

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education Tribal Consortium
314 West 14th Place - Tulsa, Oklahoma 74119
Telephone (918) 370-4258 ~ Website: www.tribalselfgov.org

Sent via email at HHSPlan@hhs.gov

November 22, 2021

Rebecca Haffajee, Acting Assistant Secretary
Office of the Assistant Secretary for Planning and Evaluation
Division of Strategic Planning
U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 434E
Washington, DC 20201
ATTN: Strategic Plan Comments

RE: TSGAC Comments - Tribal Consultation on the Draft HHS Strategic Plan FY 2022 - 2026

Dear Acting Assistant Secretary Haffajee:

On behalf of the Tribal Self-Governance Advisory Committee (TSGAC), I am writing to provide our comments on the Draft Department of Health and Human Services (HHS) Strategic Plan FY 2022 - 2026 (Strategic Plan). We appreciate the opportunity to share our views on this quadrennial policy document developed by HHS to address current and evolving health and human services issues that are of concern to Self-Governance Tribes.

TSGAC is greatly appreciative of HHS's outreach to Tribal leaders on the Strategic Plan. The Strategic Plan defines the Department's mission, goals, objectives, and how it will measure its progress in addressing specific national problems over a four-year period. TSGAC believes it is important for HHS to not forget the challenges Tribal Nations and their citizens face regarding medicine, public health, and social services. I appreciate the opportunity to provide comments as HHS reviews and assesses the current operations, consults and confers with beneficiaries, identifies collective goals and takes steps to develop a plan, and identifies how to achieve the goals that will refine and strengthen the 2022-2026 Strategic Plan.

The United States and Tribal Nations have a unique relationship, which obligates the Federal government to promote Tribal self-government, support the general well-being of Tribal Nations and their citizens, and protect their lands and resources. However, the United States has failed to uphold its trust and treaty responsibilities to the Tribal Nations. In 2018, the U.S. Commission on Civil Rights (USCCR) found that despite some progress, the Federal government continues to fail to adequately support the social and economic well-being of Native Americans. According to the

USCCR, Native Americans continue to rank near the bottom of all Americans in health, education, and employment outcomes.¹

The Department of Health and Human Services must ensure that it is upholding its trust and treaty obligations to Tribal Nations, throughout the plethora of operating divisions, especially when it comes to accessing medicine, public health, and social services. The Department posed three questions in which it sought Tribal input. These questions are answered below.

What objectives do you find most important to your communities and how could we strengthen them further in the Strategic Plan?

- *Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare*
 - Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health
 - The Strategic Plan defines underserved populations as "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, including, but not limited to Native Americans and Alaska Natives. **We want to remind you that you have a trust and treaty obligation to Tribal Nations and their citizens.**
 - Revise the following to include the highlighted word: "Address COVID-19 related health disparities and advance health equity by expanding **Tribal**, state, local, U.S. territorial, and freely associated state health department capacity and services to improve and increase testing and contact tracing and prevent and control COVID-19 infection or transmission."
 - Expand the *Remove barriers to healthcare access to advance health equity and reduce disparities* strategy to support expanded

¹ The United States Commission on Civil Rights. Broken Promises: Continuing Federal Funding Shortfall for Native Americans. Briefing Report. (December 2018). The U.S. Commission on Civil Rights: Washington DC. <https://www.usccr.gov/files/pubs/2018/12-20-Broken-Promises.pdf>

The United States Commission on Civil Rights. A Quiet Crisis Federal Funding and Unmet Needs in Indian Country. (2003). The US Commission on Civil Rights: Washington DC. <https://www.usccr.gov/files/pubs/na0703/na0204.pdf>

flexibilities in how Department programs are operated to allow Tribal Nations to reprogram, redesign, and re-budget funds to meet the unique challenges of their communities.

- Revise the following to include the highlighted phrase: “Partner with healthcare organizations, healthcare providers, social service organizations, and other organizations to identify, develop and implement evidence-based, community-based **or culturally appropriate** healthcare service delivery models to support whole person integrated and coordinated care to improve physical health and behavioral health outcomes.” In addition, we caution the use of evidence-based healthcare service delivery models as many of our traditional healing practices may not have been researched or fit in to the Western models of science. Because of historical traumas that our communities face, the unique challenges our communities deal with, and the disparities identified in the Broken Promises report, we need to tackle these issues in a way that is comfortable and acceptable to our communities. This means holding sweats, attending our men’s and women’s group, participating in language and cultural heritage classes and more. Again, I caution that these types of practices may not be considered evidence-based practices by Western standards.
- For the strategies related to data, remember that Tribes are sovereign Nations and any data collected should first have permission from the Tribal Nation and that data should not be shared unless the Tribal Nation authorizes it. In addition, a copy of data collected should be shared with the Tribal Nation(s).
- *Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes*
 - Objective 2.2: Protect individuals, families, and communities from infectious disease and non-communicable disease through development and equitable delivery of effective, innovative, readily available diagnostics, treatments, therapeutics, medical devices, and vaccines
 - Revise the following to include the highlighted word: “Build and support sustainable immunization programs, and capacity at **Tribal**, local, national, regional, and global levels to better prevent and respond to disease-specific challenges and meet disease eradication, elimination, and control targets”.
- *Strategic Goal 3: Strengthen Social Well-being, Equity, and Economic Resilience*

- Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence
 - Revise the following to include the highlighted word: “Strengthen networks and increase resources for state, local, Tribal, territorial, community- and faith-based organizations focused on the prevention, **treatment**, and recovery from violence, trauma, neglect, and abuse as they make investments in programmatic advancement, cross-system coordination, equipment, and culturally- and linguistically-appropriate services and service delivery.”
 - Tribal Nations need infrastructure to build wellness campuses that focus on prevention, treatment, and recovery for not only the patient but their family and support systems. Often, a patient receives treatment in facilities that are in different states or at facilities that do not offer cultural healing practices. Something our citizens need. Furthermore, if a patient goes through treatment, he/she returns to the same environment that caused the issues in the first place. We encourage the Department to review and redesign HHS programs, as well as work with their colleagues in other Departments to provide wrap around care for these patients and their support systems to ensure more successful outcomes.
- *Strategic Goal 4: Restore Trust and Accelerate Advancements in Science and Research for All*
 - Objective 4.1: Improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion
 - We believe the Department will be successful in implementing the following strategy “Leverage stakeholder engagement, communication, and collaboration to build and implement evidence-based interventions for stronger health, public health, and human services outcomes” by expanding Self-Determination and Self-Governance within HHS. Tribal Self-Determination and Self-Governance has been the most successful Federal Indian policy in history and nearly all Tribal Nations utilize Self-Determination contracts and/or Self-Governance compacts. These Tribal Nations manage over \$2 billion in health care appropriations each year and are delivering health care services in a more efficient and effective manner that meets the unique needs of their Tribal communities. This means that Tribal Nations can devise local solutions to meet

local needs. Self-Governance affords Tribal Nations the ability to develop long-term plans, provide greater flexibility by redesigning programs, reduce Federal bureaucracy, and expand local decision making and Tribal control - all while allowing their communities to hold them accountable. This has led to better services which has improved the health, welfare, and quality of life in Tribal communities. Self-Determination and Self-Governance should be expanded beyond the Indian Health Service and into other agencies within HHS.

- *Strategic Goal 5: Advance Strategic Management to Build Trust, Transparency, and Accountability*
 - Objective 5.2: Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust
 - We request that the HHS should move away from grants and competitive funding and move to a recurring formula-based funding.
 - We request that Self-Governance agreements be used to disburse HHS funding to Tribal Nations. This will allow Tribes to develop long-term plans to meet the needs of their communities rather than spend valuable time and resources on applying for, administering, and reporting on grants. The HHS should develop program formulas in consultation with Tribal Nations and identify all sources of funding that Tribal Nations are eligible for to remove the bureaucracy and streamline the process for distributing funds to the intended recipient.

Where do you think issues important to American Indian and Alaska Native Tribes can be strengthened in the draft Strategic Plan?

President Biden understands that Tribal sovereignty and the inherent authority to self-govern, as well as honoring the Federal trust responsibility to Tribal Nations, should be the cornerstones of Federal Indian policy and the Administration has voiced support for expanding Self-Governance opportunities. We support these efforts and are actively working to expand Self-Governance throughout the Federal government. HHS should support the expansion of Self-Governance and start by incorporating this action into its FY 2022-2026 Strategic Plan.

Are there any broad concerns, questions, or suggestions for the draft HHS Strategic Plan FY 2022–2026?

We reiterate our earlier comment that data collection, the use of data, and accessing data that impacts Tribal Nations needs Tribal Consultation and should require prior

authorization from the Tribal Nation(s) whose data is being collected. Tribal Nations should know what data is being collected, why, how it will be used, who can access it, and that the Tribal Nation(s) should have access to such data and the findings of the research.

Thank you again for the opportunity to provide these comments and for considering ways to enhance the Strategic Plan. If you have any questions, you can reach me at (860) 862-6192 or via email at lmalerba@moheganmail.com or contact Jay Spaan, Executive Director, Self-Governance Communication and Education Tribal Consortium (SGCETC) at jays@tribalselfgov.org or (918) 370-4258.

Sincerely,



Lynn Malerba
Chairwoman, TSGAC

Cc: Tribal Self-Governance Advisory Committee Members and Technical Workgroup