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on

S.1507, the "Native American Alcohol and Substance Abuse Program
Consolidation Act of 1999"
October 13, 1999

Chairman Ben Nighthorse Campbell, Vice-Chairman Daniel K. Inouye, and distinguished members of the United States Senate Committee on Indian Affairs, I am honored to offer testimony on behalf of the National Indian Health Board (NIHB) in support of S.1507, the "Native American Alcohol and Substance Abuse Program Consolidation Act of 1999".

The NIHB serves all 558 Tribal Governments in advocating for the improvement of health care delivery. Our Board Members represent each of the twelve Indian Health Service Areas, and are generally elected at-large by Tribal Governmental officials within their respective regional Areas. The NIHB has a duty to represent the sovereign right of all Tribal Governments to promote the highest levels of health for American Indians and Alaska Natives, and to advise the federal government in the development of responsible health policy.

No discussion of the development of alcohol and drug abuse prevention and treatment among American Indians and Alaska Natives during the past 15 years can avoid considering the role of the federal government and the agencies of the government authorized to provide services to Indian people and tribes. Most of the money that has been available for the "war on substance abuse" has come from the federal government via appropriations authorized under a number of important public laws.

Ever since the United States Government entered into treaties with the tribes, the Sovereign Tribal Nations have had to deal with federal efforts to live up to treaty and trust obligations. This includes living with and adapting to the structures and processes by which the federal government makes decisions, authorizes, appropriates and distributes monies, and oversees the agencies and programs charged with carrying out these obligations.

The National Indian Health Board supports the intent of Senate Bill 1507, as we support the desire of Tribal Governments to consolidate many of their programs into a flexible and responsive program at the local level. However, we strongly recommend that the primary agency responsible for Federal oversight of these consolidated programs be the Department of Health and Human Services' Indian Health Service. Thus it is our recommendation that Section 3(4), Section 4, Section 9(a), and Section 11 be amended to indicate that the Indian Health Service shall serve as the lead agency for purposes of carrying out the administrative duties outlined within the bill and other existing authorities.

Our primary reason for suggesting that the IHS serve in the lead role stems from the basic fact that Alcoholism is a disease affecting the physical and behavioral health of American Indians

and Alaska Natives (AI/AN) and their families. It is widely recognized that Alcohol is a major factor in 5 of the 10 leading causes of mortality for American Indians. Comparisons of Indians to non-Indians shows that the age of first involvement with alcohol is younger, the frequency and amount of drinking is greater and the negative consequences are more common. Despite the negative statistics, we have found that American Indians and Alaska Natives have the highest rate of abstinence of any ethnic group in the United States.

These data are included in a briefing book that we prepared for use by four national organizations at the National Summit on Native American Substance Abuse Prevention held four years ago in Albuquerque, New Mexico. The National Congress of American Indians, the National Association of Native American Children of Alcoholics, and the membership of the new National Council on Urban Indian Health, joined with the NIHB in putting forth a "Healing Journey Accord" which has allowed our national Indian organizations an opportunity to address Alcoholism and Substance Abuse comprehensively at the community and organizational level.

I am pleased to offer this briefing book today to the Committee for your use in preparation of the Committee Report to accompany S.1507. It is an excellent document in terms of synthesizing the latest research, the Federal involvement in alcohol and substance abuse prevention and treatment, and local grassroots efforts over the past decade which are effectively preventing this chronic disease.

I would also like to bring your attention to a Hearing Record titled, "BIA and IHS Inspector General Reports on Indian Alcohol and Drug Abuse Programs", which was prepared on July 30, 1992, during second session of the 102nd Congress. Even though the IG reports are outdated at this time, the question of which Federal Agency was best carrying out its responsibilities for administering their alcohol and substance abuse programs was noted.

It appeared that the IHS had accomplished greater activity than the BIA in the Inspector General's review of Alcoholism and Substance Abuse prevention and treatment which examined agency efforts in implementing the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (P. L. 99-570). The hearing record indicates that, "a significant area of non-compliance concerns the Bureau's lack of coordination among Federal agencies and tribal organizations. Although the director (BIA Director of the Office of Alcohol and Substance Abuse Prevention) appeared to be coordinating the Bureau's program activities at the national level in an entirely satisfactory manner, efforts at the field level where the services are ultimately delivered needed to be vastly improved."

There continue to be challenges and yet remarkable accomplishments due to enactment of P.L. 99-570 and the overall funding focused on prevention and treatment has increased up to a level of \$100 million. Despite the increase, funding levels are still inadequate. To address the unmet financial need, the Indian Health Service has successfully implemented a budget formulation process in the past three years which upholds responsive Government-to-Government consultation between Tribal Governments and the IHS.

To ensure that comprehensive consultation reflects the grassroots needs of Tribal communities, the IHS provides an opportunity for each of the Tribal Governments in their twelve Areas to make recommendations on the IHS budget beginning in March and April of the budget cycle. By early June, the leadership of the National Indian Health Board, the Tribal Self-Governance Advisory Committee and the National Council of Urban Indian Health, met to determine a tribal needs based budget for the forthcoming fiscal year. Together, we recognize the need to increase the IHS budget to a level of \$15.1 billion, which includes an increase of \$290 million for Alcoholism and Substance Abuse Prevention and Treatment. Tribal Governments support this increase as a key health priority.

I've mentioned this process of budget consultation and formulation, because it points out the extra effort undertaken by the IHS to incorporate tribal support in development of the Fiscal Year 2001 IHS Budget. We are four months away from the release of the President's Budget Request, and yet Tribal Governments working with the NIHB, NCAI and Tribal Self-Governance Advisory Committee are quite prepared to advocate for increased funding for the IHS with consistent information available to the Administration and the Congress on our budget priorities. It is this model of budget consultation that we strongly encourage the Bureau of Indian Affairs to consider, as it is an excellent approach to increasing tribal support for increased IHS funding.

Tribal people at the grass-roots level, tribal leadership, mental health workers, IHS personnel, and staff from juvenile and adult treatment centers, all believe that the health and safety of Indian families continues to be at risk due to alcoholism and other drug use. Tribal leaders have expressed concern that should the BIA be made the lead agency responsible for implementation, progress already underway by tribal programs will suffer as a result. There are distinct differences between the Bureau and the Indian Health Service in their application of Self-Determination Contracting and Self-Governance Compacting, and thus we opt to endorse the approach of the IHS in their implementation of contracting and compacting.

In addition, section. 9. (a) (1); (2); (4) and, (5) all relate to reporting activities, development of a plan and distribution of funding. Currently, the IHS does provide funding to operate community based alcoholism and substance abuse programs. Data is collected from the programs, IHS service units and clinics and is then transmitted to the Chemical Dependency Management Information System (CDMIS). This is an automated system, with computer edits, that is monitored by IHS Headquarters personnel. Based on the CDMIS, Tribal leaders are able to use the data to provide their tribal constituents a supportive atmosphere in accordance with rules that sustain an alcohol and substance abuse free community.

As you are well aware, the reauthorization of the Indian Health Care Improvement Act (P.L. 94-437) is about to be undertaken in the coming session of this Congress. New amendments to P.L. 94-437 will serve to strengthen the Alcoholism and Substance Abuse program. It is our recommendation that hearings begin very soon to ensure that health care needs are clearly stated and presented for Committee Markup early in the Spring of 2000.

In closing, the National Indian Health Board stands ready to assist the Committee in securing the enactment of S.1507. We believe that this bill, as amended with bill language which directs that

the IHS serve as the lead federal agency, will enhance the Government-to-Government relationship between the United States and each Tribal Government. This bill will provide an opportunity for Tribal populations to share common visions in the promotion of safe, healthy, alcohol and drug-free Indian communities. The NIHB is convinced that the negative manifestations of chemical dependency upon tribal communities can be best addressed by Indian tribes through consolidation of alcohol and substance programs which benefit the entire Tribe as well as the individual client.