



National Council of Urban Indian Health – Maureen Rosette, (Chippewa Cree Nation), Board Member

My name is Maureen Rosette, I am a citizen of the Chippewa Cree Nation and serve as a board member of the National Council of Urban Indian Health (NCUIH) and Chief Operating Officer at NATIVE Project, an Urban Indian Organization (UIO) in Washington state. On behalf of NCUIH, the national advocate for health care for the over 70% of American Indians and Alaska Natives (AI/ANs) living off-reservation and the 41 UIOs that serve these populations, I would like to thank the members of this committee for the opportunity to testify on the opioid crisis in Indian Country.

First, I would like to begin by reviewing some information about the trust responsibility and how UIOs fit into the provision of health care for Native people. The Declaration of National Indian Health Policy in the Indian Health Care Improvement Act states that: “Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.” In fulfillment of the National Indian Health Policy, the Indian Health Service funds three health programs to provide health care to AI/ANs: IHS sites, tribally operated health programs, and Urban Indian Organizations (referred to as the I/T/U). Unfortunately, this system has been hampered by decades of chronic underfunding. Additionally, while the majority of the Native population resides in urban areas, only 1% of the entire Indian health budget is provided for urban Indian health.

Our UIO, the NATIVE Project provides medical, dental, behavioral health, pharmacy, patient care coordination, wellness, and prevention services. Our patients include Natives from over 300 different tribes. Specifically, we currently offer Youth Mental Health Services and Substance Use Assessments, Substance Use Outpatient and Inpatient Treatment. From January through March, we held virtual wellness nights with prevention, culture, and nutrition activities. Activities like pow wow dancing, painting, regalia making, planting, and cooking, we bring to life the meaning behind “culture is medicine”. We also believe in fostering better outcomes for our children and are hosting an Indian Youth Leadership Camp later this month for secondary students. Along with the 40 other UIOs, we play a critical role in addressing the opioid crisis impacting Native communities. However, as we will illustrate today, UIOs are cut off from critical funding resources designed to help Native communities and this, thusly, negatively impacts the health outcomes for urban Indians.

Opioid Epidemic in AI/AN Communities

As you are aware, the opioid crisis has plagued Native communities long before the pandemic we’re currently facing that is also causing devastating loss. A review of one UIO’s records from 2018 to 2021 showed that over 80% of clients that engaged in behavioral health services had co-occurring mental health and substance abuse disorders. Opioid use disorder was the most common substance abuse diagnosis with alcohol use disorder as the second most common. Roughly 24% of these patients died of a known or suspected opioid overdose. Between November 2018 and March 2019, the





UIO in Baltimore suffered 12 opioid overdoses, 10 of which were fatal. This represents 10 relatives who are no longer part of our community. These are mothers, fathers, uncles, and aunts no longer present in the lives of their families. These are tribal relatives unable to pass along the cultural traditions that make us, as Native people, who we are.

Additionally, AI/ANs are deeply impacted by the opioid crisis and continue to see an overwhelming increase of deaths, addiction, and overdoses above the national average. AI/ANs had the second-highest rate of opioid overdose out of all U.S. racial and ethnic groups in 2017, and the second and third highest overdose death rates from heroin and synthetic opioids, respectively, according to the Centers for Disease Control and Prevention.¹

Since 1974, AI/AN adolescents have consistently had the highest substance abuse rates than any other racial or ethnic group in the U.S.² The centuries of historical trauma do not heal overnight, and the government has failed Indian Country by not giving us the resources needed to heal our communities. Unfortunately, the majority of the nation's AI/ANs living on and off reservations have limited access to substance abuse services due to transportation issues, lack of health insurance, poverty, inadequate healthcare facilities, and a shortage of appropriate treatment options in their communities³. Some of the disparities in treatment that occur within the AI/AN population can be resolved through the increased availability of culturally sensitive treatment programs. Studies have shown that cultural identity and spirituality are important issues for AI/ANs seeking help for substance abuse, and these individuals may experience better outcomes when traditional healing approaches (such as drum circles and sweat lodges) are incorporated into treatment programs.

Urban AI/AN populations are at a much higher risk for behavioral health issues than the general population. For instance, 15.1% of urban AI/AN persons report frequent mental distress compared to 9.9% of the general public.⁴ While behavioral health problems such as substance abuse, suicide, gang activity, teen pregnancy, neglect, and abuse ravage urban AI/AN communities, poor health and lack of access to adequate health care services continue to exacerbate these issues that AI/AN populations encounter.

¹ <https://www.cdc.gov/drugoverdose/deaths/index.html>

² Swaim RC, Stanley LR. Substance Use Among American Indian Youths on Reservations Compared With a National Sample of US Adolescents. *JAMA Netw Open*. 2018;1(1):e180382.

³ <https://ncuih.org/2022/01/14/ncuih-endorsed-comprehensive-addiction-resources-emergency-care-act-includes-funding-for-urban-indian-organizations/>

⁴ Westat (2014). *Understanding Urban Indians' Interactions with ACF Programs and Services: Literature Review OPRE Report 2014-41*, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.





Impact of COVID-19 on Behavioral Health and Substance Abuse in AI/AN Communities

Additionally, the opioid crisis and COVID-19 pandemic are intersecting with each other and presenting unprecedented challenges for AI/AN families and communities. On October 7, 2021, the American Academy of Pediatrics published a study on caregiver deaths by race and ethnicity. According to the study, 1 of every 168 AI/AN children experienced orphanhood or death of caregivers due to the pandemic and AI/AN children were 4.5 times more likely than white children to lose a parent or grandparent caregiver.⁵ Unfortunately, this has exacerbated mental health and substance use issues among our youth. In the age group of 15-24, AI/AN youth have a suicide rate that is 172% higher than the general population in that age group.

The pandemic has also created challenges for providers as they work to serve our communities. We have shifted to expanding telehealth services, changing how we provide traditional healing practices while addressing the demand for more services. Despite these challenges, we have taken on the tireless work of addressing the epidemic and providing care to our communities. However, UIOs often find themselves excluded from funding meant to address these challenges.

UIOs Left Out of State Opioid Response Grants

Specifically, UIOs have repeatedly been left out of funding designed to help AI/AN communities address the opioid crisis. To address the opioid overdose epidemic in Indian Country by increasing access to culturally appropriate and evidence-based treatment, Congress provided funding for Tribal Opioid Response grants. NCUIH has long advocated for UIOs to be added to the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) grants given the extent of the impact of the opioid epidemic on all AI/ANs regardless of residence. Since FY 2018, Congress has enacted set asides in opioid response grants to help Native communities address this crisis. However, it was only available for Tribes and Tribal organizations, so UIOs like mine working against the same problem are left without the resources necessary to reach the highest health status for our people as required of the federal government. This is a failure of equity. Without the necessary funding to address health crises in Indian Country, urban AI/AN people will again be left out of the equation.

Last Spring, Congress introduced the *State Opioid Response Grant Authorization Act of 2021* (H.R. 2379), which included a 5 percent set-aside of the funds made available for each fiscal year for Indian Tribes, Tribal organizations, and UIOs to address substance abuse disorders through public health-related activities such as implementing prevention activities, establishing or improving prescription drug monitoring programs, training for health care practitioners, supporting access to health care services, recovery support services, and other activities related to addressing substance use disorders. NCUIH worked closely with Congressional leaders to ensure the inclusion of urban Indians in the funding set-aside outlined in this bill, which eventually passed the House on October

⁵ <https://publications.aap.org/pediatrics/article/148/6/e2021053760/183446/COVID-19-Associated-Orphanhood-and-Caregiver-Death>





20, 2021. Despite this effort, UIOs were removed from the SOR Grant reauthorization, which saw a \$5 million increase (9 percent increase from FY 2021), included in the recently passed FY 2022 Omnibus (H.R. 2471). The final language in the Omnibus only listed “Indian Tribes or Tribal organizations” as eligible and did not use the language from H.R. 2379. When UIOs are not explicitly stated as eligible entities, we are excluded from critical resources and grants, which is a violation of the trust obligation. As one advocate stated, “The language everywhere has to include the word ‘urban’ – urban Indian or urban Native. They have to say it, they have to write it and then it’ll reach a critical mass, eventually. Because they don’t get it, you know. We’re just invisible.”⁶

We were disappointed to yet again be left out of this key resource as our communities are plagued by the opioid crisis. Inclusion in this program could have enabled UIOs to expand services or workforce or to help address the catastrophic impacts of the opioid epidemic in Indian Country. We urge you to work to ensure funding designated to help AI/AN communities have the proper language to prevent UIOs from lacking access to these critical funds.

The Importance of UIO Inclusion in Opioid Funding

On December 16, 2021, the NCUIH-endorsed *Comprehensive Addiction Resources Emergency (CARE) Act* (S. 3418/H.R. 6311) was reintroduced and aims to address the substance use epidemic by providing state and local governments with \$125 billion in federal funding over ten years. Of the nearly \$1 billion, the CARE Act sets aside \$150 million a year in funding to Native non-profits and clinics, including to urban Indian organizations. NCUIH worked closely with Congressional leaders to ensure the inclusion of urban Indians in this important legislative response to the nation’s substance use epidemic.

NCUIH has also continued advocacy around funding and preserving behavioral health initiatives for UIOs under the Indian health care system by working with Congress on the introduction the Native Behavioral Health Access Improvement Act of 2021 (H.R. 4251/S. 2226), which would require IHS to allocate \$200 million for the authorization of a special program for the behavioral health needs of AI/AN populations. The availability of these critical resources would allow Congress to fulfill its trust obligations to AI/AN populations.

We are grateful for urban Indian inclusion in these Acts and want to emphasize the importance of mentioning urban Indians in legislation, to ensure funding reached across all AI/AN communities and urban Indians are not excluded or forced to prove their eligibility under the intent of the laws created. NCUIH appreciates that these bills have detailed specific language that ensures urban Indian organizations are listed as eligible entities.

Conclusion

⁶ <https://www.usatoday.com/story/news/politics/2022/03/07/opioids-native-americans-funding/9380063002/?gnt-cfr=1>





More needs to be done to address the opioid crisis and ensure that all AI/ANs are cared for when it comes to substance abuse disorders, both during this crisis and in the critical times following. It is the obligation of the United States government to provide these resources for AI/AN people residing in urban areas. We urge Congress to take this obligation seriously and provide UIOs with all the resources necessary to protect the lives of the entirety of the AI/AN population, regardless of where they live.

