



# USET

SOVEREIGNTY PROTECTION FUND

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*Transmitted Electronically  
to [Tribalsupport@cdc.gov](mailto:Tribalsupport@cdc.gov)*

September 7, 2021

Captain Karen Hearod, MSW, LCSW  
Director, Office of Tribal Affairs and Strategic Alliances  
Center for State, Tribal, Local, and Territorial Support  
Centers for Disease Control and Prevention  
160 Clifton Rd. NW, Mailstop V18-4  
Atlanta, GA 30329-4027

Dear Director Hearod,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we submit these comments in response to the Tribal consultation held on August 5, 2021 by the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) on strengthening its Tribal Consultation Policy. USET SPF is encouraged that CDC/ATSDR is adhering to President Biden's Memorandum issued on January 26, 2021 to reaffirm the Administration's commitment to uphold and implement the directives of Executive Order 13175, "Consultation and Coordination with Indian Tribal Governments" (E.O. 13175). President Biden's January 26<sup>th</sup> Memorandum emphasized the Administration's commitment to respect Tribal Nation sovereignty and self-governance, while acknowledging that honoring the federal government's trust and treaty obligations to Tribal Nations is vital due to current crises related to health, the economy, social justice, and climate change. We remain concerned with some of CDC/ASTDR's existing protocols for consultation, communication, and outreach to Tribal Nations, including during the COVID-19 pandemic. USET SPF urges CDC/ATSDR to meaningfully adopt and implement Tribal guidance received during this consultation in fulfillment of trust and treaty obligations, and to generally improve its Tribal consultation practices.

USET SPF is a non-profit, inter-tribal organization advocating on behalf of thirty-three (33) federally recognized Tribal Nations from the Northeastern Woodlands to the Everglades and across the Gulf of Mexico.<sup>1</sup> USET SPF is dedicated to promoting, protecting, and advancing the inherent sovereign rights and authorities of Tribal Nations and in assisting its membership in dealing effectively with public policy issues.

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<sup>1</sup> 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), Monacan Indian Nation (VA), Nansmond Indian Nation (VA), 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), Upper Mattaponi Indian Tribe (VA) and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

*Because there is Strength in Unity*

USET SPF welcomes the opportunity to provide recommendations on how CDC/ATSDR can improve its consultation and coordination efforts with Tribal Nations. We see the value in the spirit of the January 26<sup>th</sup> Executive Memorandum, which is to recommit and refocus federal agencies to engaging in meaningful Tribal consultation. However, these actions alone are not sufficient to address systemic failures in the various consultation processes across the federal government. Broadly, the U.S. must work to reform the Tribal consultation process—to “build back better,” in a way that truly modernizes our relationship with the federal government. Tribal Nations continue to experience inconsistencies in consultation policies, the violation of consultation policies, and mere notification of federal action as opposed to a solicitation of input. Letters are not consultation. Teleconferences are not consultation. Providing the opportunity for Tribal Nations to offer guidance and then failing to honor that guidance is not consultation.

While each executive department and its agencies must reevaluate its protocols and procedures for Tribal consultation, communication, and engagement, there must be a broader reconciliation across the federal government to provide certainty, consistency, and accountability in this process. The federal government must work to standardize and provide a uniform foundation to its Tribal consultation methods to provide certainty to Tribal Nations and federal officials alike. It is time for a Tribal Nation-defined consultation model, with dual consent as the basis for strong and respectful diplomatic relations between two equally sovereign nations. In the short term, we must move beyond the requirement for Tribal consultation via Executive Order to a strengthened model achieved via statute.

In the long term, we must return to the achievement of Tribal Nation consent for federal action as a recognition of sovereign equality and as set out by the principles of the United Nations Declaration on the Rights of Indigenous Peoples. Our recommendations focus on general principles of how federal departments and agencies must improve their coordination and consultation efforts, as well as specific issues Tribal Nations have encountered with CDC/ATSDR actions and activities.

### **Evolve Consultation to Consent**

The U.S. must move beyond a “check the box” method of consultation and instead work to formalize diplomatic relations with and seek the consent of Tribal Nations individually. This directive is reflected in Article 19 of the U.S.-endorsed United Nations Declaration on the Rights of Indigenous Peoples, which states that nations, “shall consult and cooperate in good faith”, with the governmental institutions of our Tribal Nations, “in order to obtain [our] free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect [us].”

Due to the COVID-19 pandemic, virtual and teleconference consultations have had to take the place of in-person, face-to-face, consultations. While this is not a preferred method of consultation, it does offer the federal government another opportunity to engage, communicate, and consult at a Leader-to-Leader level. These methods of consultation provide the federal government with the opportunity to engage and communicate directly with every Tribal Nation.

### **Standardize and Codify Consultation Requirements**

For far too long, Tribal Nations have experienced inconsistencies in consultation policies, the violation of consultation policies, and mere notification of federal action as opposed to a solicitation of input. Letters are not consultation. Teleconferences are not consultation. Providing the opportunity for Tribal Nations to offer guidance and then failing to honor that guidance is not consultation. Accountability is required to ensure Tribal consultation is meaningful and results in corresponding federal efforts to honor Tribal input and mitigate any concerns. All federal agencies, including independent federal agencies and the Office of Management and Budget, must be statutorily required to adhere to consultation policies with additional oversight from the White House and Congress. USET SPF strongly supports the codification of consultation

requirements for all federal agencies and departments, including a right of action to seek judicial review of consultation when the federal government has failed to engage, communicate, and consult appropriately. We further urge the Biden-Harris Administration to use its authority, in consultation with Tribal Nations, to create and implement a standard consultation process for use by all agencies.

### **Tribal Consultation Should Occur on a Nation-to-Nation, Leader-to-Leader Basis**

Although consultation can pertain to very specific programmatic issues requiring technical and subject matter expertise, true consultation should occur at a Leader-to-Leader level. Duly elected or appointed Tribal Leaders must be afforded the respect and opportunity to directly voice Tribal Nation concerns to those federal officials with actual decision-making authority. We must further have the opportunity to include and confer with our respective expert staff during every consultation, just as federal officials do. In addition, because the U.S. is engaged in a diplomatic relationship with each federally recognized Tribal Nation, greater effort must be made to consult with Tribal Nations on an individual basis. Due to the COVID-19 pandemic, virtual and teleconference consultations have had to take the place of in-person, face-to-face, consultations. While this is not a preferred method of consultation, it does offer the federal government another opportunity to engage, communicate, and consult at a Leader-to-Leader level. These methods of consultation provide the federal government with the opportunity to engage and communicate directly with every Tribal Nation.

### **No Delegation of Federal Consultation Obligations**

The trust relationship exists between the federal government and Tribal Nations exclusively. To this point, the federal government must not delegate its consultation obligation to third party entities, which include non-profit organizations, industries/corporations, hired consultants and contractors, non-Tribal archaeologists and anthropologists, and other units of government. When other entities are party to or involved in federal actions, the federal government must exercise appropriate oversight in ensuring Tribal interests are not adversely impacted. Tribal Nations, and not any other entity, are the final arbiters of whether a federal action impacts our governments, homelands, cultures, public health, or sacred sites.

### **Consultation Should be Early and Ongoing, with Advance Notice and Sufficient Response**

#### **Timelines**

One of the guiding principles of E.O. 13175 is to establish regular, meaningful consultation and collaboration with Tribal Nations in developing and implementing federal policies. However, this principle has been exercised using methods that have not always taken into consideration the direct and in-direct implications for Tribal Nations. Under the current consultation framework, federal departments and agencies often unilaterally conduct their own internal review of proposed policies and actions, which frequently results in a finding of no impact. This fails to recognize and adhere to the federal government's fiduciary trust and treaty obligations to Tribal Nations. Rather, consultation and collaboration must recognize Tribal Nations as equal sovereigns. Tribal Nations must always be engaged at the earliest stages of federal decision-making process. In addition, our authority to initiate consultation in response to federal action (or proposed federal action) must be recognized and honored.

### **Deference to Tribal Nations**

E.O. 13175, Section 3 lays out a set of policymaking criteria that have been implemented unevenly over the last two decades. In particular, this includes directives to extend "maximum administrative discretion" to Tribal Nations by encouraging Tribal Nations to develop our own policies and standards to achieve objectives as well as consult with us on the necessity of any federal standards. USET SPF urges CDC/ATSDR and the Biden Administration to consider how this section can be better operationalized and consistently applied throughout the federal government. In addition, the Indian Canons of Construction should always be applied during Tribal consultation, the policymaking process, and beyond. That is, any ambiguities in law or policy should be interpreted in favor of Tribal Nations.

### **Flexibility for Tribal Waivers**

Similarly, E.O. 13175, Section 6 encourages the federal government to facilitate and streamline Tribal applications for waivers of statutory and regulatory requirements. With some notable exceptions, this section does not appear to be actively implemented across the federal government. CDC/ATSDR and the Biden Administration should also revisit this section and examine what further Executive action is necessary to ensure its widespread operationalization.

### **Transparency in Decision-making**

All too often following Tribal consultation, the federal government renders a decision without further explanation as to how that decision was reached. This is particularly true in the case of “check-the-box” consultation, where Tribal Nations provide input and that guidance is ignored completely. Not only does this run counter to the federal government’s consultation obligations, it undermines our Nation-to-Nation relationship. In recognition of and out of respect for our governmental status, as well as in the spirit of transparency, each federal agency should be required to publish a summary of all comments received, how that guidance influenced the agency’s decision, and why the decision was reached.

### **Educate Federal Employees on Tribal Sovereignty and U.S.-Tribal Nation Relations**

It is critically important that all employees of federal departments and agencies receive comprehensive training on working with and communicating effectively with Tribal Nations. Federal actions impact Tribal Nations and our citizens. Every right-of-way permit, application for land into trust, and environmental and cultural review document are reviewed by federal employees. However, many of the same federal employees engaging in decision-making that impacts our interests do not fully understand the history of U.S.-Tribal Nation relations and the federal trust obligation. This lack of education and understanding regarding the fiduciary trust and treaty obligations contributes, at least in part, to federal failures to properly consult. USET SPF has long recommended mandatory training on U.S.-Tribal relations and the trust obligation for all federal employees. This training should be designed in consultation with Tribal Nations.

### **Invest in Diplomacy**

CDC/ATSDR must fully recognize and uphold our Nation-to-Nation diplomatic relationship. This directive extends to ensuring both the department and Tribal Nations have access to resources that support diplomatic activities. True diplomacy, as evidenced by activities conducted by the U.S Department of State, would involve U.S. ambassadors appointed to liaise with each federally recognized Tribal Nation on behalf of the federal government, rather than facilitating this relationship through national or regional consultations. While we recognize retooling the consultative relationship to allow for a truly diplomatic relationship involves many steps, funding for these activities is certainly one of them. We encourage CDC/ATSDR to consider how it might include diplomacy in future budget requests. This would include funding for the department to build and sustain diplomatic infrastructure, as well as increased funding for Tribal Nation participation in these processes. CDC/ATSDR budgets should reflect a broad commitment to improvements in our Nation-to-Nation relationship, including its own functions.

### **CDC/ATSDR Consultation and Communication with Tribal Nations Should be Consistent and Responsive**

As Tribal leaders stated during the August 5<sup>th</sup> consultation session, CDC/ATSDR consistently fails to properly consult with and implement the guidance of Indian Country. For example, it frequently treats the two annual meetings of its Tribal Advisory Committee (TAC) as consultations. While TACs can help inform and are vital parts of the consultation process, they should only supplement—never supplant—consultation.

Another example can be found in CDC’s failure to honor Tribal guidance amid the COVID-19 pandemic. During the onset of the pandemic, \$40 million was allocated to CDC for Tribal Nation public health activities

under the first COVID-19 relief package. Despite Tribal advocacy, CDC rejected requests to transfer funding through IHS—which would have expedited access for Tribal Nations—instead distributing these funds through non-competitive grant funding for direct service Tribal Nations and Tribal Nations with a ISDEAA Title I or Title V contracts and compacts. This process ultimately led to unacceptable delays in funding and resulted in unequitable distribution to all Tribal Nations seeking funding. CDC must actively seek to prevent this from happening again. In doing so, CDC must work with IHS and Tribal Nations to determine how the agency can ensure all mechanisms for the funds it administers are reflective of the federal trust obligation to Tribal Nations.

As CDC's existing consultation policy states, "it is essential that Indian Tribal governments and CDC engage in open, continuous, and meaningful consultation." This involves soliciting Tribal input from across Indian Country, and then honoring and implementing the guidance that is given during the consultation process. CDC must work to ensure its consultation policy better reflects these directives, including through mechanisms providing for fulfillment of the policy's requirements on the part of the agency.

### **CDC/ATSDR Should Establish Specific Tribal Consultation Protocols for Data Collection and Sharing in Indian Country**

The collection, use, and publication of sensitive data on Indian Country's demographics has long been an issue affecting Tribal Nations and citizens. Prior to the adoption of enhanced privacy and confidentiality protocols, Tribal Nations and citizens were among those communities that were exploited in research through deceptive actions and the unscrupulous sharing of data among other research individuals and entities. While improved privacy and confidentiality protocols have been adopted since then, there still needs to be enhanced protocols developed and adopted that recognizes the sovereignty of Tribal Nations to determine how and if their data is collected, used, and shared with federal partners. We recommend that CDC/ATSDR consult with Tribal Nations to develop defined protocols regarding data collection, retention, and privacy in Indian Country. The objectives identified through these consultations should inform revisions to CDC/ATSDR's Tribal Consultation Policy. Since the beginning of the COVID-19 pandemic Tribal Nations have been subject to increased data sharing measures that involve sensitive data on Tribal government operations and individual citizens. Tribal Nations should be informed as to how their data is being collected and used by CDC/ATSDR as well as empowered to review, authorize, or disallow the sharing of sensitive data with CDC/ATSDR's federal partners.

Similarly, CDC must improve data sharing with Tribal Nations and Tribal Epidemiology Centers (TECs). Last year, the CDC refused to provide access to TECs and Tribal Nations seeking vital public health data regarding the incidence of COVID-19 among our citizens. While state public health agencies report public health data, including data collected from and about Tribal citizens, to the CDC, this is not routinely shared with Tribal Nations and TECs. This data is then shared with the CDC through cooperative agreements. However, Tribal Nations and Tribal Epidemiology Centers (TECs) continue to experience frequent challenges in accessing not just public health data on both the federal and state level, but Tribal data as well, which often is not reported back to the Tribal Nation. This includes vital COVID-19 data. This lack of access to quality public health data has hindered the ability of Indian Country to respond to the public health crisis in our communities due to COVID-19.

Despite being designated as Public Health Authorities, both Tribal Nations and TECs continue to experience frequent challenges in accessing data on both the federal and state level—including vital COVID-19 data—on top of the consistent lack of investment in TECs and Tribal public health capacity. TECs continue to petition both the CDC and state public health departments for this vital information but have only received state data where there are positive Tribal-state relationships and some extremely limited COVID-19 testing data from CDC. While CDC was ultimately given a directive to share data with TECs, this information was of poor quality and further hindered the work of TECs, including USET. In turn,

COVID-19 response at the Tribal level was without an accurate picture of the reach of the disease into our communities.

CDC must ensure that TECs have access to critical public health data from federal and state governments. Both should be statutorily required to share all available public health data with TECs and Tribal Nations. This should be made a requirement of state cooperative agreements with CDC. In addition, CDC must take steps to improve the quality of public health data shared with TECs and Tribal Nations. This includes requiring states to collect race/ethnicity data, as well as working with states and Tribal Nations to correct racial misclassification. Now and after the pandemic, CDC must work with TECs and Tribal Nations on an ongoing basis to ensure quality public health data, including health data related to the COVID-19 pandemic, is provided to TECs and Tribal Nations.

### **Conclusion**

An essential aspect of the federal trust responsibility and obligations to Tribal Nations is the duty to consult on the development of Federal policies and actions that have Tribal implications. This requirement is borne out of the sacred relationship between the federal government and Tribal Nations, as well as numerous treaties, court cases, laws, and executive actions. It is a recognition of our inherent sovereignty and self-determination. For too long, the United States has failed to fully uphold and implement E.O. 13175 and other consultation directives. This has resulted in irreparable damage to Tribal Nation homelands, sacred sites, and interests, as well as costly litigation against the federal government. Recent events, including the COVID-19 crisis, have underscored the urgent need for radical transformation in the recognition of our governmental status and the delivery of federal obligations to our people.

We can no longer accept the status quo of incremental change that continues to maintain a broken system. The federal government must enact policies that uphold our status as sovereign governments, our right to self-determination and self-governance, and honor the federal trust obligation in full. This includes evolving away from the current broken model of Tribal consultation and into a future in which Tribal Nation consent is sought for federal action. We ask that CDC/ATSDR join us in realizing this change and advocate for this change among its partners in the Executive Branch. 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](mailto:LMalerba@usetinc.org) or 615-838-5906.

Sincerely,



Chief Kirk Francis  
President



Kitcki A. Carroll  
Executive Director