

FEB 27 REC'D

TO: Robert Finch, Secretary, Department of Health, Education and Welfare  
United States Public Health Service  
Division of Indian Health

FROM: United Southeastern Tribes, Inc.

SUBJECT: A Statement by the United Southeastern Tribes, Inc. requesting a  
Separate Administrative Health Service located in Washington

The United Southeastern Tribes, Inc., consisting of the Choctaws of Mississippi, the Cherokees of North Carolina, and the Seminoles and Miccosukees of Florida, present the following opinions in a petition to establish a separate administrative unit in Washington to address their health needs.

Since assuming responsibility for Indian Health Programs in the Southeast, the United States Public Health Service has based its operations in Oklahoma City, a distance of some 1,000 miles. Members of the United Southeastern Tribes delegation do not intend that its observations be critical of the efforts of the Oklahoma office. Indeed, of all the government agencies which Indians must deal with, Public Health Service has consistently demonstrated its willingness to respond to Indian needs in a quicker fashion than other agencies. In accordance with Resolution USET-14-69, adopted June 27, 1969, the United Southeastern Tribes request positive acceptance of the statement of need outlined in this Resolution. The intent of this memorandum is to summarize reasons for wanting a separate and closer liaison. Such liaison would focus on the problems of local Indian groups in the Southeast and would increase assistance both in quality and in speed beyond that now available. It has been our experience that medical personnel assigned in the Southeast have often been the last to learn of program changes and policy redirection simply because they were furthest away from the source of information. It is also felt that the establishment of a liaison office for Southeastern Indians does not necessarily require an increase in personnel ceiling. The United Southeastern Tribes wish to receive Public Health Services directly from Washington. Other Tribes are communicating directly to offices in their areas. There is no office in our area closer than Washington.

In addition to the above reasons, the following rationale is offered:

1. Program information and policies would be received more quickly.
2. United Southeastern Tribes would receive a more fair share of available health service dollars if we do not have to compete in Oklahoma.

3. Through a liaison person, each local Indian Health Service would be better able to coordinate state and local health efforts beyond those available only through Indian Health Service.
4. A liaison person would be an advocate of the four Tribes rather than of the Indian Health Service. Such a liaison would have a desk in each Indian Health Service installation in the area, rather than locating in any one city, deskbound.
5. United Southeastern Tribes problems are different partly because of geographical separation from thirty-four Tribes in the Oklahoma area. Distance dissipates funds through travel time and sharing time with other Tribes.
6. An equal voice in policy decisions is necessary if United Southeastern Tribes health problems are to be alleviated.
7. Lack of consultation in all technical and medical areas is inevitable because of the present arrangement which insulates Public Health Service from United Southeastern Tribes and vice versa.
8. It is requested that a conference be held immediately between representatives of the four Southeastern Tribes and the United States Public Health Service, Division of Indian Health, to formulate plans for activating this Statement.

ADOPTED THIS 19th DAY OF FEBRUARY, 1970, at a regular meeting of the Inter-Tribal Council, duly convened at the Seminole Tribal Office; Hollywood, Florida, a quorum being present, by a unanimous vote.

Secretary - Inter-Tribal Council  
UNITED SOUTHEASTERN TRIBES

APPROVED:

Chairman - Inter-Tribal Council  
UNITED SOUTHEASTERN TRIBES