



Sovereign Nations

TribalSelfGov.org

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A Note from Chairman Allen



W. Ron Allen

Welcome to the inaugural edition of *Sovereign Nations*, the “restart” of the Self-Governance Communication & Education Tribal Consortium newsletter! Originally established as a bi-monthly publication, the original *Sovereign Nations* was sent to Self-Governance Tribes, coordinators and stakeholders.

The new *Sovereign Nations* distribution is based on a quarterly calendar; to be published in both electronic and hard copy in March, July, September, and an end of year extended issue in December. Each issue will highlight Self-Governance Tribes from across the country leveraging their self-governance program to strengthen Tribal governments and services.

This newsletter is a culmination of all of the great work put forth by Self-Governance Tribes and our collective effort to preserve, protect, and advance Tribal sovereignty, culture, history, treaty and self-governing rights. We look forward to the growth of our storytelling, if you have story ideas and/or would like to be featured here please contact the SGCE staff at (918) 302-0252.

Thank you,

W. Ron Allen | SGCE Chairman of the Board
Chairman/CEO, Jamestown S’Klallam Tribe

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A First Time for Everything Ysleta del Sur Pueblo



The Ysleta del Sur Pueblo JV team met to kick-off the build of their new health care facility in early February 2016.

On February 2, 2016, the Ysleta del Sur Pueblo kicked off their Indian Health Service (IHS) Joint Venture (JV) planning meeting for their new health care facility based in El Paso, Texas.

"Health care is a priority in our community. Our future as a people is contingent on the well-being of our citizens. Very little is as important as the health of our people. The Joint Venture will create a modern facility that will help us meet the health concerns that currently exist while staging effective prevention strategies," said Ysleta del Sur Pueblo Governor Carlos Hisa.

Federally recognized in 1987 by the passage of the Ysleta del Sur Pueblo and Alabama and Coshatta Indian Tribes of Texas Restoration Act (the Act), the Ysleta del Sur Pueblo is the only remaining Pueblo community in Texas, isolated by nearly 300 miles from the nearest sister Pueblo community to the north.

Nearly 24 years after the initial Act was passed, the Ysleta del Sur Pueblo sought to exercise further self-governance by amending a strict one-eighth blood quantum rule imposed by the initial Act of 1987. The amendment passed in 2012 allowing the Pueblo to develop their own statutes for citizenship and enrollment.

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“Our population was about to double, when we were starting down this [joint venture] path,” said Ysleta del Sur Pueblo Director of Operations Linda Austin. “We had to be prepared for this with eyes wide open. We commissioned a budget impact study in 2012 that would later serve as a key planning element in planning for a health care expansion project.”

When SGCE had a chance to chat with Austin further about the JV opportunity, the energy behind the project was infectious. Austin was straight forward about the collaboration of the many partners working on the project, including Governor Hisa, Lt. Governor Chris Gomez, Health and Human Services Director Martin Lopez, Community Development Director Jonathan Robertson, and Finance Director Karina Hagelsieb. She credited the tribal council for their foresight into the future development for their membership saying, “...we have the reputation to get things done, it comes from the top!”

SGCE *Sovereign Nations* will be following this project over the next year and reporting on the development of the new health care

facility. This project is the first of its kind for West Texas, and the first joint venture project for the tribe.

“The Indian Health Service Joint Venture program will be a great opportunity not only for our Pueblo but for Native Americans in the West Texas and Southern New Mexico Region,” said Ysleta del Sur Pueblo Lt. Governor Chris Gomez. “Our role as leaders is to improve the quality of life of our people. Access to quality health care and behavioral health services improve not only health outcomes but can also lead to socio-economic improvements over time. I am excited about the opportunity for the partnership with the Indian Health Service and look forward to the expansion of health care services in our region.”

To learn more about the Indian Health Service Joint Venture program, contact Self-Governance Executive Director, Terra Branson, at terrab@tribalseifgov.org or visit www.ihs.gov/dfpc/programs/#jvcp.

All Roads Lead Home

Tribal Governments Continue to Evolve in Transportation



In 2015, Congress passed the FAST Act – the first long-term highway law in 10 years.

“No right is more sacred to a nation, to a people, than the right to freely determine its social, economic, political and cultural future without external interference. The fullest expression of this right occurs when a nation freely governs itself.” – The Late Joseph DeLacruz, Quinault Indian Nation

Directing the conversation to the importance of Self-Governance, Sitka Tribe of Alaska Transportation Director Gerry Hope referred to the words of Joseph DeLacruz. Taking a step further, Hope explained the interconnectivity between transportation and the needs for Native communities across the nation is: “inherent...all [issue areas] have transportation that is inherent within them,” said Hope.

Recorded history of physical infrastructure dates back as far as the Bronze Age in 2000 B.C. Everyone from the Ancient Greeks to the development of nearly 75,000 miles of stone and gravel roads built by the Romans have linked urban cities to the rural communities and abroad. With the Industrial Age came the development of advanced transportation vehicles such trains, cars, and airplanes, allowing easier access to education, emergency services and medical care.

Throughout the development of U.S. modern transportation, the attention to infrastructure development in and around Native lands have been historically lacking until the passage of Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy

for Users (SAFETEA-LU) in 2005. SAFETEA-LU was reauthorized in 2009, allowing tribes to carry out contracts and agreements in accordance with Title IV of the Indian Self-Determination and Education Assistance Act (ISDEAA).

However, the Secretary of Transportation determined direct agreements within DOT was not subject to ISDEAA leading to continued intertribal disputes originating from the passage of MAP-21, the predecessor to the Fixing America’s Surface Transportation Act (FAST Act). The call for unity among Tribes was met formation of the Tribal Transportation Unity Caucus (TTUC), a consortium of tribes, “established by ourselves, for ourselves,” explained Hope.

The TTUC took the issue into their own hands and called upon national Tribal leaders to stand with them to reaffirm the intent of SAFETEA-LU to Title IV of ISDEAA. In 2007, the National Congress of American Indians (NCAI) passed resolution #DEN-07-065 in support of the Tribal Transportation Self-Governance Program within DOT. Renamed from the Indian Reservation Roads Program (IRR) in 2011, to the Tribal Transportation Program (TTP) passed through 23 U.S.C. § 202 and was enacted into law as of January 2012.

In 2015, the FAST Act was passed – a five-year, \$305 billion highway bill – in which tribal transportation funding was mandated to begin immediately in FY2016. Although the FAST Act increased funding from MAP-21, it was not as substantial as the TTUC had anticipated.

Self-Governance tribes continue to advocate for the increased support and funding for the TTP, but the biggest challenge is the need for education and re-education of Congress.

“My goal is to awaken [policymakers] and to keep this on the front burner,” said Hope. “A lot of Tribes are appreciative of our due diligence.”

Hope also attributes the success of the FAST Act and the TTP to the unity Tribes continue to show in working toward the future of Self-Governance as they expand into the U.S. Department of Transportation.

Sitka Tribe of Alaska is one of the 42 participating Self-Governance tribes in Alaska.

Fighting Tooth for Tooth

Swinomish Dental Therapist Program



Prior to the DHAT and Self-Governance program, Swinomish received care in an IHS trailer.

On Monday, January 4, 2016, the Swinomish Indian Tribal Community (SITC) became the first Tribe outside of Alaska to hire a Dental Therapist (also known in Alaska as a dental health aide therapist or DHAT) supported by a grant through the W.K. Kellogg Foundation.

A landmark step in the area of oral health for the Tribe, Swinomish worked for five years in conjunction with the Northwest Portland Area Indian Health Board and a coalition of community advocates, public health organizations and dental professionals for the authorization of dental therapists to practice in the state of Washington. Despite these efforts, the Washington Legislature repeatedly refused to authorize dental therapists to practice either in the State generally or even in settings limited to Tribal, I.H.S. or Urban Indian clinics.

Determined to fight for their sovereignty, and championed by Swinomish Chairman Brian Cladoosby, Swinomish worked for the past two years to create a Swinomish Dental Therapist program and to write and adopt their own Dental Health Provider Licensing Code -- also a first in Indian Country.

"We're doing what's necessary for our community, not all [Tribal] communities have the [same] resources," said John Stephens, SITC Programs Administrator.

"We had tried to do things going through the State legislative process, but it was time for Swinomish to do it ourselves," added SITC Office of the Tribal Attorney Director Stephen T. LeCuyer. "It's a great example of the exercise of Tribal sovereignty -- licensing a Dental Therapist who is working as a Tribal employee in a Tribal Dental Clinic built with Tribal funding on Tribal lands, providing much needed services to the Tribal community."

According to SITC, no bill got out of House or Senate Committees in Washington State before 2016, and was reportedly blocked by legislators working on behalf of the Washington State Dental Association (WSDA).

The challenges faced with the state of Washington stemmed from the language passed in the re-authorization of the Indian



Today, the SITC Dental Clinic is a full brick and mortar operation with seven employees providing culturally appropriate care.

Health Care Improvement Act (IHCA) that was passed as part of the Affordable Care Act's (ACA), stating that:

...the expansion of the Indian Health Service Community Health Aide Program, "shall exclude dental health aide therapist services from services covered under the program..." unless requested by "an Indian tribe or tribal organization located in a State (other than Alaska) in which the use of dental health aide therapist services or midlevel dental health provider services is authorized under State law to supply such services in accordance with State law."

In short, the language limited the government-to-government relationship with the U.S. Federal Government and Federally-recognized Tribes. And, as a result of the limitation on the use of I.H.S. resources outside of Alaska, Swinomish looked to the W.K. Kellogg Foundation to support its Dental Therapist program.

After seeing the success of the DHAT program over 10 years in Alaska providing care to over 45,000 Alaska Natives in 81 communities, Swinomish leaders looked to create an environment where they could expand services to their people through culturally appropriate avenues.

Taking an active approach to advancing oral health care Swinomish has set four goals:

1. Investing in Tribal Member Workforce
2. Build Tribal Regulatory Framework
3. Actively Providing Dental Services
4. Secure DHAT Model for All Tribal Communities

"We can establish a template that any other Tribe in the country can follow," said Stephens. "Quality of care, and patient safety... that's what we're trying to do at Swinomish."

To learn more about the Swinomish DHAT program contact SITC Programs Administrator John Stephens at jstephens@swinomish.nsn.us.

The SITC Dental Clinic is operated through a Self-Governance Compact by the Swinomish Indian Tribal Community, one of the 16 Self-Governance Tribes in the state of Washington.

ACA, Tribal Enrollment, Get Involved

When the Affordable Care Act passed in 2010, it altered the landscape of American health care at large and for Tribal communities from Alaska to Florida.

“It was quite a change for Indian Country in general, as far as outreach and education and what was available for Tribes and all the benefits they could take advantage of in that process,” said Cyndi Ferguson, Self-Governance Specialist/Policy Analyst.

Reportedly, more than half of the services provided through IHS are administered directly through Tribal governments via clinics and hospitals. However, the number of American Indian/Alaska Native enrolled in the health insurance marketplace is waning at only 26,000 Tribal members. A small number according to Doneg McDonough, Technical Advisor to the Tribal Self-Governance Advisory Committee.

“And there are more than 26,000 uninsured in one Tribe, let alone across the whole country,” said McDonough. “We have been working to make sure that the marketplace works for American Indians and Alaska Natives.”

Health care is a main pillar of Self-Governance program and SGCE looks to create tools and opportunities to further those practices. The Self-Governance website offers Tribes numerous webinars and other resources about the ACA, insurance marketplace enrollment and Indian-specific provisions of the law. The website also provides updates about ACA implementation. Visit <http://tribalselfgov.org/health-reform> to get involved.

Remembering a Self-Governance Warrior



*William "Willie" Jones Sr.
(ChaT-ex 'T)*

On February 28, 2016, the Self-Governance community lost a remarkable champion. We are humbled to honor the memory of William "Willie" Jones Sr. (ChaT-ex 'T), former Chairman, Vice Chairman and Council Member of the Lummi Indian Business Council.

Serving the LIBC for 30 years (1977-2007), Chairman Jones was commitment to education,

and was a key figure in the establishment of Lummi Nation High School and Northwest Indian College. Also involved in the surrounding community, Chairman Jones fought for the rights of Tribal sovereignty and Self-Governance for Indian Country.

Chairman Jones is survived by his wife of 45 years, Josephine Jones, children: Rosanna (Wendell) Jones, William (Regina) Jones Jr., Julianne (Delfred) Jones; 14 grandchildren, and seven great grandchildren.

Self-Governance is proud to have the Chairman as a friend over his years of service, and will aim to continue his legacy for the future generations.



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