

Sovereign Nations

April/May 1995

Self-Governance is a Tribally Driven Initiative

Volume 4 Issue 2

White House Meeting with Tribal Leaders

Tribal leaders (106) gathered for a one-day meeting with approximately 45 Clinton Administration officials to engage in open discussion and dialogue regarding key policy issues and to report on the progress made on topics that were addressed at last year's historic meeting with President Clinton.

As a result of two planning sessions held on April 12, 1995 in Scottsdale, AZ, and April 27, 1995 in Washington, D.C. Tribal leaders identified the following major topics:

- * Government-to-Government Relationship
- * Tribal consultation process
- * Federal Restructuring
- * Administration Budget and Regulatory issues
- * Commerce & Trade

Progress Reports were provided by: Ada Deer, Assistant Secretary of Indian Affairs and Hilda Manuel, Deputy Commissioner of the Bureau of Indian Affairs; Bruce Babbitt, Secretary, Department of Interior; Alvin Rivlin, Director, Office of Management and Budget; Janet Reno, Attorney General, Department of Justice; Herb Becker, Director of the Office of Tribal Justice; Dave Barrum, Deputy Secretary of Commerce; Dom Nossie, Director of Indian Housing, HUD; Elaine Kamarck, Senior Policy Analyst to the Vice President; Loraine Miller, Deputy Assistant to the President for Legislative Affairs; Joe Schuldiner, Assistant Secretary Indian

Housing; Terry Williams, Director of the Indian Environmental Office at EPA; and Mike Lincoln, Deputy Director, Indian Health Service.

"One Year Later: A Clinton Administration Progress Report to the Federally Recognized Nations."

Other federal officials representing the Department of Agriculture, Office of American Indian Trust, Office of Indian Education, Small Business Administration, U.S. Advisory Commission on Intergovernmental Affairs, General Services Administration, Department of Health and Human Services, Administration for Native Americans, and the Department of Defense were also present.

Tribal sovereignty and the trust responsibility and obligation of the United States was continually underscored by Tribal leaders...

Tribal leaders were provided a written report entitled **"ONE YEAR LATER: A Clinton Administration Progress Report to the Federally Recognized Tribal Nations One Year After the Historic April 29, 1994, Meeting with President Clinton and Tribal Leaders"**

(This information is from the "Tribal Leaders Meeting, Executive Summary-4/28/95).

Summary of Major Issues

The following fundamental themes, key issues, and Tribal priorities were identified:

> **Implementation of the Government-to-Government Relationship** - Tribal sovereignty and the trust responsibility and obligation of the United States was continually underscored by Tribal leaders in all discussions. Tribal leaders spoke of the unique relationship between Indian Nations and the United States. This relationship is based on tradition, Treaties, Federal law, and Executive Orders which include concepts that pre-date the formation of the Union. These treaties were the original "Contract with America" and were negotiated on a sovereign to sovereign basis. It was further emphasized that an understanding and embracing of these fundamental Tribal policies by Federal officials is an essential and necessary pre-requisite for advancing "all" Indian affairs initiatives.

> **Tribal Consultation** - Tribal leaders stressed the importance of having opportunities to provide meaningful input into the development of a process that truly reflects consultations with Tribal governments.

> **Federal Restructuring** - Tribal leaders highlighted the importance of their direct involvement in all Administrative initiatives to streamline and downsize the federal government. Concerns were raised regarding FTE reductions and proposed cuts in funding which directly impact Tribal funding and critical
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Summary of Major Issues (con't from page 1)

Indian programs. Tribal recommendations to the Administration included providing the necessary tools which would allow the the empowerment of front line people to implement programs. Tribal leaders further recommended that any administrative cost savings that resulted from the streamlining and downsizing of federal programs go directly to Tribes.

Tribal leaders express sharp anger over the Dept. of Treasury's IRS's action to establish an aggressive policy to tax Tribal businesses....

> **Draft Presidential Executive Order to Protect Sacred Lands** - An overwhelming majority of Tribal leaders expressed strong support for the establishment of a Presidential order on Protection of Sacred Lands. Secretary Babbitt committed to working with the Tribes to finalize such an order.

> **Federal Protection Against IRS Ruling Governing Tribal Taxation** - The Department of Treasury recently announced that they intend to publish IRS Audit Guidelines for Indian Tribes which will guide the IRS Agency on taxation policies with American Indian and Alaska Native Nations including subjecting Indian Tribal corporations created under Indian Tribal law to federal income taxation. Tribes have repeatedly endorsed a list of critical economic development needs and proposals. These include financing of physical infrastructures on reservations, repeal of restrictions of Tribal bonding authority, and federal protection against taxation of development on Tribal lands. Tribal leaders expressed outrage over these recently unjustified Treasury positions and charged that they are inconsistent with the President's Indian Affairs Policy, as well as the Self-Governance, Self-Determination, and Self-Sufficiency goals of Congress.

> **Proposed Block Grant Funding to States** - An overwhelming amount of written and verbal statements by Tribal

leaders were forwarded to the Administration regarding the establishment of set aside funds to Tribal governments on all proposed block grants of Federal programs to States. Numerous concerns were expressed by the Tribes over current legislative proposals, including the recently House-passed H.R. 1214 welfare reform proposal, which does not adequately address or consider funding for Tribal governments, nor does it acknowledge the Tribes as self-determining governments. On a more positive note, Tribal governments applauded the efforts of the Department of Housing and Urban Developments which proposes increased direct funding to Tribal governments for Indian housing and economic development block grants.

Tribal Priorities and Follow-up Actions

(1) **Development of a Uniform Policy on Block Grant Funding** - Tribal leaders should continue to send a strong message to the Administration that all Federal appropriations for Indians must be made available as "direct funding" to Tribal governments. (2) **Establishment of an Independent Indian Trust Agency** - Tribal leaders advocated for the establishment of an independent Federal agency that would be responsible for the protection and advancement of Tribal Treaty Trust resources and rights. (3) **Protection of Indian Gaming Operations** - Tribal leaders advocated for an aggressive protection of the Tribes right to advance their Self-Sufficiency goals through the gaming industry. Tribes are urging the Clinton Administration to firmly resist any proposed legislation that erodes Tribal sovereignty. (4) **Establishment of Reservation Tax Incentive and Tribal Tax Relief** - The Tribes have expressed their position that the Administration should firmly support a tax-exemption status for all Tribal ventures to assist Tribes in achieving Self-Sufficiency.

(From Tribal Leaders Meeting - April 28, 1995)

Highlights of the Clinton Administration Progress Report - ONE YEAR LATER

DEPARTMENT OF THE INTERIOR Secretary Bruce Babbitt and Assistant Secretary for Indian Affairs Ada Deer meet regularly with tribes to fulfill and enhance the government-to-government relationship and consultation with Indian tribes. The Department has relocated and streamlined its repository for eagle feathers and parts to better serve tribal religious leaders who conduct traditional religious ceremonies. All of the Interior Department's agencies and offices are following a Secretarial Order that directs them to ensure that the trust resources of Indian tribes are conserved, identified, and protected.

DEPARTMENT OF JUSTICE - creates the Office of Tribal Justice to deliver better service to Indian tribes and Indian people from existing programs.

ENVIRONMENTAL PROTECTION AGENCY - Establishes the American Indian Environmental Office to coordinate agency tribal operations to better protect tribal health and environments.

DEPARTMENT OF AGRICULTURE - Forms a Native American Affairs working group to ensure the American Indians have access to the services and programs of USDA agencies.

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Cherokee Rural Health Network

Tribal Profile: Highlighting the benefits, creativity, and innovation of Self-Governance.

Story submitted by: Donna Gourd, Network Development, Health Services Division of the Cherokee Nation



Cherokee Principal Chief
Wilma P. Mankiller

"We want to enter the 21st Century on our own terms - that each tribe is unique and deserves to be respected and treated as unique, distinct entity; that tribal primacy and control is key to the realization of these goals as well as the accomplishment of federal policy objectives."

Cherokee Principal Chief Wilma P. Mankiller

Chief Mankiller has served as Principal Chief of the Cherokee Nation since 1985. During the past ten years, tribal membership has more than doubled. Our current population of 169,000 makes the Cherokee Nation the second largest Indian tribe in the United States, with 64,000 members residing within the boundaries of the homeland in northeastern Oklahoma.

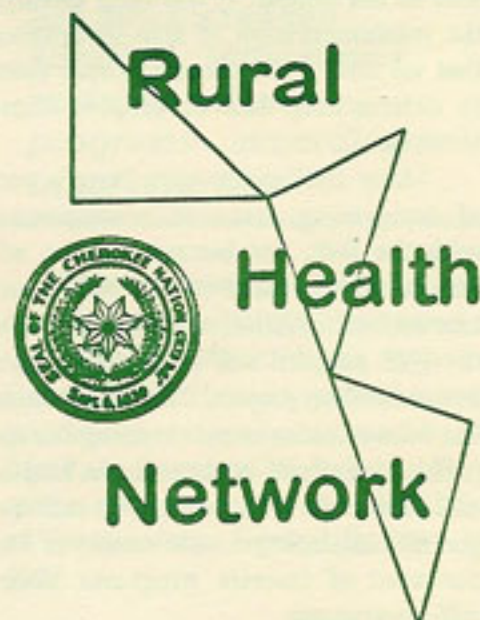
In April, the William P. Mankiller Health Center, a 37,374 square foot state-of-the-art outpatient clinic in Adair County, Oklahoma, became the most recent addition to the Cherokee Rural Health Network facilities, and was dedicated in honor of Chief

Mankiller's leadership. Respect for traditional cultural wisdom, strong leadership and the empowerment of management teams has been the hallmark of success for the Mankiller administration, and has been the framework of construction for the tribe's healthcare delivery system.

The Cherokee Rural Health Network provides services to Indian people who are members of any federally recognized tribe residing in the 14-county jurisdictional service area in Oklahoma which comprises the Cherokee Nation. Additionally, because non-Indians living in Jay and Salina, Oklahoma, had no other source of primary health care available in their communities, the Cherokee Nation Tribal Council has approved services from those two clinic sites for non-Indians on a fee-for-service basis.

The Network has been built through a cooperative relationship between the Cherokee Nation and the United States with the Indian Health Service as a vehicle for its evolution. Presently, it is the resources allocated to

both the tribe and the IHS which combine to fund the "benefit package" of the Cherokee Rural Health Network, with an increasing emphasis on the billing of third-party resources to augment the healthcare monies.



"Cherokee Rural Health Network"
(continued on Page 4)

ONE YEAR LATER - Administration Progress Report (continued from Page 2)

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT - Simplifies its Indian Housing program to give local tribes and Indian housing authorities more flexibility and quicker reuse of grant dollars.

DEPARTMENT OF HEALTH AND HUMAN SERVICES' ADMINISTRATION FOR NATIVE AMERICANS - Provides grants to tribes and other Native American communities to establish businesses such as the Navajo Arts and Crafts Cooperative.

OFFICE OF MANAGEMENT AND BUDGET - Director Alice Rivlin told tribal leaders that the current Federal budget reflects "a strong shift to tribal priority programs: as well as an overall 17% increase in Indian program funding since

the Administration began. "We had a much improved consultation process," Rivlin said.

Assistant Secretary for Indian Affairs Deer said the April 28 meeting "is a historic crossroads—we look forward to working together to create an agenda for change that is reflective of tribal concerns." Deer said that the progress made by the Clinton Administration on Indian affairs is impressive and substantive. "We are proud of the many accomplishments listed in *One Year Later: A Clinton Administration Progress Report to the Federally Recognized Tribal Nations One Year after the Historic April 29, 1994 Meeting with President Clinton and the Tribal Leaders.*" (Information from BIA News Release 5/95)

Cherokee Rural Health Network (from Page 3)

The trust obligation of the United States to provide for Indian healthcare has been the only constant throughout the development of the CRHN.

While tribal leaders have always been concerned with the services available to our people, it has been through the implementation of self-governance that we have been afforded a real voice in determining and developing those services.

Many challenges have been a part of integrating resource management with the IHS, but because of the advanced development of our infrastructure and administrative base at the time the IHS adopted self-governance as a demonstration project, Cherokee Nation has been a leader in maximizing the opportunities of self-governance in healthcare delivery. Also, we had already begun administering a wide variety of Department of Interior programs under self-governance.

Cherokees are experienced at negotiation and integration. We are possessed of a diverse culture which is the legacy of a tribal heritage rooted in the value of individuals in community. We have paid dearly for our progress, and we have learned that it is the relationship between people which facilitates the relationship between institutions and that successful relationships are based upon respect for the contributions of all concerned parties.

Resources

The Cherokee Rural Health Network has been built through the continuous process of assessing needs, developing and linking resources and evalua-

ating services. The Network currently provides services through:

- > five outpatient rural health centers operated by the Cherokee Nation;
- > two hospitals providing both inpatient and outpatient care, operated by IHS;
- > a micro-network of contract providers for outpatient specialty care administered by the Cherokee Nation;
- > a micro-network of contract providers for inpatient care administered by the Indian Health Service via the two hospitals; and,
- > an emergency medical services facility operated by the Cherokee Nation.

Services

Clinical services provided are medical, nursing, pharmaceutical, laboratory, dental and x-ray. Emergency medical services include ambulance service to Cherokee County, training for First Responders in the extended jurisdictional area, and disaster relief service throughout the state of Oklahoma. Optometry services include the operation of a mobile unit providing examination and referrals. Behavioral health services include outpatient counseling for personal difficulties ranging from blended family concerns to depression and substance abuse. Behavioral health services for youth and adults experiencing substance abuse problems are also provided at two tribally operated in-patient facilities. Community health services include home visits for assessment, referral and liaison services between patients and

the healthcare system. Nutrition services include both food distribution and nutrition education.

These services have been networked, integrated and developed from the time the tribal organization was re-established in 1971, beginning with the institution of Community Health Representatives to link with Public Health Nurses who had been providing direct care through the Indian Health Service since 1955. Home health care for elders was the original focus of the link.

CHR's came from among the people, translating the language to overcome communication and cultural barriers. Public Health Nurses were equipped with information on the epidemics of disease and the training to administer needed inoculations and immunizations. Traditional healers and healing practices, while rarely publicized, have always been a respected part of the fabric woven together into a tribal organization capable of managing the diverse entities and resources which have become the Cherokee Rural Health Network.

Due to the diverse concerns, cultural complexities, variable assets and epidemiological vulnerabilities of our population, through self-governance we are developing a system which will employ the mechanics of a managed care concept, while remaining flexible to individual situations within the community.

"We believe all eligible clients are capable and can make a contribution to their own healthcare status. We emphasize health promotion and disease prevention in our programs. And, although Cherokee Nation Health Services have progressed tremendously, we still have a long way to go to ensure that each of our tribal members has ready access to quality healthcare."

*Pamela E. Iron, Executive Director
Cherokee Nation Health Services*



Self-Governance Audit Report 95-I-699

The Office of the Inspector General has completed a review of the Self-Governance Demonstration Project. The Office states that "the objective of the audit was to determine whether (1) the Self-Governance Demonstration Project was implemented in accordance with the Indian Self-Determination and Education Assistance Act of 1988, as amended, and (2) funds for Indian programs were allocated equitably to tribes."

The following is the memo dated March 31, 1995, sent to The Secretary from the Acting Inspector General.

"DISCUSSION: We concluded that the 10 tribes we reviewed adequately implemented the Self-Governance Demonstration Project. We also concluded that the Office of Self-Governance and the Bureau of Indian Affairs need to improve their administration of certain Demonstration Project support activities.

The tribes we reviewed usually increased services of essential programs and redesigned and created new programs according to tribally established priorities. Also, the tribes increased the employment of tribal members and other Native Americans, assisted other tribes with Demonstration Project implementation, and improved relationships with state and local governments. However, while the tribes generally complied with Federal program regulations, some tribes did not adequately verify eligibility of recipients of the housing improvement program.

The Bureau needs to strengthen the processes it uses to allocate funds among self-governance tribes and other tribes. Specifically, the Bureau did not sufficiently analyze budgets or develop policies and procedures for allocating funds to ensure that all tribes received equitable shares of Bureau funds. As a result, some tribes received more and some tribes received less than their fair share of Bureau funds. Furthermore, if

sufficient funds are not retained for the Bureau to provide the necessary services, the potential exists for non-self-governance tribes to be adversely affected. We also found that the Bureau did not distribute contract support funds to self-governance tribes in a timely manner, furnish clear and timely information on budgetary adjustments to the annual funding agreements of self-governance tribes, and process tribal requests to waive program regulations published in the "Federal Register" in a timely manner.

We made eight recommendations to improve the administration of the self-governance program. The response from the Assistant Secretary for Indian Affairs was sufficient for us to consider six recommendations resolved. However, the response nonconcurred with two recommendations, stating that (1) the tribal single audits and not the Bureau should determine compliance with applicable Federal regulations and (2) the Bureau is not required to allocate funds equitably to self-governance

tribes because there is no statutory requirement to do so. We requested that the Assistant Secretary reconsider both recommendations."

"tribes we reviewed usually increased services...redesigned and created new programs...according to tribal priorities."

This information is published with the prior approval of the Department of the Interior, Office of the Inspector General. The two unresolved recommendations were to be reviewed by the Assistant Secretary of Indian Affairs with a response delivered to the Office of the Inspector General by May 31, 1995.

U.S. Department of the Interior
Office of the Inspector General
Washington, D.C. 20240

Contact: Marvin Pierce

BIA Self-Governance Facts

Fiscal Year	New Compacts	Total Compacts	Total Funds in Millions
1991	7	7	\$27
1992	9	16	\$50
1993	2	18	\$61
1994	10	28	\$127

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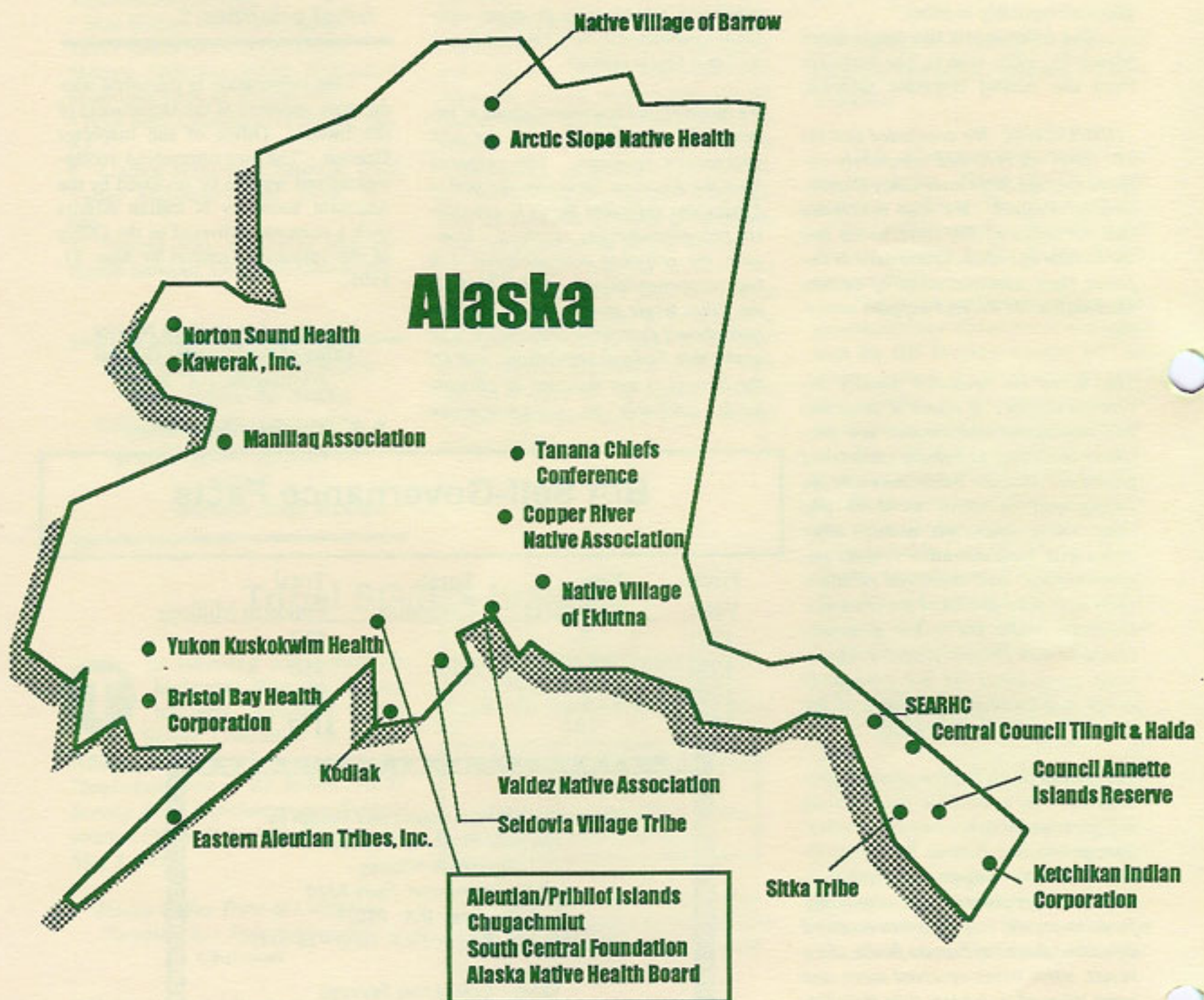
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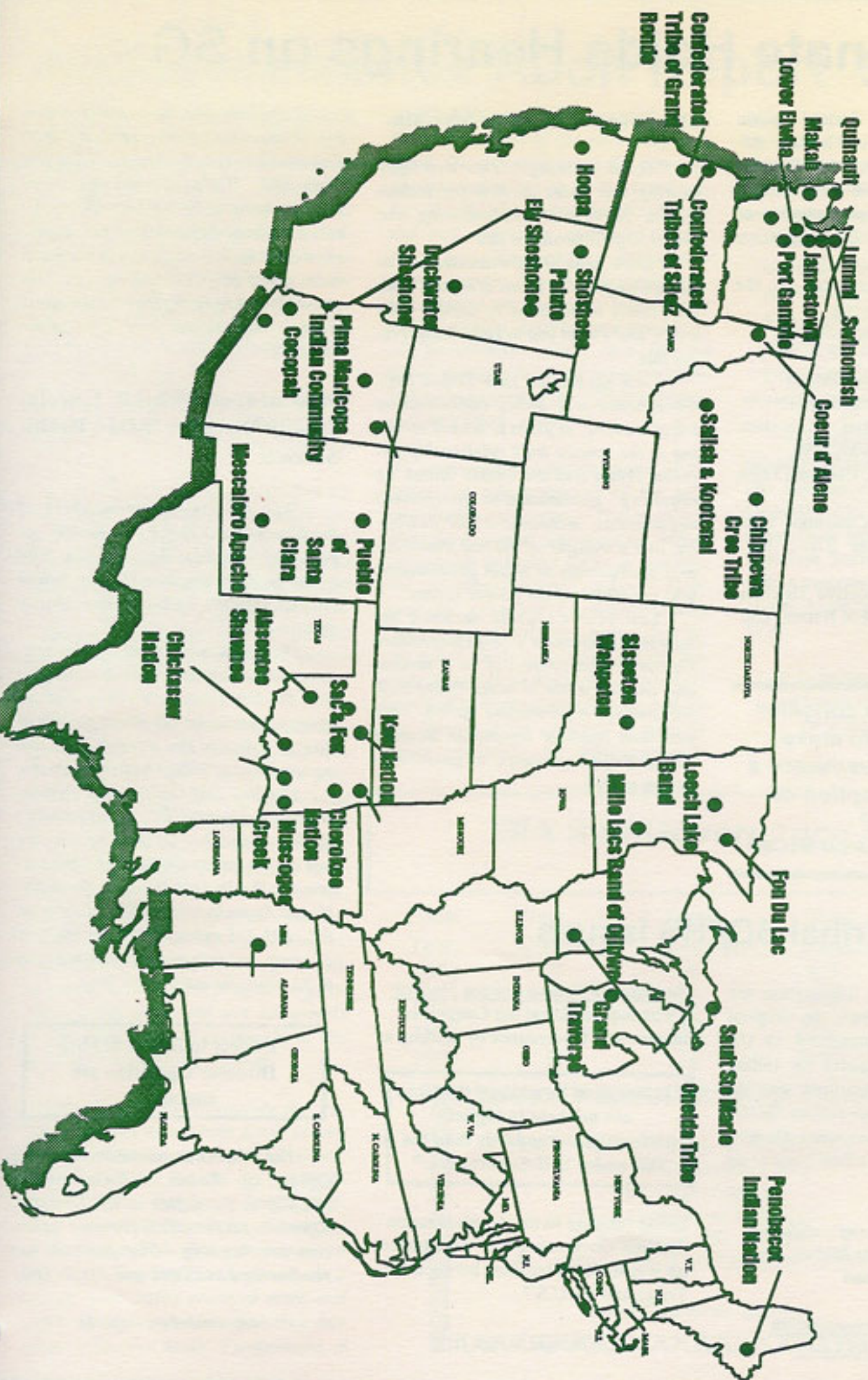
GEMINI CONSULTING SERVICES

Maps of Current BIA & IHS Self-Governance Tribes

These maps have been developed by the Self-Governance Communication/Education Project. If you have any corrections or know of any modifications please contact: Maureen Kinley, Self-Governance Communication/Education Coordinator at (360) 384-2301 or FAX (360) 384-2298. An alphabetical listing with addresses, phone & fax numbers will be printed in the next edition of Sovereign Nations.



BIA & IHS Self-Governance Tribes of the 48 States



U.S. Senate Holds Hearings on SG

The United States Senate Committee on Indian Affairs, Chaired by Senator John McCain (AZ), held an Oversight Hearing on the IHS Implementation of the Self-Governance Demonstration Project on May 2, 1995.

Testimony was provided to the Committee by the following:

- * Michel Lincoln, Deputy Director, Indian Health Service;
- * Dale Risling, Chairman, Hoopa Valley Indian Tribe of California;
- * Marge Anderson, Chief Executive, Mille Lacs Band of Ojibwe, MN;
- * Peter Soto, Chairman, Cocopah Tribe, AZ;
- * Lindsey Manning, Chairman, Duck Valley Shoshone-Paiute Tribe, NV.; and
- * Pamela Iron, Executive Director, Health Services, Cherokee Nation, OK.

"We will soon consider legislation to make Tribal Self-Governance a permanent option of IHS."

Senator John McCain

Tribal SG/IHS Issues

The following information are highlights from the original testimony presented to the Senate Committee on Indian Affairs Oversight hearings on the "Implementation of the Indian Health Service (IHS) Self-Governance Demonstration Project" by Indian Nations on May 2, 1995.

Hoopa Valley Tribe of California
Presented by: Dale Risling, Sr.,
Chairman

>Maintaining the Demonstration Characteristic of the IHS Self-

Statement of Senator McCain:

"Good morning. This oversight hearing will focus on how the Indian Health Service is implementing the Tribal Self-Governance Act.

I know some of the witnesses had to pay a high price in terms of money, time and family obligations to appear here today, and I want you to know I appreciate that....

I am persuaded that Tribal Self-Governance is a policy conceived by tribal leaders. It gives practical meaning to the special trust relationship between Tribes and the United States, by requiring government-to-government negotiations, increased tribal flexibility, and a transfer of control from Federal bureaucrats to tribal governments who are closer to the people served.

Last year Congress declared the Interior Department's Self-Governance Demonstration Project to be a success and enacted a law to make Tribal Self-Governance a permanent option. We will soon consider legislation to make Tribal Self-Governance a permanent option at IHS.

Governance Demonstration Project:
It was requested that the Committee support Self-Governance by sending a

"Tribes must be assured that they are not held to higher performance standards than the IHS under Self-Governance."

strong message to the Administration that Self-Governance is a "new and better way of doing business between the Tribes and the U.S."

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It appears that the implementation by Tribes of health-related Self-Governance efforts has been largely successful. It also appears that much more remains to be done by IHS to remove Federal obstacles to full implementation by Tribes. I could say much more about Self-Governance. But, instead, I want to hear from the Administration's witness and from those of the Tribes."

Statement of Michel E. Lincoln, Deputy Director, Indian Health Service:

"Mr. Chairman and members of the Committee: Thank you for the opportunity to discuss the implementation of the Self-Governance Demonstration Project (SGDP) by the Indian Health Service (IHS)....

The spirit and intent of the self-governance law and policy is consistent with the IHS Director's vision that the agency provide for the direct participation of tribes in the development and management of Indian health programs.

The IHS Self-Governance Demonstration Project (SGDP) which provides for the compacting of their health care was authorized in October of 1992 pursuant to Public Law 102-573, the Indian Health Amendments of 1992. Last year, P.L. 103-435 extended this authority to 18 years and requires the addition of up to 30 tribes for each fiscal year.

"Efforts to fill the OTSG Director's position are ongoing."

The Project is administered by the Office of Tribal Self-Governance (OTSG) in the Office of the Director. Efforts to fill the OTSG Director's position are ongoing. The position was readvertised in March and April of this

(continued on Page 9)

Statement of Michel E. Lincoln, continued from Page 8.

year after a joint IHS/tribal interview team was unable to reach a consensus on the top three candidates. Upon the interview team's recommendation, the position was re-classified and readvertised at the SES level. The closing date for the announcement was Friday, April 28, 1995, and, as soon as a panel of qualified applicants is certified, the Agency intends to proceed with the interviews.

Since the inception of the self-governance demonstration project, we have always utilized active tribal consultation and participation in the decision making process in the development of policy. This consultation has occurred through a variety of mechanisms including workgroups, workshops and meetings.

In May 1993, the Agency began its first compact negotiations with tribes under the demonstration authority. Since that time, the Agency has entered into 29 Self-Governance (SG) compacts and 41 annual funding agreements through Fiscal Year (FY) 1995. These compacts transfer approximately \$272 million to 197 tribes in Alaska and 28 tribes in the lower 48 states participating in the SGDP. As part of these agreements, we have negotiated the transfer of \$248 million in program services and \$24 million in IHS administrative funds associated with the transfer of non-residual functions, activities, and services from Area and Headquarters budgets to the tribes to carry out these responsibilities. We are presently beginning the negotiations process for FY 1996.

IHS announces three key policy decisions for 1996 SG Negotiations

On April 18, 1995, the Director, IHS, announced three key policy decisions that are critical to the continued implementation of the SGDP in FY 1996. These decisions address important policy questions about residual re-

sources, user population as a factor in resource allocation, and resources allocation methodologies. The Director based his decisions upon the analyses and recommendations made by three Joint Tribal/IHS workgroups, which were established specifically to provide guidance to the Agency in these essential policy areas.

In summary, the Tribal/IHS Residual Workgroup recommended \$15.56 million as the Headquarters residual, plus the negotiated Area Office Residuals, will be used to calculate tribal shares for the FY 1996 compact negotiations. The \$15.56 million represents approximately 1 percent of the IHS services budget in FY 1994 dollars.

The Agency will continue using the existing user population definition for the FY 1996 negotiations. While the Tribal/IHS User Population Workgroup recommendation to change the definition to a facilities-based count has merit, the Agency will have to conduct a full analysis of its impact before it could be adopted.

The Tribal Size Adjustment (TSA) methodology recommended by the Joint Allocation Methodology Workgroup has been adopted as the approach that best maintains fairness as a basis for allocating Headquarters General Pool resources. The TSA methodology bases 87 percent of the allocation on population and 13 percent on the total number of tribes. The allocation methods for the remaining categories of funds will be based on longstanding legislative provisions, program experience, and feasibility.

These decisions are critical to the upcoming FY 1996 compact negotiations. They will, of course, also be applicable to the Title I contract negotiations in accordance with Public Law 103-413. The decisions have been communicated to all tribal leaders and the Committee staff was briefed by the Director, of IHS, last week. We are prepared to provide additional briefings to the Chairman, members of the Committee, and staff upon request. At this time,

we would like to make a copy of the complete decision packet, including the Director's transmittal letter to tribal leaders, a part of the record.

"We are at a critical juncture in the demonstration project."

The Agency is committed to implementing the SGDP on a collaborative and proactive basis with tribes. In less than 2 years, we are reaching the point where large transfers of program services and administrative funds are occurring through the compacting process. The Title I amendments made by Public Law 103-413 will accelerate this process as tribes exercise their option to contract for program services and administrative funds on a similar basis to compacting tribes.

We are at a critical juncture in the demonstration project. We must assess the impact of large transfers of funds upon the Agency's ability to carry out its residual functions and to continue providing direct health services to tribes who choose not to contract or compact. The Agency is taking steps to downsize and reorganize in order to free up resources for transfer to tribes but these efforts could be outpaced by the rate of compacting and contracting, given the significant amount of tribal interest.

At this time, the Agency must carefully consider the impact of adding 30 new tribes under the demonstration authority in the coming fiscal year. We believe to assure tribes that the Agency has the ability to make tribal shares readily available to both compacting and contracting tribes, and without causing adverse impact on other tribes, it would be prudent to delay entering new compacts.

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Testimony of Michel E. Lincoln - continued from Page 9

The Agency and tribes must also evaluate how the Indian health systems supported by the resources that are being compacted or contracted will be affected. Unintended consequences like the fragmentation of the Indian health program services or reduced access to certain services due to the division of limited resources needs to be avoided. We have begun these evaluation efforts by establishing a joint tribal and IHS workgroup that will develop evaluation design requirements for a major independent evaluation study in FY 1997.

The challenge before the Tribes, Indian health programs, the IHS and the Congress is to retain the Indian health program's applied expertise in core public health functions that are critical to elevating the health status of American Indians/Alaska Natives and reducing the disparity in the health status of American Indians/Alaska Natives compared with the general population. We, who are involved in Indian health care, must deal with a changing external environment with new demands, new needs, and new priorities.

IHS proposes major independent study in FY 1997

The pursuit of increased efficiency, effectiveness, accountability and integrity must be intensified while maintaining our customer focus. As stated in the Director's vision statement for IHS, "Change must be accomplished so that our customer, the American Indian and Alaska Native patient, only notices improved quality of care. The needs of our patients and our communities are always paramount because they honor us when they come to us for care." We must continue to work together in partnership to achieve this goal."

Tribal SG/IHS Issues cont'd from page 8

Hoopa Valley Tribe of California

>Office of Tribal Self-Governance (OTSG) within IHS: (1) OTSG must be elevated to the level of the Secretary of Health and Human Services; (2) The Director must be hired with consultation of the SG Tribes; (3) Review of the Council of Area and Associate Directors (CAAD) Charter to determine the most appropriate role; and (4) The Self-Governance Policy Council

The Administration policy makers, Department Personnel and OMB need to understand the Treaty commitments, the trust responsibility and the fundamental principle of self-determination and self-governance.

of IHS not "be established until the IHS and Tribes can mutually agree on its purpose and role in SG implementation.

>Funding Concerns: (1) Any cost savings from restructuring needs to be transferred to the Tribes; (2) Restructuring should not diminish any services or options to any Tribe; and (3) Any Block Grants should be set asides to the Tribes.

>Contract Support Costs: "Request adequate funding for the Indian Self-Determination Fund (ISDF) be appropriated for the assumption of new and/or expanded health care programs."

*Mille Lacs Band of Ojibwe Indians
Presented by the Honorable Marge Anderson, Chief Executive*

The following five (5) key funding issues were presented to the Committee:

- (1) Congress was requested to direct the IHS to fully fund and cover negotiated funding agreements Contract Support Costs.
- (2) Shortfall funding needs to be fully covered in the FY1996 Compacts as they are critical to the success of SG as all funding in the past to Tribes have been totally inadequate to address and meet the health needs of Indian people.

"...Indians have the highest rates of diabetes, tuberculosis, and fetal alcohol syndrome. Teen suicides among Indians are four times the national average...As a tribal government responsible for providing health care, self-governance has been the one ray of hope we have had available to us to deal with these problems."

- (3) Funding of Tribal needs should be based upon its actual service costs.
- (4) IHS should be mandated to provide stable base funding to SG Compact Tribes. Stable base funding permits the tribe to conduct long range planning to better meet the health care needs of Indian people.
- (5) SG needs to become permanent within the IHS. The bureaucracy continually uses the excuse that "this is only a demonstration." Therefore, they cannot take the necessary steps to restructure and organize. "We need legislation which will leave no doubt that Self-Governance is here to stay.

*Thank You!
All Tribes expressed their deepest appreciation and support of the Committee. Chairman McCain has helped move SG forward with sincere devotion and dedication. A true friend in Indian Country.*

SG/IHS Tribal Issues *continued from Page 10*

Shoshone-Paiute Tribes of the Duck Valley Reservation
Presented by: Lindsey W. Manning, Chairman

>**Office of Tribal Self-Governance (OTSG):** The Office needs to be elevated to the Departmental level with adequate staffing and funding.

>**Residual and Tribal Shares:** "The determination of residual and tribal share resources must be arrived at only after full participation of all tribes, and discussion and negotiations over which party can best carry out particular functions or activities. Without a clear understanding of the functions being carried out by the IHS with residual resources, the IHS' and Tribes' respective responsibilities are never clear."

>**Allocation Methodologies for Tribal Shares:** Area and Headquarter resources need to be made available to Tribes to allow the Tribes to establish adequate administrative bases and to provide the broadest array of services possible. The formula under which 30% of the tribal share resources are allocated to tribes based upon the number of tribes and 70% is allocated based upon the number of active users would be most beneficial to all Tribes, large and small.

>**Contract Support Costs:** The tribes require full participation in the development of a process and the analysis of a tribes actual program and administrative costs to help ensure that on an annual recurring basis there is full funding of tribal administrative costs.

>**Shortfall and Full Funding of Tribal Shares:** The IHS needs to develop a plan for the reduction of staff and restructuring so that full funding of negotiated shares occurs without the use of Shortfall funds for IHS transitional purposes.

>**Trust Responsibility and Appropriations for Indian Health:** Tribes have a unique political status as sovereign governments. The United States has a trust responsibility to Indian Nations. All actions and congressional appropriations must be based upon this unique government to government relationship.

Cherokee Nation
Presented by: Pamela E. Iron, Executive Director of the
Cherokee Nation Health Services Division

>**Permanent Self-Governance Legislation for IHS:** Permanent implementation of Self-Governance within IHS needs to be a high priority of the federal government. Through the

demonstration phase, Self-Governance been a major success. The Cherokee Nation has utilized the ability to implement new decision making processes that have facilitated the development and implementation of priorities and programs to better meet the health needs of it's over 160,000 Tribal members. However, a lingering attitude within the IHS bureaucracy that SG is not permanent has hindered the implementation of some health care programs.

>**Funding Allocation Formulas:** "Resource allocation methodologies must be both equitable and rational, with primary attention given to delivering quality health services to eligible users of IHS services...We ask that this Committee review this critical funding issue and include in permanent legislative language directing that any funding methodology for the distribution of IHS Central Office Tribal Share be allocated based upon the user population to be served."

"The special relationship between Indians and the Federal Government is the result...of solemn obligations which have been entered into by the United States Government. Down through the years, through written treaties and through formal and informal agreements, our government has made specific commitments to the Indian people. For their part, the Indians have often surrendered claims to vast tracts of land and have accepted life on government reservations. In exchange, the government has agreed to provide community services such as health, education and public safety, services which would presumably allow Indian communities to enjoy a standard of living comparable to other Americans."

from the Testimony of Lindsey W. Manning, Chairman of the
Shoshone-Paiute Tribes of the Duck Valley Reservation
President Nixon's statement on Indian Self-Determination

>**Appropriations:** There should be no further reduction in any overall Indian health care funding. IHS has existed far too long with funding below any demonstrated need.

"The Unmet need for Indian health services remains at approximately 30% of funds required."

>**FTE Reductions:** Ceilings should not be reduced any further than the present level.

>**Construction Contracts:** We request the permanent legislation include a provision that authorizes Tribes to compact construction project management.

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IHS Self-Governance Facts

"...there are currently 29 Tribes with direct IHS Compacts and over 200 Tribes under the Alaska IHS Consortium Compact. This represents nearly 1/2 of the Tribes in the nation and a transfer of 270 million dollars to tribal control and administration."

From the Hoopa Valley Tribe Testimony before the Senate Committee on Indian Affairs, May 2, 1995.

The Old Man Born of Dreams

You must not be afraid to travel
where there are no roads.

You must not give in to the darkness
when there is no sign of light.

You must not be afraid to grow wings
when you are tired of the ground.

You must not be afraid to swim
when you are nothing but a stone.

If experience is the child born of risk, then
acceptance is the old man born of dreams.

by Nancy Wood

Tribal Self-Governance
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Lummi Indian Business Council
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