MEMORANDUM OF UNDERSTANDING
Between
The United States Department of Health and Human Services Indian Health Service
and
The American Public Health Association.

4-OD-25-0001

I. Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish a collaborative partnership between the American Public Health Association (APHA) and the Indian Health Service (IHS), an agency of the United States (U.S.) Department of Health and Human Services (HHS). This MOU conveys the commitment of the APHA and the IHS ("Party" or "Parties") to promote the physical, mental, social, and spiritual health of American Indian and Alaska Native (AI/AN) males to the highest level.

II. Background

The mission statements of the IHS and APHA reflect common goals and support this MOU:

Among the AI/AN population, disparities in physical and mental health outcomes culminate in death rates for AI/AN males 1.5-4.5 times greater than AI/AN females for suicide, poisoning, and chronic liver disease and cirrhosis.[1]

The IHS mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. The IHS vision includes providing primary health care for AI/AN beneficiaries throughout the Nation.

The APHA Mission is to "Build public health capacity and promote effective policy and practice." The APHA vision is to provide "optimal, equitable health and well-being for all." As of 2024, the APHA has 33 Sections that represent major public health disciplines or public health programs, of which the Mental Health Section "supports research, policy, and practice that addresses the mental health, physical health, and well-being of diverse and vulnerable populations".[2] In addition, the APHA member Caucuses are composed of at least 25 APHA members or people who hold a particular position on an issue important to the APHA. Caucuses, such as the American Indian, Alaska Native, and Native Hawaiian (AI/AN/NH) Caucus and Men's Health Caucus, are considered to be "in official relations" with the APHA and allow members to coalesce around shared identities or membership in socially defined groups; or members focused on special interests, worksite issues, and social justice issues.

The Eric D. Bothwell Awards were established in 2017 in honor of
Eric "Ric" D. Bothwell, DDS, MPH, MA, PhD. Dr. Bothwell served as a clinician, manager, educator, researcher, and programmatic officer and evaluator throughout his
40-year career with the IHS as a commissioned officer and consultant. During his time with

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[1] Indian Health Service: Trends in Indian Health, 2014 Edition. 2014. Available at https://www.ihs.gov/sites/dps/themes/responsive2017/display_objects/documents/Trends2014Book508.pdf; accessed February 22, 2022.
[2] Mental Health (apha.org)

the IHS, he gained a deep understanding of the profound health disparities facing the AI/AN community, and specifically, AI/AN men. Dr. Bothwell was committed to addressing these disparities. He was a founder of the Native Male Health Coalition: The Warrior's Journey to Wellness, which focuses on the physical and mental health of AI/AN males, and through his work with the Men's Health Network, he tirelessly pursued the resolution of this crisis. The Bothwell Awards were established with an endowment to the Men's Health Network and transferred to the APHA in February 2024.

Thus, the Bothwell Awards seek to encourage and recognize public health research focused on the physical and mental health disparities of AI/AN males that compromise their ability to fulfill roles as fathers, husbands, providers, leaders, and contributors to their communities.

III. Authority

The IHS's authority to provide health care services derives primarily from two statutes. The first, the Snyder Act (25 U.S.C. 13), is a general and broad statutory mandate authorizing the IHS to "expend such moneys as Congress may from time to time appropriate, for the benefit, care, and assistance of the Indians," for the "relief of distress and conservation of health." 25 U.S.C. § 13; see also 42 U.S.C. § 2001(a) (transferring the health-related functions of the Snyder Act from the Department of Interior to Health, Education, and Welfare, the predecessor of HHS). The second, the Indian Health Care Improvement Act (IHCIA) (25 U.S.C. 1601 *et seq*.), establishes numerous programs specifically created by Congress to address particular Indian health initiatives, such as alcohol and substance abuse treatment, diabetes prevention and treatment, medical training, and Urban Indian health. Pursuant to the IHCIA at 25 U.S.C. § 1621v, the IHS "may establish within the Service an office, to be known as the 'Office of Indian Men's Health'"[3]

This MOU is intended to address public health priorities and health disparities experienced in the AI/AN population. It sets forth roles 1) for the coordination and co-sponsorship of activities to promote the Bothwell Awards, 2) to recognize the Bothwell Awardees, and 3) to encourage health research focused on the physical and mental health disparities of AI/AN men and boys.

The IHS has the authority to enter into this MOU pursuant to the Snyder Act, codified at 25 U.S.C. § 13, and the Indian Health Care Improvement Act, at 25 U.S.C. § 1621b.

IV. Responsibilities: Coordination of effort between the two parties will focus on, but not be limited to, the following:

American Public Health Association:

A. The APHA will encourage the advancement of science to improve the health of AI/AN men and boys and provide a forum for sharing new knowledge through scientific presentations and collegial interaction, including dedicated activities at its annual meetings.

[3] US Code Title 25 Chapter 18 - Indian Health Care Improvement Act (ihs.gov)

B. The APHA will annually present the Eric D. Bothwell Award in AI/AN Men's Health and the Eric D. Bothwell Student Award in AI/AN Men's Health as described in the February 2024 Bothwell Awards MOU with the APHA.
C. The Bothwell Awards will be administered by the APHA's Mental Health Section in consultation with the Men's Health Caucus and the American Indian, Alaska Native, and Native Hawaiian (AI/AN/NH) Caucus leadership as described in the February 2024 Bothwell Awards MOU with the APHA.
D. The leaders of these respective bodies will be responsible for developing administrative processes for the application, selection, and awarding of the awards. The Bothwell Awards selection committee will be comprised of at least one member appointed by each of the collaborating Sections/Caucuses.
E. The APHA Section staff liaison will support Section leadership in the administration of the funds.
F. Recipients of the Bothwell Awards receive benefits of monetary value to encourage their participation in the APHA as described in the February 2024 Bothwell Awards MOU with the APHA. Specific benefits may include a plaque, complimentary registration, and partial support of travel costs to the APHA annual meeting, complimentary APHA membership, and a cash award.
G. In recognition of their achievements, Bothwell Awardees will be recognized at the awards ceremony of the Mental Health Section and the social or business meetings, or the awards ceremony of the Men's Health Caucus and the AI/AN/NH Caucus.
H. Nothing in this MOU should be interpreted to discourage the APHA from inviting the collaboration of other Sections and Caucuses to this effort.

Indian Health Service:

A. The IHS will collaborate with the APHA to increase awareness and attention to the physical and mental health disparities experienced among AI/AN males.
B. The IHS will collaborate with the APHA to promote AI/AN participation in cultural, evidence-based, community-based, and participatory action research from Federal, Tribal, and Urban Indian Organizations (UIOs) including grantees representing IHS Public Health, Health Promotion and Disease Prevention, and Behavioral Health programs at the annual APHA meeting.
C. The IHS will promote the Bothwell Awards among Federal, Tribal, and Urban Indian Organizations (UIOs), and encourage their participation in nominating those eligible for the Awards.
D. The IHS will designate a minimum of one member to serve on the Bothwell Awards Selection Committee and the participation of a Federal employee is an additional duty assigned.
E. The IHS will coordinate efforts among Federal agency partners, the IHS, Tribal and UIOs, and other non-federal partners to promote the health status of AI/AN men in the U.S., and report to Congress findings with respect to the health of AI/AN men.

V. General Provisions

A. The U.S. Federal law governs this MOU.

B. This MOU does not restrict the IHS or the APHA from participating in similar agreements and initiatives with other public or private agencies, organizations, or individuals.

C. Printed material and online web pages containing information regarding this MOU or the IHS, provided by the IHS pursuant to this MOU, must be free of advertisements and must otherwise avoid implying the IHS's endorsement or support of a particular product, service, or website.

D. The IHS and the APHA recognize that this MOU is not intended, and may not be relied on, to create any right or benefit, substantive or procedural, enforceable by law by any Party against the U.S. or the IHS. Nothing in this MOU alters the statutory authorities or obligations of the IHS.

E. Both parties retain the right to review and approve all materials produced through this MOU prior to the other Party's public distribution or posting of such materials.

F. The Parties agree to cooperate in the maintenance of each Party's logos. Each Party agrees that it will not use the other Party's logos (IHS, HHS, and APHA) for marketing purposes other than to promote activities engaged in pursuant to this MOU. The use of each Party's name and logo(s) shall not imply any exclusive arrangement. Any use of the other Party's logo(s) must be submitted in advance to the IHS point of contact who will seek the appropriate approvals.

G. In no event will any Party hereto be liable to the other under any theory of liability, however arising, for any costs or cover any damages of any kind arising out of this MOU.

VI. Severability:

If any term or condition of this MOU becomes invalid, such term or provision shall in no way affect the validity of any other term or provision contained herein.

VII. Effective Date and Termination:

This MOU shall be in effect for 10 years upon the signature of both Parties. Any modifications to this MOU must be by mutual consent and signed by both Parties. Either Party may terminate this MOU by giving written notice of at least 30 days in advance.

VIII. Costs and Expenses:

Each Party will bear its own cost incurred in connection with the performance of its obligations under this MOU. Participation in this MOU will be subject to the availability of funds of each Party.

IX. Representatives of the Parties:

Each Party will designate a representative to deliver and receive notices and other communications and manage the relationship between the IHS and APHA. As of the effective date of this MOU, the representative for each Party is indicated below:

Indian Health Service:

Wilbur Woodis, Senior Policy Analyst for External Affairs
Indian Health Service
Headquarters – 5600 Fishers Lane, Rockville, MD 20857

American Public Health Association:

Christopher R. Larrison, PhD
Mental Health Section
Chair, 2024-2025
Headquarters – 800 I St, NW, Washington, DC 20001

X. AUTHORIZING SIGNATURES

By: James Carbo
James Carbo
Associate Executive Director for
Operations and Chief of Staff,
American Public Health Association

Date: 2/24/25

By: Loretta L. Christensen -S Digitally signed by Loretta L. Christensen -S Date: 2025.02.20 15:22:37 -07'00'
Loretta Christensen, MD,
MBA, MSJ, FACS
Chief Medical Officer
Indian Health Service

Date: 2/19/25