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SOVEREIGNTY PROTECTION FUND

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Transmitted via consultation@ihs.gov

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Rear Admiral Michael Weahkee
Director
Indian Health Service
5600 Fishers Lane, Mail Stop 08E86
Rockville, MD 20857

Dear Director Weahkee,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we write to provide comment to the Indian Health Service (IHS) regarding the agency's request for input on the one-time use of $30 million in offset and prior year funds from the Special Diabetes Program for Indians (SDPI). According to IHS, due to recent changes in the current SDPI grant cycle, the agency is seeking recommendations for a new plan for both Fiscal Year (FY) 2020 offset funds originally intended to be distributed for FY 2021, as well as some carryover funds, totaling approximately $30 million. Recognizing that these are surplus resources and that there has been an historic lack of access to the program for several Tribal Nations, USET SPF asserts that this funding should be dedicated to ensuring that *all* Tribal Nations (regardless of size, date of federal recognition, etc.) can access SDPI's life-saving treatment and prevention programs.

USET SPF is a non-profit, inter-tribal organization advocating on behalf of 30 federally recognized Tribal Nations from the Northeastern Woodlands to the Everglades and across the Gulf of Mexico[1]. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the Indian Health Service, which contains 36 IHS and Tribal health care facilities. Our patients receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

SDPI Access for all Federally Recognized Tribal Nations

USET SPF has consistently advocated that SDPI be accessible to all Tribal Nations and urged that as long as current grantees are held harmless, program eligibility be expanded. While we understand that inequitable access to the program is due, in part, to continued flat funding, it is fundamentally unjust and a violation of the trust obligation that any Tribal Nations have been barred from SDPI because of the circumstances they faced (lack of federal recognition, didn't apply, etc.) decades ago. Within the USET SPF region alone, eleven federally-recognized Tribal Nations do not currently have access to the grant program despite the prevalence

[1] USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chickahominy Indian Tribe (VA), Chickahominy Indian Tribe–Eastern Division (VA), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Rappahannock Tribe (VA), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

and impacts of diabetes in these communities. Now is the time to right this wrong, particularly as we witness the disproportionately severe impacts of COVID-19 infection on individuals with preexisting conditions like diabetes.

USET SPF strongly recommends that IHS utilize the $30 million in one-time funds to bring equity to SDPI and finally provide access for Tribal Nations who are not current grantees. This would not only help to facilitate the development of necessary infrastructure to administer SDPI programs within those communities, but it would ensure that a greater number of Native people have the opportunity to access these life-saving diabetes prevention and treatment resources provided through SDPI. At the same time, current grantees will see no interruption to or reduction in existing funds.

Funding for Current Grantees

While IHS has been unable to provide USET SPF with an estimate of Tribal Nations that may be newly eligible should the program be opened to new grantees, we suspect the number is relatively small. With this in mind, USET SPF recommends that any remaining funding be directed to existing grantees using the existing distribution formula. We continue to be frustrated by the persistent flat funding of the program, in spite of a wealth of reliable data showing both its efficacy and continued necessity, as well as rising medical inflation. We note that in budget requests for FYs 2017-2021, IHS requested only flat funding for the program. With medical costs only expected to rise, IHS must do more to ensure that existing programs are not further impacted by our declining purchasing power. This includes requesting necessary increases for SDPI, as well as directing any carryover or extra funds to Tribal Nations (and our designees) on an equitable basis, as opposed to other, peripheral functions.

Further, in accordance with our effort to modernize the nation-to-nation relationship between the United States and Tribal Nations, USET SPF has consistently urged that all federal funding be eligible for inclusion in self-governance contracts and compacts under the Indian Self-Determination and Education Assistance Act (ISDEAA), rather than grants, in recognition of the retained sovereign authority of Tribal Nations and reflective of 21st century self-determination. In addition, SDPI's grant application and reporting requirements are burdensome, not reflective of our sovereign status, and undermine service delivery, as staff time is dedicated to these grant-related tasks. We continue to urge IHS to ensure that SDPI funding be eligible for inclusion in self-governance contracts and compacts under ISDEAA, rather than grants.

Conclusion

With the additional $30 million in available funds, IHS has the opportunity to expand the benefit of SDPI across Indian Country. USET SPF reminds IHS that its trust obligation extends to all federally-recognized Tribal Nations, regardless of circumstance. We urge that this be more fully recognized as SDPI is administered. Longer-term, IHS must join Indian Country in supporting a much needed funding increase for the program. We reiterate that medical costs, especially costs associated with diabetes treatment and prevention, will continue to rise in the coming years. The continued success of SDPI is dependent upon an IHS that is willing to fight for program resources and support Tribal sovereignty. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at LMalerba@usetinc.org or 202-624-3550.

Sincerely,

Kirk Francis
President

Kitcki A. Carroll
Executive Director