

Sovereign Nations



Jan/Feb 1998

NEWSLETTER OF TRIBAL SELF-GOVERNANCE



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*Profile photographs by Charles Brill
Courtesy of Red Lake Chippewa Tribe*



Interview with Dr. Trujillo



Sovereign Nations recently submitted a set of questions to IHS Director Dr. Michael Trujillo.

Q1: A great deal has happened with Self-Governance over the last few years. Over one-half of the federally recognized Tribes (equating to approximately \$400 million) have entered into Compacts. Did you expect Self-Governance to be where it is today?

Trujillo: The IHS currently has 39 compacts with 55 Annual Funding Agreements representing 249 tribes and more than \$400 million dollars. I have supported the Self-Determination desire of each tribe to determine how health care will be provided to their tribal people, whether it be through direct services from the Indian Health Service or through contracts and compacts under the P.L. 93-638 process. The tribes and the Indian Health Service have made tremendous progress in implementing the Self-Governance Demonstration Project. This progress has been achieved through the inclusion of tribal representation in the decision making process. I think Self-Governance is where it needs to be today but not where it needs to be tomorrow. I expect the number of tribes deciding to enter into Self-

Governance will continue to increase.

Q2: The advances of Self-Governance have meant restructuring, rethinking and redesigning of the IHS and how it conducts business. Are you happy with the vision for the IHS in the future? How are the IHS employees holding up, given the recent notification by you of possible RIFs?

Trujillo: The vision for the future of IHS is the continuation of providing quality health care to American Indian and Alaska Native people, whether by federal, tribal, or urban Indian health program employees. We need to work together in partnerships and alliances to determine how we will continue to provide quality health care - team work is essential to the success of the presidential, congressional, departmental and tribal mandate to downsize; the challenge will be in effectively streamlining to meet the health needs of Indian people. The dedication of Indian Health Service employees is truly inspiring. Overall, I see employees as committed to serving Indian people and this overrides whether their service is through a federal, tribal, or urban program. I sense most employees have more loyalty to serving Indian people than they do to the Indian Health Service and I think this is appropriate. There is a wealth of experience and talent among employees and as the Agency streamlines, I'm sure most would like to be retained within the Indian health care system in some capacity.

"We need to work together in partnerships and alliances to determine how we will continue to provide quality health care."

Q3: There are still many concerns with the Tribes over some of the distribution of Tribal shares. For example, do you ever feel the Tribes will be able to Compact their fair share of the HQ Assessments line item?

Trujillo: At the request of the Tribal Self-Governance Advisory Committee, the Office of Tribal Self-Governance has prepared a draft Assessments Workgroup charge that is being reviewed at this time. I committed to the tribes in

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Questions and Answers with Kevin Gover



Sovereign Nations recently submitted the following questions to Mr. Kevin Gover, recently appointed and confirmed to the position of Assistant Secretary for Indian Affairs. Assistant Secretary Gover is a member of the Pawnee Tribe and a native of Lawton, Oklahoma.

Q1: What are your experiences in Indian Country and how have they prepared you for the position of Assistant Secretary for Indian Affairs?

Gover: I was born and grew up in Comanche County, Oklahoma, which was the reservation of the Kiowa, Comanche, and Apache. My early years were shaped through my parents' activism in civil rights during the 1960s, particularly their involvement with Oklahomans for Indian Opportunity. Since 1983, I have practiced Federal Indian law.

This career experience gives me a clear insight into the needs and values of Indian Country that I now carry into the Assistant Secretary's position. I particularly value my work with tribal leaders and believe they have been my best teachers. I remain in awe of the accomplishments of tribal leaders, most of whom operate with few resources and often in the face of disputes with non-Indian communities. My work on behalf of tribes involved many disciplines such as environmental and corporate law. It cut across diverse fields such as social services, education, law enforcement, accounting, and engineering. If I had to describe my management style, I would summarize it as one that values and rewards initiative and steady attention to the tasks at hand. At the Bureau of Indian Affairs, I have asked each employee to assess his or her job and decide ways of doing it better and more efficiently. I also have asked each employee to suggest ways of improving the Bureau. I firmly believe that a series of small improvements throughout the ranks of the BIA will leave it a much better organization.

Q2: Do you yet have a vision, of the role the BIA will have in the future, given the current and future effects Self-Governance, Title I contracting and federal government down-sizing has had on the Bureau?

Gover: I am forming an agenda for action for the Bureau of Indian Affairs. In the coming months, I will meet with many of the BIA's key officials from all corners of Indian Country in order to discuss and refine this agenda. As I've said previously, I don't envision any sweeping changes. The BIA may well be the most examined federal agency and I don't believe that yet another reorganization or study will yield results that will benefit tribes. I do envision a bureau-wide effort to enact achievable improvements that, when completed, will make the BIA a more efficient and responsive agency. As more tribes assume self-governance programs, obviously the bureau will correspondingly become smaller and leaner. It's too early to say exactly how these changes will change the bureau's structure.

Q3: Do you have any particular goals or projects you want to work on over the next year?

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Dr. Trujillo (continued from page 2)

Kevin Gover (continued from page 3)

1996 that the assessments line item would be reviewed and a workgroup established. I stand by my commitment for a workgroup, comprised of tribal and agency representatives, to assist the agency in reducing assessment costs wherever possible. If costs can be reduced, the workgroup will also determine the availability of assessment funds for tribal shares.

Q4: Congress reconvenes soon and it is anticipated that Senator Ben Nighthorse Campbell will introduce the permanent IHS Self-Governance legislation. Are you happy with the current version of the legislation? Any concerns? And, what do you think the prospects for passage are?

Trujillo: I have supported the introduction of permanent legislation for Self-Governance and have met with tribal leaders on several occasions to discuss the areas in which the tribes and the agency may have a different viewpoint. I believe that as we continue to engage in open discussion we can work through the areas in which we may not have complete agreement. I expect the permanent Self-Governance legislation will pass.

Q5: While the Tribes have been successful in the arena of Self-Governance, we seem to be losing the budget battle with Congress. For example, the increase of the Contract Health Service budget is well below health care inflation or even the increases given to Medicaid and Medicare. How can the Tribes survive with these inadequate inflation adjustments and what can the IHS and Tribes do to correct this?

Trujillo: The Tribes, whether direct, contract, or compact, must work collectively to address the IHS budget and be vocal in the budget impact at the local level on the provision of quality health care. If the funding level is sufficient, we must say so to establish that sufficiency as a base line. If the funding level is insufficient, collectively we must make that known. We must provide the Congress with the data needed to substantiate the need for funding. We must, together, educate the Congress on the government-to-government relationship and the responsibilities of the government to tribes.

Gover: Yes, I am particularly focused on the need to help our young people resist the danger of alcohol and drug abuse. Additionally, we need to find ways of combating this terrible epidemic of suicides. All of these problems indicate that many tribal communities have serious systemic social and psychological problems that are leading to the breakdown of families and resultant child abuse, violence, and other terrible situations. I spoke about this recently in South Dakota where there has been a devastating number of

"I am particularly focused on the need to help our young people resist the danger of alcohol and drug abuse."

suicides among teenagers. There and elsewhere I believe that individual tribes must face these problems squarely and form community-based solutions. Programs developed in Washington simply will not work in Indian Country. I have pledged that I will assist both national and local tribally created programs in any possible way that federal assistance can help them succeed. Until we are able to work together to support alcohol- and drug-free Indian communities that foster stable and healthy families, little else should matter to Tribal America.

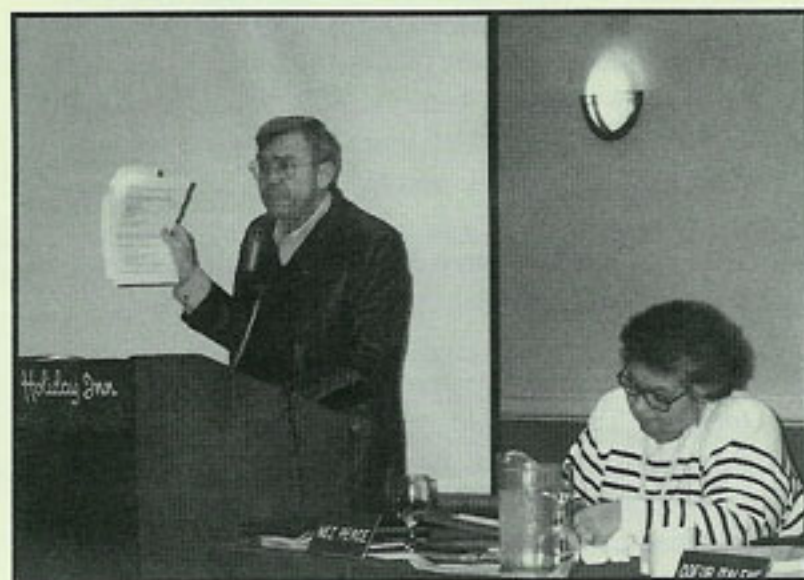
Q4: What do you see as the major concerns facing Tribes and their sovereignty over the next few years?

Gover: I see continuing challenges to the institution of tribal governments and the rights they possess. There will be continued attempts to tax tribal enterprises, including gaming, and there will be close scrutiny of all tribal funding. The challenges I see ahead are for tribes to continue to act as responsible governments that coexist with surrounding communities and states. In general, we have done a poor job of educating others about the reasons why tribal governments exist and what they contribute culturally, economically and politically to the United States. The continued existence of tribes against centuries of formidable challenges should provide many lessons that can be carried into the next century.



Sovereignty, "All in the Family", for New IHS Medical Director

By Dr. Kermit Smith



Dr. Kermit Smith, IHS Chief Medical Officer, discusses the Diabetes Program to the Portland Area Indian Health Board members.

I am Assiniboine, an enrolled member of the Fort Peck Assiniboine and Sioux Reservation in Montana. I was born and raised in the Circle. My Tribe paid for my undergraduate education at St. Olaf College in Northfield, Minnesota. In addition they paid for my medical training at Chicago College of Osteopathic Medicine and Surgery.

After medical school, my wife and I spent the first 12 years in a suburb of Chicago, raising our six children, while I was in private practice. In 1978, we moved to Phoenix, AZ where I began working for the Indian Health Service. My first assignment was school physician for the Phoenix Indian High School. Soon I was working the field clinics of San Lucy, Fort McDowell and Salt River. In 1986 I moved to Sacaton as a member of the Diabetes Model Program and then to the Area Office as the Area Diabetes Control Officer until 1992. I moved "back home" and became the Chief Medical Officer for the Billings Area.

I was fortunate to have great role models and mentors to prepare me for serving Indian People. My father, Kermit "Manny" Smith, served as Vice-Chairman and Board Member of the Fort Peck Tribal Council for over 15 years. He also lobbied in Washington D.C., as Liaison Officer for the Fort Peck Tribes. He was an officer and member of the

Northwest Tribal Chairman's Association during his political career.

His sister, Dolly Smith Cusker Akers, was profiled in the Washington Post in 1948 as having a.. "fanatic devotion to Indian People....". She used to tell me to never mind about being on the "Throne" because it was better to be the "power behind the throne" if you wanted to accomplish anything.

Her first trip to Washington DC was in 1923, when she accompanied two Elders from our community as their interpreter. That trip began her involvement in the Snyder Act and she continued to be involved with almost every significant legislation affecting Indian People until her death in 1986.

She was the first and only Indian women to be elected to the House of the Montana Legislature in 1932. In the 1950's, Auntie Dolly was elected and served two terms as chairman of the Fort Peck Tribes. She was the first, and to date, only woman to serve in this top position. She has served as secretary of the Inter-Tribal Policy Board and past vice-president of the National Congress of American Indians.

She became a friend of presidents and congressmen. She was especially a close friend of President Nixon, who she first worked with when he was in Congress. I'm sure she taught him the phrase he used, "Self-Determination, NOT Termination". She worked with him on all the legislation passed during his term and even rode in the Limo with the then young Julie Nixon and David Eisenhower in his inaugural parade.

I was honored to be selected as the Chief Medical Officer for the Indian Health Service this past August. My goal and privilege will be to work within this Indian Health Care System, being a part of raising the health status of all Indian People and Alaska Natives. I feel this can best be achieved only if we all work together toward that common goal.

Because health status is so directly connected to all other aspects of our communities, we must continue to pursue all possible avenues that will build stronger, more self-sufficient communities. We can best accomplish this by exercising our rights through Self-Determination.

National Indian Health Board (NIHB) Self-Determination/Self-Governance Study Nearing Completion



National Indian Health Board (NIHB) Chairman Buford Rolin presented the preliminary findings of the Study on Indian Self-Determination and Self-Governance to Board members by saying, "we are excited about this Study effort." The year-long Study, funded by the Administration for Native Americans, has focused on the impact of Tribal control of health care delivery systems through Self-Determination and Self-Governance. Chairman Rolin said the Study is an attempt to answer questions around Tribal control of health systems from a Tribal perspective.

The final Study will consist of a review of previous studies; a financial analysis; a survey of Tribes; and an analysis of training needs. Surveys were sent to Tribal leaders and to each Tribe's Health Director. The surveys were different and included questions relevant to either the Tribal leader or Health Director. A total of 210 different Tribes and Tribal organizations responded to the surveys, with 171 Tribal leader responses and 71 Health Director responses. Some of the major findings of the survey data include:

- The Health of American Indian and Alaska Native people has improved at the same time that there has been a growth in Tribal management of programs. There is no direct evidence that Tribal management of health care delivery systems has caused any decline in the health status of American Indians and Alaska Natives. In fact, Tribal management has led to many improvements in the health systems.
- On average, every type of Tribe – IHS direct service, contracting, and compacting – has achieved a higher level of health care since the Self-Governance Demonstration Project began.
- When Tribes assume control of health care, they give a high priority to prevention programs. When Tribally operated programs have had the opportunity to add or expand services, prevention has been the leading area for expansion. When forced to eliminate programs, IHS direct service was more likely to eliminate prevention services than Tribally operated programs.
- Tribes more commonly perceive an improvement in the quality of care when they manage their own health care systems. Survey responses from Self-Governance Tribes tended to rate the quality of their services, over the last 3-4 years, as "better" compared to Tribes with IHS direct services which more commonly rated the quality of their care as "worse".
- Tribes do not have more difficulty than the IHS in recruiting and retaining health care professionals.
- The motivation for compacting is not just increased funding. Tribal leaders responded that Tribal sovereignty and local control were the primary reasons for entering Self-Governance. Other reasons cited included management flexibility while only 7 percent cited maximizing funding.
- As the federal system of Indian health care changes, integration of services is occurring through Tribally controlled organizations.
- Self-Governance compacting is not hurting most other Tribes. While many Tribes in the Study said that they were hurting from lack of adequate federal funding, few reported that they were hurting as a result of other Tribes compacting.
- The federal government could do more to assure Tribes that Self-Determination contracting and Self-Governance compacting will not lead to termination. Many Tribal leaders surveyed said they would feel more comfortable about the future if there were changes at the federal level to protect their sovereignty, including: laws, funding approaches, flexibility in regulations, increased consultation and more training in Indian law for Congress and federal employees.
- The federal policy of Self-Determination contracting and Self-Governance compacting is working, but it could be improved. Lack of adequate ISD contract support funds was cited as the primary concern.
- The trend toward increased Self-Determination contracting and Self-Governance compacting will make the Indian Health system look different in five years. If Tribes make the changes they predict in this



Study, the Indian Health system would have 6 percent of Tribes receiving IHS direct services, 38 percent of Tribes contracting and 56 percent compacting.

- More research is needed on the effects of Tribal management on Indian Health. The changes in the system predicted by the Tribal leaders should be monitored in the context of changes in federal policies that affect barriers and opportunities.
- If the federal government wants to encourage Tribal management, policies could be changed to remove barriers and increase opportunities, including: full funding of both direct and indirect costs, and removal of limits on the number of compacting Tribes.

NIHB Chairman Rolin concluded his remarks by saying, "hopefully, the results of all this effort will enable Tribes to make more informed choices about how they will manage their health care. We believe this Study will enable IHS to better serve their constituency across the country. And we believe the results will help the Tribes and IHS together to strive for policy improvements that will have a positive impact on the health of American Indians and Alaska Natives across the country."

Rolin said the NIHB is completing the financial analysis portion of the Study, after which a formal report will be published.

Tribal Leaders Develop Legislative Strategy

In an effort to get ahead of the issues surrounding American Indian legislation, Tribal leaders from around the country met in Washington, D.C. on January 26th to develop strategy for this year's legislative calendar. More than 275 Tribal leaders and representatives of tribal governments and national Indian organizations attended the one-day planning session sponsored by the National Congress of American Indians (NCAI). The planning session was followed with a day of visits by Tribal leaders to Congressional offices on Capitol Hill.

Given high priority on the meeting agenda was the issue of American Indian tribes' sovereign immunity, which was challenged last year by Sen. Slade Gorton (R-Wash. and Chair of the Senate Committee on Interior Appropriations). While a series of budget riders intended to limit tribal sovereign rights was defeated in last year's legislative session, there remains this year a threat to this most basic right of Indian tribes.

"It is absolutely critical for a united Tribal leadership to pro-actively address the continued threat to Tribes' sovereign immunity and to prepare ourselves for the many other challenges of this year's legislative session," says NCAI President W. Ron Allen, who also is Chair of the Jamestown S'Klallam Tribe. "The presence of a majority of tribal leaders and Indian people in Washington, D.C., on the day that Congress came back into session for 1998 sends a strong message to Capitol Hill about the tenaciousness of our tribal leadership to directly address these issues."

Other meeting topics included taxation, land-into-trust, means testing and Indian gaming. Distinguished speakers included: NCAI President W. Ron Allen; Marge Anderson, Chair of the Mille Lacs (Minn.) Band of Ojibwe; Albert Hale, President of the Navajo Nation; Sen. Daniel K. Inouye (D-Hawaii); Ivan Makil, President of the Salt River Pima-Maricopa Indian Community (Ariz.); Anthony Pico, Chair of the Viejas Band of Kumeyay Indians (Calif.); and Brian Wallace, Chair of the Washoe Tribe (Nev.).

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Tribal Profile:

RED LAKE BAND OF CHIPPEWA INDIANS



Red Lake Delegation to Washington, D.C. in 1916.

Standing: from left to right: Peter Everwind, Joe Mason, George Highland, Ane we gwan abe, Nodin, and John English. Seated: Paul H. Beaulieu, and Judge Gibbons.

The Red Lake Band of Chippewa Indians resides on their aboriginal homeland in northwestern Minnesota. Red Lake is one of only a few tribes that resisted compliance with the Dawes Land Allotment Act of 1887, due to the foresight of seven chiefs who insisted that all land would be held in common by their members forever. The result is that today, Red Lake has a land base of nearly 850,000 acres, making it larger than the State of Rhode Island, and representing 55% of all Indian land in the entire Great Lakes region. A dominant feature of the reservation is Upper and Lower Red Lake, the largest natural, freshwater lake in the United States located entirely in one state. Approximately 5,500 Band members reside on the reservation, with another 3,500 residing elsewhere.

The Red Lake Band is governed by an eleven member Tribal Council consisting of three officers (Chairman, Secretary, and Treasurer, elected at-large) and eight representatives, two each from Red Lake, Redby, Littlerock, and Ponemah districts. Officers and representatives are elected to four year, staggered terms. Seven Hereditary Chiefs serve in an advisory capacity to the Tribal Council until the office is vacated by resignation or death. The first constitution of the Band was adopted in 1918. In 1958, a revised constitution and bylaws was adopted, and the first Tribal Council elections were held the next year. The Red Lake Band of Chippewa Indians is specifically exempted from Public Law 280 and consequently, the State of Minnesota has no jurisdiction on the Red Lake Reservation. Laws are made by the Tribal Council and enforced by the Tribal and Federal courts.

State-operated Public Schools provide elementary and high school education in Red Lake and Ponemah, and a parochial elementary school also operates at Red Lake. State-certified Vocational Education is offered with joint funding from the BIA and State Department of Vocational Education. The Tribe provides enrolled members with Higher Education Scholarship funding to attend college, both in Minnesota and out of state.

The Indian Health Service provides in-patient and out-patient health care at a modern hospital in Red Lake and an out-patient clinic in Ponemah. The Tribe also has been operating a Comprehensive Health Program contracted under an Annual Funding Agreement since 1968, under the Office of Economic Opportunity and later under Public Law 93-638.



Red Lake Hospital (1981) and Extended Care Facility (1989).

Red Lake Businesses include gaming facilities at Red Lake, Warroad, and Thief River Falls, Minnesota, a resort and restaurant on Lake of the Woods, a timber industry and sawmill, the only commercial walleye fishery in the country, a general construction company, a housing construction company, a modern elderly care facility, and retail facilities selling food, fuel, and hardware.

Approximately 30 independent small businesses, owned and operated by Tribal members, operate in various districts on the reservation. A private bank operates out of the Red Lake Retail Center, providing banking services to Band members.

The Red Lake Band has a long history of assertion of its sovereignty, going back even before its refusal to comply with the Allotment Act. It was one of the first tribes for instance, to issue its own license plates, leading to this practice nationwide. Until recently the Band required passports to enter the reservation. Red Lake was also involved in getting the Indian Self Determination and Education Assistance Act amended to include provisions for Self-Governance, and was one of the first ten pilot tribes selected back in 1989.

A Cooperative Agreement between the Band and Bureau of Indian Affairs was negotiated and became effective on

August 1, 1989. This agreement gave the Tribe the authority to direct day-to-day activities of the BIA employees at the Red Lake Agency. This Agreement was ineffective in dealing with supervision of federal employees and was in place until the Tribe assumed Self-Governance on January 1, 1997. The Band operates all programs including Law Enforcement, Tribal Courts, Social Services, Roads, Natural Resources, Welfare programs, Education programs, Economic Development, Housing, Realty, Fire Protection, Employment Assistance and Facilities Management. Three Federal positions still remain at Red Lake Agency - one Forestry Trust Officer and two IIM Trust Fund Management employees.

To more effectively negotiate a Self-Governance agreement with the BIA and OSG, the Tribal Council formed a Self-Governance Committee comprised of Tribal Council members and veteran tribal program managers, some of whom used to work for the BIA. This strategy helped the Band to negotiate an agreement it felt it could live with.



Red Lake Self-Governance Committee Members from left, Dave Conner, Mike Fairbanks, Francis Brun, Tribal Chairman Bobby Whitefeather, Fabian Cook, and Darrel Seki. Not pictured, James Garrigan, Donna Whitefeather, and Ron Eischens.

The Self-Governance Committee still meets on a regular basis to work on Self-Governance issues. In addition to working on Red Lake Self-Governance matters, the Committee is also interested in seeing improvements in the way Self-Governance works nationwide. One issue that the Committee sees as important is the inclusion of Federal Highway Trust funds in Self-Governance agreements, rather than the current method of tribes' having to negotiate separate P.L. 93-638 contracts in order to run road



Red Lake Tribal members ricing on Fourth Lake.

construction programs. One of our Tribal Self-Governance Committee members, James Garrigan, currently works on a tribal/federal workgroup trying to get Highway funds included in Self-Governance compacts.

After just one year in the Self-Governance program, numerous improvements in the way programs operate have been observed. These have centered around increased cooperation and coordination among programs. Before Self-Governance, Tribal and BIA programs tended to keep apart from each other, and were protective of each other's "turf". This scenario has almost completely disappeared after the first year of Self-Governance. Self-Governance has also

brought about greater fiscal flexibility. We now have immediate access to budget data from the Office of Self-Governance. There is also increased flexibility with making up shortfalls in one program with surpluses from another. The Tribe can also draw-down the bulk of the year's funds at the beginning of the year, and thereby earn interest on those dollars. Finally, the old process of doing contract modifications every time there was a change in a program's circumstances has gone by the way-side. Also, the Band just negotiated with GSA to obtain an excess property eight-seat Cessna aircraft to assist with tribal government transportation needs. Self-Governance helped to expedite this process.



Hearing Date Set for Title V – IHS Permanent Self-Governance Legislation

The Senate Committee on Indian Affairs has tentatively scheduled a hearing on Title V, Permanent IHS Self-Governance legislation, for April 22, 1998. No list of witnesses has yet been developed.

A group of Tribal attorneys has been reviewing the Senate version of Title V to outline any differences from the Tribal-generated bill. A presentation on the final draft will be given at the Self-Governance Conference in Las Vegas, one week prior to the Senate hearing.

Distribution Formula Set for Diabetes Funds

IHS Director Dr. Michael Trujillo has announced his decision regarding the distribution of the \$30 million in new diabetes funding provided by Congress for Indian health programs in last year's Balanced Budget Act. With the advice and recommendation of the Indian Health Diabetes Workgroup, Dr. Trujillo announced that each IHS Area will receive diabetes funds based on a weighted distribution formula. Once the funds are in an Area, the methodology to be used to distribute funds to each individual Tribe will be left to the Areas in consultation with Tribes.

The distribution formula used to send funds to each Area is based on the following formula: diabetes disease burden at 52.5%; user population at 30%; small Tribe add-on at 12.5%; and data improvement at 5%. While the grants are non-competitive, each Tribe will need to apply for the funds and develop a scope of work for their use.

Self-Governance Conference Set For Las Vegas

The Department of Interior (DOI) and Indian Health Service (IHS) Spring Conferences will be held jointly in Las Vegas, NV during the week of April 13, 1998. The Conference, to be held at the Alexis Park Resort & Spa, will focus on negotiation and other pertinent policy issues relevant to both agencies.

Other Conference topics include: general assistance and welfare reform; non-BIA programs; reporting requirements; roads construction; trust evaluations; Title V legislation; diabetes initiative; Children's Health Initiative; amendment, approval and payment process; and information systems resources.

In addition, the National Contract Support Meeting will take place on Friday, April 17th, after the Self-Governance Conference, at the same facilities.

For additional information, contact the Self-Governance Communication and Education Office at 360/384-2301.

Facilities Appropriation Advisory Board Seeks Input

The IHS Facilities Appropriation Advisory Board is asking for Tribal input on whether Environmental Health Support Funds should be available for Tribal Self-Governance base budgets and how those funds should be distributed into a base budget. The Self-Governance Tribes have been asking for base budget inclusion. However, the primary concern with IHS has been the determination of a distribution formula, given that the funds are currently distributed using a workload formula that fluctuates from year to year.

Send comments to: Mr. Gary Hartz, Director, Division of Facilities and Environmental Engineering, 12300 Twinbrook Parkway, Suite 600A, Rockville, MD. 20852.

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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 communications and education is fundamental to the achievement of these goals.

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Legislative Strategy (continued from page 7)

Established in 1944, the National Congress of American Indians is the oldest, largest and most representative Indian organization devoted to promoting and protecting the rights of this country's 1.6 million American Indians and Alaska Natives. More than 225 tribes claim active membership in the organization, which is dedicated to the preservation of tribal sovereignty and the continued vitality of Indian Tribal governments. Engaging the federal government in the executive, legislative and judicial branches, the NCAI is involved with all issues and initiatives that may affect Indian tribes and Indian people.