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Addressing the Dual Challenges of Substance Abuse and Systemic Inequities Among AI/AN Communities: A Call for Action and Reform in Tribal Healthcare

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Abstract

American Indian and Alaska Native ("AI/AN") people either rank at the bottom, or next to the bottom, of every social, health, and economic indicator; one of these metrics includes substance abuse. Substance abuse is the number one health problem facing Native populations according to the Indian Health Service (IHS), as they face numerous tribal-specific risk factors. A comprehensive literature review revealed that this is a two-pronged problem. First, Tribal Nations face a variety of socioeconomic difficulties, including poverty, poor educational support, and historical trauma that was inflicted by colonialism and generations of forced assimilation. Second, they are sovereign entities which means they are largely expected to deal with their public health problems, with only supplemental assistance from the federal government. The problem is that the federal agency tasked with Tribal assistance (the Indian Health Service (IHS)) is inefficient. The IHS has long suffered from chronic underfunding and bureaucratic flaws, leading to inadequate support for Tribal Nations. As per the legal obligations outlined in Seminole Nation v. U.S. (1942) along with numerous other cases, the U.S. government is required to take action to guarantee the survival and welfare of Native American Tribes and people (The Administration for Children and Families, n.d.). The author of this paper ultimately recognizes that this is a complex issue with many elements that necessitate attention. Nonetheless, they propose various options for a physical deliverable (mobile drug unit, community center, etc.) rooted in the Tribal community, and outlines recommendations for improvements to the IHS.

Keywords: Substance Abuse, Indian Health Service, American Indian/Alaska Native, Tribal, Inefficiencies, Community, Disadvantaged, Government, Socioeconomic, Literature

Definitions

"AI/AN": According to the U.S Department of the Interior Indian Affairs, "As a general rule, an American Indian or Alaska Native person is someone who has blood degree from and is recognized as such by a federally recognized tribe or village (as an enrolled Tribal member) and/or the United States" ("*Who is an American Indian*", 2017).

*Please note that the term "Native American" is synonymous with "AI/AN". In a historical context, "Native American" is more prevalent in the current literature. "AI/AN" is the current term most Tribal nations prefer.

Substance Abuse: "A pattern of compulsive substance use marked by recurrent significant social, occupational, legal, or interpersonal adverse consequences, with nine associated drug classes: alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, and sedatives, hypnotics, or anxiolytics" (American Psychological Association, 2023).

"Federal Funding": "Includes funding, programs, technical assistance, loans, grants, or other financial support or direct services that the Federal Government provides to Tribal Nations or Indians because of their status as Indians. It also includes actions or programs that do not exclusively serve Tribes, but for which Tribal Nations are eligible along with non-Tribal entities. It does not include programs for which both Indians and non-Indians are eligible" (The United States Government, 2023).

"Discretionary Funding": "Discretionary spending is money formally approved by Congress and the President during the appropriations process each year. Generally, Congress allocates over

half of the discretionary budget towards national defense and the rest to fund the administration of other agencies and programs" ("*Fiscal Data",* 2023).

"Historical Trauma": "The cumulative, multigenerational, collective experience of emotional and psychological injury in communities and in descendants" (SAMHSA, n.d.).

Project Purpose

There are multiple goals of this project. The first is to increase knowledge about substance abuse among AI/ANs by providing a comprehensive background. Substance abuse is defined as: "a pattern of compulsive substance use marked by recurrent significant social, occupational, legal, or interpersonal adverse consequences" (American Psychological Association, 2023). Second, the literature review aims to better synthesize how the risk factors specific to the AI/AN population and governmental approach perpetuate substance abuse. The third is to propose a solution that will reduce substance abuse among the AI/AN population, at least to the national average (HHS, 2023). This paper will provide a suggested community-based deliverable that involves healing through a deep connection to culture and Tribal practices. These deliverables are necessary to the Tribe's ability to address substance abuse. As an example of a possible deliverable, the Cherokee Nation's newly developed mobile drug unit will be discussed. This paper also offers recommendations that would hold the IHS to a higher standard. Within the agency, areas of improvement will be identified with the recognition that further funding is also needed. The IHS's functionality determines whether the Tribal community will have access to federal funds and resources (medications, mental health professionals, etc.) or not. Multiple reviews of the agency by the Office for Inspector General are used to pinpoint areas of weakness as well as potential recommendations.

Method

The basis of this project was the author's experience with the Office of Tribal Affairs and Policy within the Department of Health & Human Services as an intern. In her work with the Office, her experiences have familiarized her with potential contributing factors to the issue of substance abuse specific to the AI/AN population, through interactions and observations with the Tribal community and federal stakeholders. Through this work, she also became familiar with the IHS, and her curiosity pointed her to further investigate the agency. To do so, a thorough literature analysis of publicly accessible data, journals, articles, and websites was conducted. The author first examined substance abuse in the context of AI/ANs, through a historical, governmental, and socioeconomic lens. She then used the literature review to synthesize the available information and propose a solution based on the literature, including a recent article about a Cherokee Nation initiative. Furthermore, this paper will be referring to both men and women people over the age of 12, as the basis for much of the current literature bases its research on data collected from members of this population that are above the age of 12. The author uses a table to propose various deliverables and financial estimates. The author recognizes that many elements and considerations contribute to the problem of substance abuse within the AI/AN community and that it is nearly impossible to consider them all. This may lead to gaps in the research, including in this paper. With this in mind, the proposed solution was purposefully designed to be mendable to the community's needs.

Section 1: Introduction

AI/AN people either rank at the bottom, or next to the bottom, of every social, health, and economic indicator. There are various potential reasons cited in the available literature for these low health outcomes, and more specifically, for the high rate of substance abuse. One of the

categories in which AI/AN people rank the highest out of any other population group in the nation includes substance abuse, with 28.5% reporting drug abuse ("*Substance Abuse Statistics",* 2024). This is in comparison to the national average of 17.3%. There are two general categories the contributing factors fall under 1. a variety of Tribal-specific difficulties including historical trauma, poverty, and education, and 2. inefficient federal support and unique Tribal governance. In the context of federal support, this paper will mainly look at the federal government-funded and managed Indian Health Service (IHS), which has long suffered from chronic underfunding and bureaucratic flaws. It will also discuss the general way Tribes deal with health matters, as they are sovereign. Sovereignty of Tribal Nations means that "health, safety, and welfare is among the core powers" of the Tribes themselves (Hoss, 2021).

The first category of contributing factors to the issue of substance abuse among the AI/AN is specific to the community, as their troubled history and current governance allow for an array of unique challenges. Such elements include poverty, poor educational support, and historical trauma which was inflicted by colonialism and generations of forced assimilation. The definition of historical trauma utilized by the Substance Abuse and Mental Health Services Administration (SAMHSA) "is the cumulative, multigenerational, collective experience of emotional and psychological injury in communities and in descendants" (Brave Heart, et al., 2012). The literature revealed that all these factors are connected to substance abuse in some way. This paper discusses the potential for community-based approaches that may aid in managing some of these challenges.

The second category of contributing factors primarily looks at the functionality of the IHS, pointing out inefficiencies that have been found in management, organizational culture, and relationship with Tribes. The literature demonstrated that the IHS's structural issues may be

impacting the quality of care delivered to their patients. Furthermore, the agency has a history of abuse of AI/ANs, which impacts the willingness of the population to trust the agency. Through improving the IHS, all services provided to the AI/AN population could also be improved. This would allow for minimizing some of the many risk factors for substance abuse, including poverty and lack of education. This paper will also advocate for further funding to this agency to allow for said improvements. Considering the tumultuous past and unique governance of the AI/AN population, their health should be at the forefront of federal health policy.

Section 2: Background Information/The Challenge

Tribal History

It is important to understand where Tribes are located throughout the United States, a general overview of their history, as well as some of their foundational cultural and spiritual values. American Indians have been in the Western Hemisphere for at least 20,000 years ("Native knowledge 360°", n.d.). When the Europeans arrived in North America in the 15th century, the continent was already populated with many Native American communities. This population was spread out through many environments, spanning from shore to shore. The following centuries after the Europeans settled in the United States came with extreme upheaval, as the Native communities would face mass relocations, genocide, disease, and destruction ("*Native American*", n.d.). The dislocations took place over centuries, with each period bringing a unique set of circumstances; some of which ranged from "public negotiations and careful planning to subterfuge and deceit; from declarations of friendship to calls for genocide; from disease, starvation, and bloodshed to perseverance, resistance, and hope in the face of

persecution" ("*Native American*", n.d.). Although this historical era was one of great variance what remained constant was the relentless European expansion.

There are currently 574 Tribal Nations, consisting of around 8.75 million people who identify at least partially as American Indian or Alaska Native. This group makes up around 2.6% of the total population, according to the U.S. Census Bureau's 2021 Community Survey (Bureau, U. S. C., n.d.). Furthermore, the Western area of the country is where the highest number of AI/ANs live, with Alaska having the highest presence of the group at 22% of the state's total population (Rezal, 2022). The location of the AI/ANs is demonstrated in Figure 1 below. Despite the fact there are hundreds of Tribes, the Cherokee Nation is the largest, with every one in six of AI/ANs (or 1 million individuals) identifying as Cherokee. Although each Tribe is unique in size and cultural traditions, the topic of this paper: substance abuse, is an invariable factor. It is a cultural and habitual problem that must be viewed holistically, and not narrowed to one singular Tribe as data is not currently publicly available on the Tribe-to-Tribe

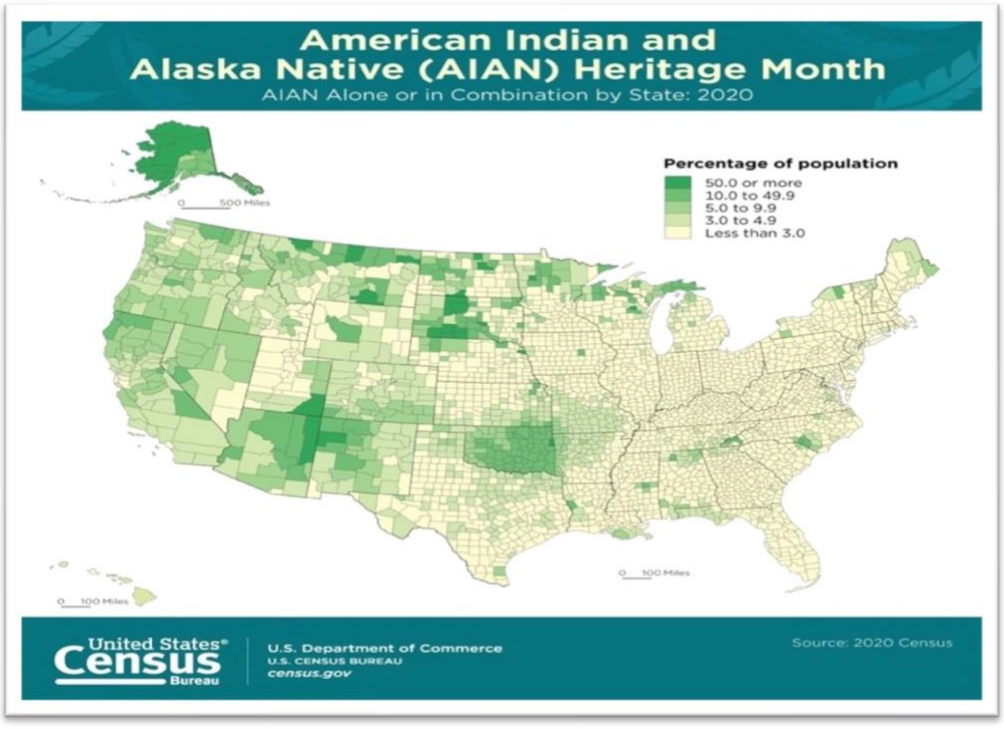

***Figure 1**: Bureau, U. C. (2022, October 25).* American Indian and Alaska native (AIAN) heritage month. *Census.gov*. *https://www.census.gov/library/visualizations/2022/comm/aian-month.html*

differences in health outcomes. This paper will be referring to both men and women over the age of 12, as the basis for much of the current literature bases its research on data collected from members of this population that are above the age of 12.

Governmental/Policy History

The complicated history of the AI/AN population can be better understood through the federal government's treatment of the group in the past and present. The beginning of this complicated relationship, as cited by many historians, stems from the Indian Removal Act of 1830. This policy sparked the aggressive removal of Native Americans spanning from southern regions to the west of the Mississippi River (Kryzanek, 2023). Much of this initiative was spearheaded by Andrew Jackson during his presidency, as both he and his supporters viewed Tribes as a threat to their economic prosperity and expansion. Following this forced removal, the Native Americans had no choice but to restart on makeshift reservations. However, this was not a period of complacency for the Tribes. They engaged in the 1876 Great Sioux War where the Lakota Sioux and Northern Cheyenne Tribes fought directly against the United States to prevent further U.S. expansion into the Black Hills (U.S. Department of the Interior, 2023). There would be a subsequent implementation of governmental policies that aimed to weaken and exercise control over the Tribes, such as the 1887 Dawes Act. This Act allotted the Tribes 160 acres of land to farm to "sustain" themselves, although it was proven to be insufficient in meeting their basic needs (Kryzanek, 2023).

It was not until the 1930s under the Roosevelt administration, that some land was returned to the Tribes, and they were granted the ability to form businesses. Despite these assimilation efforts, they were lackluster and did not provide adequate support after decades of

abuse (Kryzanek, 2023). The Tribes did not enter an era of autonomy until the 1970s, when some government support was offered to expand healthcare opportunities, and the Indian casinos provided a financial foundation for some of the Native Americans. However, the AI/AN group is nowhere near stable. One in three Native Americans live in poverty with a median income of $23,000 and their average life expectancy is nearly five years less than the rest of the American population (Kryzanek, 2023).

Despite the complicated historical relationship between Tribes and the U.S. Government, various court rulings established a responsibility of the United States government to provide support to AI/ANs. The Tribal Nations are separate political entities with established sovereignty from the U.S. This is evident in the government-to-government relationship between the two parties and was established in the landmark case Cherokee Nation v. Georgia, 30 U.S. 1 (1831). This governmental setup has important implications because it outlines the scope of Tribal Nations' access to healthcare and other services. Tribes are in a unique position to use the law as a public health instrument to advance the health and well-being of their people since they are sovereign entities. Federal law also establishes a framework that oversees interactions between the federal government, states, and Tribes, which may have an impact on Tribal public health (Centers for Disease Control and Prevention, 2023). More specifically, Tribes have the authority to handle public health in the manner they see most appropriate for their communities. The difficulty lies in their lack of internal resources, which is where the federal government fulfills its legal obligation to "ensure the survival and welfare of Indian Tribes and people (Seminole Nation v. U.S. (1942), U.S. v. Mason (1973), and Morton v Mancari (1974) (The Administration for Children and Families, n.d.).

The U.S. federal government tasked several federal agencies with the task of ensuring the welfare of the Tribal communities. These include the Bureau of Indian Affairs (BIA), the Bureau of Indian Education (BIE), and the Indian Health Service (IHS), an agency within the Department of Health and Human Services (HHS). According to the Government Accountability Office (GAO), each agency has "significant challenges to improving the effectiveness and efficiency of their Tribal programs" (Office, U. S. G. A., 2022). However, the Indian Health Service is the primary federal healthcare provider of the AI/AN population and its principal responsibility is to satisfy the government trust obligation and attend to AI/AN people's medical needs (Shelton, 2004). So, while the other federal agencies serve similar purposes, the IHS is the agency with the most legal and ethical burden regarding the issue of substance abuse in AI/AN. Furthermore, the other agencies fall outside of the scope of this paper.

About the IHS

The federal government established the Indian Health Service (IHS) and charged it with delivering health care to AI/ANs to enable honoring its trust responsibilities. The IHS has strived to fulfill the government's commitment to provide healthcare to Native Americans since its founding in 1955. According to the organization, its mission is to improve the health of AI/ANs to the greatest extent feasible. The Department of Health and Human Services oversees the operations of the IHS. There are various ways the IHS provides health services, including "Tribally-contracted and operated health programs, and through services purchased from private providers" (National Indian Health Board, 2014). About 2.6 million AI/ANs, who belong to the 574 federally recognized Tribes spread throughout 37 states, get a comprehensive range of clinical, public health, and community services from IHS, which has an approximate $7 billion budget each fiscal year. For qualified AI/ANs, Tribally managed facilities and the IHS usually

act as Medicare or Medicaid providers. 31 hospitals, 52 health centers, 2 school health centers, and 31 health stations are all directly run by IHS. Through agreements and contracts, Tribes and Tribal organizations run about half of the IHS system and offer medical services at 166 Alaska Native village clinics, 256 health centers, 9 school health centers, and 15 hospitals (National Indian Health Board, 2014).

Federal Funds to Tribes

The way Tribes are federally financially supported is a bit difficult to follow, as it comes in different sources (grants, set-asides, etc.) from various agencies. In a 2023 press release from the Biden administration, it shared "some Tribal Nations do not have the capacity and resources they need to access Federal funds — and even for those that do, having to repeatedly navigate Federal processes often unnecessarily drains those resources" (The United States Government, 2023). Furthermore, AI/ANs may struggle to access the federal support that is available due to various barriers. The agencies that provide funds to AI/AN administer a variety of programs and services that may support education, infrastructure, business, etc. Some of these agencies include the Department of Housing and Urban Development (HUD), the Bureau of Indian Affairs (BIA), and the Indian Health Service (IHS). However, many more agencies provide support in some capacity.

While the other agencies fall outside the scope of further detailed discussion, the below graphic from the U.S. General Services Administration showcases the authorities under which the different agencies are enabled to provide funds to Tribes. The authorities include legislation that involves the respective agency or agencies. While the aggregate federal funding total is not available, President Biden signed the Bipartisan Infrastructure Law (BIL) on November 15, 2021, making Tribal communities nationwide eligible providing over $13 billion in direct

investments through these agencies. These funds support numerous efforts through federal agencies to improve environmental justice, provide access to safe drinking water, and fix roads, bridges, and railroads (U.S. Department of the Interior, 2022).

Federal agencies	Indian Self-Determination and Education Assistance Act of 1975	Tribally Controlled Schools Act of 1988	Native American Housing Assistance and Self Determination Act of 1996	Indian Health Care Improvement Act
BIA	yes	yes		
BIE	yes	yes		
BLM	yes	yes		
DOT	yes	yes		
FWS	yes			
HUD			yes	
IHS	yes	yes		yes
NPS	yes			
ONRR	yes			
OSGS	yes			
OST	yes			
Reclamation	yes			

Table 1: How federal agencies can meet obligations to Tribes. *GSA. (n.d.-a). https://www.gsa.gov/resources/native-american-affairs/how-federal-agencies-can-meet-obligations-to-Tribes*

Organization acronym key

- “Bureau of Indian Affairs, or BIA.
- Bureau of Indian Education, or BIE.
- Bureau of Land Management, or BLM.
- Bureau of Reclamation, or Reclamation.
- Department of Transportation, or DOT.
- Indian Health Service, or IHS.
- National Park Service, or NPS.
- Office of Natural Resources Revenue, or ONRR.
- Office of Satellite Ground Services, OSGS.
- Office of the Special Trustee for American Indians, or OST.
- U.S. Department of Housing and Urban Development, or HUD” (U.S. Fish and Wildlife Service, or FWS”, n.d.).

Health Coverage

As sovereign entities granted by the Indian Self-Determination and Education Assistance Act (ISDEAA), Tribes can take more control over the health services offered to their communities, including health insurance. Tribes can establish their insurance marketplaces, tailored to the specific needs of their communities. These marketplaces are organizations through which people can purchase health insurance. While the IHS is the primary support for Tribes, it is not an insurance provider. It supports and operates the medical facilities (health centers, hospitals, etc.). The IHS does not receive enough funds in the budget to meet all healthcare needs, and it is therefore important that AI/AN people do not solely rely on it and get health insurance as well (Centers for Medicare and Medicaid Services, 2016). However, AI/ANs can find this insurance through one of those IHS-supported facilities.

Many Tribes operate their systems of insurance which the members can sign up for. They are also able to find plans through their employers. There are also some Tribal specific protections and exemptions. For instance, AI/ANs who have a plan from an IHS provider are exempt from Medicaid premiums and enrollment fees. Also, all member cost-sharing (deductibles, copays, and co-insurance) is waived for AI/ANs who enroll in any individual or family plan through the Health Connector at any level of coverage and whose household modified adjusted gross income (MAGI) is at or below 300% of the federal poverty level (FPL) (Centers for Medicare and Medicaid Services, 2016). However, there is a noticeable difference between the types of coverage among AI/AN and non-Hispanic whites. 51.9 percent of American Indians and Alaska Natives, either individually or together, had private health insurance in 2019. Of AI/ANs, 42.1 percent were dependent on Medicaid or public health insurance, and 14.9 percent did not have any health insurance. This contrasts with 74.7 percent,

34.3 percent, and 6.3 percent for non-Hispanic Whites, respectively ("*American Indian/Alaska Native Health*", n.d.). Furthermore, despite the Tribal specific exemptions, there appears to be some disparity in the coverage rates.

Substance Abuse

To better understand the importance of the topic of this paper, substance abuse among the AI/AN population, it is necessary to have a general grasp of the current issue of substance abuse within the United States. Much of the data about this topic is collected by The National Survey on Drug Use and Health (NSDUH), conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). This survey aims to "[provide] nationally representative data on the use of tobacco, alcohol, and drugs; substance use disorders; mental health issues; and receipt of substance use and mental health treatment among the civilian, noninstitutionalized population aged 12 or older..." (*National Survey,* n.d.). Although the 2023 survey has not yet been released, the 2022 results revealed that 16.7% of Americans combatted a substance abuse disorder in the previous year, and 8.4% of those respondents suffered from a mental health disorder simultaneously (*Alcohol and Drug,* 2024). The millions of those impacted directly by substance abuse within America extend beyond those with the disorder, as families, friends, and all those associated with the individual may also feel the weight of the abuse. More specifically, two-thirds of adults say that either they or a family member has first-hand experience with addiction (Sparks, 2023).

Various risk factors may lead to substance abuse. One of the most prominent is genetics, accounting for anywhere from 40 to 60% of someone's threat of addiction. There are also environmental factors, including one's upbringing, peers, academic setting, and community attitudes toward drugs (*Alcohol and Drug*, 2024). Those with mental health disorders are also at

a heightened risk of addiction. While substance abuse has widely been understood as a public health crisis necessitating immediate and persistent action, the AI/AN population is feeling the effects to an even greater extent. It has been found that "Native Americans have the highest rates of alcohol marijuana, cocaine, inhalant, and hallucinogen use disorders compared to other ethnic groups" (*Substance Abuse Statistics*, 2024). Furthermore, the importance of addressing this issue does not just apply to the United States, but also specifically to the AI/AN population.

Section 3: Literature Review

The following literature review aims to synthesize various academic articles to establish that substance abuse is a pressing issue the AI/AN population faces. It also will focus on some of the potential contributing factors. The literature review will also demonstrate the role of the IHS in dealing with this problem, discussing policy implications and recommendations. It is important to piece together the data and findings currently available, to better understand substance abuse among the AI/AN community and to highlight possible gaps that necessitate further investigation.

Why Now?

AI/AN peoples are often considered the "invisible minority", making government recognition and data collection regarding public health matters incompetent, as they are often "grouped" in with other more prominent minorities. Furthermore, their small population size and historical marginalization contribute to them being largely unseen. One question that has arisen is why, although the extreme health disparities among the AI/AN have historically been present, is this population is no longer invisible? A possible answer is a 2004 report directed to the President, the Senate, and the House of Representatives that outlined the different disparities by

the U.S. Commission on Civil Rights. This extensive report titled “Broken Promises: Evaluating the Native American Health Care System” discusses the issue of the significantly lower health status of Native Americans across all metrics (diabetes, substance abuse, mortality rates, etc.) compared to the rest of the American population (Berry, 2004). However, according to a member of the Cherokee Nation and National Secretary of the American Bar Association, Mary Smith, “most of the findings in that report are still true 15 years later. Moreover, the scale of the crisis has expanded given population increases and the inability of funding to keep pace” (Smith, n.d.).

The stagnant process of assisting Tribal Nations at a federal level has increased the pressure on policymakers, which is reflected in recent policy briefs from the Biden Administration. As part of the 2023 Tribal Nations Summit, President Biden signed an Executive Order that reshapes the way the federal government provides support and funds to Tribal Nations. There are three main initiatives of this order. The first is the requirement that federal agencies take actionable steps to ensure federal funding is “accessible, flexible, and equitable”. The second is allowing Tribal access to the Capital Clearinghouse, which is a source of all available federal funding available for Tribes and Native businesses. Lastly, the order calls for better-assessing shortfalls of current federal funding and to provide recommendations for moving forward. This involves multiple agencies meeting together to discuss current efforts (The United States Government, 2023). While there are not yet measurable metrics that determine if any of these initiatives have helped combat AI/AN health inequity, it is apparent that the executive order placed further pressure on the federal agencies involved, including the IHS. Executive actions like this can help make the AI/AN population less invisible, as it is no longer acceptable to remain complacent in the approach to their public health crises.

Another possible influence on the increased attention (meaning news articles, documentaries, and social media awareness) surrounding the AI/AN population is that more and more members of the AI/AN population are entering high-level government positions. A blog released by Public Health Advisor of the Office of Tribal Affairs and Policy (OTAP), Jared Stokes, Ed.D., illuminates the important role various AI/AN people play in the Substance Abuse and Mental Health Services Administration (Stokes, 2022). He conducted interviews with several Tribal citizens regarding their positions and how they stay connected to Indian Country.

Some of the interviewees pointed to the importance of strengthening relationships between the AI/AN and the federal government, as there are feelings of distrust due to the historical context. All interviewees also mentioned the significance of staying connected to their Tribes and generating awareness about Tribal communities' needs and barriers. Karen Hearod, CAPT, Director of OTAP, states that her objective is to "[ensure] that the voices of Tribal leaders and Tribal citizens guide SAMHSA's policies and programs. 'I'm trying to keep that connectedness...'" (Stokes, 2022). Furthermore, by having a prominent role within the federal government, AI/AN individuals can further draw attention to the issues facing their communities, in turn also helping the population become less "invisible". The 2004 report from the U.S. Commission on Civil Rights, the recent executive action, and the increased federal presence of Tribal members are all possible reasons this issue is gaining further attention.

The Problem

Multiple scholarly journals and articles probe the issue of substance abuse among AI/AN people. One such paper titled "Substance and Behavioral Addictions among American Indian and Alaska Native Populations" from the International Journal of Environmental Research and Public Health compiled findings from 69 peer-reviewed articles that examined substance abuse

among AI/ANs. The study used a literature review consisting of cross-sectional designs, systematic reviews, and qualitative studies. A consistent finding was that overdoses and drug-related deaths have not only been increasing in this population; they also had the highest number of drug-related deaths between 2013-2017 among other U.S. racial/ethnic groups (Soto, et al., 2022). The severity of substance abuse among AI/ANs is further supported by data compiled by the Centers for Disease Control and Prevention (CDC), which sourced data from Cause of Death Files. The below graphic demonstrates a sharp incline in overdose deaths involving opioids among AI/ANs.

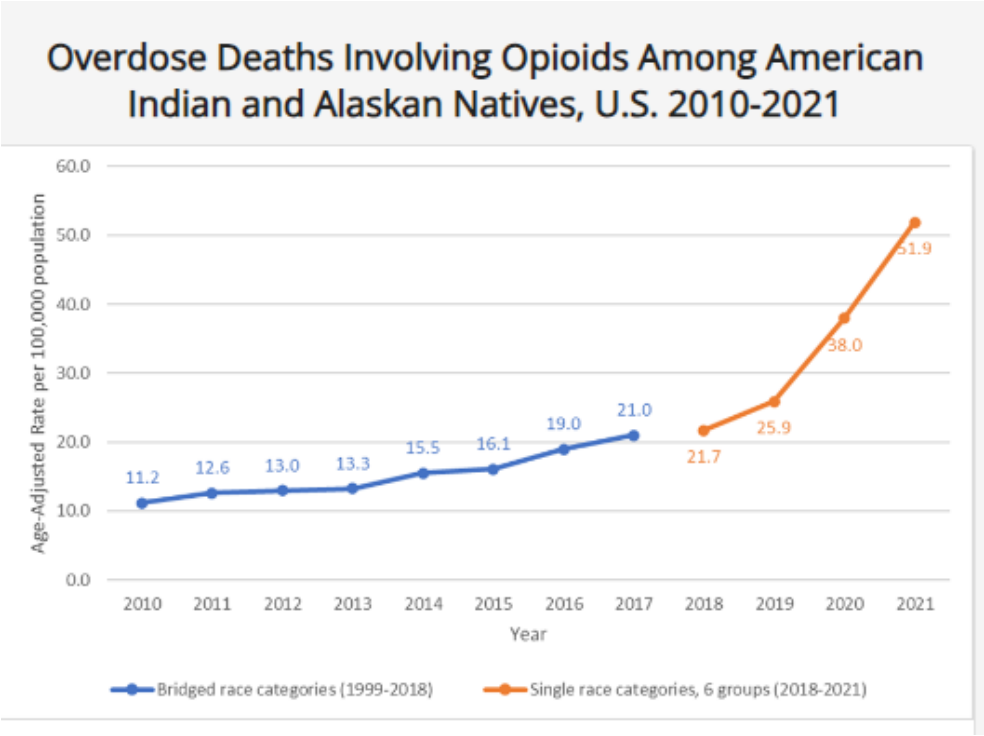

Figure 2: Centers for Disease Control and Prevention. (2023, August 25). *Opioid overdose prevention in Tribal communities*. Centers for Disease Control and Prevention. https://www.cdc.gov/injury/budget/opioidoverdosepolicy/Tribal Communities.html

Note: "*Data from 2010-2017 uses the historical four Bridged-race categories (American Indian or Alaskan Native, Asian / Pacific Islander, Black or African American, White). To maintain consistency between the historical bridged race data and the single race*

> *data available beginning in 2018, age-adjusted mortality rate for 2018-2021 uses the six-category single race option"* Centers for Disease Control and Prevention (2023, August 25).

Furthermore, the comparative findings of the International Journal of Environmental Research and Public Health and the statistical data from the CDC demonstrate that this issue necessitates attention. A potential gap of understanding is the causation of the sharp rise in overdose deaths among the AI/AN, particularly during the years 2020 and 2021. An assumption is that the rise may be due to or associated with the COVID-19 pandemic. Further research from the National Center for Health Statistics and the U.S. Census Bureau has found that "After adjusting their data for age differences across the groups, the researchers discovered that COVID-19 mortality for the sample of Native Americans was 2.8 times as high as that for the white group" (Williams, 2021). While there is no direct connection (that is yet available) between substance abuse and this stark disparity in COVID-19 mortality, it does reveal that the AI/AN population did not have the necessary resources or infrastructure to protect themselves during the pandemic. Such a situation may have also intensified substance use. Nevertheless, substance abuse within the AI/ANs is statistically significant relative to the rest of the United States population.

In light of the established problem of substance abuse in the Tribal community, it is important to also better understand the far-reaching impact of substance abuse. This includes the rippling effect on communities, family members, and one's personal finances, relationships, and health. According to the article "American Indians/Alaska Natives and Substance Abuse Treatment Outcomes: Positive Signs and Continuing Challenges" published by the Journal of Addictive Diseases, the vitality and stability of Native communities residing on reservations are

undermined by the repercussions of substance misuse, which affect Native people disproportionately. These effects include high dropout rates, violence, chronic health difficulties, and suicidal conduct (Dickerson, et al., 2011). Furthermore, a study of 279 AI/ANs and from a 279-subject matched comparison group found that among AI/ANs getting drug addiction treatment, there were considerably more psychological issues, greater rates of physical and sexual abuse, and more chronic health problems than in a matched comparison group at baseline (Feldstein, et al., 2006). Although this study was conducted in 2006, it still reveals an important linkage between substance abuse and further adverse effects. In sum, an already disadvantaged group is further hindered by the consequences of substance abuse, as are their communities.

Contributing Factors

Tribal Specific

This portion of the literature review will discuss contributing factors to substance abuse among the AI/AN population. While there are numerous potential factors, this paper will broadly discuss poverty and provide two more specific examples that fall within this category. These examples will include nutrition and education. While exploring further risk factors rooted in poverty in greater depth falls outside of the scope of this paper, these two examples aim to demonstrate why the AI/AN community may struggle with substance abuse to a more devasting degree than the rest of the American population. The review will also discuss historical trauma and its possible role in substance abuse in this group.

Tribal Nations face a variety of socioeconomic difficulties, one being poverty. According to the 2020 Census, AI/AN communities have the greatest rates of poverty (24.1%) of any race or ethnic group, and over double the national rate (12.8%) (Bureau, U. S. C., 2020). Furthermore, currently available research regarding the potential relationship between poverty and substance

abuse is especially applicable to this paper. For example, a comparative study titled “Urban-rural variation in the socioeconomic determinants of opioid overdose” published in Volume 195 of “Drug Alcohol Dependence” in 2019 found that "across 17 states in 2002–2014, opioid overdoses were concentrated in more economically disadvantaged zip codes, indicated by higher rates of poverty and unemployment as well as lower education and median household income” (Pear, et al., 2019). This finding further supports the assertion that poverty and substance abuse are linked. The AI/AN population suffers from both elements disproportionately.

The impact of poverty on this group can be shown by the Navajo Nation covering 27,413 square miles and having only ten grocery stores. To get fresh, affordable produce, “some Navajo Nation residents have to drive at least 155 miles round-trip” (“*The Issue of Poor Native American Health*”, 2019). Such a lack of nutritious food explains why in indigenous communities, 80% of adults and 50% of children are overweight or obese and 30% are prediabetic. Their access to cheap and readily available food directly impacts their health, as processed foods are often their only option. While access to proper nutrition is just a factor that is related to poverty, it can also be applied to substance abuse. For instance, it has been found that malnutrition can escalate drug-seeking behavior, and that treatment is more effective when nutritional support is incorporated (Jeynes, Gibson, 2017). Therefore, after establishing that AI/ANs struggle with substance abuse at an alarming rate, their subsequent struggle to access a wholesome diet due to lack of resources/grocery stores most likely only exacerbates the problem.

Another element related to poverty is education. According to the National Conference of State Legislatures, (NCSL), the condition of Native American education in the country's K–12 educational institutions is alarming. A December 2022 NCSL report found that “Native students perform two to three grade levels below their white peers in reading and mathematics. They are

237 percent more likely to drop out of school and 207 percent more likely to be expelled than white students" (National Conference of State Legislatures, 2022). Therefore, it is apparent that there is an educational disparity among AI/AN students. The report attributes this to an achievement gap related to the poor economic conditions in many AI/AN communities and poor health. Narrowing the gap in educational outcomes is important because 90 percent of AI/AN students attend public schools. Quality education is also directly linked to substance abuse rates. Wilson Majee, professor in the University of Missouri School of Health Professions committed his work and studies to accessible educational opportunities for youth. He identifies, along with poverty, "unemployment and a lack of basic resources such as health facilities, libraries, available drinking water and internet access" as compounding factors that limit educational opportunities (Consiglio, 2021). All of these are identified attributes the AI/AN population struggles with and therefore may impact the chance at a quality educational experience, despite many receiving the same education as the rest of the country (Centers for Disease Control and Prevention, 2023).

Another factor specific to Tribal Nations that is important to discuss is historical trauma and its potential association with substance abuse. The definition of historical trauma referenced and understood by SAMHSA is "the cumulative, multigenerational, collective experience of emotional and psychological injury in communities and in descendants" (SAMHSA, n.d.). Furthermore, although the current AI/AN population may have not directly been impacted by the early colonization and historical violence their ancestors faced, they can still feel its impact. Along with genocide and forced relocation, there were also (at least) 408 government-funded boarding schools in which the AI/AN youth were forced to attend. At these schools, numerous children experienced abuse and neglect in the form of beatings, starvation, hard labor, and other

atrocities. A few never made it back to their homes. It is estimated that hundreds more will be revealed to have perished as research progresses (Levitt, Parshina-Kottas, Romero, 2023). In a "tip sheet" generated for first responders dealing with historical trauma among this population, SAMHSA explains that re-traumatization may result from the resurfacing of historical incidents, such as inquiries into the mistreatment and deaths of thousands of Native American children at the boarding schools in the US and Canada. Signs of general poor physical and mental health, such as low self-esteem, depression, drug abuse, and high suicide rates, may be some of the reported reactions to past trauma (SAMHSA, n.d.).

The probable association between trauma and substance abuse is discussed in various literature, although historical trauma is not specifically talked about extensively. Nonetheless, as historical trauma is a subset of trauma, inferences can still be drawn from what is available. For instance, Priscilla Dass-Brailsford, psychologist and PTSD expert investigated the relationship between trauma and substance abuse in her paper "Psychological Trauma and Substance Abuse: The Need for an Integrated Approach". One of the findings was that the brain chemistry behind psychological trauma is similar to that of substance abuse in many aspects. While the neurological processes underlying substance abuse and trauma may be different, they nevertheless have certain similarities. For instance, drugs that raise or lower the body's arousal level tend to either directly or indirectly (for example, through rebound effects) heighten hyperarousal and hypervigilance because of the interacting actions of neurotransmitters (Dass-Brailsford, 2010). Furthermore, it appears possible that the chemical reactions both substance abuse and trauma instigate are similar, so when the two are both active, one can heighten the other. Among the AI/AN population, where both trauma and substance abuse are prevalent, there is the opportunity for significant harm physically and mentally.

Government

The second portion of this "Contributing Factors" section will discuss components that look more closely at the government's role in meeting the holistic needs of the AI/AN population. Throughout the research for this paper, a common theme of complexity in the federal government's approach to providing care to the AI/AN emerged. Much of these findings were due to numerous extensive reports released by the U.S. Government Accountability Office, which is an independent, non-partisan agency that works for the U.S. Congress. One such report, titled "Tribal and Native American Issues" explains that legislation requires federal agencies to offer Tribal Nations and their inhabitants a range of services and initiatives. The Office of Management and Budget (OMB) produces an annual report (called the "crosscut") on government financing for programs that assist Native Americans, yet there is no formal procedure currently in place that routinely requests and evaluates input from members of the AI/AN community and the federal agencies involved. Furthermore, the federal government lacks a systematic procedure for including the requirements and input of the Tribes into their budgets (Office, U. S. G. A., n.d.). This is further supported in a different GAO report from May of 2022 titled "Tribal Funding: Actions Needed to Improve Information on Federal Funds That Benefit Native Americans" where the Office found that when deciding which federal funding programs and details to include in the crosscut, some of the agencies—Departments of Agriculture (USDA), Health and Human Services (HHS), the Interior, and Transportation (DOT)—interpret OMB's guidelines in various ways.

Another potential contributing factor to the issue of substance abuse among the AI/AN population is the data used to determine which resources should be allocated by the federal government, and to which Tribes. Currently, based on officially released U.S. Census Bureau

County statistics, the IHS service population estimates constitute self-identified American Indian and Alaska Native individuals who may or may not utilize IHS services. According to the article titled “Using National Census Data to Facilitate Healthcare Research”, “census data is used at a federal level for “healthcare service planning by providing accurate population density information but also... to identify high-risk populations that may require increased resource allocation” (Colwill, Poullis, 2023). As previously discussed, due to being a small portion of the overall population, AI/ANs are often considered the “invisible minority”, making government recognition and data collection regarding public health matters insufficient, as they are often “grouped” in with other more prominent minorities. This concept is further explained in an article by research and policy experts at the Brookings Institute, where they emphasize that current data collection processes could skew research, have a detrimental effect on policy, and maintain long-held misconceptions about Native American communities (Baker, 2023).

This is further explained in the 300-page report released in December of 2018 by the United States Commission of Civil Rights, directed to President Trump titled “Broken Promises: Continuing Federal Funding Shortfall for Native Americans”. The report discusses that the lack of investment in sufficient sample sizes leads to significant margins of error. Such an example is the 2010 census, where American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent (United States Commission on Civil Rights (“the Commission, 2018). This is data used by all federal stakeholders, and the impacts therefore extend beyond the breadth of the IHS. Nonetheless, the Commission reports that even though the population may be undercounted compared to other groups within the United States, the AI/ANs still consistently rank the worst for multiple health metrics, including substance abuse. Furthermore, without

improvements to the data collection at the federal government level, it is uncertain how effectively health issues, and more specifically, substance abuse can be addressed.

Literature Review Conclusions (Contributing Factors).

The literature revealed that many Tribal-specific factors may contribute to substance abuse among their population. Those discussed included poverty, education, nutrition, and historical trauma. Statistics highlighting high rates of poverty relative to the national average emphasize poverty as a major concern within the AI/AN population. Citing data indicating that opioid overdoses are concentrated in economically deprived areas, the research addresses the relationship between poverty and substance abuse. The literature also highlighted consequences, such as an increased likelihood of substance abuse, when there is a lack of resources for healthy food, which is also related to poverty. Another facet of poverty that has been explored is education, where AI/AN students have considerable inequities and problems in comparison to their white counterparts. The success gap in education is linked to poor economic situations in AI/AN communities, which may have an impact on substance abuse. Because historical trauma has a lasting impact on the mental and emotional health of AI/AN populations, it is being explored as a possible contributing factor. The review draws similarities between substance abuse and psychological trauma in terms of brain chemistry and neurological processes and shows that stress may lead to substance abuse. Overall, the research emphasizes how poverty, historical trauma, and substance abuse interact complexly within the AI/AN community, underscoring the necessity of holistic approaches to successfully address these problems.

The contributing factors to substance abuse within the AI/AN population on a broad governmental level are less transparently connected than the socioeconomic factors discussed in the first half of this section. That said, some broad conclusions can be drawn regarding the

relationship of the elements discussed. For example, the literature revealed that the absence of cohesive communication across the federal agencies involved with AI/AN health can result in ill-informed decision-making. Another identified problem is the supply of accurate data for population estimates of the AI/AN population. This data is needed to best determine how much of a resource, for instance, Narcan, is needed for a specific tribe, region, IHS area, etc. If it is being significantly undercounted, this may result in the hindrance of providing necessary resources. The following section of the literature review is devoted entirely to looking at a specific subset of the government – the IHS.

About the Organization – the IHS

This portion of the literature review is devoted to exploring the efficacy of the IHS, the principal federal agency tasked with ensuring the well-being of AI/ANs. IHS officials have openly questioned the IHS's efficiency as an agency because of "protracted bureaucratic processes; lack of a clear vision for how to meet goals; lack of trust within IHS; and lack of trust between IHS and the broader beneficiary community" (Lofthouse, 2022). The agency's inefficiencies extend beyond the boundaries of the more generally applied ineptitude of the federal government when it comes to dealing with the health of the AI/AN population, and more specifically, substance abuse. It also corresponds with the scholarly consensus to put the IHS under further scrutiny, as promoting health equity, self-determination, cultural respect, and long-term healthcare solutions are the pillars of their organization. A statement from Harriet Hageman, Chair of the Subcommittee on Indian and Insular Affairs, reads "In 2017, the GAO, placed IHS on their High-Risk List as one of the government programs and operations vulnerable to waste, fraud, and abuse. While IHS has made some progress on key recommendations, much work remains" (House Committee on Natural Resources, 2023). It is evident, thus, that it is

important the IHS is held to a higher standard and that there are underlying reasons for its poor reputation at a governmental level. This paper will more specifically touch on structural inner-agency problems (including recruitment and communication), funding, and Tribal relationships.

Inner-Agency Issue – Structure, Communication, and Management

To gain a better understanding of the organizational culture of the IHS, it is important to delve into the organizational culture and communications strategy within the agency. According to the "Introduction" page on their website, the IHS has "Rockville, Maryland headquarters office and 12 administrative area offices located throughout the United States. The 12 IHS areas encompass a network of hospitals, clinics, and health stations" ("IHS Strategic Plan", n.d.). Furthermore, each of the IHS areas has a director. According to the IHS "Indian Health Manual" which serves as a reference for IHS employees to relevant policy, the development of IHS policy typically occurs under the supervision of a functional area manager at IHS Headquarters, with feedback from managers and functional area counterparts from the Area Offices and Service Units (The Indian Health Manual, n.d.). Therefore, the Area Directors are regarded as a source of guidance and direction by the employees of IHS. In addition to managing the provision of healthcare services, each Area Office is in charge of offering administrative and technical support to the clinics, hospitals, and other healthcare facilities in its service area. The 170 "service units" are components of Area Offices that concentrate on offering IHS services to a much more limited geographic area dispersed throughout the United States. Either an IHS agency or a local Tribe may run service units (Cerasano, 2017).

With so many moving parts and different individuals "in charge" there is the possibility of some challenges. A comprehensive policy brief written by Jordan Lofthouse of the Mercatus Center at George Mason University breaks down some of these difficulties. Lofthouse explains

that like any other government bureaucracy, the IHS is not exempt from inefficiencies and flaws. However, the IHS's long-standing problems with poor management go beyond typical inefficiencies of the bureaucracy (Lofthouse, 2022). The findings of a 2019 report released by the Health and Human Services' Office of Inspector General reveal that, based on extensive interviews regarding the IHS's quality initiatives conducted with agency and HHS representatives, there are broad mismanagement problems. These include: (a) a lack of knowledge about hospital performance and issues; (b) a lack of clarity and comprehension of the IHS's formal structure, rules, and functions; and (c) a lack of trust in the IHS's capacity to succeed. The report found that if these "underlying organizational challenges are not addressed, they may prevent IHS from bringing its full organizational strength to these efforts" (Murrin, 2019). IHS staff have stated that there is no clear understanding of what makes satisfactory performance or how to approach problem-solving because of this lack of clarity surrounding structure and policy. IHS headquarters frequently don't know what's going on at the Area Offices. Employees in hospitals and other IHS locations have complained that they "did not feel that anyone in IHS headquarters had a comprehensive view of Area Offices and hospitals," and that they "received poor or incomplete information about operations" (Lofthouse, 2022).

Furthermore, the 2019 OIG review which based their findings on interviews with IHS officials and other stakeholders, found that according to the IHS employees, actions became bogged down in procedures and took longer to finish as a result of the absence of organization. According to IHS employees, they occasionally requested approval and review from different individuals or groups due to their confusion about who was in charge of what, which "increased the bureaucratic hoops" (Murrin, 2019). Furthermore, confusion about roles can increase the amount of time it takes to address a Tribal problem and to provide care. Although the IHS may

have an organizational structure that appears to provide access to all areas of the country, which would be considered positive, “that diagram does not describe how things work," remarked one official, pointing to an IHS organizational chart. We create our own procedures as we go along and consider ourselves to be making progress (Lofthouse, 2022).

Recruitment

The OIG review further explains that one specific issue faced by the IHS is that it is unable to compete with local market salaries (where each of its 12 Area Offices is) and does not provide enough housing for the IHS healthcare providers. This pushes the agency to hire temporary providers, which impacts the quality of care as the providers do not have enough time to become accustomed to the work. This is further supported by a 2019 *New York Times* analysis report that found roughly a quarter of all medical positions in the IHS are vacant. In some locations, the vacancy rate is roughly 50 percent (Walker, 2019). The recruitment problem is further demonstrated by the fact that in the fiscal year 2021, 100% of dentist positions in the Portland service branch were vacant. These are necessary positions for important services that the IHS is legally obligated to provide (DiCarlo, 2023). Furthermore, hospital managers stated that they occasionally had to turn away patients due to staffing shortages, which caused problems with complying with federal regulations. In 2015, an IHS hospital shut down its ER due to multiple issues with care quality, mostly caused by a staffing deficit (Grimm, 2020).

Hospitals and healthcare facilities, whether owned by the IHS or Tribes, have frequently fallen short of federal and Tribal requirements for health, safety, and quality, thereby endangering patients. In fact, “reports of health disparities and inadequate health care services for IHS beneficiaries have been a subject of concern for nearly a century” (Murrin, 2019). The fundamental organizational and administrative issues that plague the whole IHS system have

made subpar healthcare services worse (Murrin, 2019). Although these findings apply to the IHS's functionality as a whole, and not their specific approach to substance abuse within the communities they help, they are still revealing how the organizational challenges may exuberate the issue.

Poor Trust Relationship with Tribes

Various literature points to the IHS's historical treatment of patients and present-day treatment as problematic for the agency's relationship with AI/ANs. First, the IHS is plagued with the history of forced sterilization of Native American women in the 1960s and 1970s. More specifically, Historian Jane Lawrence shares some of these accounts, noting that Native Americans claimed that throughout the 1970s, the IHS sterilized at least 25% of the women in their community who were between the ages of fifteen and forty-four (Lawrence, 2000). In her article, Lawrence further explains that "Some of [the IHS doctors] did not believe that American Indian and other minority women had the intelligence to use other methods of birth control effectively and that there were already too many minority individuals causing problems in the nation" (Lawrence, 2000). Tribes are still affected by the outcomes today. Lawrence notes everything from mental health problems, specifically depression, to divorce. However, the author explains that the loss of political power experienced by Native American Tribes because of their declining population may have had the most severe impact on Native Americans overall.

In more recent history, the Office of Inspector General conducted a study of adverse events in Indian Health Service Hospitals. It defines an adverse event as "harm to a patient as a result of medical care or in a health care setting, including the failure to provide needed care" (Grimm, 2020). The study found that the biggest numbers of harm events were caused by drugs and patient care (as also supported in earlier OIG investigations on patient harm). In the sample,

medication-related incidents accounted for 41 out of 79 patient harm events. Patients who went through these experiences frequently encountered disorientation, hallucinations, and excessive sedation (Grimm, 2020). Although the article does not suggest a direct connection between adverse events and substance abuse, a foundation of trust between patients and healthcare providers is most likely essential. Often, medications and patient care are necessary for the treatment of substance abuse.

Also necessary to mention in the conversation of abuse is the IHS remaining complicit in the face of sexual abuse by an IHS doctor. The New York Times and The Wall Street Journal filed a Freedom of Information Act action against the IHS, resulting in the acquisition of the 161-page study by consulting firm Integritas Creative Solutions. According to the report's conclusion, IHS officials deliberately chose to overlook the accusations made against former doctor Stanley Patrick Weber because doing so would be "awkward, arduous, inconvenient, messy, and embarrassing" (Walker, 2021). Mr. Weber was the subject of federal investigations conducted in Montana and South Dakota. In September 2019, he was found guilty of sexual offenses against boys as young as nine in his Pine Ridge, South Dakota, residence between 1994 and 2011. Considering the IHS purposefully disregarded the whistleblowers in this incident, the question of how many other known incidents that were never addressed can be raised.

With that being said, it is also important to note that AI/ANs may already have a distrustful attitude towards the medical services within the IHS. This is revealed in a study with 392 AI/AN college students who completed a cross-sectional online survey. It was found that historical trauma of the population and perceived racial prejudice are contributing factors to negative attitudes toward the health care system and receiving mental health services. The study further concluded that efforts to address the underutilization of mental health treatments among

AIANs should take into account the possible contributions of racial discrimination, historical trauma, and distrust (Stewart, Gonzalez, 2023). This suggests that along with the IHS-specific troubling history, there is a broader problem at play with the overall view of the healthcare system and AI/ANs.

Funding

Recently, in March 2024, President Biden released the Fiscal Year 2025 Budget, revealing that $8.2 billion was allocated to the IHS. This is an increase of $1.1 billion from FY 2023 (Newsroom, 2023). Furthermore, the IHS applies for its funding in various avenues, such as offsetting the increasingly high costs of healthcare services and staffing and maintaining the newly established healthcare facilities and providing funding to newly federally recognized Tribes ("*Justification of Estimates",* 2024). It is also important to note that in FY 2024, the IHS started receiving advance appropriations, meaning that the IHS-funded programs will still be funded in the event of a government shutdown or, more generally, in the event of "a lapse of appropriation" (OB, 2023). The IHS's financial support to AI/ANs is primarily done through their Tribal Management Grant Program. According to their website, the purpose of this program is "to prepare Tribes and organizations for assuming all or part of existing IHS programs, functions, services and activities, and further develop and improve their health management capabilities" (Office of Direct Service and Contracting Tribes, n.d.) The IHS provides an in-depth search available for grant opportunities, so that Tribes may be able to find one that would apply to them.

Furthermore, although great strides have been made in the 2025 FY budget towards increasing the functionality of the IHS, there are still systemic issues in place that will take a significant amount of time to counteract. The funding provided to the IHS also has historically

been insufficient, leaving the agency forced to address the longstanding issue of insufficient resources over many decades. According to “Broken Promises: Continuing Federal Funding Shortfall for Native Americans” per capita IHS spending is still far lower than that of other federal health care programs, and IHS funding as a whole only provides a small portion of the health care requirements of Native Americans, including behavioral health needs to address the suicide epidemic in Indian Country (United States Commission on Civil Rights, 2018).

Additionally, the IHS’s budget for 2022, which was close to $7 billion, only covered less than half of what patients required, according to a federal analysis titled "How Increased Funding Can Advance the Mission of the Indian Health Service to Improve Health Outcomes for American Indians and Alaska Natives." This is reinforced by the fact that the IHS receives significantly less financing per patient than Medicare, Medicaid, or the Veterans Health Administration (VA) despite the high incidence of health issues. In 2017, the per capita spending on IHS services for patients was $4,078; in contrast, Medicaid patients spent $8,109, while Medicare and VA patients spent over $10,000 (Office, U. S. G. A., 2018). Furthermore, the IHS is considerably distant from the mark of meeting the needs of the AI/AN population and has a notable difference in funding to similar agencies. According to the Office of Health Policy within the HHS, the average age of IHS healthcare facilities is more than 40 years. This poses challenges to providing high-quality health services and recruiting qualified personnel, which is already an issue due to the organizational issues within the IHS (Office of Health Policy, 2022). The barriers to the IHS providing adequate care to the AI/AN community are not solely due to organizational issues but also are in part attributed to insufficient funding. It is too soon to tell the impact of the increased FY 2025 budget and the security of the advance appropriations.

Aside from the inadequate funding received by the IHS, research has also revealed that in some cases the funding that is received is poorly used. For instance, the OIG discovered that the IHS did not adhere to its policies regarding referred and purchased services, which immediately impacts the way patients get care. The IHS Loan Repayment Program, which enables the IHS to cover the cost of student loans for health professionals who join the IHS, has also been improperly used or not adequately monitored, according to investigations. In a similar vein, the IHS's purchase, and travel card programs exhibit comparatively high rates of noncompliance with both IHS policy and federal laws. OIG authorities have determined that insufficient policies for monitoring and training cardholders lead to purchase-card problems. Funding policy compliance has been challenging in some IHS system components operated by Tribes (Lofthouse, 2022).

A more specific example of misuse of funds is discussed in a 2023 OIG audit that found the IHS-allocated COVID-19 testing funds were not always used per federal requirements (Office of Inspector General, 2024). The audit, which sampled 10 IHS programs throughout the Area Offices, found that half used a combined $480,437 on expenses that did not support COVID-19 testing or testing-related activities. The OIG asserts that “these errors occurred because IHS did not provide adequate guidance to the programs regarding the appropriate uses of allocated testing funds and the proper tracking and accounting for these funds” (Office of Inspector General, 2024). This finding further supports the previous conclusion shown in the literature that a lack of competent communication can affect the agency's outputs.

Literature Review Conclusions (IHS).

The IHS has a subset of specific-to-agency difficulties. It also faces a similar challenge with broader agency communication and the data provided (originated from the Census). The IHS is

unable to deliver high-quality healthcare services because of its confusing administrative procedures, unclear mission, and problems with recruitment. Furthermore, the issue is intensified by the IHS's poor resource management and lack of funding. Also, the IHS has a problematic past when it comes to the treatment of their patients. From forced sterilization to purposeful inaction when informed of sexual abuse, the IHS has much work to do to gain back the trust of the AI/AN community. As the primary provider of healthcare services, it is also significantly important as it is how those dealing with substance abuse receive help. It can be assumed that these factors may deter the use of the IHS overall. The vacancies in various healthcare positions, which are needed for treatment and attention to substance abuse directly impact the quality of care for the patients. Insufficient funding can directly limit the resources available to the agency to address substance abuse, and the misuse of funds most likely only exacerbates the issue.

Challenges

Due to the complex nature of this issue, the author fully recognizes that there is no simple answer or concrete recommendation that will “solve” substance abuse within the AI/AN community. There are two major factors this paper identified and investigated, within the overarching problem. The first is an array of characteristics particular to the AI/AN demographic, including (but certainly not limited to) poverty, poor educational support, geographic isolation, and historical trauma. The second is the general approach of the federal government, and the inefficiencies of the IHS. The author also acknowledges there are many other potential contributing factors to substance abuse within AI/ANs, such as familial dynamics and community influence. Nonetheless, the other possible contributory elements only further reinforce the argument that this is a highly intricate issue, characterized by a multitude of interrelated factors, making it challenging to devise a comprehensive solution.

The literature that currently exists does not provide a comprehensive review or explanation for how the different federal stakeholders align their efforts to address policy issues. Had this information been available, this paper would have sought to better understand how executive requirements (historical and present) have been fulfilled or not. What is available is a broad overview that does not provide much insight into how the agencies collaborate to address Tribal health policy. The literature also did not offer information regarding the IHS's communication strategy, beyond the organizational structure and the Area Director leading policy initiatives. While it is understood there are communication issues, this paper would have further probed where the breakdown happened to offer a more tailored organizational recommendation. Additionally, there is currently no comparative literature that investigates substance abuse within AI/ANs compared to another similar population in a different country, such as Canadian Aboriginals. The author would have liked to compare AI/ANs to another group outside of the U.S. to better be able to draw connections about the U.S. federal government's role (or not) in this problem.

Furthermore, as a healthcare system, the IHS has been tasked with a major undertaking: ensuring the well-being of an entire population. Simultaneously, the agency is dealing with persistent understaffing, insufficient funding, growing Tribal control over services, changes in Medicaid and Medicare policy, requests for more culturally sensitive services, and difficulties related to new health technologies (Kruse, et al., 2022). Therefore, many moving parts and considerations need to be had to fully address the problem of substance abuse among AI/ANs when it comes to the IHS.

Section 5: Path Forward:

Overview of the Framework Forward

Despite these challenges, as stated in the project purpose, the aim is to get the substance abuse rate of the AI/AN population down to the national rate of 17.3% (*SAMHSA*, 2023). This paper will discuss an approach to treating substance abuse with community-based healing. It will also demonstrate this approach in action, detailing a newly developed mobile drug unit, used by the Cherokee Nation as an example of a deliverable. This framework will then also discuss improving the functionality of the IHS. When it comes to addressing the IHS's issues, providing analysis and recommendations is not as simple because it necessitates reworking federal funding as well as cross-agency communication. For the purpose of this paper, the organizational recommendations the IHS has set for itself recently will be discussed and evaluated. While it is too soon to determine whether the recommendations will be sufficient, they do reveal information regarding the path forward of the IHS's approach to substance abuse within the AI/AN population.

Cultural Healing

It is first important to understand how to most effectively address substance abuse within the AI/AN population. This involves a discussion surrounding the need for culturally sensitive treatment. As explained in the article "Substance and Behavioral Addictions among American Indian and Alaska Native Populations" published by the International Journal of Environmental Research and Public Health, the approach to addressing substance abuse within the AI/AN community needs to be one with humility and a readiness to adhere to cultural norms, such as engaging the AI/AN community and listening to its concerns rather than imposing Westernized frameworks and procedures when such are not well received. It is best to follow the lead of AI/AN groups, as they have a clear understanding of what constitutes effective therapy and

recovery (Soto, West, Ramos, 2022). Furthermore, the approach that some American cities and federal agencies may take may not be as efficient when dealing with this specific population.

The Western approach to addressing substance abuse "involves a medical or disease orientation to understanding the onset, course and management of addiction and a clinical goal of abstinence or very significant reductions in drug use, usually with a combination of behavioral and pharmacological interventions" (Arria, McLellan, 2012). This approach is fundamentally different from the worldview of Indigenous peoples. According to Dr. Art Blume, a professor of clinical psychology at Washington State University, is of Cherokee and Choctaw descent, they view the world as an intertwined system in which the environment, cosmos, and community of people are all connected to wellness (Stringer, 2023). Therefore, there has been a recent advocacy effort among the health and psychologist communities to incorporate cultural healing practices within Tribal work.

This may involve traditional ceremonies, community support, re-instilling cultural identity, addressing historical trauma, etc. These customs may ground the individual in their innate belief that health is intrinsically connected to the natural world and community. Furthermore, studies have indicated that when cultural customs and beliefs are honored, American Indian patients are more inclined to seek medical attention, which improves health outcomes (Stringer, 2023). Some of the more specific practices include drum circles and space cleansing rituals, which are sometimes accomplished through smudging ceremonies, in which participants burn plants and then rub or brush the smoke over their bodies. The three plants that are most commonly used for smudging are sweetgrass, cedar, and sage ("*Culturally relevant best practices*", n.d.). When there is conversation about the values and beliefs of the AI/AN population about health and healing, the Medicine Wheel is often referenced. This Wheel "has

been used by generations of various Native American Tribes for health and healing. It embodies the Four Directions, as well as Father Sky, Mother Earth, and Spirit Tree—all of which symbolize dimensions of health and the cycles of life" (National Institutes of Health, (n.d.). The Wheel is displayed below.

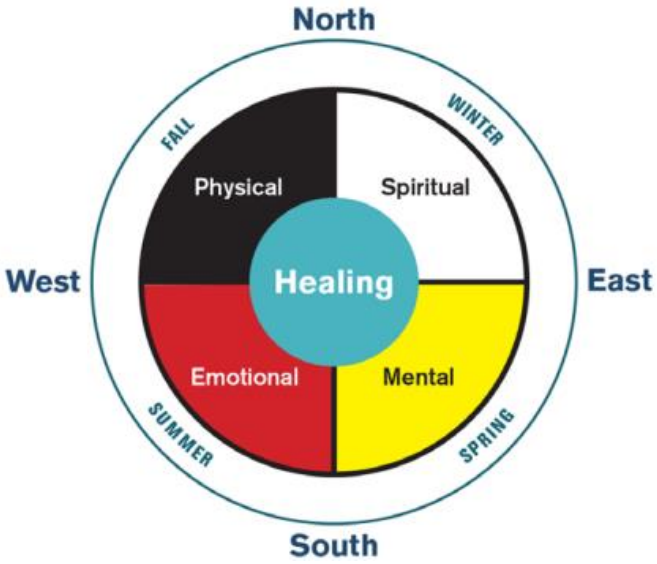

***Figure 3**: National Institutes of Health. (n.d.).* Medicine Ways: Traditional Healers and Healing. *U.S. National Library of Medicine. https://www.nlm.nih.gov/nativevoices/exhibition/healing-ways/medicine-ways/medicine-wheel.html#:~:text=The%20Medicine%20Wheel%2C%20sometimes%20known,and%20the%20cycles*

The federal government has fully embraced the concept of cultural healing in approaching health problems within the AI/AN community. For instance, SAMHSA's Tribal Training and Technical Assistance Center (TTAC) has created a Healing-informed Care Handout that allows practitioners and those involved in the health and well-being of the AI/AN community to deepen comprehension of the cultural assets that support cultural resilience (Madison, 2015). The TTAC was developed and funded by SAMHSA mainly to provide training and resources such as this handout, showing that the agency recognizes and supports cultural healing. There are also comprehensive resources, such as the 241-page Treatment Improvement Protocol (TIP) titled "Behavioral Health Services for American Indians and Alaska Natives For

Behavioral Health Service Providers, Administrators, and Supervisors" also released by SAMHSA. This document provides broad and all-encompassing recommendations for those treating AI/ANs, including culturally responsive treatment (McCance-Katz, 2019). To the author's current knowledge, the IHS has no comprehensive document with a similar purpose. Instead, they have a landing page titled "Clinical Resources" that redirects the user to other resources, such as the National Guideline Clearinghouse which provides clinical guidelines. Nonetheless, the IHS does have various other landing pages listing culturally relevant best practices, which demonstrates an acceptance of the concept.

Cherokee Nation Implementation

A recent example of Tribal self-determination and a culturally centered approach to addressing substance abuse is a mobile drug unit aimed at fighting the opioid crisis in the Cherokee Nation. Twice a week, the director of the Cherokee Nation harm reduction program, Coleman Cox, drives a van from the Cherokee Nation's capital city of Tahlequah to the town of Vinita, which is located roughly 70 miles (113 km) north. In the northern portion of the reservation, it's a drug hub (Wild, 2024). He stops at various points to set up a folding table with clean syringes, testing strips, and tools for wound treatment in addition to black containers of naloxone, a medication that reverses opiate overdoses. He also carries multiple sizes of syringes, as different drugs administered by injection have viscosity values that vary. Another resource included in the van is informational packets on how to give naloxone to someone overdosing.

The van also prominently features a message from the Cherokee Nation to its community members: "We hold you sacred and wish to give you the respect you deserve" (Wild, 2024). The article detailing the new effort further explains that Tribal cultures, which are frequently rural, secluded, and lack readily available addiction treatment, are ideally suited for mobile harm

reduction. Harm reduction lessens the stigma associated with active addiction in many Native cultures, where connection and culture are essential indicators of health. Cox states, “Doing [recovery] in isolation on your own may be physically possible, but we need to grow well in community,” Cox said. “Native people heal as a community” (Wild, 2024). His statement further enforces the sentiment that community and culture are at the center of healing within the AI/AN population.

This unit came to fruition largely because the Cherokee Nation was the first Tribe to sue opioid producers and distributors in 2017 for encouraging the flow of prescription opioids into its territory. The complaint, which was settled in 2021 with a $75 million payment to the Cherokee Nation, claimed that roughly 800 kg of opioids, or nearly 10 million pills at the strongest strength of oxycodone, were delivered throughout the Tribe in just one year. Equipped with the settlement money, Tribes throughout the nation are initiating their own treatment initiatives that include their customs and principles. The Tribe faced an immediate need to address the issue of substance abuse, especially considering they are the largest Tribe, with 141,000 people living within its sovereign boundaries (Wild, 2024). Furthermore, the Tribe’s principal chief, Chuck Hoskin Jr. holds the belief that although they value their relationships with federal agencies, he thinks “to the greatest extent possible, Native people taking care of Native people is the best approach”. Overall, this mobile drug unit is run by the Cherokee, for the Cherokee.

Although there is no data available yet on the success of the Cherokee Nation’s strategy, there is research to show that the effect of culture on addiction health in Tribal nations is not anecdotal. A doctoral research project conducted by the University of Arizona in 1992 discovered that combining traditional activities including drumming, singing, sweat lodges, pipe rituals, and powwows with drug addiction therapy helped lower the tribe's substance abuse rate

by 95% between 1970 and 1985. (Ben, 1992). It is understood this article is outdated, but there are recent compelling success stories of how culture can turn around one's life. For instance, Cherokee Nation Native Jennifer Peña-Lasiter, at 20 years old, developed an opioid addiction in 2005 after taking Percocet, a highly addictive prescription opioid meant to treat pain following a car accident (Wild, 2024). She began her recovery by volunteering in her Tribal community and participating in a stomp dance, which entails call-and-response style shuffling and stomping to tunes led by a single person. She has now been in recovery for six years, attributing her newfound success to her connection to her culture and Tribe. Her response to the newly operating mobile drug unit was that "all of these investments are Cherokees doing what Cherokees do … supporting their brothers and sisters and lifting each other up".

Furthermore, there is evidence to believe that implementing and encouraging cultural practices and providing direct community support by members of the tribe itself has a promising ability to reduce substance abuse. Rather than propose a specific practice or physical implementation such as a drug unit, the author recognizes that although substance abuse is consistent among all Tribes, customs are not. So while the example of the Cherokee drug unit is a helpful demonstration, it only serves as just that – an example. Figure 4 below from Massachusetts General Hospital displays a sample mobile drug unit that can be used as guidance and adapted to fit Tribal needs.

Proposed Implementation

Although there are 574 federally recognized Tribes with different cultural practices, the goal is to make sure this framework applies to all. It should be mendable to suit the needs of the specific Tribe in question. This involves determining the cultural priorities of the community. The author suggests the Area Directors of the IHS work with their respective Tribes to come up

with one main goal. This could consist of a physical deliverable (a community center, mobile drug unit, and a compiled list of all financial resources (grant applications, settlements, etc.). With so many federal stakeholders having a hand in the health and well-being of the AI/AN population, it is important the IHS takes the initiative to communicate and determine a course of action. The literature found that one of the identified areas of improvement within the IHS is the Area Director's involvement. This can provide an avenue to be more engaged and establish a better relationship with their Area Tribes. According to the Indian Health Manual, the four basic groupings for operations of the Area Offices include: "Program Services Activities, Environmental Health, Tribal Affairs, and Administrative Services Activities" ("The Indian Health Manual", n.d.). Therefore, these initiatives fall underneath the "Tribal affairs" category and are within the purview of the Area Directors.

Physical Deliverable

Determining the cultural priorities of the community and implementing a treatment plan will involve the help of a team of Tribal leaders, at least one public health advisor from the IHS, the respective IHS Area Director, and one bankruptcy/corporate lawyer to advise Tribes on their access to funds. Through involving the Tribal leaders, the legal obligation of Tribal consultation will be fulfilled, and they (the most important stakeholder) will be able to relay the needs of their communities specific to substance abuse to help devise which deliverable would be most feasible, and most beneficial. Tribal consultation is a necessary process that "is a formal, two-way, government-to-government dialogue between official representatives of Tribes and Federal agencies to discuss Federal proposals before the Federal agency makes decisions on those proposals". It can be triggered in various ways, but in this case, the applicable action would be the relationship between the federal government and Indian Tribes (Indian Affairs, n.d.).

Deliverable Options

Deliverable	Description	Cost
Holistic Wellness Centers	• Access to substance abuse treatment and rehabilitation programs that take into account culture and customs. They also seek to promote community members' emotional and mental wellness. • Physical place where peers may affirm one other's hardships and exchange experiences, cultures, customs, and language	See below rough estimate of start-up (does not include cost of retail unit)
Mobile Drug Unit	Mirrored after Cherokee Nation's unit.	$165,000 to $190,000 depending on specifications – see Figure 4 for example
Culturally Relevant Workshops and Events	Can include whole communities and can take the form of dancing, singing, chanting, painting bodies, drum circles, etc. These events can take form for however best suits that specific tribe.	Cost of labor for development if federal employees assist in development
Peer Support Programs	•Peer support workers are those who have successfully completed their recovery process and assist others going through similar circumstances. •They are able to effectively expand the scope of therapy outside of the clinical setting and into the daily lives of people who are looking for a long-term, successful recovery process.	Cost of labor for development if federal employees assist in development
Compiled Resources	Can include QR codes to all financial resources, how to treat addiction, cultural practices, how to administer Narcan, or more. This deliverable is open-ended based on the specific needs of the community involved.	Cost of labor for development if federal employees assist in development

Table 2

Startup Cost	Average Amount Range (USD)
Renovations and remodeling of the wellness center facility	$20,000 - $100,000
Purchase and installation of specialized equipment and furnishings	$10,000 - $50,000
Development and implementation of a user-friendly online booking system	$5,000 - $20,000
Marketing and advertising expenses for promoting the wellness center	$5,000 - $30,000
Initial inventory and supplies for retail store	$5,000 - $20,000
Hiring and training staff for various services and retail operations	$10,000 - $50,000
Licensing, permits, and insurance costs	$2,000 - $10,000
Website development and maintenance	$2,000 - $10,000
Professional consultant fees for business planning and legal compliance	$10,000 - $30,000
Total Startup Cost	**$69,000 - $320,000**

Table 3: *How much does it cost to start a wellness center? discover the capital expenditures involved*. FinModelsLab. (2023, August 19). https://finmodelslab.com/blogs/startup-costs/wellness-center-startup-costs

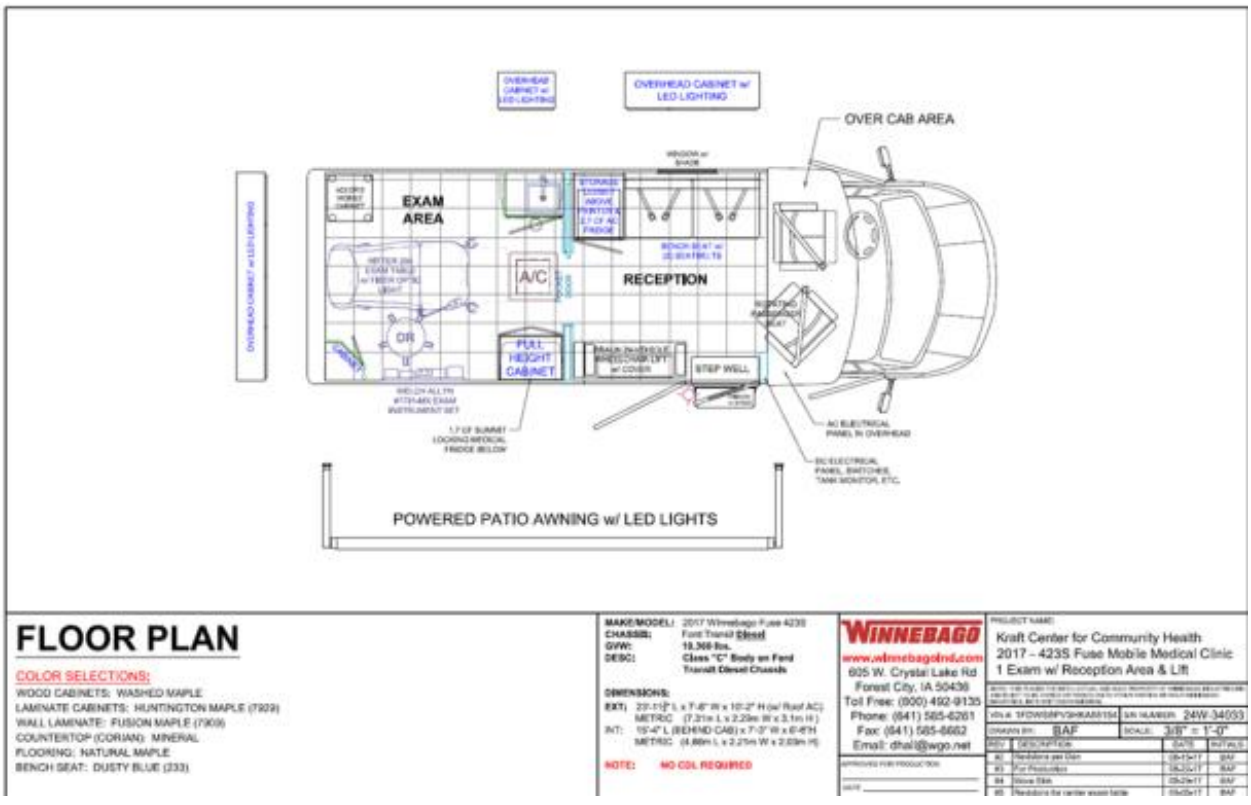

Figure 4: Massachusetts General Hospital. (2019). *Mobile Addiction Services Toolkit*. Kraft Community Health. https://www.kraftcommunityhealth.org/wp-content/uploads/2020/01/Kraft-Center-Mobile-Addiction-Services-Toolkit.pdf

Additional Cost of Labor Incurred	**Estimated Cost**
Attorney	$ 159,280 (Annual mean wage for Government Attorney) (U.S. Bureau of Labor Statistics, 2024).
IHS Area Director	$134K (Median Total Pay) ("Salaries at Indian Health Service", n.d.).

Table 3

Moreover, it is understood that these are costly initiatives. The exact numbers on the cost have not yet been computed, but the Cherokee Nation has a $100 million substance abuse strategy. Figure 4 demonstrates a similar unit and can be used as a baseline. It is important to note that Cherokee Nation is the largest Tribe, and the cost for the rest of the Tribes may not need to be as robust. The author of this paper understands that it is impossible to predict exact costs for every single Tribe. The goal is to reduce substance abuse among the AI/AN population to the national average. Furthermore, the solution is more like a guideline that Tribal leaders can implement and mold to their specific community's needs. Compiling a list of all possible funding opportunities is difficult as there is an extensive range of funding sources available at the local, state, and federal levels as well as through various private organizations. However, the author will provide a broad overview of some of the most prominent sources of funding in the below list. The financial implementation of this solution would largely depend on the legal and monetary guidance of the contracted lawyer. Furthermore, for a more detailed overview of funding opportunities, those involved can visit grants.gov which is the place for federal grant applications and searches. To assist candidates, it includes a list of frequently asked questions.

- **Sources of funding:**
    1. Public Health and Wellness Fund Act of 2021 - dedicates 7% of the tribe's annual third-party health insurance collected to physical and mental wellness programs, generating millions of dollars per year for those efforts.

2. Tribal Opioid Lawsuit Settlement - involves Purdue Pharma and Mallinckrodt in federal bankruptcy courts. They also involve multidistrict litigation in federal district court, involving the three largest pharmacies: Walmart, CVS, and Walgreens. According to a webpage dedicated to the settlement, "the settlements will provide Tribes and Tribal Health Organizations in Alaska and California more than $1.5 billion. For all the settlements, the funds must be used for abatement of the opioid epidemic across Indian Country and prevention of further opioid abuse. Each settlement is slightly different. Several require payments to be made by the defendants over a period of years" (Tribal Opioid Settlement, n.d.).
3. IHS Tribal Management Grant Program: "The program consists of four project types with funding amounts and project periods: Feasibility Study; Planning; Evaluation Study; and Health Management Structure" ("IHS Awards", 2023).
4. Indian Community Development Block Grants (ICDBG): provided by the Department of Housing and Urban Development (HUD) to support housing and community development initiatives in Native American communities.
5. SAMHSA Tribal Opioid Response (TOR) Grants: seeks to meet unmet needs related to Substance abuse and opioid abuse; the program distributed approximately $50 million in TOR funding to 92 federally-recognized Tribes and Tribal organizations (SAMHSA, n.d.)

It may be difficult to quickly see the results of the community and cultural-centered deliverable to assess effectiveness. However, it can be argued that any initiative to further bring Tribes together is one that produces a net positive. As shown by the impact of cultural healing, AI/ANs need a connection to their culture. That said, other than rates of substance abuse within

each Tribe, the overall quality of life within the community could be used as a metric. While less simple than a data point, the severity of some of the contributing factors (poverty, education, etc.) can be observed. Further, some people may make the point that federal time and money (the IHS Area Director's salaries) should not be devoted to this cause. This author hopes that this paper demonstrated the need to address substance abuse within AI/ANs, while also making the point that the IHS necessitates further accountability. Getting the agency involved in this initiative aims to do that.

IHS Functionality:

As briefly discussed, addressing the identified functionality problems within the IHS is a bit more difficult than creating a framework for cultural and community-centered deliverables for the Tribal communities. This is because it is both a complex and decentralized organization with twelve geographic areas. Furthermore, the IHS does not, like a regular health insurance system, provide a uniform set of medical benefits or services at all locations. There is also an inherent conflict between AI/ANs' dependence on the IHS as a vital source of health services and their limited sovereign status. The last factor that muddies the ability to form a concrete recommendation for the improvement of the IHS is the already inefficient priority alignment from federal agency to federal agency. There are many federal stakeholders involved in the well-being of the AI/AN population, yet they do not seem to have found a cohesive means of communication (at least to the author's knowledge at the time of writing).

The complexity of addressing the problems within the IHS is further expressed in a report released by the report released by the Health and Human Services' Office of Inspector General, which stated, "Given the duration and extent of IHS's problems, the agency was unlikely to overcome its management challenges without broad support from experts within and

outside HHS" (Murrin, 2019). Nonetheless, it is essential that the IHS meets the needs of its patients as many AI/ANs, particularly those who reside in isolated rural areas, only receive health care sponsored by the Indian Health Service (IHS). There is not enough equitable access to substitute providers for many members of this population. Unreasonable prices create additional obstacles to access in cases where substitute suppliers are offered. These factors make it necessary that the IHS system provides adequate support, especially given the startling differences in health outcomes between AI/ANs and the rest of the population.

Moreover, rather than attempting to propose an entirely new IHS (structure, approach, etc.) this paper will discuss the Office of Inspector General's review: "Organizational Challenges to Improving Quality of Care in Indian Health Service Hospitals" released in August 2019. This report aims to address many issues within the IHS raised in this paper. The OIG's "mission is to provide objective oversight to promote the economy, efficiency, effectiveness, and integrity of HHS programs, as well as the health and welfare of the people they serve" (U.S. Department of Health and Human Services, 2024). As a federal stakeholder within the U.S. Department of Health and Human Services, the OIG has a responsibility to hold the IHS accountable and to propose recommendations. The author of this paper therefore is confident that the interests of the OIG align with addressing the well-being of the targeted population in this paper. Furthermore, the IHS has initiated its own implementations to address some of the problems raised in this paper as a result of being placed on the GAO's High-Risk report. Some of these actions will also be discussed.

Factor 1: Structure/Mismanagement

One of the identified problem areas of the IHS within this paper was organizational structure and mismanagement. The OIG addressed this factor too, explaining that poor

communication-related roles, duties, and policies at IHS led to ineffectiveness, inadequate coordination, and a lack of responsibility. OIG has suggested that IHS HQ require Area Offices to be held to higher standards of accountability and uniformity. OIG specifically suggested that IHS set guidelines and expectations for the way Area Offices manage hospitals and that IHS keep an eye on how well Area Offices follow those guidelines. OIG based its recommendation on the discovery that IHS may be overlooking chances to detect and address quality issues in its hospitals because it carried out insufficient control of treatment quality and adherence to Medicare Conditions of Participation. More specifically, they recommended that "formal structures with clear roles and responsibilities could help mitigate the challenges posed by frequent changes in IHS leadership and personnel" (Murrin, 2019). The Office for Inspector General (OIG) recommends that roles and duties be more precisely defined in order to lessen the disruption and extra effort that come with staff changes. Additionally, it might make it easier for inexperienced and acting authorities to carry out their duties of performance oversight and responsibility, which some have mentioned as difficult. For instance, interim leaders might doubt their capacity to enact initiatives.

The author supports these recommendations, while also recognizing that more specific implementations may be needed. For example, what entails "more defined roles" is unclear. Perhaps, the employment agreements the IHS administers can provide a detailed account of all possible roles and responsibilities. There should also be more Area-specific handbooks that include all positions. This handbook can serve as a resource in many ways, including helping an acting official better understand who they are working with and where their role is situated among the others. Ultimately, the goal is to establish a firm understanding of standards and expectations, therefore increasing functionality. While the impact of these measures may not be

immediately noticeable, the OIG can conduct a future review five years from now to determine if the structure has improved or not. This would be reflected in the interviews with the IHS officials as well as the outputs of the agency, including the speed at which AI/ANs' requests are addressed and/or acknowledged.

Factor 2: Recruitment

Although the OIG review does not specifically mention recruitment at great length, it does address the "Lack of Confidence in IHS's Ability To Succeed." This is related to employee vacancies and recruitment because people do not want to work for an agency with low morale. Related to the structural issues, officials have voiced dissatisfaction with IHS's capacity to fulfill its mandate and produce long-term outcomes. While many officials expressed great enthusiasm for the communities they work with and their hopes for better results, they were far less enthusiastic about IHS's effectiveness as an organization. They cited several issues, including drawn-out bureaucratic procedures, a vague goal-setting framework, a lack of trust within the agency, and a lack of trust between the agency and the larger beneficiary community. The review overall suggests that "to motivate and sustain improvements, IHS needs to inspire greater confidence in the agency's capacity to overcome longstanding challenges" (Murrin, 2019). The OIG further recommended that the IHS create and implement a staffing program as a management priority to attract, retain, and transmit leadership and personnel to remote hospitals; improve training for newly appointed hospital executives; take action to guarantee prompt intervention when IHS detects issues and create protocols for closing emergency departments.

Factor 3: Poor Trust Relationship with Tribes

The August review by the OIG does not provide a recommendation that relates to improving relationships with the Tribes. Nonetheless, it is likely that by implementing changes

to improve structure and management as well as recruitment, more attention can also be paid to the interactions and care of the Tribes. This is because less effort and resources would have to be devoted to the organizational problems. Fundamentally, it is important that the AI/ANs feel safe and comfortable receiving the IHS services. With that being said, a December 2019 review titled "Indian Health Service Has Strengthened Patient Protection Policies but Must Fully Integrate Them Into Practice and Organizational Culture" by the OIG does offer recommendations for strengthening the relationship between the agency and those they serve. This review was completed at the request of the Deputy Secretary of Health and Human Services to evaluate IHS policies and practices for preventing, reporting, and dealing with patient abuse (Chiedi, 2019). Early in 2019, IHS strengthened patient protections and IHS staff reporting obligations by updating its rules to prevent and address abuse by healthcare practitioners. However, there are still coverage gaps and they are still in the early stages of implementation. In order to overcome obstacles and incorporate these rules into daily operations and organizational culture, IHS must step up its efforts.

To do so, the OIG recommends the IHS:

1. expand the scope of policies to include more types of abuse, victims, and perpetrators; make sure the new incident reporting system is efficient and handles the risks found in the current system;
2. name a central owner at IHS headquarters to ensure clear roles and responsibilities for shared ownership in putting patient protection policies into action, managing abuse reports, and responding to them;
3. keep actively promoting an organizational culture of transparency and working to remove obstacles that prevent staff from reporting abuse; and

4. carry out additional outreach to Tribal communities to answer questions, educate them about their rights as patients, gather input, and remove obstacles to reporting patient abuse (Chiedi, 2019).

These recommendations provide necessary safeguards while also increasing accountability, which is necessary as the organization works for an already disadvantaged population. Nonetheless, the author of this paper also recommends that the IHS issue a formal apology to the AI/AN population for their troubling history and recent abuse of patients. To this date and as far as the author is aware, the IHS has never released a statement related to the forced sterilization of the women and has only stated acknowledgment and "regret" for the sexual abuse of the young patients. Furthermore, this author believes that the IHS should also incorporate whistle-blower protections within their updated standards and procedures. This would hopefully encourage individuals aware of abuse and misconduct within the agency to speak up without fear. To measure whether these suggestions improve the trust of the IHS, AI/AN patients should be directly surveyed, and asked about their satisfaction and comfortability with their care. Further, another study by the OIG of adverse events in Indian Health Service Hospitals should be conducted by 2030 to determine whether or not the events have decreased or not. Ultimately, there needs to be more attention and pressure put on the IHS, especially from other federal agencies. This can be measured by the number of reports related to the quality of care requested and overall media attention (articles, interviews, etc.).

Recognition of IHS-Initiated Efforts

With the help of its 5-year Strategic Plan and Quality Framework, IHS has made headway in putting these suggestions into practice. In order to be taken off the U.S. Government Accountability Office's high-risk list, the IHS created an action plan in 2021. The agency will

proceed with executing the 2024 Agency Work Plan based on that effort. The relevant initiatives to the problems in this paper identified in the Strategic Plan include:

> "Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people.
>
> Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.
>
> Goal 3: Improve communication within the organization with Tribes, Urban Indian Organizations, and other stakeholders, and with the general public" ("IHS 2024 work plan summary", n.d.).

Undoubtedly, the Strategic Plan and Quality Framework signifies a purposeful and proactive endeavor to bring about improvements; nonetheless, the achievement of these adjustments hinges on their integration into IHS's procedures, systems, and corporate ethos. As per many IHS officials, identifying and resolving feelings of defeatism or disbelief in the organization that can impede advancement is a crucial aspect of the organizational culture transformation. Although many of the ideas are still in the early stages of development and it is unclear how they will differ from previous attempts, IHS officials voiced excitement about the new Quality Framework and Strategic Plan. As per the statement of an official, the persistent issues appeared to compound one another, rendering resolutions increasingly challenging. The same occurrence was reported by another official, who labeled it a "malaise" about agency activities and linked it to the belief that neither present nor future efforts would significantly alter the situation (Murrin, 2019).

In sum, the IHS has much to be done to improve its agency, and although its self-launched initiatives are promising, there appears to be a deeply ingrained aurora of pessimism

within the organization, as there have been problems for a significant period of time. The efforts to address these issues must therefore be persistent, and the IHS should also take the OIG's recommendations in mind, as they provide a strong basis for progress based largely on feedback from those directly within the organization. While these recommendations are not specifically related to the IHS's approach to substance abuse, the author believes that addressing the organizational issues is necessary to lay the groundwork for improved care, including for substance abuse.

Section 6: Conclusion

This project has outlined several goals to ultimately lower the rates of substance use disorders (substance abuse) in the communities of American Indians and Alaska Natives (AI/AN). Its primary goal is to improve knowledge of substance abuse in these groups by giving a thorough background. It also aims to clarify how certain risk variables and governmental frameworks sustain substance abuse among AI/ANs by delving deeply into currently available academic journals, studies, and articles. To bring the drug abuse rates among AI/ANs closer to the national average, the initiative also seeks to offer a solution to lower these rates. The proposed solution emphasizes enhancing the Indian Health Service (IHS). It also proposes reduction initiatives rooted in cultural ties and Tribal customs. This paper highlights the paramount importance of government health policy prioritizing the health and well-being of AI/AN populations. It is critical to address the underlying reasons leading to this public health crisis while holding the government's moral and legal obligation to sustain the health of AI/ANs — starting with the IHS. This issue is undoubtedly one of significance; it is labeled as the biggest threat to the health of the AI/AN population. Something must be done, as the U.S. government is legally obligated to "ensure the survival and welfare of Indian tribes and people

(Seminole Nation v. U.S. (1942)" (The Administration for Children and Families, n.d.). Obligation aside, it is unethical to remain complacent while a population that historically suffered continues to do so. Perhaps addressing substance abuse will pave the way for further public health action within the AI/AN community.

References

About Oig. Office of Inspector General | Government Oversight | U.S. Department of Health and Human Services. (2024, March 22). https://oig.hhs.gov/about-oig/

Alcohol and Drug Abuse Statistics (facts about addiction). American Addiction Centers. (2024, March 1). https://americanaddictioncenters.org/addiction-statistics

Although IHS allocated COVID-19 testing funds to meet community needs, it did not ensure that the funds were always used in accordance with federal requirements. Office of Inspector General | Government Oversight | U.S. Department of Health and Human Services. (2024, February 27). https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/although-ihs-allocated-covid-19-testing-funds-to-meet-community-needs-it-did-not-ensure-that-the-funds-were-always-used-in-accordance-with-federal-requirements/

American Indian/alaska native health. Office of Minority Health. (n.d.). https://minorityhealth.hhs.gov/american-indianalaska-native-health#:~:text=42.1%20percent%20of%20AI%2FANs,had%20no%20health%20insurance%20coverage

American Psychological Association. (2023). *Apa Dictionary of Psychology*. American Psychological Association. https://dictionary.apa.org/substance-abuse

Baker, D. J., Nicol Turner Lee, R. C., & Costa, K. (2023, March 30). *Why the federal government needs to change how it collects data on Native Americans*. Brookings.

https://www.brookings.edu/articles/why-the-federal-government-needs-to-change-how-it-collects-data-on-native-americans/

Barthel, M. (2020, October 29). *Coronavirus-driven downturn hits newspapers hard as TV news thrives*. Pew Research Center's Journalism Project. https://www.pewresearch.org/journalism/2020/10/29/coronavirus-driven-downturn-hits-newspapers-hard-as-tv-news-thrives/

Bazerman, M. (2020, August 18). *A new model for ethical leadership*. Harvard Business Review. https://hbr.org/2020/09/a-new-model-for-ethical-leadership

Berry, M., & Reynoso, C. (2004, September). *Broken promises:*. U.S. Commission on Civil Rights. https://www.usccr.gov/files/pubs/docs/nabroken.pdf

Bureau, U. C. (2022, October 25). *American Indian and Alaska native (AIAN) heritage month*. Census.gov. https://www.census.gov/library/visualizations/2022/comm/aian-month.html

Bureau, U. S. C. (2020). Explore census data. https://data.census.gov/table/ACSST5Y2020.S1701?q=Income+and+Poverty

Campbell, D. (2013, February 6). *Mid Staffs Hospital Scandal: The essential guide*. The Guardian. https://www.theguardian.com/society/2013/feb/06/mid-staffs-hospital-scandal-guide

Centers for Disease Control and Prevention. (2023, August 25). *Opioid overdose prevention in Tribal communities*. Centers for Disease Control and Prevention. https://www.cdc.gov/injury/budget/opioidoverdosepolicy/Tribal Communities.html

Centers for Disease Control and Prevention. (2023, December 18). *Healthy Tribes*. Centers for Disease Control and Prevention. https://www.cdc.gov/healthyTribes/index.htm

Centers for Disease Control and Prevention. (2023, March 6). *CDC - Tribal Public Health - publications and Resources - Public Health Law*. Centers for Disease Control and Prevention. https://www.cdc.gov/phlp/publications/topic/Tribal.html#:~:text=Tribes%20have%20inherent%20authority%20as,most%20appropriate%20for%20their%20communities.

Cerasano, H. E. (2017). The Indian Health Service: Barriers to health care and strategies for improvement. *Georgetown Journal on Poverty Law & Policy*, *24*(3), 421+. https://link.gale.com/apps/doc/A503262699/AONEu=mlin_c_clarkunv&sid=googleScholar&xid=f0c3c3e5

Chapter 4 - Organization of the service: Part 1. The Indian Health Manual (IHM). (n.d.). https://www.ihs.gov/ihm/pc/part-1/p1c4/#1-4.5A

Chiedi, J. (2019, December). *Indian Health Service has strengthened patient protection ...* Indian Health Service Has Strengthened Patient Protection Policies but Must Fully Integrate Them Into Practice and Organizational Culture. https://oig.hhs.gov/oei/reports/oei-06-19-00330.pdf

Colwill, M., & Poullis, A. (2023, December 20). *Using national census data to facilitate healthcare research*. World journal of methodology. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10789110/#:~:text=At%20a%20governmental%20level%20census,may%20require%20increased%20resource%20allocation.

Consiglio, B. (2021, May 3). Lack of educational opportunities influence drug use for rural youth. https://showme.missouri.edu/2021/lack-of-educational-opportunities-influence-drug-use-for-rural-youth/

CMS. (2016, August). *10 important facts about IHS and health insurance*. Centers for Medicare and Medicaid Services. https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/10-Important-Facts-About-IHS-and-Health-Care-.pdf

Dass-Brailsford, P. (2010, October 10). Psychological Trauma and Substance Abuse: The Need for an Integrated Approach. https://www-jstor-org.goddard40.clarku.edu/stable/26638083?seq=2

Department of Health and Human Services. (2024, March 5). Justification of Estimates for Appropriations Committees.

DiCarlo, G. (2023, January 31). New Indian Health Service funding provides stability, but long-standing issues remain. https://www.opb.org/article/2023/01/20/new-indian-health-service-funding-provides-stability-but-long-standing-issues-remain/#:~:text=While%20the%20stopgap%20funding%20will,half%20of%20what%20patients%20needed.

Dickerson, D. L., Spear, S., Marinelli-Casey, P., Rawson, R., Li, L., & Hser, Y.-I. (2011, January). *American Indians/Alaska natives and substance abuse treatment outcomes: Positive signs and continuing challenges*. Journal of addictive diseases. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3042549/

Feldstein, S. W., Venner, K. L., & May, P. A. (2006). *American Indian/alaska native alcohol-related incarceration and treatment*. American Indian and Alaska native mental health research (Online). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911353

Firestone, M., Tyndall, M., & Fischer, B. (2015). Substance use and related harms among Aboriginal people in Canada: A comprehensive review. *Journal of Health Care for the Poor and Underserved*, *26*(4), 1110–1131. https://doi.org/10.1353/hpu.2015.0108

Fiscal Data explains federal spending. Federal Spending | U.S. Treasury Fiscal Data. (2023, September 30). https://fiscaldata.treasury.gov/americas-finance-guide/federal-spending/#:~:text=Discretionary%20spending%20is%20money%20formally,of%20other%20agencies%20and%20programs.

Gorelick, M. (n.d.-a). *Discrimination of aboriginals on native lands in Canada*. United Nations. https://www.un.org/en/chronicle/article/discrimination-aboriginals-native-lands-canada

Gorelick, M. (n.d.-b). *Discrimination of aboriginals on native lands in Canada*. United Nations. https://www.un.org/en/chronicle/article/discrimination-aboriginals-native-lands-canada

Grace Sparks, A. M., & 2023, A. (2023, August 15). *KFF tracking poll July 2023: Substance use crisis and accessing treatment*. KFF. https://www.kff.org/other/poll-finding/kff-tracking-poll-july-2023-substance-use-crisis-and-accessing-treatment/

Grimm, C. (2020, December). *Incidence of adverse events in Indian Health Service Hospitals*. Incidence of Adverse Events in Indian Health Service Hospitals . https://oig.hhs.gov/oei/reports/OEI-06-17-00530.pdf

Health coverage options for American Indians and Alaska ... Health Insurance Marketplace. (2022, November). https://www.cms.gov/marketplace/technical-assistance-resources/AIAN-health-coverage-options.pdf

Health Insurance Marketplace. (2022, November). *Health coverage options for American Indians and Alaska ...* https://www.cms.gov/marketplace/technical-assistance-resources/AIAN-health-coverage-options.pdf

HHS, Samhsa Release 2022 National Survey on Drug Use and Health Data. SAMHSA. (2023, November 13). https://www.samhsa.gov/newsroom/press-announcements/20231113/hhs-samhsa-release-2022-nsduh-data#:~:text=In%202022%2C%2048.7%20million%20people,an%20AUD%20and%20a%20DUD.

Hoss, A. (2021, January 12). *Tribes are public health authorities: Protecting tribal sovereignty in times of Public Health Crisis*. Tribes are Public Health Authorities: Protecting Tribal Sovereignty in Times of Public Health Crisis. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3759311

House Committee on Natural Resources. (2023, May 11). *Committee sounds alarm on lack of Tribal health care oversight*. Committee Sounds Alarm on Lack of Tribal Health Care Oversight. https://naturalresources.house.gov/news/documentsingle.aspx?DocumentID=413229

How federal agencies can meet obligations to Tribes. GSA. (n.d.-a). https://www.gsa.gov/resources/native-american-affairs/how-federal-agencies-can-meet-obligations-to-Tribes

How much does it cost to start a wellness center? discover the capital expenditures involved. FinModelsLab. (2023, August 19). https://finmodelslab.com/blogs/startup-costs/wellness-center-startup-costs

IHS 2024 work plan summary: Quality at IHS. Quality at IHS. (n.d.). https://www.ihs.gov/quality/ihs-2024-work-plan-summary/

IHS awards $1.2 million in Tribal Management Grants to support tribal self-determination: 2023 press releases. Newsroom. (2023, June 6). https://www.ihs.gov/newsroom/pressreleases/2023-press-releases/ihs-awards-1-2-million-in-tribal-management-grants-to-support-tribal-self-determination/

Indian Health Care 101. National Indian Health Board (NIHB). (2014, July). https://www.nihb.org/docs/01132015/Indian Health Care 101.pdf

Introduction - Indian Health Service. IHS Strategic Plan. (n.d.). https://www.ihs.gov/strategicplan/introduction/#:~:text=The%20IHS%20organizational%20structure%20includes,%2C%20clinics%2C%20and%20health%20stations.

Indian Health Service (IHS) funding: Fact sheet - CRS reports. Congressional Research Service. (2017, July 17). https://crsreports.congress.gov/product/pdf/R/R44040

Indian Health Service (IHS). The Indian Health Manual (IHM). (n.d.). https://www.ihs.gov/ihm/

Jeynes, K. D., & Gibson, E. L. (2017). The importance of nutrition in aiding recovery from substance use disorders: A review. Drug and Alcohol Dependence, 179, 229–239. doi: 10.1016/j. Drugalcdep.2017.07.006

Kruse, G., & et al. (2022, April 5). *The Indian Health Service and American Indian/alaska native health outcomes*. Annual Review of Public Health. https://www.annualreviews.org/content/journals/10.1146/annurev-publhealth-052620-103633

Kryzanek, Dr. M. (2023, January 23). *The United States' treatment of Native Americans*. Bridgewater State University. https://www.bridgew.edu/stories/2023/united-states-treatment-native-americans

Lawrence, J. (2000). The little-known history of the forced sterilization of Native American women - jstor daily. https://daily.jstor.org/the-little-known-history-of-the-forced-sterilization-of-native-american-women/

Levitt, Z., Parshina-kottas, Y., & Romero, S. (2023, August 30). *"war against the children."* The New York Times. https://www.nytimes.com/interactive/2023/08/30/us/native-american-boarding-schools.html

Lofthouse, J. (2022, January 31). *Improving accountability and performance in the Indian Health Service*. Mercatus Center. https://www.mercatus.org/research/policy-briefs/improving-accountability-and-performance-indian-health-service#:~:text=First%2C%20the%20Indian%20Health%20Service%20(IHS)%2C%20a,experience%20has%20contributed%20to%20poor%20health%20outcomes.

Madison, M. (2015, September 11). *Tribal TTA Center Healing-informed care handout*. Tribal TTA Center Healing-informed Care Handout. https://www.samhsa.gov/sites/default/files/Tribal -tta-healing-informed-care-handout.pdf

Massachusetts General Hospital. (2019). *Mobile Addiction Services Toolkit*. Kraft Community Health. https://www.kraftcommunityhealth.org/wp-content/uploads/2020/01/Kraft-Center-Mobile-Addiction-Services-Toolkit.pdf

McCance-Katz, E. (2019, February). Tip 61 behavioral health services for American Indians ... https://store.samhsa.gov/sites/default/files/tip_61_aian_full_document_020419_0.pdf

Murrin, S. (2019, August). *Organizational challenges to improving quality of care in ...* Organizational Challenges to Improving Quality of Care in Indian Health Service Hospitals. https://oig.hhs.gov/oei/reports/oei-06-16-00390.pdf

Native American : immigration and relocation in U.S. history : classroom materials at the library of congress : library of Congress. The Library of Congress. (n.d.). https://www.loc.gov/classroom-materials/immigration/native-american/

Native knowledge 360°: Essential understandings. National Museum of the American Indian | Smithsonian. (n.d.). https://americanindian.si.edu/nk360/about/understandings#eublock2

National Institutes of Health. (n.d.). *Medicine Ways: Traditional Healers and Healing*. U.S. National Library of Medicine. https://www.nlm.nih.gov/nativevoices/exhibition/healing-ways/medicine-ways/medicine-

wheel.html#:~:text=The%20Medicine%20Wheel%2C%20sometimes%20known,and%20the%20cycles%20of%20life.

National Survey on Drug Use and health. SAMHSA.gov. (n.d.). https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

(OB). (2023, December 28). *Indian Health Service*. HHS.gov. https://www.hhs.gov/about/budget/fy-2024-ihs-contingency-staffing-plan/ind

Office of Health Policy. (2022, July). *Aspe-IHS-funding-disparities-report.pdf*. HHS. https://aspe.hhs.gov/sites/default/files/documents/1b5d32824c31e113a2df43170c45ac15/aspe-ihs-funding-disparities-report.pdf ex.html

Office, U. S. G. A. (2018, December 10). *Indian Health Service: Spending levels and characteristics of IHS and three other federal health care programs*. Indian Health Service: Spending Levels and Characteristics of IHS and Three Other Federal Health Care Programs | U.S. GAO. https://www.gao.gov/products/gao-19-74r

Office, U. S. G. A. (2022, March 17). *Gao 2022-2027 strategic plan: Goals and objectives for serving Congress and the nation*. GAO 2022-2027 Strategic Plan: Goals and Objectives for Serving Congress and the Nation | U.S. GAO. https://www.gao.gov/products/gao-22-1sp

Office, U. S. G. A. (2022, May 19). *Tribal funding: Actions needed to improve information on federal funds that benefit Native Americans*. Tribal Funding: Actions Needed to Improve Information on Federal Funds That Benefit Native Americans | U.S. GAO. https://www.gao.gov/products/gao-22-104602

Office, U. S. G. A. (n.d.). *Tribal and Native American issues*. U.S. GAO. https://www.gao.gov/Tribal -and-native-american-issues

OIG. (2019, August 27). *Organizational challenges to improving quality of care in Indian Health Service Hospitals*. Organizational Challenges to Improving Quality of Care in Indian Health Service Hospitals Report (OEI-06-16-00390) 08-27-2019. https://oig.hhs.gov/oei/reports/oei-06-16-00390.asp

Pear, V. et al. (2019, February). *Urban-rural variation in the socioeconomic determinants of opioid overdose*. Drug and alcohol dependence. https://pubmed.ncbi.nlm.nih.gov/30592998/

Regan, J. (2023, May 23). *Substance abuse among indigenous Americans*. American Addiction Centers. https://americanaddictioncenters.org/blog/substance-abuse-among-indigenous-americans

Rezal, A. (2022, February 17). *How the Native American population changed since the last census*. USAFacts. https://usafacts.org/articles/how-the-native-american-population-changed-since-the-last-census/?utm_source=usnews&utm_medium=partnership&utm_campaign=fellowship&utm_content=link

Salaries at Indian Health Service shared by employees | glassdoor. (2024, February 10). https://www.glassdoor.com/Salary/Indian-Health-Service-Salaries-E41348.htm

SAMHSA. (n.d.). *Understanding historical trauma and resilience when ...* Tips for Disaster Responders: UNDERSTANDING HISTORICAL TRAUMA AND RESILIENCE WHEN RESPONDING TO AN EVENT IN INDIAN COUNTRY. https://store.samhsa.gov/sites/default/files/pep22-01-01-005.pdf

Shelton, B. L. (2004, February). *LEGAL AND HISTORICAL ROOTS OF HEALTH CARE FOR AMERICAN INDIANS AND ALASKA NATIVES IN THE UNITED STATES*. The Henry J. Kaiser Family Foundation. https://www.kff.org/wp-content/uploads/2013/01/legal-and-historical-roots-of-health-care-for-american-indians-and-alaska-natives-in-the-united-states.pdf

Smith, M. (n.d.). *Native Americans: A crisis in health equity*. Native Americans: A Crisis in Health Equity. https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/

Soto, C., West, A. E., Ramos, G. G., & Unger, J. B. (2022, March 3). *Substance and behavioral addictions among American Indian and Alaska native populations*. International journal of environmental research and public health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8910676/

Summary striving to achieve: Helping Native American students succeed. National Conference of State Legislatures. (2022, December). https://www.ncsl.org/quad-caucus/striving-to-achieve

Statement from IHS director Roselyn Tso on the president's fiscal year 2025 budget: 2024 press releases. Newsroom. (2023, March 11). https://www.ihs.gov/newsroom/pressreleases/2024-press-releases/statement-from-ihs-director-roselyn-tso-on-the-presidents-fiscal-year-2025-budget/

Stewart, T. J., & Gonzalez, V. M. (2023). Associations of historical trauma and racism with health care system distrust and mental health help-seeking propensity among American Indian and Alaska Native college students. *Cultural Diversity and Ethnic Minority Psychology, 29*(3), 348–357. https://doi.org/10.1037/cdp0000587

Stokes, J. (2022, November 23). *Between Two worlds - being Native American and a government employee*. SAMHSA. https://www.samhsa.gov/blog/between-two-worlds-being-native-american-government-employee

Stringer, H. (2023, October 1). The healing power of Native American culture is inspiring psychologists to embrace cultural humility. https://www.apa.org/monitor/2023/10/healing-Tribal -communities-native-americans

Substance Abuse Statistics for Native Americans. American Addiction Centers. (2024, March 1). https://americanaddictioncenters.org/addiction-statistics/native-americans

The Issue of Poor Native American Health. The Red Road. (2019, March 26). https://theredroad.org/issues/native-american-health/

The United States Commission on Civil Rights ("the Commission"). (2018, December 20). Broken Promises: Continuing Federal Funding Shortfall for Native Americans. https://www.usccr.gov/files/pubs/2018/12-20-Broken-Promises.pdf

The United States Government. (2023, December 5). *Fact sheet: President Biden signs historic executive order to usher in the next era of Tribal self-determination*. The White House. https://www.whitehouse.gov/briefing-room/statements-releases/2023/12/06/fact-sheet-president-biden-signs-historic-executive-order-to-usher-in-the-next-era-of-Tribal -self-determination/#:~:text=The%20Executive%20Order%20affirms%20that,America's%20overlapping%20system%20of%20government.

Tribal Management Grant Program. Office of Direct Service and Contracting Tribes. (n.d.). https://www.ihs.gov/ODSCT/tmg/

Tribal Opioid Response Grants. SAMHSA. (n.d.). https://www.samhsa.gov/Tribal -affairs/Tribal -opioid-response-grants

U.S. Bureau of Labor Statistics. (2024, April 3). *Lawyers*. U.S. Bureau of Labor Statistics. https://www.bls.gov/oes/current/oes231011.htm

United States Commission on Civil Rights ("the Commission"). (2018, December 20). Broken Promises: Continuing Federal Funding Shortfall for Native Americans. https://www.usccr.gov/files/pubs/2018/12-20-Broken-Promises.pdf

U.S. Department of the Interior. (2023, July 26). *Fighting for the black hills: Understanding indigenous perspectives on the Great Sioux War of 1876-1877 (U.S. National Park*

Service). National Parks Service. https://www.nps.gov/articles/000/fighting-for-the-black-hills-understanding-indigenous-perspectives-on-the-great-sioux-war-of-1876-1877.html

U.S. Department of the Interior. (2022, March 31). *Tribal Investments*. https://www.doi.gov/priorities/investing-americas-infrastructure/Tribal -investments

Walker, M. (2019, October 15). *Fed up with deaths, Native Americans want to run their own health care*. The New York Times. https://www.nytimes.com/2019/10/15/us/politics/native-americans-health-care.html

Walker, M. (2021, October 6). *Indian Health Service "willfully ignored" sexual abuse by doctor, report finds*. The New York Times. https://www.nytimes.com/2021/10/05/us/politics/indian-health-service-willfully-ignored-sexual-abuse-by-doctor-report-finds.html

Welcome to the official tribal opioid settlements website. Tribal Opioid Settlement. (n.d.). https://www.tribalopioidsettlements.com/Index

What is Tribal consultation?. What is Tribal Consultation? | Indian Affairs. (n.d.). https://www.bia.gov/service/Tribal -consultations/what-Tribal -consultation

Who is an American Indian or Alaska native?. Who is an American Indian or Alaska Native? | Indian Affairs. (2017, August). https://www.bia.gov/faqs/who-american-indian-or-alaska-native#:~:text=Answer&text=As%20a%20general%20rule%2C%20an,and%2For%20the%20United%20States.

Wild, E. (2024, February 8). *"we hold you sacred": How a Mobile Drug Unit is fighting the opioid crisis in the cherokee nation*. The Guardian. https://www.theguardian.com/us-news/2024/feb/08/opioid-epidemic-cherokee-nation-mobile-health-care

Williams, R. (2021, December 2). *Native American Deaths from COVID-19 Highest Among Racial Groups*. Princeton University. https://spia.princeton.edu/news/native-american-deaths-covid-19-highest-among-racial-groups#:~:text=Native%20Americans%20experience%20substantially%20greater,led%20by%20Princeton%20University%20researchers.