

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education

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November 6, 2018

RADM Michael D. Weahkee
Principal Deputy Director
Indian Health Service
5600 Fishers Lane, Mail Stop: 08E86
Rockville, MD 20857

**RE: Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC)
Summary Letter from October 2018 Meeting**

Dear RADM Weahkee:

On behalf of the IHS TSGAC, we appreciate your continued support and attendance at our regular meetings. Your active participation and timely response to our request and recommendations makes these meetings more productive and allows IHS to continually improve services to Self-Governance. As a result of the most recent discussions during the October 2018 meeting, I have provided the following summary of requests and recommendations for you and other IHS senior leaders consideration and response:

- **Recommendations for updating the Indian Health Service Tribal Consultation Policy.** TSGAC and DSTAC jointly requested the establishment of a Tribal/Federal Workgroup to review and develop recommendations to update the IHS Tribal Consultation Policy recently. (*Joint letter sent 8/10/18*). However, additional discussion during the October 2018 TSGAC meeting indicated that perhaps narrowing the scope of this review would be helpful to the agency. Therefore, we recommend that the proposed Workgroup give particular attention to three areas: 1) responses from IHS, including timeliness, responsiveness to Tribal comments, and annual evaluation of consultative activities; 2) levels of consultation and the resulting process; and, 3) treatment and publication or summary of Tribal comments received by IHS. TSGAC would also recommend that IHS provide a quantitative analysis of consultative activities to the Workgroup so that they may consider additional items for discussion and updates.
- **Convene the Contract Support Costs (CSC) Workgroup to address remaining outstanding issues.** IHS initiated Tribal Consultation after a decision in December of 2017 regarding use of the "97/3 Methodology." This consultation concluded on May 18, 2018, yet TSGAC and Tribes have not received notification on next steps. TSGAC requests that IHS provide a response or, at a minimum, an update regarding this Tribal Consultation. Additionally, the CSC Workgroup identified several other items during the August 2017 meeting that require Workgroup review and recommendations. TSGAC recommends that the Workgroup reconvene in a timely manner to pick up the issues previously identified.
- **Provide notification for the next Facilities Appropriation Advisory Board (FAAB) meeting.** TSGAC learned during the October meeting that the FAAB will be tasked with the responsibility of reviewing Tribal comments regarding updates to the Sanitation Deficiency System (SDS) Guide to make recommendations to the Agency. The final recommendations provided by FAAB will undoubtedly have an impact on Self-Governance Tribes operating Office of Environmental Health and Engineering (OEHE) programs, specifically Sanitation Facilities Construction. As such, TSGAC recommends that IHS provide advance notice for the next FAAB meeting and distribute a current listing of all Tribal and IHS Board members.

- **IHS Budget Priorities:** TSGAC urges the agency to continue advocacy efforts to advance full funding of the IHS, support for Tribes and Tribal programs to be permanently exempt from sequestration and rescissions; and take immediate action on repeated Tribal requests to allow the IHS to fully fund critical infrastructure investments which directly impact patient care and safety, similar to that afforded to the VA and Department of Defense (DoD), specific to: health IT for full implementation of interoperable Health Electronic Records (EHR) systems and telehealth capacity.
- **Instruct Area Directors to reach out to Tribal Leaders to fill Workgroup Vacancies.** TSGAC recognizes how important input and discussions from the various Tribal/Federal Workgroups are to the Agency. In order for IHS to continue receiving this valuable input, IHS should work to backfill any current vacancies on its active workgroups. TSGAC requests that the IHS conduct an evaluation of current vacancies and then task Area Directors to publicize and recruit Tribal Leaders from their respective Areas to fill the vacancies.

Once again, I thank you for your partnership as we work collaboratively to improve the health and welfare of American Indian and Alaska Natives across the Nation. Should you need additional information or have questions regarding the report, please contact me at (860) 862-6192; or via email: lmalerba@moheganmail.com. Thank you.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe
Chairwoman, TSGAC

cc: Jennifer Cooper, Director, Office of Tribal Self-Governance, IHS
TSGAC and Technical Workgroup Members