



USET

SOVEREIGNTY PROTECTION FUND

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May 26, 2017

The Honorable Thomas E. Price, M.D.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Price,

We write on behalf of United South and Eastern Tribes Sovereignty Protection Fund (USET SPF) to convey our deep disappointment in your failure, as the Secretary of Health and Human Services (HHS), to engage with the Tribal Leaders of the five federally recognized Tribal Nations during your recent visit to the state of Maine on Wednesday, May 10th, as part of your national listening tour on opioid addiction. Tribal Nations are also experiencing the deleterious effects of opioid abuse and trafficking within their communities, and must be included as full partners in the fight to end the epidemic. Failure to ensure Tribal Nations are engaged, just as the Department includes other units of government, will result in an incomplete response to this crisis.

USET SPF is a non-profit, inter-tribal organization representing 26 federally recognized Tribal Nations from Texas across to Florida and up to Maine¹, including the Penobscot Indian Nation, Passamaquoddy Tribe – Pleasant Point, Passamaquoddy Tribe – Indian Township, Houlton Band of Maliseet Indians, and Aroostook Band of Micmacs, all located in the state of Maine. USET SPF is dedicated to enhancing the development of Tribal Nations, to improving the capabilities of Tribal governments, and assisting member Tribal governments in dealing effectively with public policy issues and in serving the broad needs of Indian people.

The federal government, including HHS, has a trust responsibility to Tribal Nations, which includes ensuring we have access to resources, financial and otherwise, to combat the opioid epidemic. This trust responsibility is carried out not just through funding, but through meaningful government-to-government consultation and coordination with Tribal Nations. When it comes to addressing the opioid crisis, this effort must include collaboration between federal, state, and Tribal government in order to promote a comprehensive response effort and avoid disparities in access to opioid addiction resources. Failure to include all impacted communities will result in major gaps, from both a health and from a law enforcement perspective, in the ability of the United States to eradicate opioid addiction in this country. In addition, we

¹ 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), 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).

note that states received \$485 million dollars in formula grants through the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to Opioid Crisis program. These state targeted formula funds, which include Tribal population numbers in the overall state population in determining each state's award, are intended to address the opioid epidemic in collaboration with all communities within the state. However, to our knowledge, Tribal Nations have not received any resources or outreach in this area.

As apparent from your visit with Maine officials, you are aware of the devastating effect the opioid crisis has had, not just in Maine, but throughout the country. This crisis has especially been significant in Indian Country, where drug related deaths among Tribal communities has increased dramatically in recent decades. According to the Indian Health Service (IHS), the rates of death from prescription opioid overdose has increased almost four times from 1.3 per 100,000 in 1999 to 5.1 per 100,000 in 2013. However, based on reports from our health clinics and law enforcement agencies we suspect this number to be much higher among our member Tribal Nations, and we are working on data collection strategies in order to support the experiences of our people.

While HHS has affirmed its commitment to combat the national opioid crisis at the state and local level, USET SPF reminds the agency that engagement and consultation with Tribal Nations is equally essential. To date, adequate outreach has not been conducted to Indian Country. Such an oversight is detrimental to Tribal efforts, as well as state and national efforts, to provide comprehensive responses and solutions to the crisis.

As you continue to move forward with your national listening tour and other coordinated efforts, USET SPF urges you to consider the federal trust responsibility, as well as the impact the opioid epidemic is having on Indian Country, and include Tribal Nations in your future visits. We respectfully request that during these state visits the Department promote the importance of state, federal, and Tribal collaboration in developing comprehensive strategies in combating the opioid epidemic. Should you have questions or require further information, please do not hesitate to contact Ms. Liz Malerba, Director of Policy and Legislative Affairs, at 202-624-3550 or LMalerba@usetinc.org.

Sincerely,



Kirk Francis
President



Kitcki A. Carroll
Executive Director

CC: USET SPF Executive Officers
Wanda Janes, USET Deputy Director
Dee Sabattus, USET Director of Tribal Health Program Support