



# USET

SOVEREIGNTY PROTECTION FUND

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September 3, 2019

RADM Michael D. Weahkee  
Principal Deputy Director  
Indian Health Service  
5600 Fishers Lane, Mail Stop: 08E86  
Rockville, MD 20857

Re: IHS FY 2019 Opioid Grant Funds

Dear Principal Deputy Director Weahkee,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we write to provide comment to the Indian Health Service (IHS) regarding the \$10 million increase in the Alcohol and Substance Abuse Program IHS budget line provided for Fiscal Year (FY) 2019 within the Consolidated Appropriations Act of 2019. Among other instructions for distribution of these funds, IHS is directed to develop a grant-based opioid addiction Special Behavioral Health Pilot Program (SBHPP) to be modeled after the Special Diabetes Program for Indians (SDPI). Though USET SPF is glad to see IHS initiate consultation to distribute additional FY 2019 program funding, we note the limited amount of resources available under this line and with this in mind, question whether SDPI is an appropriate model. As future budget requests are developed, the agency, along with Congress, must consider that, much like SDPI, Tribal governments will require a robust, steady stream of resources to create and sustain culturally appropriate opioid prevention, treatment, and aftercare services.

USET SPF is a non-profit, inter-tribal organization representing 27 federally recognized Tribal Nations from Texas across to Florida and up to Maine<sup>1</sup>. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the Indian Health Service, which contains 36 IHS and Tribal health care facilities. Our patients receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

The opioid epidemic has had a devastating effect on USET SPF Tribal Nations, as well as Tribal Nations across the country, who continue to experience opioid addiction, often at disproportionately high rates. Though the data is incomplete, based on a mortality analysis by the USET Tribal Epidemiology Center, we

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<sup>1</sup> USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

have learned that 9% of all deaths among USET SPF Tribal Nations were somehow related to substance abuse between 2002 and 2012. Almost one in five substance use deaths were attributable to opioids, including heroin, with the vast majority of opioid deaths, 93%, prescription drug related. Based on anecdotal reports from our Tribal Nations, these numbers are likely much higher.

Despite the disproportionate impact of the opioid epidemic on Indian Country, USET SPF Tribal Nations and Tribal Nations across the country have been excluded from critical sources of funding as well as crucial discussions and other collaborative efforts to address the destructive effects of opioid abuse. While funding directed at the opioid epidemic is always welcome, it will take much more than what is presently available to provide tangible relief to our communities. As IHS determines how to distribute the \$10 million via the SBHPP, we urge the agency to consider the future of self-governance, as well as the resources that are critical to the success of an SDPI-like program and to commit to ensuring much more than \$10 million is available to address opioid and other substance use disorders in the future.

### **Grant Funding Not Reflective of Federal Trust Obligations**

We urge IHS, as well as Congress, to explore opportunities to deliver this funding to Tribal Nations through self-governance contracting and compacting. Though we are aware that IHS is carrying out instructions from Congress in distributing the \$10 million through SBHPP grants, USET SPF continues to convey our opposition to the grant-based model of funding. Grant funding fails to reflect the unique nature of the federal trust obligation and Tribal sovereignty by treating Tribal Nations as non-profits rather than governments. With this in mind, USET SPF is seeking the delivery of all federal dollars, including IHS and other health care dollars, via contracting and compacting. This includes the \$10 million that is the subject of this consultation, but also all IHS funding, regardless of the current method of delivery.

### **Special Behavioral Health Pilot Program Funding Methodology for FY 2019**

When it comes to FY 2019 opioid funding, USET SPF recommends IHS distribute funding to each IHS Area where the Area Directors can consult with Tribal Nations to determine the best method of allocation, including through Tribal shares and other formula-based methods. USET SPF stresses the unique addiction treatment needs and characteristics that each Tribal Nation faces. Much like the implementation of SDPI in Tribal communities across the country, SDPI has proven that Tribal Nations know best when it comes to health of our communities and based on the successes of Tribal programs. If the SBHPP is to be successful, IHS must recognize that Tribal Nations are the best positioned and best suited to understand how to address the opioid epidemic in our communities as we are acutely aware of how the epidemic has affected our citizenry.

Alternately and in the short-term, IHS may consider consulting with Tribal Nations on how the \$10 million in additional funding might be combined with the Tribal Opioid Response (TOR) grants. As you know, TOR grants are administered by the Substance Abuse and Mental Health Services Administration under the State Targeted Response authorized under the 21<sup>st</sup> Century Cures Act. When combined with the \$50 million available to Tribal Nations under TOR, the \$10 million in additional opioid funding could allow for additional grantees.

### **Conclusion**

As Indian Country continues to face epidemic levels of opioid mortality, it is critical that Tribal governments have access to all the culturally appropriate prevention, treatment, and aftercare services resources necessary to address this crisis within our communities. While USET SPF is glad to see IHS take steps to address opioid addiction through an SDPI model of funding we, again, underscore that \$10 million only represents a fraction of resources that are necessary to fully address opioid addiction in Tribal communities. In order to ensure the SBHPP is successful in Indian Country similar to SDPI, IHS must

advocate for additional and increased funding levels from Congress now and in future FYs. When seeking to address the opioid epidemic in Indian Country, we urge IHS to remember the federal trust obligation and to distribute critical addiction funding in a manner that upholds the sovereign status of Tribal Nations. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at [LMalerba@usetinc.org](mailto:LMalerba@usetinc.org) or 202-624-3550.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Francis', with a stylized flourish at the end.

Kirk Francis  
President

A handwritten signature in black ink, appearing to read 'Kitcki A. Carroll', with a stylized flourish at the end.

Kitcki A. Carroll  
Executive Director