



NPAIHB

Member Tribes of the Northwest Portland Area Indian Health Board:

- Burns Paiute Tribe
- Chehalis Tribe
- Coeur d'Alene Tribe
- Colville Tribe
- Coos, Siuslaw & Lower Umpqua Tribe
- Coquille Tribe
- Cow Creek Tribe
- Cowlitz Tribe
- Grand Ronde Tribe
- Hoh Tribe
- Jamestown S'Klallam Tribe
- Kalispel Tribe
- Klamath Tribe
- Kootenai Tribe
- Lower Elwha Klallam Tribe
- Lummi Tribe
- Makah Tribe
- Muckleshoot Tribe
- Nez Perce Tribe
- Nisqually Tribe
- Nooksack Tribe
- NW Band of Shoshoni Tribe
- Port Gamble S'Klallam Tribe
- Puyallup Tribe
- Quileute Tribe
- Quinalt Tribe
- Samish Indian Nation
- Sauk-Suiattle Tribe
- Shoalwater Bay Tribe
- Shoshone-Bannock Tribe
- Siletz Tribe
- Skokomish Tribe
- Snoqualmie Tribe
- Spokane Tribe
- Squaxin Island Tribe
- Stillaguamish Tribe
- Suquamish Tribe
- Swinomish Tribe
- Tulalip Tribe
- Umatilla Tribe
- Upper Skagit Tribe
- Warm Springs Tribe
- Yakama Nation

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RESOLUTION # 22-01-02

TITLE: IN SUPPORT OF LEGISLATION EXPANDING TRIBAL SELF-GOVERNANCE IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USC § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

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; and

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 uphold Tribal sovereignty and Self-Determination; and

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; and

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

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 NPAIHB support the introduction and enactment of legislation establishing a demonstration project to implement Title VI of the ISDEAA.

CERTIFICATION

The foregoing resolution was duly adopted at the Virtual October 19 - 21, 2021 Quarterly Board Meeting of the Northwest Portland Area Indian Health Board. A quorum being established; 28 for, 0 against, 0 abstain on October 21, 2021.



Nickolaus D. Lewis
Chair, Northwest Portland Area Indian Health Board
Councilman, Lummi Indian Business Council

ATTEST:



Greg Abrahamson, NPAIHB Secretary