

# IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education  
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Sent electronically to [Denise.Turk@ihs.gov](mailto:Denise.Turk@ihs.gov)

April 17, 2018

RADM Michael D. Weahkee, M.B.A., MHSA  
Assistant Surgeon General, U.S. Public Health Service  
Acting Director, Indian Health Service  
U.S. Department of Health and Human Services  
Mail Stop: 08E37A  
5600 Fishers Lane  
Rockville, MD 20857

**RE: Follow-up Items from Tribal Self-Governance Advisory Committee Meeting,  
March 28-29, 2018**

Dear RADM Weahkee:

The Tribal Self-Governance Advisory Committee (TSGAC) hosted the second Quarterly Meeting in Washington, DC, on March 28-29, 2018. TSGAC Tribal members appreciate the Indian Health Service (IHS) programmatic and policy updates and remain steadfast in our belief that open and authentic discussion and proposal development on issues important to Self-Governance Tribes makes the entire IHS system better. For your convenience, TSGAC prepared the list of discussion items below as a summary of the meeting and we look forward to your timely response to those issues that require one:

- 1. TSGAC Meeting Attendance.** While IHS staff are always engaged and well-informed, the TSGAC's primary purpose is to advise the IHS Director on implementation of Self-Governance within the IHS. When you are unable to attend our quarterly meetings, decisions that affect Self-Governance policy, legislative, budget and program issues are delayed. We ask that you honor the commitment made by TSGAC Tribal leaders and/or their delegates with decision-making authority, by attending each quarterly meeting. If you are unable to attend, we respectfully request that you please send a representative who is empowered to make decisions on your behalf so that TSGAC can continue to make progress on the most pressing Self-Governance issues.
- 2. Timeliness of responses to TSGAC.** As discussed at the 2017 October Quarterly Meeting, we sincerely appreciate the written responses to issues identified during the Quarterly Meetings. However the TSGAC needs to receive this correspondence ahead of our scheduled meetings so as to allow enough time for Tribal leadership to review and prepare comments. In our October 30, 2017 letter, we suggested that midway between Quarterly Meetings would be a reasonable goal to receive responses from IHS. Unfortunately, a letter was not received until after work hours on March 27, 2018. Even up to eight (8) weeks following a quarterly meeting would allow time for TSGAC to prepare for the next quarterly meeting.
- 3. Selection of a Permanent Office of Tribal Self-Governance (OTSG) Director.** The TSGAC thanks you for your persistence and support of selecting a permanent OTSG Director, Ms. Jennifer Cooper. We have confidence in Ms. Cooper and we look forward to working with her in a permanent capacity to implement Self-Governance. We hope that in

the future you will ensure that Ms. Cooper has the support necessary to hire and fully staff the remaining open positions within the OTSG.

**4. Elimination of the Community Health Representative (CHR) and Health Education Programs in the FY 2019 President's Budget Request.** The TSGAC registered extreme concern at elimination of these two important programs from the budget request "to prioritize direct health care services and staffing and operating costs for new and replacement facilities." From this short justification to slash these programs from the IHS, it is clear that there is not an understanding of what services these programs provide in Tribal communities, and that they are in fact direct health care services.

As you know, these representatives provide health and social services such as in-home patient assessment of medical conditions and transportation for medical care to some of our most vulnerable patients. We appreciate the feedback concerning your need for additional data to justify prioritization of this program and would fully support any outreach effort to encourage additional use of the Patient Care Component available in the Resource Patient Management System (RPMS). However, we remain extremely dismayed at the apparent disconnect between the IHS Tribal Budget Formulation (TBF) process with Tribes and the resulting President's Request. When the administration eliminates programs first prioritized by Tribes through the official TBF process, Tribes believe that any data they provide after the President's Request will be in vain.

**5. Request Funding for the Office of Information Technology (OIT) Planning in the FY 2020 Budget Request.** The TSGAC appreciates the frequent updates and opportunities for input on the future of the RPMS. Tribes have prioritized OIT resources as a high priority in the FY 2020 IHS Budget Formulation process. In fact, they recommended a separate Information Technology-specific budget line and additional resources to allow IHS to either update the RPMS or initiate a process similar to that of the Veterans Health Administration (VHA). This recommendation is due to the continued advancement of the Veteran's Administration (VA) in migrating away from the Veterans Information Systems and Technology Architecture (VISTA) and having received a \$1.2 billion federal appropriation for Fiscal Year (FY) 2018.

The TSGAC continues to emphasize the need for IHS to obtain appropriations for its modernization requirements directly as well as to collaborate with and leverage VA resources and purchasing power. We suggest that IHS work to quantify the additional staff and resources needed each year for the next five years to not only maintain functionality and compliance for the existing system, but also support any conversion to another system. A suggestion during our TSGAC meeting was to possibly compare staff and resources with those of VA to provide a point of reference for appropriators. Finally, we request that the agency consider a leadership role such as a "Chief Medical Informatics Officer" that would work across the IHS organization.

**6. Tribal Consultation on the Sanitation Deficiency System (SDS) Guidance Document.** This Guidance has been in "Draft" form since 2003 and has not undergone Tribal Consultation. The TSGAC has requested verbally and in writing over the last year that Tribal Consultation be conducted on this document, which is in essence a policy implementing P.L. 86-121. You have previously committed to conduct Tribal Consultation in Spring, 2018. However a timeline and process has not been identified. We again request that a timeline and process be identified.

The TSGAC is aware of the FY 2018 Joint Committee statement involving sanitation facilities, and submit that such language does not preclude the agency from conducting Tribal Consultation. Further, the TSGAC is extremely concerned that language that the Committees “**...expect the Service to continue following its existing interpretation of criteria for the funding of new, improved, or replacement sanitation facilities**” coincidentally occurs in the FY 2018 appropriations at the precise time that Tribes have been requesting Tribal Consultation on this very matter. The TSGAC requests to be informed whether any IHS official requested such language, or whether IHS was asked for technical assistance on this language. Further, we request that a Tribal Consultation schedule and announcement be made in accordance with your commitment to host the consultation this spring.

**7. Tribal Consultation on the IHS Strategic Plan.** We appreciate the regular updates of progress on the IHS Strategic Plan, which included notification that a Federal Register notice of the draft plan is forthcoming. The TSGAC discussed the fact that a Federal Register notice alone does not consist of Tribal Consultation, and therefore requested that you consider sending a “Dear Tribal Leader Letter” with the draft Strategic Plan as soon as it is prepared, along with a Tribal Consultation plan and timeline.

We appreciate your continued commitment to advancing our mutual goals of providing increased access to high quality health services to Tribal communities. Continued open dialogue on these as well as all other issues affecting the health status of American Indians and Alaska Natives is key as we move forward. If you have any questions or would like to discuss these comments in further detail, please contact me at [lmalerba@moheganmail.com](mailto:lmalerba@moheganmail.com). Thank you.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe of Connecticut  
Chairwoman, IHS TSGAC

cc: P. Benjamin Smith, Deputy Director for Intergovernmental Affairs, IHS  
Jennifer Cooper, Acting Director, Office of Tribal Self-Governance, IHS  
TSGAC Members and Technical Workgroup