribes created a consortium in 1973 to contract and provide BIA and other Federal and state services. Tribal memberships range from 125 to 1,600 members per community (for a regional Tribal membership of about 6,500) and it's not cost-effective for smaller Tribes to administer some programs at the village level. By working together, we were able to minimize administrative expenses and maximize services," states Bullard.

The Bering Straits region is unique in that the region's Native American population consists of three diverse Eskimo groups. Siberian Yupiks

live on St. Lawrence Island and are closely related to Yupiks in Russia; mainland Yupiks reside in the southern villages and speak the same language as Yupiks in Southwestern Alaska; Inupiat reside in the region's northern villages and share the language and culture of the northern Inuit who live in northwest Alaska, Northern Canada, and Greenland.

Kawerak's service area encompasses the entire Bering Straits region, an area of about 26,000 square miles. Service delivery can be difficult in the region due to the distance involved, the need to travel by air, the cost of providing services, and unpredictable weather. All villages are accessible by road during the summer months. "Region residents hop small airplanes like people in the lower 48 take taxis, and we face barriers not experienced in the lower 48," notes Bullard. "A good example is Little Diomed. The island is so steep they cannot build an airport there and the only means of access during the ice-free months is by boat or once a week helicopter service." Until recently, Diomed had just one phone for the entire community of 140 people and communications were difficult at best.

Kawerak provides diverse services, ranging from Headstart and Adult Basic Education to Village Police Officers, Social Services, Indian Child Welfare, JTPA, Childcare, TERO, and Village Planning Assistance services. They operate the



Loretta Bullard

only Native American Adoption agency in the State of Alaska. Their compact encompasses the full range of BIA funded programs, from Higher Education, Adult Vocational Training, General Assistance, Tribal Operations, Rights Protection, Realty, Housing and other services. Kawerak uses their BIA Agriculture funding to support the reindeer industry in rural Alaska. There are approximately 25,000 head of reindeer in Northwest Alaska, all privately owned by Alaska Natives. Reindeer are considered a trust resource by the Federal Government.

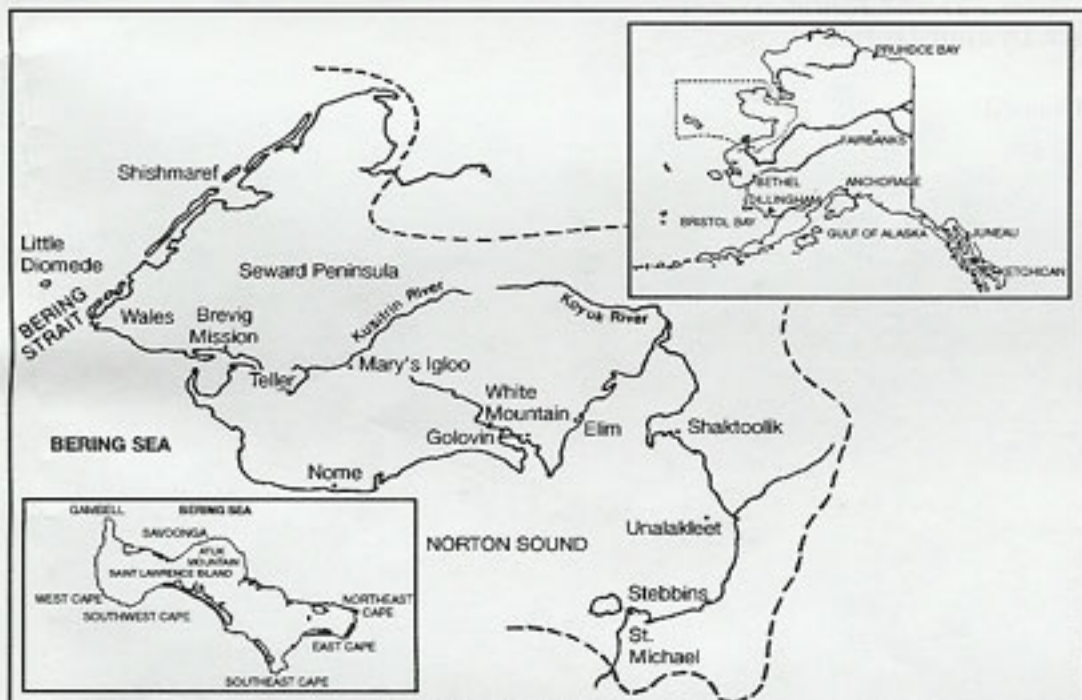
Kawerak's governing board consists of the President or Chief of each of the region's twenty Indian Reorganization Act or Traditional Tribal Councils, plus two elder representatives and the Chairman from Norton Sound Health Corporation. Norton Sound Health Corporation is Kawerak's sister Native non-profit organization in that they are authorized by Tribal resolution to provide health services to Tribal members. Norton Sound owns and operates the regional hospital and provides health services to Natives and non-natives throughout the region. Norton Sound recently received an IHS Planning Grant to explore compacting Indian Health Services funding.

Kawerak became a Tribal Self-Governance participant in November of 1990. "When we saw the notice in the Federal Register, we immediately applied," notes Bullard. "Basically we packaged our frustration with the BIA 638 Contracting system and submitted it in the form of a written application."

After one year of planning, Kawerak rolled over their 638 contracts into a compact to take advantage of the reduced reporting requirements, the increased decision making authority at the local level, the ability to move funds between programs to address Tribal priorities, and the ability to create new programs to meet Tribal needs.

"During year one of compacting, the programs

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The Bering Strait Region of Alaska

Kawerak, Inc. was formed in 1973 as a non-profit arm of the Bering Straits Native Association. This association, which is made up of IRA and Traditional Council representatives from the 19 villages in the Norton Sound/Bering Straits region, was formed to gather support and advocate for settlement of the Alaska Native Land Claims Act.

Kawerak's primary concern is the 8,288 inhabitants of the Seward Peninsula and Norton Sound coastal area, 75 percent of whom are Eskimo. The land area served by Kawerak is approximately 26,000 square miles or roughly from Shishmaref, on the northern shore of the Seward Peninsula, to Stebbins, on the southern coast of the Norton Sound, and encompassing the villages of the Islands of St. Lawrence, King Island and Little Diomed. The three culturally distinct groups of Eskimo people have lived in this remote area for upwards of 10,000 years. The Inupiks reside along the northern mainland and on King Island and Diomed Island; the Central Yupik are predominantly from the villages south of Unalakleet, while Siberian Yupiks settled on St. Lawrence Island. The latter is very closely related culturally and linguistically to the Chukotka people of the former Soviet Union.

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continued pretty much status quo, through the board did take advantage of their reprogramming authority to create a Tribal Employment Rights Office," says Bullard. Like many other areas of rural Alaska, the region's unemployment rate ranges from 50-75% unemployment during the winter time.

During 1993, year two of the compact, the Kawerak Board exercised its decision making authority to create a Tribal Coordinator Program. Through this program, the board funded positions in each of the regions IRA and Traditional Council Offices and purchased computers and modems for all council offices. Kawerak is now providing training to the IRA Council staff in areas identified as priority by the various Councils. IRA or Traditional Councils with CPA certified accounting systems have the option of applying for and administering their share of Tribal Coordinator funding directly at the village level.

Over the past several years, Kawerak has administered a Village Planning Assistance Program to train Tribal members to work as grant writers for their Tribes. It's been very successful and additional funding is being made available at the village level to address local needs.

Because of the success of this program, Kawerak has made it a priority under the compact to work with the councils to set in place solid financial and administrative systems at the village level so the

Tribal Councils can successfully administer grants at the village level. Kawerak has contracted with a CPA firm to develop a simple computerized accounting system for implementation in the villages which will enable them to meet all Federal and state accounting standards, and plans to provide computerized accounting training later on this fall. In the future, Kawerak plans to use the computers to provide grant writing assistance and set up a regional computerized Tribal enrollment system via modem.

Kawerak has also used the compact to access roads maintenance funds. These funds are being provided to the Tribes in the region with BIA roads. Kawerak was also able to access funding to contract with their Regional Native Profit Corporation to conduct historical and cemetery site assessments in the region. The sites need to be identified so they can be protected.

Kawerak's compact is unique in that it has a subcontracting arrangement with Gambell IRA. Prior to entering into the compact, Gambell was an independent 638 contractor. Gambell's IRA Council decided to participate in the compact to take advantage of the benefits under compacting. Kawerak created a Memorandum of Agreement between Kawerak and Gambell similar to a compact document, established an Annual Funding Agreement, and passes Gambell's share of funding directly through to Gambell. It's a simple arrangement and is working well. None of these activities would have been possible under the old

638 system.

The compact is not without problems though, according to Dan Duame, Self-Governance Coordinator for Kawerak. He notes it's been a real challenge to get the funds transferred to Kawerak and that the tracking of dollars through the system has been extremely time consuming. "We look forward to the time when these problems are alleviated," said Duame.

In the future, Kawerak is very interested in compacting other Federal programs and looks forward to the passage of permanent Tribal Self-Governance legislation. Kawerak has begun exploring other programs within the Department of the Interior which they would like to compact within the next year or two.

"It's more difficult to work with 19 Tribal councils as opposed to working with one," notes Bullard. "Thank goodness sharing, working together cooperatively and avoiding conflict, are cultural attributes of the Inuit people. Otherwise this demonstration project could be extremely difficult. As it is, I feel we work well together. We've accomplished a lot and will continue to do so."

As one Kawerak board member observed, "This is the biggest step taken by the Federal Government toward true self-determination since the passage of the Indian Self-Determination Act." This is one opportunity Kawerak and its member Tribes plan to take full advantage of.



### **Tribal Self-Governance Demonstration Project** **SOVEREIGN NATIONS**

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