

## NATIONAL TRIBAL ENVIRONMENTAL HEALTH (NTEH) THINK TANK

### Meeting #1 Summary

Melrose Hotel  
Washington, DC  
July 26-27, 2011

#### Meeting #1 Purposes:

- 1) To describe the purpose and goals of the NTEH Think Tank and review the process of engaging in strategic planning for NCEH/ATSDR's Office of Tribal Affairs (OTA)
- 2) To provide an overview of the status, goals, and mission of OTA and NCEH/ATSDR and conduct strategic analysis of the OTA mission and vision statements
- 3) To convey purpose and expectations of NTEH Think Tank members and provide an overview of the expected outcomes resulting from the planning process
- 4) To conduct strategic analysis of the potential placement of OTA in the proposed new ATSDR organizational structure

#### Day One – July 26, 2011

##### Welcome, Introductions, Meeting Agenda and Purpose

Montrece Ransom, Legislative Analyst  
Office of Program Development  
National Center for Environmental Health/ Agency for Toxic Substances and Disease Registry (NCEH/ATSDR)  
Centers for Disease Control & Prevention

Montrece Ransom opened the meeting by welcoming everyone and describing the charge of the National Tribal Environmental Health Think Tank. She indicated that the overall purpose of the Think Tank initiative is to develop a 3-5 year strategic plan for the OTA that will establish accountability as well as provide a foundation for moving forward. Ms. Ransom also conveyed that this was an opportunity to bring a diverse group of tribal professionals together to discuss environmental issues and to deliberate on how to develop strategies to address those issues. She noted that six of the twelve Think Tank members participated in the NCEH/ATSDR *National Conversation*, and their experiences with that effort would be helpful as the OTA strategic plan is being established. She highlighted the fact that all 12 participants were identified and selected because of their work and commitment to working with American Indian/Alaska Native (AI/AN) populations on diverse issues such as environmental health, environmental protection, climate change, urban Indian topics, epidemiology, child health, and community health. She also commented that it would be important for the participants to actively participate in the discussions for all three meetings and that homework assignments would be handed out as well in order to solicit feedback from their colleagues in their respective regions.

Annabelle Allison, Tribal Liaison  
Office of Tribal Affairs (OTA)  
National Center for Environmental Health/ Agency for Toxic Substances and Disease Registry  
(NCEH/ATSDR)  
Centers for Disease Control & Prevention (CDC)

Annabelle Allison introduced herself and briefly summarized some of the activities in the Office of Tribal Affairs (OTA) over the course of the past three years. She specifically indicated that a large part of her work includes fostering relationships between the federal government and tribes, and that it was important for federal entities to understand tribal sovereignty and how to engage in a government-to-government relationship with tribes. She conveyed that the OTA has also been slowly implementing a process for tribal consultation on environmental health matters that have a direct impact on tribal land and resources. Ms. Allison indicated that the timing of the Think Tank initiative originally was meant to coincide with the NCEH/ATSDR *National Conversation* in 2010 but due to several factors, the effort could not begin until 2011. Overall, the Think Tank initiative is still very timely as NCEH and ATSDR are currently undergoing a reorganization assessment and the Think Tank process could be an opportunity to implement some of the strategic planning results.

### **NCEH/ATSDR Overview**

Chinyere Ekechi, Public Health Analyst  
Office of Policy, Planning & Evaluation (OPPE)  
National Center for Environmental Health/ Agency for Toxic Substances and Disease Registry  
(NCEH/ATSDR)  
Centers for Disease Control & Prevention (CDC)

Chinyere Ekechi provided background information on the work of NCEH and ATSDR. This overview was meant to help the participants to start thinking about how the programmatic activities might be applicable in tribal communities. Ms. Ekechi began by noting recent highlights and activities involving NCEH and ATSDR, including responding to the Deepwater Horizon Oil Spill, providing public health assistance for the Japan Tsunami response, and collaborating with the Contaminated Drywall investigation as well as the asbestos assessment in Libby, MT.

Ms. Ekechi briefly described the activities of ATSDR by summarizing their work with public health assessments (PHAs) and health consultations (HCs); noting that ATSDR serves as an advisory arm and works closely with communities to investigate potential chemical and toxic exposures from hazardous waste sites or suspected contamination. She also referred the participants to the “ATSDR Green Book” which highlights ATSDR’s history and programs.

Ms. Ekechi provided details on the work of NCEH by summarizing some of their efforts in indoor air quality, the Healthy Homes/Lead Poisoning Prevention initiatives, promoting Healthy Community Design, and asthma initiatives. She also highlighted NCEH’s work in other countries related to water quality (Global Water Program) and the Vessel Sanitation Program, which inspects cruise ships to ensure public safety. She also noted some of more renowned activities of

NCEH such as the Laboratory, the National Biomonitoring Program and the Tracking Network, which works to track environmental hazard data, exposure data and health effects data.

### **NCEH/ATSDR OTA Outreach & Communications**

Anantha Sameera Mangena, Intern  
Office of Policy, Planning & Evaluation (OPPE) & Office of Tribal Affairs (OTA)  
National Center for Environmental Health/ Agency for Toxic Substances and Disease Registry  
(NCEH/ATSDR)  
Centers for Disease Control & Prevention (CDC)

Ms. Sameera Mangena, NCEH/ATSDR Intern, gave a presentation on her efforts to assist with the development of an OTA newsletter. She gave an overview of some options to consider including who the audience should be, what kind of information should be presented, and how often it should be distributed. The participants offered feedback to Ms. Mangena, the primary one being that an e-newsletter might be the best route for internal and external distribution. Ms. Mangena also mentioned that she would write two articles for the first newsletter including one for the CDC/ATSDR Working Effectively with Tribal Governments (WETG) course and another for this first Think Tank meeting.

### **NCEH/ATSDR Office of Tribal Affairs (OTA) Overview**

Annabelle Allison provided an overview of OTA's activities since her tenure in April 2008. She conveyed that the first year was spent gaining visibility and conducting outreach regarding her office and about the services of NCEH and ATSDR. She also has worked internally with the NCEH and ATSDR divisions to gain visibility and awareness of the OTA. Ms. Allison indicated that OTA participates in the CDC/ATSDR Tribal Advisory Committee (formerly known as the Tribal Consultation Advisory Council), which meets twice a year to hear from tribes about their public health and environmental health issues and concerns. She said that it's rare for her to hear about EH issues through this forum but she routinely provides updates on OTA activities.

As far as technical support to tribes, Ms. Allison indicated that once a tribal request for technical assistance is received, she works with the appropriate divisions to try and see what possibilities exist for collaborating with a tribe on their EH concern. She mentioned that ATSDR has a formal triage and petition program that all requests are funneled through but with NCEH, she identifies the appropriate division based on the type of request.

Since September 2008, she has also worked closely with ATSDR and NCEH on uranium assessment and remediation activities on the Navajo Nation. Representative Waxman, D-CA, from the Committee of Energy and Commerce, requested CDC and ATSDR's participation in bi-annual meetings along with five other federal agencies to provide updates on uranium assessment and remediation activities on the Navajo Nation. ATSDR received \$2 million dollars in FY2010 to begin designing a Birth Cohort Study and are anticipating additional funding of \$2M for two more years (FY12 & 13).

Ms. Allison also mentioned that she revised the “Working Effectively with Tribal Governments” training course and held a two-day course on June 21-22, 2011 at the CDC/ATSDR Chamblee campus in Atlanta, GA. This course is for NCEH and ATSDR staff and provides an overview of AI/AN history, public health and environmental health impacts in Indian country, overview of federal mandates that define the government’s unique relationship with tribal governments, overview of Indian Health Service (IHS) and Bureau of Indian Affairs (BIA) agencies and their role with tribes, and tips for working effectively with tribes and tribal communities. Ms. Allison indicated that she invited 3 guest lecturers to serve as instructors and each of these individuals were versed in tribal affairs, which made the discussions very engaging and informative. The feedback from the offering has been very positive and other Centers, Institutes, and Offices (CIOs) within CDC are interested in developing similar courses for their staff and external partners.

Ms. Allison briefly described her work across the CIOs within CDC and the importance of collaborating with CDC’s Tribal Support Office. Lastly, as a one-person office currently, she also mentioned utilizing summer interns and fellows to assist with OTA activities and the enormous value gained from these opportunities.

### **NCEH/ATSDR Proposed Re-organization**

Chinyere Ekechi and Annabelle Allison informed the participants about an ongoing re-organization that is occurring within NCEH and ATSDR. Ms. Allison mentioned that the reorganization follows criticism from Congressional members and some members of the public regarding their perspectives that ATSDR may not be effectively responding to community concerns regarding potential chemical and toxic exposures. The reorganization evaluation has begun for the ATSDR divisions and the Office of the Director and will be followed by an evaluation of NCEH.

The relevance of the OD restructuring is that OTA currently resides between the Office of Policy, Planning and Evaluation (OPPE) and the Director and it often causes confusion from an operational standpoint. Annabelle currently reports directly to the OPPE Director for personnel issues and informs the Director about administrative and operational activities related to tribal activities.

Ms. Ekechi and Ms. Allison discussed potential options for the participants to consider regarding where OTA could ideally reside within the OD. Two questions were posed to the participants: 1) What are the benefits and challenges of OTA residing in the OD; and 2) What would be the ideal reporting structure. Annabelle felt that their feedback would help her to develop comments to submit to the Director for consideration.

Many responses included:

- The OTA-Director relationship would be more analogous to the government to government relationship, If you do not have direct access to the director, interpretation is lost in translation
- Reflects close relationship between environmental health issues in tribal communities
- Precedent has been set in other agencies (ex: USDA)

- Inability for tribes to participate if OTA is not directly connected to the director, it takes longer amount of time to disseminate information into communities
- Credibility given to the office if reporting directly to the director
- Following Executive Order and the Obama Administration's policy to have direct consultation, and Tribal sovereignty

A question was posed to Ms. Allison: What have been barriers to current performance? Ms. Allison responded that there is currently no direct recognition of OTA as a stand-alone office; that many tribal issues are cross cutting and being at the OD level helps to be able to navigate between the NCEH and ATSDR divisions; that it is challenging to be a one-person office with an increasing work load, although one of the benefits of being associated with OPPE is that collaboration on projects is possible and that it helps to be aware of legislative activities occurring in Washington, DC and their potential impacts to tribes.

### **Homework Assignment for Day Two**

At the end of the first day, Ms. Ransom passed out a homework assignment sheet to all the participants along with a copy of the OTA's current mission and objectives statement. The homework assignment sheet listed the following 4 questions:

1. Based on your experience, and today's presentation and discussion, list three strengths and weaknesses of OTA in its provision of services.
2. Based upon today's presentation and discussion, where do you think OTA best fits in the NCEH/ATSDR organizational structure? To whom should the Director of OTA report? Why?
3. In your own words, based on your experience and today's presentation, how would you describe the mission of OTA to a colleague?
4. Does this mission statement effectively describe what needs are intended to be met by what services? If not, what is the mission from your perspective?

The participants were asked to answer these four questions and discuss their responses on day two.

### **Day 2 - July 27, 2011**

Dr. Christopher Portier, Director  
National Center for Environmental Health/ Agency for Toxic Substances and Disease Registry (NCEH/ATSDR)  
Centers for Disease Control & Prevention (CDC)

Dr. Christopher Portier provided welcoming remarks to open day two's meeting. He indicated his awareness of the issues tribes face in regards to environmental health issues as well as the high disparity rates for certain health measures. Dr. Portier also conveyed his interest in wanting to foster NCEH/ATSDR's relationship with tribes.

After his opening remarks, Dr. Portier opened the floor for questions from the Think Tank participants. One question posed was related to the FY2010 federal budget outlook for CDC and ATSDR. Dr. Portier responded that he anticipated that NCEH and ATSDR would experience some budget cuts but that dialogue within Congress was still occurring. A follow up question inquired if OTA would be in danger and Dr. Portier responded that no, OTA would not be.

Another question posed was whether OTA could work directly with tribes as opposed to the current mechanism which requires states to be involved. Dr. Portier indicated that some criteria adjustments may be possible. After explaining that ATSDR currently funds only states through cooperative agreement programs (one tribe in the past that didn't reapply in FY2010), Dr. Portier asked the members whether tribes considered the option of entering into partnerships with each other to apply for funding? The response from the participants was that although banding tribes together for funding opportunities may present an ideal scenario for the federal government, it is important to recognize that each tribe is unique and addressing these unique issues requires a tailored approach. It was also noted that it is important to recognize the individual sovereignty status of each federally-recognized tribe.

One participant commented that it was very important to identify the issues in Indian country, prioritize and include a timeline for addressing the issues. Dr. Portier mentioned that ATSDR has a PH/EH Strike Force and perhaps they could include some tribal communities that have imminent concerns.

Another participant indicated the need for assessment data that is representative of the tribe, that it would be helpful for ATSDR to investigate PH exposures on behalf of the tribes and not rely on other federal agencies such as EPA. It's important to acknowledge that exposure pathways in tribal communities are quite different from the general US population and entities such as EPA don't always take those unique pathways into consideration.

One participant conveyed that it was important for OTA to report directly to the Director and to elevate the government to government relationship, to initiate action with authority, and to promote visibility of tribal issues throughout NCEH/ATSDR.

Dr. Portier thanked everyone for their time, participation and questions and said he looked forward to the results of the Think Tank.

### **Review of Homework from Day One**

Ms. Ransom led the group in a discussion about the general strengths and weaknesses of the OTA. Some of general points are captured below:

#### **General Strengths**

- Education and training that OTA has created
- Promoting government-to-government relations/empower governments to share their own perspectives
- Annabelle Allison's office is a resource that fosters a trust relationship with tribes
- Partnerships and collaboration

- OTA understands the environmental issues affecting tribes (Tribal Orientation)
- Ability to launch studies / create studies that assess health of native communities
- Making moves towards implementing policy that improves access to NCEH/ATSDR resources (i.e., NTEH Think Tank, WETG course, etc.)
- Good working relationships with tribal governments
- Communications
- Willingness to work with tribes in a meaningful way
- In a position to take meaningful action for tribes
- WETG training was appropriate, worked well
- Increasing awareness of issues
- Bringing together tribal advocates for Think Tank
- If change in staff occurs, sustainability will exist

#### General Weaknesses

- Need to expand education efforts / support needed from leadership at CDC/ATSDR
- Needs better funding
- Lack of understanding from tribes about the office
- Lack of staffing within OTA
- The need for Annabelle Allison to educate takes away from her ability to implement the tasks of OTA
- Lack of support within divisions
- Dealing with chemical spills and emergencies in tribal communities
- Preparedness training for children - currently do not identify the special needs for children
- Lack of credibility and authority to coordinate plans that can benefit tribal communities
- Sharing data between agencies
- General attitudes and omissions that tribal communities experience / underrepresentation
- Flow of information from the tribal communities to OTA and vice versa – should include anecdotal information
- Tribes do not understand what they can call OTA for
- Helping tribes with advocacy, collaborating with other agencies that might address environmental health issues

Annabelle Allison, as Tribal Liaison, was asked if she had anything to add and she indicated the following:

- Important to establish mechanism for OTA to consistently collaborate with other divisions in order to achieve goals
- Continue with internal training (WETG) and expand to include managers, project officers, perhaps state and local partners who may have interest
- Workforce development/Internships/Fellowships to increase the number of AI/AN professionals in public health and environmental health careers

## **OTA's Mission and Vision**

Ms. Ransom led the group in an exercise to update and modify the current OTA mission and objectives. The group was divided into three groups and each group was given one of the following tasks: to develop a Mission Statement, develop a Vision statement, and develop the Guiding Principles. Each of these assignments was based on the earlier discussion of what OTA does, the challenges it faces and the benefits that it offers.

The group reconvened and reported out on their assignments. After another discussion with all of the participants, draft versions of the Mission Statement, Vision, and Guiding Principles were finessed with mutual consensus of the verbiage. The group will revisit the three items again at the end of the 3<sup>rd</sup> meeting to ensure they align with the goal statements, strategies, and activities within the proposed OTA strategic plan.

## **Discussion on Future Meetings**

Mr. Blake Harper  
National Indian Health Board (NIHB)  
Contractor for NTEH Think Tank

Mr. Blake Harper discussed the planning for the future meetings. The second meeting was proposed for Suquamish, WA on August 25, 2011 (one full-day meeting). The third meeting was proposed to be held in Anchorage, AK on September 23-24, 2011 (1 ½ day meeting). Participants deliberated on these dates and confirmed that they worked with their schedules.

## **Adjournment**

Ms. Allison thanked everyone for their participation and expressed the importance of their feedback and input in the Think Tank initiative, and to continually evaluate progress. Ms. Ransom reiterated that the homework assignments for the 2<sup>nd</sup> meeting would be for the participants to reach out to their colleagues and compile 5-8 environmental health issues facing tribes today, including a short description of the EH issue and the potential ways that OTA could address the issues. Participants conveyed their appreciation for a productive session and convened for the day.

## **Participation**

### **Members Present:**

- Rosemary Ahtuanguak, Village of Nuiqsut, AK
- Kristin Hill, Great Lakes Inter-Tribal Epidemiology Center, WI
- Susan Hanson, Shoshone Bannock Tribe, ID
- Steve Crawford, Passamaquoddy-Pleasant Point Tribe, ME
- Jennifer Irving, Great Plains Tribal Chairman's Health Board, SD
- Jerry Waukau, Menominee Nation, WI
- Alec Thundercloud, Ho-Chunk Nation Health Department, WI
- Michael Brubaker, Alaska Native Tribal Health Consortium, AK

**By Phone:**

- Nancy John, Cherokee Nation, OK, on Day 1
- Jerilyn Church, American Indian Health & Family Services, MI, on Day 2

**Facilitation and Logistics Team:**

- Annabelle Allison, NCEH/ATSDR
- Chinyere Ekechi, NCEH/ATSDR
- Montrece Ransom, NCEH/ATSDR
- Anantha Sameera Mangena, NCEH/ATSDR Intern
- Blake Harper, NIHB