



Resolution #13-02-01

Recommendation that CDC Administrator Rescind the CDC Tribal Consultation Policy Adopted on January 8, 2013 and Send the Proposed Policy Out for Tribal Consultation

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Suislaw &
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 Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone 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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WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "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 USCS § 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, the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) adopted a Tribal Consultation Policy under the guidance of the HHS Tribal Consultation Policy on October 15, 2005. The purpose of the CDC/ATSDR Tribal Consultation Policy is to establish a meaningful consultation and collaborative process with Tribal governments and their representatives to meet with CDC on a government-to-government basis before any policy action is undertaken that will have significant effect on Indian Tribes; and

WHEREAS, the Obama Administration has committed to regular and meaningful consultation and collaboration with tribal officials in policy decisions that have tribal implications and issued a Whitehouse Memorandum, "Guidance for Implementing E.O. 13175, "Consultation and Coordination with Indian Tribal Governments" to all Executive Agencies; and

WHEREAS, the CDC Tribal Consultation Policy establishes the CDC Tribal Consultation Advisory Committee (TCAC) to "...provide a complementary venue wherein tribal representatives and CDC staff will exchange information about public health issues in Indian country..." and later describes that the "...TCAC will support, and not supplant, any other government-to-government consultation activities that CDC undertakes..."; and

WHEREAS, CDC recently adopted a revised Tribal Consultation Policy despite the fact that the members of the TCAC had recommended to CDC that the revised Tribal Consultation Policy not be adopted by the CDC Administrator and that the proposed Policy should be sent out for Tribal Consultation in order to obtain Tribal leader comments and recommendations on the

proposed changes. This action was recommended pursuant to the pending CDC Tribal Consultation Policy and the HHS Tribal Consultation Policy and is consistent with past Department and Agency practice prior to finalizing and adopting revisions to tribal consultation policies (see HHS, IHS, CMS, SAMHSA, etc.); and

NOW THEREFORE BE IT RESOLVED, that it is the position of Northwest Tribes that CDC is out of compliance with its Tribal Consultation Policy and the HHS Tribal Consultation Policy and that the revised CDC Tribal Consultation Policy effective January 8, 2013, should be rescinded until a formal Tribal Consultation process can be followed that will allow for broader Tribal leader input on the proposed changes to the Policy.

BE IT FURTHER RESOLVED, the input and recommendations developed by the CDC-TCAC should not ever supplant any government-to-government consultation activities that CDC is responsible to undertake under Executive Order 13175, the HHS Tribal Consultation Policy and most importantly, pursuant its own CDC Tribal Consultation Policy. The proposed changes to such an important document as the CDC Tribal Consultation Policy must be vetted among all federally-recognized Tribes and respectful of the United States government-to-government relationship with Tribal governments.

BE IT FINALLY RESOLVED, that the NPAIHB and its forty-three member Tribes located in Idaho, Oregon, and Washington respectfully request the CDC Administrator to suspend operation of the January 8, 2013 CDC Tribal Consultation Policy and restore operation of the Policy established October 15, 2005, which was developed with the opportunity for input from all federally-recognized Tribes in the United States.

CERTIFICATION

NO. 13-02-01

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 29 for, _____ against, _____ abstain on Jan. 25, 2013.

Andrew C. Joseph Jr.
Chairman

1-25-13
Date

Brandi N. [Signature]
Secretary