

CENTERS FOR DISEASE CONTROL AND PREVENTION TRIBAL CONSULTATION ADVISORY COMMITTEE

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PURPOSE

The Federal delivery of health services and funding of programs to maintain and improve the health of American Indian and Alaska Natives (AI/AN) are consonant with and required by the Federal Government's historical and unique legal relationship with Indian Tribes, as reflected in the Constitution of the United States. In recognition of this and pursuant to Presidential Executive Order No. 13175, November 6, 2000, and the Presidential Memorandum of September 23, 2004, the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) have established a Tribal Consultation Policy for working with Federally-recognized Tribes on a government-to-government basis. The CDC Tribal Consultation Policy establishes the formation of a Tribal Consultation Advisory Committee (TCAC) to serve as an advisory body to CDC.

The purpose of the CDC TCAC is to provide a complementary venue wherein tribal representatives and CDC staff will exchange information about public health issues in Indian country, identify urgent public health needs in AI/AN communities, and discuss collaborative approaches to addressing these issues and needs. The CDC TCAC will support, and not supplant any other government-to-government consultation activities that CDC undertakes. In addition to assisting CDC in the planning and coordination of biannual tribal consultation sessions, the TCAC will provide an established, recurring venue wherein tribal leaders will advise CDC regarding the government-to-government consultation process and will help to ensure that CDC activities or policies that impact Indian country are brought to the attention of all tribal leaders. The TCAC will assist CDC in the planning and coordination of Tribal consultation sessions and help to ensure that CDC activities or policies that impact Indian country are brought to the attention of Tribal leaders.

AUTHORITY

The U.S. Department of Health and Human Services (HHS) has adopted a Tribal Consultation Policy that applies to all HHS Divisions and includes CDC. The HHS Tribal Consultation Policy directs Divisions to establish a process to ensure accountable, meaningful, and timely input by Tribal officials in the development of policies that have Tribal implications. The President also signed an Executive Memorandum entitled "Government-to-Government Relationship with Tribal Governments", reaffirming this government-to-government relationship with Indian Tribes on September 23, 2004. In response to these directives, CDC developed a Tribal Consultation Policy that establishes the TCAC.

The TCAC charter complies with the statutory provisions set forth at 2 U.S.C. § 1534(b)¹(1) & (2), and therefore will not implicate the Federal Advisory Committee Act (FACA). The method for selecting Tribal members of the TCAC is designed to acknowledge the role of Tribal governments and their elected or appointed officials with regard to consultation on policy issues.

¹ 2 U.S.C. § 1534 (b) provides: *The Federal Advisory Committee Act (5 U.S.C. app.) shall not apply to actions in support of intergovernmental communications where – (1) meetings are held exclusively between Federal official and elected officers of State, local and Tribal governments (or their designated employees with authority to act on their behalf) acting in their official capacities; and (2) such meetings are solely for the purposes of exchanging views, information, or advice relating to the management or implementation of Federal programs established pursuant to public law that explicitly or inherently share intergovernmental responsibilities or administration.*

FUNCTION

The TCAC will provide a forum for meetings between Federal officials and elected or appointed Tribal leaders (or their designated employees with authority to act on their behalf); as well as representatives of national Tribal organizations designated by Tribal leaders to act on their behalf, in compliance with the exemptions with FACA. These programs may be funded in whole or in part by CDC. The meetings will facilitate the exchange of views, information, or advice concerning the intergovernmental responsibilities in the implementation and/or administration of CDC programs, including those that arise explicitly or implicitly under statute, regulation or Executive Order. Such meetings include, but are not limited to, seeking consensus, exchanging views, information, advice, and/or recommendations, or facilitating any other interaction relating to intergovernmental responsibilities or administration. Meetings may be face-to-face or via conference call. TCAC meetings will complement and not supplant the Tribal consultation process between CDC and the Tribes.

STRUCTURE

The TCAC will be composed of 16 members (and designated alternates) who are either elected or appointed officials of Tribal Governments (or tribal employees who are designated to act on their behalf), or representatives from national tribal organizations designated by Tribal leaders to act on their behalf.

TCAC membership will include representation from each of 12 geographic areas served by the Indian Health Service (IHS). These Areas include the following: Alaska Area, Albuquerque Area, Aberdeen Area, Billings Area, Bemidji Area, California Area, Nashville Area, Navajo Area, Oklahoma Area, Phoenix Area, Portland Area, and Tucson Area.

In addition, the TCAC will include one representative (and designate alternates) from 4 national tribal organizations: the National Indian Health Board (NIHB), National Congress of American Indians (NCAI), Tribal Self-Governance Advisory Committee (TSGAC), and Direct Service Tribes Advisory Committee (DSTAC).

The designated alternate may participate in the TCAC meetings on behalf of the principle member when that member cannot attend. If that designated alternative is not available, the principle member shall designate a second alternate in writing prior to the TCAC meeting.

CDC SUPPORT:

The Office of the Director, CDC, through the Office of Minority Health and Health Disparities (OMHD), Office of Strategy and Innovation, will be responsible for ensuring agency-wide adherence to CDC and HHS tribal consultation policies. The TCAC Executive Secretary will be designated by OMHD. The Executive Secretary and the CDC Senior Tribal Liaisons will support TCAC functions and serve as scientific and programmatic resources for the TCAC.

In addition, key CDC managers and staff with programmatic expertise, as determined by the CDC Director, shall serve as resources to the TCAC by providing leadership, technical assistance, and subject matter expertise to the TCAC in carrying out its duties and responsibilities. As part of these responsibilities, CDC staff will monitor Tribal access to CDC and ATSDR programs by tracking the total resources allocated annually to serve AI/ANs, and prepare an inventory of new programs and policies affecting AI/AN communities.

Because the TCAC is a high level agency advisory committee, it should be understood that the Director and her/his immediate staff as well as Coordinating Center Directors and Directors of Centers, Institutes, and Offices should prioritize and attend the TCAC meetings so that the TCAC can fulfill its purpose. In addition to the executive leadership of the agency, other CDC staff with particular programmatic and technical expertise should be available and responsive to

issues and inquiries to allow the TCAC to achieve their role and responsibilities realized through an established trust relationship with CDC and ATSDR.

NIHB SUPPORT

In keeping with the responsibilities outlined in its Cooperative Agreement with the CDC/ATSDR, NIHB will provide a broad spectrum of services for the support, implementation and advancement of the TCAC. Some of these responsibilities include; maintaining a TCAC charter list; assisting the TCAC and CDC in the solicitation of Tribal Leader (AI/AN) input on public health issues and disseminate information to Indian Country (via Tribal Leader letters, website notices, etc); develop meeting agendas and compile briefing booklets/materials for meetings; document principal discussions and recommendations from TCAC meetings. NIHB also will provide policy, outreach and communication services to and on behalf of TCAC to the Tribes and CDC. Further, NIHB will support the TCAC with its preparation of testimony and comments during the budget consultation process. (These functions are in addition to the logistical operations and meeting planning services discussed later in this document). The Director of Public Health Programs and Outreach: This National Indian Health Board (NIHB) position will serve as the technical support for policy, outreach and communication to the TCAC.

APPOINTMENT PROCESS

The Area Health Boards or Area Tribal Consortia, or Area Tribal Caucus (hereinafter referred to as the appointing body) may choose how their TCAC representatives are selected from each Area but should institute clear procedures as to how these representatives will keep their constituents informed of TCAC activities. The NIHB staff will work with the Tribal Leaders and the Area Health Boards and CDC to ensure that representatives from each of the Areas and national Tribal organizations are designated. The CDC Senior Tribal Liaison for Policy and Evaluation is responsible for ensuring the representatives (and alternates) meet the Federal Advisory Committee Act (FACA) exempt requirements for representation. The NIHB will maintain a chart listing the names and contact information of each representative (and alternate), attached as an addendum to this Charter.

LEADERSHIP

Chair: A Chair will be elected by and from among the TCAC members for a one calendar-year term of service. The Chair will be an elected Tribal leader. The number of terms is not limited.

Co-Chair: The Co-Chair will be elected by and from among the TCAC members for a one calendar-year term of service. The Co-Chair will be an elected Tribal leader. The number of terms is not limited.

Executive Secretary: The Executive Secretary will provide administrative support and will be designated by the CDC Office of Minority Health and Health Disparities (OMHD).

Re-election: The Chair and Co-Chair may be reelected by the TCAC.

PERIOD OF SERVICE

There is no limit to the length of service on the TCAC. The appointing group may remove or change their representative at any time.

Vacancy: When a vacancy occurs, Tribal and national Tribal organizations will be notified of the vacancy by the Chairman of the TCAC and the affected Area or the national Tribal organization will be asked to work with their respective Tribal Leadership and Area Health Board or Area Caucus to select another representative. Tribal leaders, Area Health Boards or Area Caucus' will notify CDC and the NIHB staff in writing as to the name and contact information of the new appointee. In the event of a vacancy, the alternate will attend meetings until such a time as the vacancy is officially filled.

Removal: If a designated representative does not participate in a meeting or teleconference on three successive occasions, the appointing body will be notified by the Chairman of the TCAC and requested to replace their representative with one who is able to participate regularly.

MEETINGS²

Depending on availability of funds, the TCAC will convene four (4) face-to-face meetings on a fiscal year basis. Two of these face-to-face meetings will be held in conjunction with formal CDC tribal consultation sessions twice each year. Each year, CDC will invite all elected tribal leaders, or their designees, to attend the two CDC tribal consultation sessions; one in Atlanta hosted by CDC and one in a second location hosted by an Area Health Board or the National Indian Health Board. The TCAC will assist in the planning and coordination of each consultation session. TCAC conference calls will be held as needed and additional meetings may be scheduled depending on need and availability of funds.

VOTING

The TCAC will operate by consensus and where a consensus cannot be reached, then the TCAC will vote to resolve any differences. Each TCAC member (primary member, alternate member or their designee) will be allowed one vote.

QUORUM

A quorum is established with a majority of voting members present (9 of 16). In the event TCAC is not able to establish a quorum for its meeting, then in the alternative, the co-chairs in their discretion can arrange for polling of members via conference call or other manner.

COMPENSATION

Members who are not Federal employees shall be paid a rate of \$250 per meeting, plus per diem, and travel expenses in accordance with Standard Government Travel Regulations (e.g., two week minimum advance airline reservations, unless prior approval.) Attendance is necessary to receive this benefit.

² Pursuant to Section 204(b) of the Unfunded Mandates Reform Act (2 U.S.C. Sec 1534(b)), members of the public may be present at committee meetings, i.e., in the audience as observers, but, since members of the public are not allowed on the committee, they may not participate in any committee discussions, or any other committee business, during the meeting.

REPORTS

NIHB will assure that all TCAC meeting proceedings and recommendations are formally recorded and provided to TCAC primary and alternate members, and the CDC Executive Secretary through written minutes provided within 15-days following the TCAC meeting. Once approved, they also will be posted on NIHB's website so that the information is accessible to all Tribal Governments (AI/AN) Meeting summaries will be made available within 15-days following the TCAC meeting.

The Executive Secretary will assure that all TCAC meetings and recommended actions are made available to CDC leaders and will post minutes and reports on the CDC website within 15 days following the TCAC meeting.

Recommended follow-up actions requiring federal actions and/or attention will be implemented and tracked within CDC and reported to TCAC in a timely manner.

MEETING LOGISTICS:

The NIHB, working with CDC and TCAC Chair and Co-Chair, will arrange meeting logistics. This includes coordinating hotel and airline travel arrangements for TCAC members, audio/visual coordination, providing travel reimbursements and applicable honoraria to TCAC members.

The CDC will provide onsite meeting coordination for the annual TCAC meeting and consultation meetings that take place at CDC in Atlanta, Georgia.

TCAC BUDGET

On an annual basis, NIHB will work with TCAC to develop the TCAC budget, including travel, per diem, communication, printing, personnel and other related expenses. This proposal will be provided to CDC/ATSDR on an annual basis for each subsequent fiscal year.

MEANINGFUL ACCESS

As stated in the "CDC Support" section, a portion of the agenda for each TCAC meeting will include time with CDC/ATSDR leadership. This will ensure that the input and recommendations provided by Tribal leaders will impact CDC decision-making processes and help guide CDC as it strives to protect people's health and safety, provide reliable health information, and improve health through strong partnerships. CDC OMHD will track the progress of recommendations and follow-up actions and report to TCAC primary and alternate members during subsequent meetings.

TERMINATION DATE

This TCAC Charter shall be effective as long as the CDC Tribal Consultation Policy is in effect.

GLOSSARY OF TERMS

CDC	Center for Disease Control and Prevention
ATSDR	Agency for Toxic Substance and Disease Registry
OMHD	Office of Minority Health and Health Disparities
OSI	Office of Strategy and Innovation
COTPER	Coordinating Office for Terrorism Preparedness and Emergency Response
NIHB	National Indian Health Board
TCAC	Tribal Consultation Advisory Committee
FACA	Federal Advisory Committee Act
AI/AN	American Indian/Alaska Native