



**Great Lakes Area
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In support of legislation expanding Tribal Self-Governance in the Department of Health and Human Services

Great Lakes Area Tribal Health Board

WHEREAS, Federal trust and treaty obligations are the result of the millions of acres of land and extensive resources ceded to the United States—oftentimes by force— in exchange for which it is legally and morally obligated to provide benefits and services in perpetuity, as well as uphold Tribal sovereignty, Self-Determination, and Self-Governance; and

WHEREAS, the Indian Self-Determination and Education Assistance Act (ISDEAA) authorizes Tribes and Tribal organizations to be funded by the Federal government to provide services that the Federal government would otherwise be obligated to provide due to the trust and treaty obligations of the United States; and

WHEREAS, other methods of Federal funding, such as grants, treat Tribes as not-for-profits instead of sovereign governments and create unnecessary barriers to services provided in fulfillment of perpetual trust and treaty obligations; and

WHEREAS, Self-Determination and Self-Governance under the ISDEAA have led to a significant improvement in the daily lives of American Indians and Alaska Natives because Tribes are more accountable and responsive to our people; and

WHEREAS, the success of the ISDEAA prompted Congress in 2000 to establish permanent Tribal Self-Governance in the Indian Health Service (IHS) in Title V of the ISDEAA; and

WHEREAS, Title V authorizes participating Tribes to redesign IHS programs, and redirect funds supporting those programs, in any manner that the Tribes determine is in the best interest of their communities, upholding Tribal sovereignty and Self-Determination, and better reflecting the diplomatic relationship between the U.S. and Tribes; and

WHEREAS, in Title VI of the ISDEAA, enacted in 2000, Congress envisioned expanding Self-Governance to include grant programs administered by other agencies within the Department of Health and Human Services (HHS); and

WHEREAS, in 2003, HHS issued a study concluding such an expansion was feasible and identifying eleven HHS programs that could be integrated into Self-Governance: and

WHEREAS, in 2004, the Senate considered legislation to authorize a demonstration project implementing Title VI, but that legislation was not enacted;

WHEREAS, many of the selected programs Tribes have been administering successfully for decades under individual grants. Tribes have built expertise in these programmatic areas and now is the time to provide the Self-Governance authority to take it to the next level;

WHEREAS, most recently with the highly successful rollout of the COVID-19 vaccine in Tribal communities, when Tribes are empowered to make their own decisions and operate their own programs, outcomes are better;

WHEREAS, Self-Governance is the most successful Federal Indian policy in the history of Federal-Tribal relations;

WHEREAS, expansion of Self-Governance within HHS is the next logical step to promote Tribal sovereignty and improve health care services, and has remained a top legislative priority of Tribes; and,

WHEREAS, Tribes have drafted legislation, modeled on the 2004 Senate bill, that would establish a demonstration project expanding Self-Governance to specified programs administered by non-IHS agencies within HHS;

NOW THEREFORE BE IT RESOLVED, that Great Lakes Area Tribal Health Board supports the introduction and enactment of legislation establishing a demonstration project to implement Title VI of the ISDEAA.



Phyllis Davis

Great Lakes Area Tribal Health Board, Chair