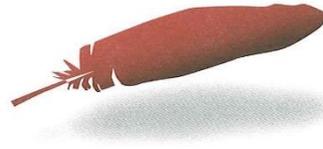


# National Indian Health Board



## National Indian Health Board Resolution 21 – 03

### Support for a Special Behavioral Health Program for Tribes

**WHEREAS**, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs, as well as upholding the Federal government's trust responsibility to AI/AN Tribal governments; and

**WHEREAS**, the United States owes a special duty of care to Tribal Nations, which animates and shapes every aspect of the federal government's trust responsibility to Tribes. Rooted in treaties and authorized by the United States Constitution, the federal government's unique responsibilities to Tribal Nations have been repeatedly re-affirmed by the Supreme Court, legislation, executive orders and regulations; and

**WHEREAS**, the trust responsibility establishes a clear relationship between the Tribes and the federal government. The Constitution's Indian Commerce clause, Treaty Clause and Supremacy clause, among others, provide the legal authority and foundation for distinct health policy and regulatory decision making by the United States when carrying out its unique trust responsibility to provide for the health and welfare of AI/ANs and support for the Indian health system that provides their care; and

**WHEREAS**, NIHB has a strong history of advancing the emotional, spiritual, and mental well-being of AI/AN people through the support of regulatory and Congressional action, advocacy for increased funding for behavioral health in Indian Country, creation of national venues to discuss behavioral health issues (such as suicide and substance misuse), and creation of educational and programmatic materials for Tribal public health professionals; and

**WHEREAS**, a 2018 study found that AI/AN youth in 8th, 10th, and 12th grades were significantly more likely than non-Native youth to have used alcohol or illicit drugs in the past 30-days<sup>1</sup>; and

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<sup>1</sup> Swaim RC, Stanley LR. Substance Use Among American Indian Youths on Reservations Compared With a National Sample of US Adolescents. JAMA Netw Open. 2018;1(1):e180382. doi:10.1001/jamanetworkopen.2018.0382

**WHEREAS**, according to the Centers for Disease Control and Prevention (CDC), suicide rates for AI/ANs across 18 states were reported at 21.5 per 100,000 – 3.5 times higher than demographics with the lowest rates<sup>2</sup>; and

**WHEREAS**, American policy since its inception and colonization has compromised AI/AN culture, language, religions, traditional ways of life and knowledge - all of which are underpinnings of societal health and individual well being; and

**WHEREAS**, intergenerational trauma and historical grief compound other behavioral health challenges faced by American Indian and Alaska Native peoples; and

**WHEREAS**, the National Indian Health Board has been previously directed by its Board of Directors and Tribes to focus staff time and resources advocating for and creating resources and networks to strengthen behavioral health services and programs in Indian Country; and

**WHEREAS**, NIHB recognizes and honors the efficacy, value and necessity of Tribes designing and implementing their own behavioral health strategies, and NIHB will continue to champion Tribal self-governance and self determination to this effect; and

**WHEREAS**, the Special Diabetes Program for Indians provides a model of efficacy for effective programs addressing an urgent health need in Indian Country in a manner that is tailored to respect community-crafted, culturally driven and Tribally informed programs.

**NOW THEREFORE BE IT RESOLVED**, the National Indian Health Board encourages the United States government to enact the Native Behavioral Health Access Act or a similar legislation and allocate funds towards an alcohol and substance misuse prevention and intervention program Implemented with respect to Title 638 of the Indian Self Determination and Education Assistance Act<sup>3</sup>; and

**THEREFORE BE IT FURTHER RESOLVED**, the funds appropriated will be allocated to each Tribe through a Tribally designated and approved formula, requiring minimal reporting, and allowing Tribes to receive the funding through self-determination contracting or self-governance compacting mechanisms; and

**THEREFORE BE IT FURTHER RESOLVED**, the funds will be allocated toward substance abuse prevention and intervention programs for American Indian/Alaska Native youth that promotes high self-esteem and resilience through cultural enrichment; and

**THEREFORE BE IT FINALLY RESOLVED**, that this resolution shall be the policy of NIHB until it is withdrawn or modified by subsequent resolution.

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<sup>2</sup> Leavitt RA, Ertl A, Sheats K, Petrosky E, Ivey-Stephenson A, Fowler KA. Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003–2014. MMWR Morb Mortal Wkly Rep 2018;67:237–242. DOI: <http://dx.doi.org/10.15585/mmwr.mm6708a1>

<sup>3</sup> 25, 18 § (1975).

**CERTIFICATION**

The foregoing resolution was adopted by the Board, with quorum present, on the 26<sup>th</sup> day of February 2021.



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**Chairperson, William Smith**

**ATTEST:**



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**Secretary, Lisa Elgin**