



# USET

SOVEREIGNTY PROTECTION FUND

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*Transmitted via surveymonkey.com*

March 28, 2019

Dave Wilson, PhD  
Director, Tribal Health Research Office  
Division of Program Coordination, Planning, and Strategic Initiatives  
Office of the Director, National Institutes of Health

Dear Director Wilson,

In response to the request for information from the National Institutes of Health (NIH) seeking additional input to the NIH 2018 Tribal Consultation on the Opioid Crisis in Indian Country, the United South and Eastern Tribes Sovereignty and Protection Fund (USET SPF) offered the following comments in response to NIH to consider regarding the following seven topics.

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 citizens 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.

**1. The need for more direct, non-competitive and formula-based funding to Tribes to address behavioral health priorities:**

Regarding the funding formula for behavioral health dollars, United South and Eastern Tribes USET SPF supports the distribution of behavioral health funding through non-competitive formula or base funding under a contracting and compacting model. This includes ensuring any formula takes into account the diversity and circumstances of Tribal Nations across the country. As NIH is likely already aware, USET SPF Tribal Nations are frequently excluded from adequate levels of funding, usually due to our small size. We support and urge the inclusion of a Tribal size adjustment as any changes to the funding formula(s) are considered, and we further remind NIH that proposed formula changes must receive additional Tribal consultation.

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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).

**2. Concerns around addiction risks with medication-assisted treatments such as methadone and buprenorphine for opioid use disorder:**

The USET SPF supports increased funding for medication assisted therapy (MAT). The USET Tribal Epidemiology Center (TEC) stresses that MAT should be combined with other behavioral/community health programming in order to reduce MAT addiction risk. USET SPF recommends that MAT funding opportunities include comprehensive outreach, treatment, provider training, and recovery components.

**3. The need for more direct, meaningful and timely Tribal consultation to determine distribution pathways for funding, respond to proposed regulatory changes, and to advance government to government relationship between Tribes and the federal government:**

Timely consultation regarding funding pathways and proposed regulatory changes are critical to advance government to government relationships, yet NIH has failed to meaningfully engage with Tribal Nations thus far. There have been several issues (the 'All of Us' research project and data use, for example) affecting Indian Country in which Tribal Consultation has not yet been sought by NIH. As an operating division of the Department of Health and Human Services (HHS), NIH must expeditiously implement the processes within HHS's Tribal Consultation Policy that include, but are not limited to, holding several consultations per year in different regions of the country to allow Tribal Nations to provide input and guidance on issues affecting Indian Country.

As stated in HHS's Tribal consultation policy:

The goal of this [Tribal consultation] policy includes, but is not limited to, eliminating health and human service disparities of Indians, ensuring that access to critical health and human services is maximized, and to advance or enhance the social, physical, and economic status of Indians. To achieve this goal, and to the extent practicable and permitted by law, it is essential that Federally-recognized Indian Tribes and the HHS engage in open, continuous, and meaningful consultation. This policy applies to all Divisions of the Department and shall serve as a guide for Tribes to participate in all Department and Division policy development to the greatest extent practicable and permitted by law.

**4. Expanding the use of traditional -medicines and cultural practices to prevent and treat addiction and requests for a special federal-Tribal summit on traditional medicine:**

USET SPF and TEC strongly encourage NIH to provide more opportunities to Tribal Nations to prevent and treat addiction using traditional medicine and cultural practices. USET SPF firmly believes that it is up to each Tribal Nation to determine the meaning of 'traditional.' To that end, it is imperative that grant reviewers undergo cultural competency training prior to reviewing Tribal applications, especially ones involving traditional practice. USET SPF supports a traditional medicine summit, but again cautions NIH to ensure that Tribal Nations have the ability to define 'traditional' and to ensure equitable participation across all regions.

**5. The impact of historical, intergenerational and current trauma in Tribal communities on behavioral health outcomes related to drug misuse, addiction and overdose:**

While Tribal Nations and their respective citizenry have proven their resilience, fortitude, and perseverance despite the greatest of odds, AI/AN populations have experienced devastating, intergenerational trauma and compounding discrimination, racism, and oppression that continue to have negative impact and effect

today. Historical traumas including those experienced under reservation settlement, adoption, and boarding schools are all experiences that have left scars on Tribal communities that persist and are contributing factors to long-term distress and substance abuse among Tribal communities. As a result, Tribal Nations have unique treatment needs when it comes to substance use disorders (SUDs), as AI/ANs experience high levels of SUDs, with a strong link to historical trauma. The federal government, including NIH, has a federal trust obligation to ensure the unique addiction treatment priorities of Tribal Nations, with a focus on historical trauma, are fully met.

**6. Challenges with behavioral health data collection and analysis including undercounting of AI/ANs in state and national surveillance systems, racial misclassification of AI/ANs, and shortages in Tribal public health surveillance infrastructure and capacity to make accurate and comprehensive assessments of need:**

Many USET SPF Tribal Nations face challenges with behavioral health data, both in a clinical setting as well as within in various public health surveillance systems. Tribal Nation clinics frequently rely on Purchased and Referred Care (PRC) providers for behavioral health services, and very limited data is returned to the clinic which results in a lack of statistics regarding the health and well-being of Tribal citizens. This lack of information is compounded in state/national datasets. Racial classification inaccuracies of AI/AN people are well documented in the literature and is of particular concern among USET SPF Tribal Nations. According to one study, the Southern and Eastern part of the US had the second highest rate of AI/AN misclassification. In addition, publicly available AI/AN data is often suppressed due to small cell sizes and/or are collapsed into the “other” race category. Data that is not suppressed usually uses the U.S. Census as the denominator which does not distinguish between citizens of federally recognized Tribal Nations, citizens of Tribe Nations that are not federally recognized, and people who may have AI/AN ancestry but do not have Tribal Nation citizenship. USET SPF urges increased funding for data collection capacity building on the local level as well as for TEC's which have been providing Tribal Nation-guided public health surveillance since the Indian Health Care Improvement act was enacted in 1996.

**7. Expanding culturally appropriate primary prevention and awareness activities for Tribal youth to reduce the risk of substance use initiation:**

Historical trauma disproportionately affects Tribal youth, therefore expanding culturally competent youth prevention services to Tribal communities is critical. When it comes to youth substance use prevention and awareness among Tribal communities, USET SPF recommends NIH collaborate with Youth Regional Treatment Centers (YRTCs). YRTC's are existing components of the Indian Health System that provide holistic and traditional healing practices for SUD treatment to AI/AN youth and families. Though YRTCs provide indispensable services across Indian Country, the twelve that exist are over-burdened and under-resourced. USET SPF believes collaboration between both entities would help to identify and address disparities in access to prevention and treatment services for Tribal youth.

**Conclusion**

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 long horizontal stroke extending to the right.

Kirk Francis  
President

A handwritten signature in black ink, appearing to read 'K. A. Carroll', with a stylized, cursive script.

Kitcki A. Carroll  
Executive Director