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#### **ASSESSMENT**

OF

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# INDIAN AND ALASKA NATIVE COMMUNITY HEALTH REPRESENTATIVE PROGRAM RESOURCE DISTRIBUTION

FIRST REPORT
August, 1982

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

HEALTH SERVICES ADMINISTRATION

INDIAN HEALTH SERVICE

#### INTRODUCTION

This is the first report to be presented as part of a study conducted by the Indian Health Service to assess Indian and Alaska Native Community Health Representative (CHR) program resource distribution among specified health care delivery functions, areas and settings during fiscal year 1981. It is based upon data gathered during the summer of 1982. All of the 234 Indian and Alaska Native CHR program contract and grant recipients were provided necessary forms for use in this study; however, participation was voluntary.

It is recommended that on completion of the current study, an evaluation of the medical efficacy and cost effectiveness of the program resource distribution as described though this study should be conducted. This recommended evaluation process is beyond the scope of the current study.

#### PURPOSE

The purpose of the study reported here is to provide a definitive description of the distribution of Indian and Alaska Native Community Health Representative (CHR) Program resources among specified medical and health care delivery functions, areas and settings during the 1981 fiscal year. The specific program functions, areas and settings included in the study are listed as follows:

#### **FUNCTIONS**

- 1. provision of health care through the conduct of consulting and educational services
- 2. provision of patient care through the conduct of diagnostic and therapeutic services
- provision of patient care through the resolution of physical, economic and cross-cultural encumbrances
- 4. provision of environmental protection through the conduct of surveillance and control services
- 5. attainment of human relations, health and medical care skills and knowledge
- 6. provision of program administration services through the conduct of planning, personnel and financial management activities.

#### <u>AREAS</u>

- 1. medical care
- 2. dental care
- 3. gerontological health care
- 4. maternal and child health care
- 5. mental health care
- 6. environmental health service

#### **SETTINGS**

- 1. home
- 2. hospital/clinic
- 3. community

Definitions of the above terms used for the study appear in the appendix.

This listing of medical and health care delivery functions, areas and settings was drafted with consideration of recommendations from the National Task Force on Community Health Representative Program Evaluation and Direction. This task force is comprised of representatives of the National Tribal Chairmen's Association, the National Congress of American Indians, The National Indian Health Board and the National Community Health Representative Association, as well as senior clinical and administrative staff of the Indian Health Service. The task force delineated the above medical and health care delivery functions, areas and settings as those which are appropriate for utilization of CHR program resources.

The total dollar resources available for the delivery of medical and health care to Indian and Alaska Native populations through the Indian Health Service Community Health Representative Program during fiscal year 1981 was 36.3 million. These funds were administered by the Indian Health Service through contracts and a grant with 234 specific Indian tribal and Alaska Native corporation CHR programs. The Indian and Alaska Native Community Health Representative Program administered by the Indian Health Service was established by an appropriation act of congress in 1968, for the purpose of facilitating the delivery of medical and health care among the widely dispersed and culturally unique Indian, Aleut and Eskimo communities served by the Indian Health Service.

#### METHOD

The data on resource distribution used in this study were obtained from the reports of individual CHR program workers as to how their program time was distributed among the specified medical and health care functions, areas and settings during the twelve-month period from October 1980 through September 1981. The survey instrument allowed for the distribution of 100 points, which represented the work of one full-time CHR program funded position, among the six specified health care delivery functions. Additionally, provision was made for the distribution of resources committed within each function among the six program medical and health care delivery areas and the three settings.

Enough survey forms for all full-time positions in the program during the study period were distributed to each of the 234 CHR programs. Participation in the study was voluntary. The data which are presented in this report include responses for 707 of 2300, or 31 percent of the full-time positions in the program during the 1981 fiscal year. Of the total 234 tribal and Alaska Native Corporation specific programs, 72 or 31 percent participated in the study by August 16, which is the date upon which the analysis for this report was conducted.

The projections presented in this report are made with a 97.62 percent precision to an accuracy of plus or minus 2 percent. This level of precision is based upon a sample number of 700 and a standard deviation of .234.

Data on total resources available to the Indian and Alaska Native CHR program during the 1981 fiscal year (FY'81) have been obtained from applicable Indian Health Service financial management records and Congressional appropriation documents. Accordingly, the total funding level across all 234 programs in FY'81 was 36.3 million dollars. There were 2,300 full-time equivalent positions authorized to conduct the program activities. The assumption has been made that 220 days of service are available through the program for each full-time equivalent position. Thus it has been calculated that 506,000 days of health care service were made available to Indian and Alaska Native populations through the resources of the Community Health Representative Program during FY'81. Accordingly, it can be calculated that the cost for each day health care service provided with Community Health Representative program resources was \$71.74 during FY'81.

#### RESULTS

All Indian and Alaska Native CHR program resource distributions which are projected in this report are expressed in terms of two different units of measure: (1) dollars for the support of full-time equivalent program positions; and (2) days of service provided by full-time equivalent program positions. Operating definitions of the health care delivery functions, areas and settings used in this study appear in the appendix.

Figure 1 depicts graphically the proportionate distribution of program resources among the six specified delivery functions.

Table 1 relates the projected distribution of program funds and days of program worker service among the six program health care delivery functions.

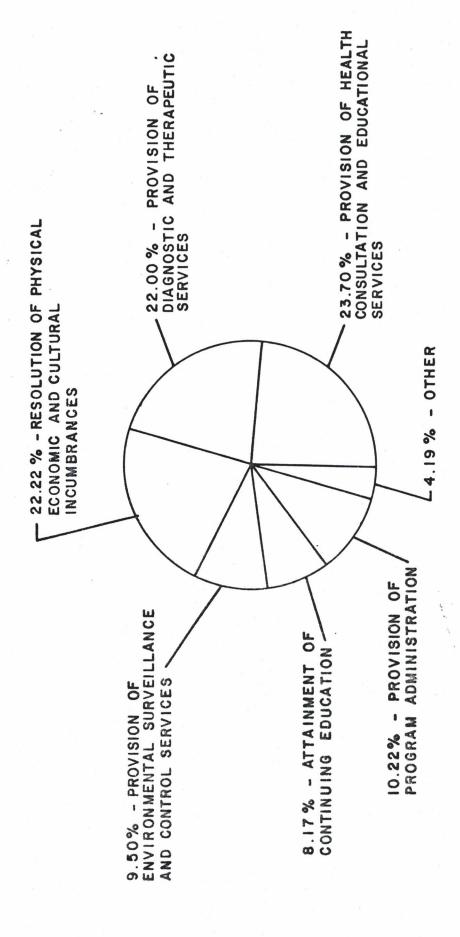
The six functions include those of traditional CHR program generalists in their capacity as health care liaison and outreach workers. An example is the provision of patient care through the resolution of physical, economic and cross-cultural encumbrances such as lack of transportation, lack of funds for medical care, and language barriers. Additionally, it can be noted that those functions which may be more commonly accomplished through the CHR program specialists in one of the various medical or health care fields are also included in Figure 1 and Table 1, for example, providing patient care through the conduct of diagnostic and therapeutic services.

The proportionate distribution of program resources among six health care delivery areas is graphically depicted in Figure 2.

Table 2 relates the proportionate distribution of program dollars and days of service among the six program health care delivery areas.

In Figure 3 the proportionate distribution of program resources among three health care delivery settings is graphically depicted. These are the settings within which the program health care services are provided to the recipients of the service. Table 3 relates the distribution of program dollars and days of service among the three health care delivery settings.

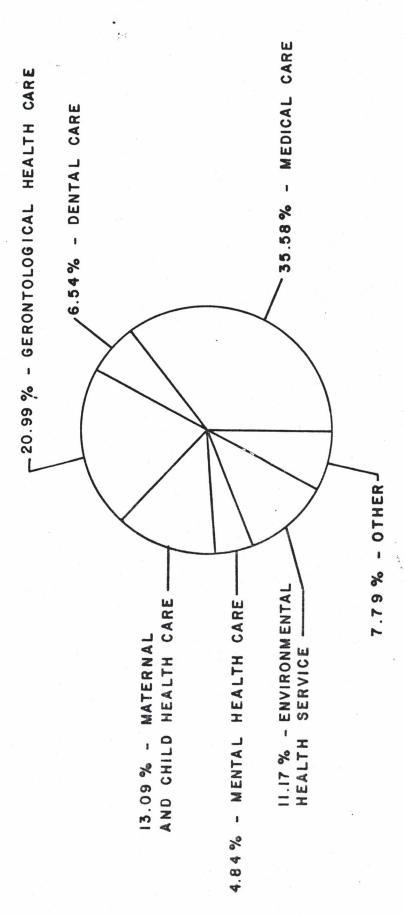
The proportionate distribution of program resources among the three delivery settings within the health care delivery areas is shown in Figure 4. Table 4 relates the program dollars and days of service as their distribution has been projected among the three delivery settings within these six delivery areas.



RESOURCES AMONG SIX HEALTH CARE DELIVERY FUNCTIONS NATIVE COMMUNITY HEALTH REPRESENTATIVE PROGRAM PROPORTIONATE DISTRIBUTION OF INDIAN AND ALASKA DURING FISCAL YEAR 1981 FIGURE

DAYS	OF SERVICE	121,000	111,000	112,000	48,000	41,000	52,000	21,000	206,000
MILLIONS	OF DOLLARS	8.6	8.0	8.1	3.4	3.0	3.7	1.5	36.3
	HEALTH CARE DELIVERY FUNCTION	1. Provision of Health Consultation and Educational Services	2. Provision of Diagnostic and Therapeutic Services	3. Resolution of Physical, Economic and Cultural Incumbrances	4. Provision of Environmental Surveillance and Control Services	5. Attainment of Continuing Education	6. Provision of Program Administration.	7. Other	TOTAL

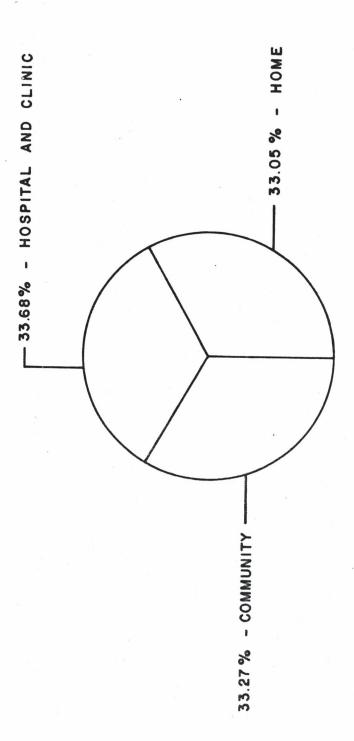
DISTRIBUTION OF FISCAL YEAR 1981 INDIAN AND ALASKA NATIVE COMMUNITY HEALTH REPRESENTATIVE PROGRAM RESOURCES AMONG HEALTH CARE DELIVERY FUNCTIONS IN TERMS OF DOLLARS AND DAYS OF SERVICE. TABLE 1:



NATIVE COMMUNITY HEALTH REPRESENTATIVE PROGRAM PROPORTIONATE DISTRIBUTION OF INDIAN AND ALASKA RESOURCES AMONG SIX HEALTH CARE DELIVERY AREAS DURING FISCAL YEAR 1981 N FIGURE

		MILLIONS	S	DAYS
j. 2	HEALTH CARE DELIVERY AREA	OF DOLLARS	S	OF SERVICE
1	1. Medical Care	12.8		181,000
2.	2. Dental Care	2.4		33,000
3.	Gerontological Health Care	7.6		106,000
4.	Maternal and Child Health Care	4.8		99,000
5.	Mental Health Care	1.8		24.000
9	Environmental Health Service	4.1		57,000
7.	7. Other	2.8		39,000
	TOTAL	36.3		506,000

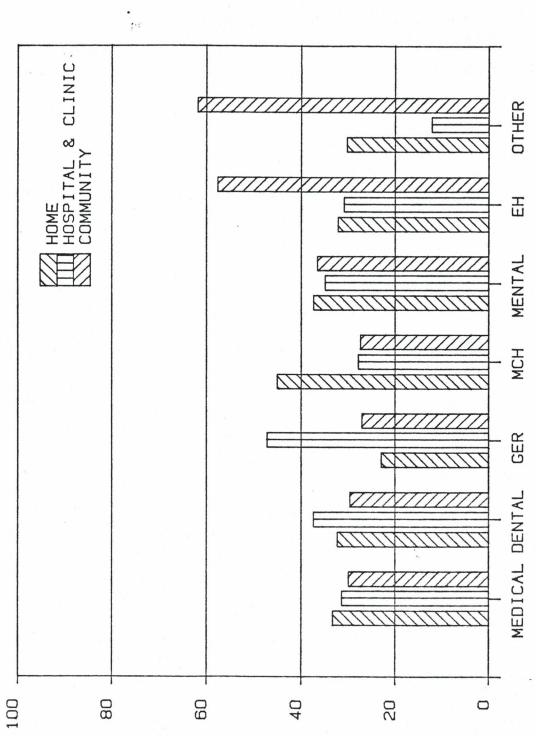
DISTRIBUTION OF FISCAL YEAR 1981 INDIAN AND ALASKA NATIVE COMMUNITY HEALTH REPRESENTATIVE PROGRAM RESOURCES AMONG HEALTH CARE DELIVERY AREAS IN TERMS OF DOLLARS AND DAYS OF SERVICE. TABLE 2:



RESOURCES AMONG THREE HEALTH CARE DELIVERY SETTINGS NATIVE COMMUNITY HEALTH REPRESENTATIVE PROGRAM PROPORTIONATE DISTRIBUTION OF INDIAN AND ALASKA DURING FISCAL YEAR 1981 FIGURE

	MILLIONS	DAYS
HEALTH CARE DELIVERY	0F	0F
SETTING	. DOLLARS	SERVICE
I, Home	12,0	167,000
2. Hospital and Clinic	12.2	171,000
3. Community	12.1	168,000
TOTAL	36.3	506,000

DISTRIBUTION OF FISCAL YEAR 1981 INDIAN AND ALASKA NATIVE COMMUNITY HEALTH REPRESENTATIVE PROGRAM RESOURCES AMONG HEALTH CARE DELIVERY SETTINGS IN TERMS OF DOLLARS AND DAYS OF SERVICE. TABLE 3:



NATIVE COMMUNITY HEALTH REPRESENTATIVE PROGRAM RESOURCES AMONG HEALTH CARE DELIVERY SETTINGS PROPORTIONATE 4 FIGURE

DISTRIBUTION OF INDIAN AND ALASKA

WITHIN DELIVERY AREAS

**₽** M **R** O M **Z** F

	COMMUNITY	S DAYS  OF  S SERVICE	-	000,6	29,000	18,000	000,6	33,000	24,000	176,000	
	C 0 M M	MILLIONS OF DOLLARS	3.8	7.	2.1	1.3	.7	2.4	1.8	12.8	
TAL&	N I C	DAYS OF SERVICE	68,000	16,000	29,000	23,000	7,000	7,000	000,6	159,000	
HOSPITAL&	CLINIC	MILLIONS OF DOLLARS	4.8	1.1	2.1	1.7	.5	.5	9.	11.3	
	Ш	DAYS OF SERVICE	59,000	8,000	48,000	25,000	8,000	17,000	6,000	171,000	
	H O M E	MILLIONS OF DOLLARS	4.2	9.	3.4	1.8	9.	1.2	.4	12.2	
	HEALTH CARE DELIVERY	AREA	1. Medical Care	2. Dental Care	3. Gerontological Health Care	4. Maternal & Child Health Care	5. Mental Health Care	6. Environmental Health Service	7. Other	SUB-TOTALS	

DISTRIBUTION OF FISCAL YEAR 1981 INDIAN AND ALASKA NATIVE COMMUNITY HEALTH REPRESENTATIVE PROGRAM RESOURCES AMONG HEALTH CARE DELIVERY SETTINGS WITHIN DELIVERY AREAS IN TERMS OF DOLLARS AND DAYS OF SERVICE. TABLE 4:

. . . . .

## APPENDIX DEFINITION OF TERMS

#### HEALTH CARE FUNCTIONS

PROVISION OF HEALTH CARE THROUGH THE CONDUCT OF CONSULTATION AND EDUCATIONAL SERVICES:

Provision of adequate information and assistance for creating opportunities to develop skills which will allow individuals to participate in their own preventive and curative care. This includes discussions directed toward helping individuals understand the consequences of their behavior on the cause and prevention of disease.

PROVISION OF PATIENT CARE THROUGH THE CONDUCT OF DIAGNOSTIC AND THERAPEUTIC SERVICES:

Evaluation and/or assessment of physical or mental conditions to identify the nature and severity of illness, including screening and early casefinding and determination and/or oversight of plans for the management of disease, including follow-up and rehabilitation activity.

PROVISION OF CARE THROUGH THE RESOLUTION OF PHYSICAL ECONOMICAL AND CROSS CULTURAL INCUMBRANCES:

Facilitation of access to health and medical care through advocacy, interpretation, translation, transportation and other activities which reduce incumbrances to care.

PROVISION OF ENVIRONMENTAL PROTECTION THROUGH CONDUCT OF SURVEILLANCE AND CONTROL SERVICES:

Protection of health and elimination of illness by the surveillance and control of those elements in the environment such as; food, water, sewage, and air which are known to cause disease.

ATTAINMENT OF HUMAN RELATIONS, HEALTH AND MEDICAL CARE SKILLS AND KNOWLEDGE:

Participation in continuing education and training courses for the purpose of maintaining and developing health and medical care delivery skills and knowledge.

PROVISION OF PROGRAM ADMINISTRATION THROUGH THE CONDUCT OF PLANNING, PERSONNEL MANAGEMENT AND FINANCIAL MANAGEMENT ACTIVITIES:

Administration of program to make effective, efficient and appropriate distribution of people, funds and supplies in order to meet the objectives of the program and accomplish its other functions.

#### HEALTH CARE AREAS

#### MEDICAL CARE:

Screening, diagnosis and treatment of physical conditions, as well as assistance in maintaining health status.

#### DENTAL CARE:

Screening, diagnosis and treatment of conditions of the mouth, primarily teeth and gums, as well as assistance in maintaining dental health status.

#### GERENTOLOGICAL HEALTH CARE:

Medical care, education and social services necessary to maintain the health of the elderly.

#### MATERNAL AND CHILD HEALTH CARE:

Medical care, education and social services necessary for the health of mothers and children from pregnancy through early infancy.

#### MENTAL HEALTH CARE:

Diagnosis, treatment and rehabilitative services for mental diseases, including social, emotional and psychological supportive care.

#### ENVIRONMENTAL HEALTH:

Health care service in relation to food, water, sewage and waste disposal, air and other elements of the physical environment which influence disease.

#### HEALTH CARE SETTINGS

#### HOME:

Location which is the usual place of residence for individual and families.

#### HOSPITAL AND CLINIC:

Location which is staffed by medical and health care personnel and has diagnostic and therapeutic equipment and supplies for the provision of care on an inpatient or outpatient basis.

#### COMMUNITY:

All locations at which care is provied or program administration activitis are conducted which are not in the home or hospitals and clinics.

Not for them

# Government-to-Government

Notes

Trust

vs. states in law enforcement, Support of Federal government granters of states, state New-Fed - not sub-Tribes not sub-ordinate to

maintenance jurisdiction diswater, hunting & fishing, roads

program money. government and tribal government not cut back strengthening tribal S-D grant good. As policy should ments. Contract support and Strengthening of tribal govern-

Direct funding to tribes with BIA cut out.

mitment. Consistency and continuity of Indian policy with long term com-Indian policy needed - bipartisan

private sector funding is poor self-sufficiency - obstacle to Goal of Administration is economic tribal management.

can Federation National Republi-American Indian,

management expertise to be paid by Policy to be is to provide tribes assuming programs under 638. Tribal management not capable of

> diction disputes. fishing and other jurissupport water, hunting & Funds for litigation to

program and interest subto attract private capital. cern about Federal dollars Expansion of loan guarantee Economic Development con-

Notes

Objectives: 1. Separation

of powers, 2. administration with continuity of personnel, 3. Tribal civil service, 4. Raise finance operations to a professional level.

Administration to ensure creation, staffing, training implementation and assistance to tribal management systems.

Education-Federal government has trust responsibility for funds. Urge continued funding JOM, IEA, AVT and CSA.

Sitka Comm.

Assoc.

Housing - Federal government has responsibility in meeting housing needs and protecting relationship between tribes and Indian housing authorities.

Social Services - Concerns about 40% of prison population is Alaska Natives - need to alleviate.

Wants funding for Indian Child Welfare.

Wants a consultation system.

Question merger of all Federal programs in BIA.

Question reorganization of Alaska offices.

Economic inequality should continue to be addressed by Federal government.

Request standard policy for support/strengthens tribal government.

Request rights protection policy.

Request BIA support for tribal courts.

Request BIA education presence in Alaska.

Sovereignty of Tribal governments to be continued

of Flathead

Confederated Salish & Kootenai

Government-to-government relationship encouraged

93-638 continued

Social development is a goal

Treaties be honored by appropriations of funds for education of Indian children and adults on a consistent and continuing basis.

Sisseton-Wahpeton Sioux of Lake

Traverse

Direct funding of Indian Education Programs

(Education Dept.)

Increased consultation with tribes re reorganization of BIA

Trust responsibilities be recognized and carried out

Treaties be honored

Economic self-sufficiency

3

Cherokee Boy's Club (N.C.)

to: For land cessions U.S. agreed

- Tribal self government.
- U.S. to provide services
- destinations. Recognition of Indian resources and cultural rights to land and

# U.S. must:

- Remove threat of termination.
- 2. vide services and proresources and culture test Indian rights self government to pro-Honor obligations to
- 3. diction resources claims, Assist tribes and states in negotiation on juris-

out cut at top not at bottom Balanced budget - agree with

tions not social programs. Indian programs treaty obliga-

the private enterprise in place term conversion without having conversion. To try for short for long term not short term education, training and money ment programs - agree but need Private enterprise as govern-

will be more costly.
Indian Action Econ. Dev.,
Education and training should
be emphasized not cut.

There is discrimination in
the blood degree requirement.
U.S. should serve tribal
members as determined by
tribes regardless of blood
degree.

tland Indian health care is an
entitlement brush and animal

Northwest Portland Area Indian Health Board

entitlement bought and paid for, not a welfare program.

Indian health services are already stretched to their limits and need more not less funds to meet expanding needs.

Health care services is highest priority of Northwest tribes.

Tribes should determine eligibility for health care.

Preventive and home health care should be part of clinical and primary care.

Input into service delivery should come from Indian clients throught Health Boards.

IHS should be required to put health services above its internal administrative requirements.

Trust

Specific recommendations on:

Contract Health Services
Indian Health Services Clinics
Mental Health Alcoholism
Maternal and Child Health
Block Grants
Community Health Reps.
Environmental Health
Indian Health Manpower
Indian Health Service Administration
Communication Tribes/IHS

Paiute Indian Tribe of Utah

The core of tribal existence is the tribal government.

The greatest need today is to increase tribal capabilities to control resources and regulate conduct on tribal land.

The U.S. should provide assistance in helping tribes reach these capabilities.

Not all tribes need assistance in the same areas, assistance must be based on individual tribal needs.

Economic development of tribal resources must be thoroughly though out and planned to meet individual tribal needs.

Education of Indian children must be provided for, including college.

Reaffirm the trust relationship as the primary stabilizing force in the development and progress of Indian tribes.

its effect. Act must be evaluated for The Indian Religious Freedom

benefit to both. carry out relations of mutual for two distinct people to relationship provides means The government-to-government

governmental relations. relations do not preclude non-Government-to-government

governments. relationship between the two wishes without violating the another to act contrary to its One government cannot compel

to each other. government must accord respect Representatives from each

relations with other peoples. determine their political All peoples have the right to

with states. compacts and conventions Tribes may enter treaties,

an existing state. and political assimilate into distinct political character Tribes may dissolve their

> and the U.S. is based on the trust responsibility. The relationship between tribes

economic and cultural future. determining their own political, the position of Indians to one of This obligates the U.S. to elevate

is achieved, the U.S. is obligated Until full tribal self-government assistance to tribes. to provide economic and technical

political future. for Indians to choose their Trusteeship ensures opportunity

Trust

Notes

Nobody can lawfully deny tribes as they see fit.

their basic source of sustenance.

of their lands and natural wealth

natural right to use and dispose Indians retain the inherent and

self-determination. Denial of self-determination All people have the right to

rights to economic and social of nature. defies the law of Nations and Indians have unconditional

systems. their own economic and social Indians may freely choose benefits.

systems imposed on them. have economic and social Indians have the right not to

and tribes is necessary. Co-existence between the U.S.

by an international body. which abridge the rights of the other require resolution Actions by one government

interests. to act against its own No nation can compel another

United National Indian Tribal Youth

lity cannot be relinquished Education a trust responsibito states.

accessibility and quality of education. Budget cuts must not affect

00

17	Indian	United	Tribe/	
	Triba	Natio	Group	

Government-to-government

Notes

Trust

Youth (cont'd) ional

> continued. Title IV and JOB to be

expanded. higher education must be Vocational education and

Quality education includes:

- a. Pre-school
- Bilingual and biprofessionals. developed by Indian cultural programs
- С. Counselors, Native alternative educanecessary for transition. tional options youth clubs and
- d. Parent and community participation
- e. only with consultation. Boarding schools closings

services: Health recommendations health

- 1. Replace and upgrade facilities.
- Assist in appraisal of health needs and quality of core.
- 3. Support Indians entering health care professions.
- 4. Develop awareness and preventive programs.

10

Notes

Tribe/Group
United National
Indian Tribal
Youth (cont'd)

Government-to-government

Notes

Trust

Career opportunity programs should be maintained and expanded.

Youth should be encouraged to participate in social, tribal, political and individual pursuits which will enhance the leadership ability.

Resources - To be used for benefit of tribal members.
Inventories of resources needed.

Renewable resources to become self-sustaining and used for benefit of the people.

Non-renewable resources to be used in a manner that will insure availability for future generations.

Technical assistance to tribes for planning for resource development.

Training and education for developing the economies of reservations.

Mississippi Choctaw

Build on 1970 message - stress need for a policy so tribes and Feds will know where each stands in relation to each other.

Also use Policy Review Commission report as a base.

11

Mississippi Choctaw (cont'd)

as a policy. a success, should be continued Self-determination has been

development. reinforced with economic Self-determination must be

expertise. government; also lack of BIA is instability of tribal Major reason for past failures

Comprehensive Indian economic create infrastructure. development legislation -

definition of Indian. Federal Departments as to Lack of uniformity among

to state block grant programs. Tribal governments relationship

Law enforcement programs.

vidual business development. and loan funding; financial and technical assistance for inditraining; tax incentives; grant tribes and private sector; job Improve communication between

of trust. Alarmed about education as part Reaffirm the trust responsibility.

Water and mineral rights.

Employment

Keep CE

## National Urban Indian Council

- Maintain Sec 8 Rent Subsidized HUD housing program
- Full funding for Urban reinstated. Indian Health Programs be
- Support Chisholm Bill setof American Indian Religious Black Hills for exercise ting aside 800 acres of Freedom Act.

- Social & Econ. Dev.
- Standardize (ANA grant review process
- Continue and increase economic development funding for social and
- Funding for technical assistance to develop strategies social and economic
- Use Federal and private money for joint economic urban Indians ventures for tribes and
- Combine ANA Job Bank with Venture Resource Center. an Urban Indian Economic
- Continued eligibility for ment the Indian Child \$15 million. Title II funds to imple-Welfare Act. Appropriate
- Support efforts of the Jim Thorpe Foundation.
- Establish Federal task ing urban Indians. force to advise & assist in developing policy affect-

Support all tribes in their

government-to-government and efforts to strengthen the

trust relationships with the

- The Ind: given fu

- Funding

Emp Loyme

- Provide entrepro
- Keep the Education

- Support to urbai

Notes
f Lands
4 Health

in Sec 8 Rent Subd HUD housing program

unding for Urban Health Programs be ated. Chisholm Bill setside 800 acres of Iills for exercise ican Indian Religious Act.

Social & Econ. Dev.

Standardize (ANA grant review process

- Continue and increase funding for social and economic development

Funding for technical assistance to develop social and economic strategies

- Use Federal and private money for joint economic ventures for tribes and urban Indians

- Combine ANA Job Bank with an Urban Indian Economic Venture Resource Center. - Continued eligibility for Title II funds to implement the Indian Child Welfare Act. Appropriate \$15 million.

- Support efforts of the Jim Thorpe Foundation. - Establish Federal task force to advise & assist in developing policy affecting urban Indians.

ent-to-government and slationships with the

all tribes in their

to strengthen the

Employment & Training & Educ.

Notes

Notes

- Keep CETA funded

- The Indian Desk, DOL, be given full granting authority - Funding to support a National Employment Resource Center

- Provide training for Indian entrepreneurs

- Keep the Office of Indian Education in HHS.

- Support direct Federal funding to urban Indians.

Employment

Include urban Indians

- Set American Indian Day for Sept. 1983.

- Obtain urban Indian funding for implement-ing the Older Americans

ds.
Lan
ಹ
Health

sh nuclear waste regulations.

Notes

Social & Econ. Dev.

Notes

Employment & Training & Educ.

- Include urban Indians in set asides for the Block Grant concept of funding. - Set American Indian Day for Sept, 1983.

for implement-Older Americans

ırban Indian

Notes

Q. What is your position on sovereignty and self-determination for federallyrecognized American Indian tribal governments?

A. I support tribal sovereignty and selfdetermination for federally-recognized American Indian tribal governments. Because I believe deeply in the rule of law, I support respect for and adherence to treaties, court decisions, and laws passed by Congress which clearly recognize Indian tribes right to self-government.

Tribes have not given up their powers of self-government in their local communities. I want to see tribal powers of local selfgovernment continue to improve and develop. I want to see tribes effectively address the issues of poverty, education. poor health conditions, and community development, particularly more effective judicial systems.

I can think of no better example of the problem flowing from paternalistic big government than the events that have happened to American Indian communities. I would support Indian government through the fulfillment of treaty obligations and financial assistance, and not supplant Indian government by federal government bureaucrats.

Q. What is your position on "government to government" relations between the federal government and Indian tribal governments-in other words, treating tribal governments on an equal basis with state and local governments?

A. The traditional relationship between the United States and Indian governments is a "government-to-government relationship." History tells us that the only effective way for Indian reservations, and Indian communities, to develop is with local Indian leadership. Bearing in mind the legal and historical background, tribal governments must play the primary role in Indian affairs. State and non-Indian local governments can at best play only a secondary role.

INDIAN LEADERS DURING THE CAMPAIGN

vour position on sovereignty

Q. Will your Administration establish a White House coordinator on Indian tribal affairs to prevent the current situation of uncoordinated programs which overlap in numerous federal agencies?

> A. We cannot promise that an office of special coordinator on Indian tribal affairs will be established in the Reagan White House, although the matter will be looked into. However, I can assure the Indian tribes that their leadership will have strong advocacy and an open channel of communication in the White House. The failure or refusal of the various federal agencies to coordinate their efforts on behalf of the Indian tribes results in gross inefficiency, loss of costly time, and greatly reduced costbenefit to the Indian people. This will not be tolerated in the Reagan White House.

O. What will your policy be on dealing with urban Indians and nonfederally recognized Indian groups, including staterecognized Indian tribes as opposed to federally-recognized tribes?

A. At the outset, let me say that I fully respect the unique trust relationship between the United States government and the federally-recognized Indian tribes. However, having served as Governor of the state which has some of the largest urban Indian communities in the U.S., I am aware of the unique nature of their situation and of the fact that their problems have been largely ignored in the past. The situation of the urban Indian, the off-reservation rural Indian communities, and the tribes not recognized by the federal government must be looked into with the goal of establishing ways and means of securing better opportunities for them. However, this must be done in a way that will not threaten or compromise the treasured trust relationship of the federally-recognized tribes, nor diminish the financial commitment of the federal government to them.

Q. Will your Administration retain the position of Assistant Secretary of the Interior for Indian Affairs and the Commissioner of Indian Affairs?

A. My Administration will consider various alternative arrangements for assuring the development of Indian policy and the effective execution of that policy. The present Assistant Secretary and Commissioner structure is one alternative. There may be others worthy of consideration, suggested by organizational experts or by tribal leadership. Whatever the final choice, it will be taken only after full consultation with Indian leadership.



Q. Will Indian tribes continue to be eligible to receive General Revenue Sharing Funds?

A. I see no circumstances under which I would initiate any legislative changes that would alter current conditions and prohibit tribal eligibility to receive General Revenue Sharing Funds. In the long run, I would hope to decentralize program responsibilities from the federal government to the state and local governments, including tribal governments, along with the tax resources to pay for them.

Q. What is your policy on tribal governments determining their own membership and government policies without interference by the Bureau of Indian Affairs or Secretary of Interior, notwithstand-ing certain trust responsibility

legal restrictions? A. Indian people should determine tribal membership for themselves, since they are ultimately going to participate in the responsibilities and benefits of the tribal relationship. I believe state and local governments should have maximum freedom to develop their governmental policies without interference by federal agencies. Since tribal governments have the same responsibilities to tribal members that state and local governments have to their citizens my philosophical view is that federal bureaucrats should not interfere with Indian government policy development. Where the trust responsibility brought my Administration into conflict with tribal policies, I would be willing to consider consultation with Indian governments, recommending to Congress the repeal of laws that are causing

Q. What will the policy be on encouraging tribes to take over Bureau of Indian Affairs and Indian Health Services programs as they are capable, thus reducing the role of government agencies but not terminating federal funding?

difficulties.

A. I endorse "Indian self-determination" as national policy. The Indian Self-Determination Act (P.L.93-638) was proposed by a Republican Administration and enacted by Congress to provide the legal and administration vehicle for the tribal government to secure control and management of federal programs designed to serve their constituencies. I believe that the tribal governments, as they decide they are able to administer it, should have that control.

Although I am informed that there have been problems in implementing P.L.93-638, I believe that the concept of Indian self-determination remains valid. A priority in my Administration's Indian affairs agenda would be a thorough review of P.L.93-638 with the Congress and the Indian leadership for the purpose of improving the legislation and the federal administration of it; and of removing those aspects which cause anxiety and reluctance on the part of the tribes to participate.

Q. Will your Administration guarantee tribal governments that it will not terminate tribes or the federal responsibility to tribes or abrogate treaties between tribes and the U.S. government?

A. My Administration would be opposed to the abrogation of Indian treaties and the termination of the unique relationship between the federal government and the Indian tribes. The policy of "termination" has been greatly discredited as morally and legally unacceptable and, in practical social and economic terms, devastating.

I stated earlier that because I believe in the rule of law I support respect for and adherence to existing Indian treaties. The provisions of many Indian treaties are still valid law and impose duties and responsibilities on both Indian governments and the United States government today. The support and fulfillment of Indian treaties is bound up with the honor and integrity of the United States. The United States should keep its pledged word to any nation, great or small. Supreme Court Justice Black expressed it this way, "Great Nations, like great men, should keep their word." The policy of termination of the federal trust responsibility to Indian tribes proved to be an economic and social disaster in the 1950's and 1960's. My Administration would not recommend that termination be revitalized or resurrected.

Q. Will your Administration guarantee against states or local governments taking over or having jurisdiction over any tribal reservation or historical lands?

A. My Administration would not advance executive action nor support legislation that would provide for the seizure of tribal jurisdiction by state authority. My Administration will be committed to upholding the law. If the tribal justice systems are deficient in their abilities to protect rights and property and to administer justice, government should assist them in carrying out their responsibilities fairly and responsibly.

I am informed that, at the initiative of Indian leadership themselves, a Commission on State-Tribal Relations has been sanctioned by the National Tribal Chairmen's Association, the National Congress of American Indians, and the National Conference of State Legislatures. I am encouraged by this action and look upon this type of negotiation as a promising step in resolving the age-old struggle between the tribes and states.

Q. What will the policy be on guaranteeing maker rights for tribal governments in the western part of the U.S.?

A. I believe that the inherent water rights of the Indian tribes is a vital key to true and lasting economic development for Indian reservations. I agree that quantification of water rights must be achieved in the future, but quantification must not be to the detriment of the Indian tribes.

The best protection of Indian water rights is the perfection of those rights through beneficial usage of the water by the Indian people. This can be done with assistance to the tribes and their people for them to develop their energy, agricultural, and other tribal natural resources.

Q. What is the policy on upholding fishing rights on tribal lands?

A. As I stated earlier, I support the fulfillment of Indian treaty rights. Where the tribes by the terms of treaty have reserved the fishing rights I feel those rights should be protected. This is consistent with current federal Indian law as the U.S. Supreme Court has interpreted it.

Q. What is the policy on tribal court systems? Jurisdiction over non-Indians on Indian land? Taxation of persons living on

Indian lands?

A. I would encourage and support the development of the tribal court system. Because of the geographical isolation of Indian reservations tribal courts are sometimes the only judicial forums available for hundreds of miles. It is my understanding that at the present time tribal court systems have no difficulties about their jurisdiction over civil cases involving both Indian and non-Indians. It is also my understanding that the U.S. Supreme Court concluded that tribal courts did not have jurisdiction over non-Indians in 1978 in a case on the Suquamish reservation. I know that the issue of criminal justice jurisdiction over non-Indians by tribal courts is a source of high emotion on both sides and deep frustration for tribal court and government officials because of the irresponsible action of some non-Indians in Indian communities. Indian communities must be protected against lawless action and I would welcome advice on the matter from Indian governments.

Q. Will your Administration support Indian education through the Bureau of Indian Affairs rather than through the

Department of Education?

A. I have been informed that Indian tribal leaders and education professionals have opposed the transfer of Indian education from the BIA to the new Department of Education for fear that the resulting reduction of the BIA budget would diminish that agency's trust protection as well; and that the tribes feared absorption and loss of Indian education programs in the burgeoning bureauracy of the new Department (of Education).

I have strongly opposed the Department of Education, and if elected I will propose its abolition. If that measure is adopted, the Indian education program would presumably be transferred back to BIA, or reorganized in such a way as to increase tribal responsibilities for the education of Indian children.

Q. Will federal agencies be directed to deal with tribes directly rather than through states or counties on welfare, nutrition programs, law enforcement assistance, etc.?

A. My Administration will honor the government-to-government relationship that exists according to law. Certainly, we'll be open to discussion on the best possible delivery systems for federal services to Indian people. However, we are aware of the magnitude of the problem of changing legislation that directs federal funding through state channels, and can make no promises until my Administration has had the opportunity to thoroughly review the situation.

Q. Since tribal governments own a large share of natural resources (including energy), what is your policy on permitting tribes autonomy in decision on development, lease management, etc.?

A. Tribal governments should have the right to determine the extent and the methods of developing the tribe's natural resources. Although the federal government has a trust responsibility for Indian natural resources, that responsibility should be directed to the protection of the resources from alienation and exploitation from the outside. It should not be used to hinder tribes from taking advantage of economic development opportunities.

Tribes are making great strides in planning and controlling development—
particularly those members of the Council of Energy Resource Tribes. The American private sector possesses unlimited technology and management expertise which the tribes can call upon. My Administration would encourage fair and just partnerships among the tribal governments, the private sector, and the federal government in meeting the tribes' identified development needs.

Q. What is the plan to assist tribes in developing their own economic self-sufficiency?

A. Economic self-sufficiency will be a goal of the Reagan Administration, both in Indian affairs and in the nation at large. It would work to make available financial, technological and management assistance which will enable tribal enterprises to develop their own projects for self-sufficiency. This will result in the reduction of income dependency and an increase in productive employment – which are the desires of Indian people.

Q. What is the plan to encourage economic development of individual Indian small business enterprise?

A. Although the systematic development of *tribal* enterprise is extremely important, the development of individual or small business enterprise is crucial to sound economic development on the reservations.

Ample opportunities now exist in the areas of agriculture, services, and light industry development throughout the rural Indian communities. As is the case throughout America, however, many Indian businesses fail for lack of adequate management and financing capital availability. My Administration will work to assist all small businesses in obtaining capital, managerial assistance, governmental procurement contracts, and export opportunities.

Q. In selecting a Secretary of the Interior, will you consider an individual who is knowledgeable in the area of Indian Affairs, since the Bureau of Indian Affairs is under the Department of Interior and the Department could be most effective with this knowledge in handling Indian issues?

A. Until I am actually considering individuals to nominate for the position of Secretary of the Interior, it is difficult to make a yes or no response. Indian Affairs is an extremely important part of the Interior Department, but the Department has a broad range of important responsibilities. I would definitely consider an Indian for Secretary of the Interior, but it would have to be a person who has demonstrated knowledge of competence commensurate with the full range of departmental responsibilities.

Q. Will your Administration consult with tribes on issues and appointments to positions affecting Indians and tribal governments?

A. Yes. I have indicated that the traditional "government-to-government" relationship between the federal government and Indian governments should be continued. In my view that would include consulting with tribes and their leaders in the development of federal Indian policy, and about appointments to federal government positions affecting Indians and tribal governments. I feel that the problem of an insensitive, unresponsive paternalistic federal government has been most acute in the area of Indian policy. I believe that the people whose interests are intended to be served and whose lives are most affected should play a larger role in influencing federal policy and personnel, so that the federal government can become more sensitive and responsive.