February XX, 2024

Re: In Support of a Tribally Led, Tribally Administered Community Health Aide Program

Dear Director Tso,

We have enjoyed our partnership with you as IHS Director. Your commitment to structural change, self-governance, self-determination, and tribal sovereignty has made you a powerful advocate and partner to all of our work. We are grateful for your advocacy within the agency for the many issues we collaborate on. The Community Health Aide Program needs you now more than ever.

Over the last two years, the Tribal Self Governance Committee (TSGAC) has been working in collaboration with the Community Health Aide Program Tribal Advisory Group (CHAP TAG). We have been closely monitoring the national implementation of the Community Health Aide Program (CHAP) through the lens of advancing tribal self-determination, tribal self-governance, and tribal sovereignty. This is extremely important in recognition of the recent “Executive Order to Usher in the Next Era of Tribal Self-Determination.” Our request that follows is consistent with the President’s policy, and we are hopeful that you will agree to implement our recommendation consistent with the new Executive Order.

We appreciate your support for TSGAC and CHAP TAG’s requests for a tribally administered and tribally led CHAP. We believe in the collective ability and responsibility of tribal governments in the regulation of health programs just as you do.

We know that time may be short and that we must get the Community Health Aide Program operational outside of Alaska to set a strong foundation for a Tribal-Federal partnership and a Community Health Aide Program that is tribally regulated and tribally designed.

How can we help?

The Community Health Aide Program has been effective in Alaska because it is a tribal-federal partnership that is principally administered by Tribes and Tribal health organizations. The CHAP has been operating in Alaska since the 1960s and implementation in the Portland Area began in 2014. Other Areas began exploring implementation in 2018. The CHAP has evolved in the Alaska Tribal Health System (ATHS) and become nationally recognized as an innovative model in health care delivery. It is tailored to meet the health care needs and challenges of tribal communities. It is truly a unique program that is best led and administered by Tribes.

TSGAC supports the nationalization of the CHAP with minimal federal infrastructure and minimal IHS involvement at the federal level. TSGAC recommends the majority of funding, implementation, program design, and regulation occurring at the tribal/Area level.

We are hopeful that a legacy of your Directorship is that you worked to advance and protect self-governance in the nationalization of the CHAP, by ensuring that Tribes were directly involved in the development of the administrative infrastructure for CHAP. Thank you for your attention to the Community Health Aide Program and your commitment to our collective work.

Sincerely,

TSGAC and STAC Chairmen