

# BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

CHIEF BLACKBIRD CENTER

P.O. Box 39 • Odanah, Wisconsin 54861

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Councilman Dylan Jennings  
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Bad River Band of the Lake Superior Tribe of Chippewa Indians

Good Morning U.S. House of Representatives Committee on Appropriations, Subcommittee on Interior, Environment, and Related Agencies.

Chairwoman McCollum, Ranking Member Joyce, and fellow members of the Sub-Committee, I thank you for the opportunity to speak with you about the health of my community.

My Name is Dylan Jennings. I serve as a Council Member for the Bad River Band of the Lake Superior Tribe of Chippewa Indians. I come to you from one of the most beautiful places in the world. Today I am here to talk with you about why my people, the Anishinaabe of Bad River, deserve better.

I believe most points can be demonstrated with a single example:

A Tribal citizen, a woman who struggles with behavioral health, has just given birth to a baby who was diagnosed with neonatal abstinence syndrome. As a result of the diagnosis, the baby was removed from the mother's care. In an effort to work towards reunification with her baby, the mother attends treatment. Upon the mother's release from the treatment center, she returns home. The mother receives little to no back-end care and relapses, exposing her to the risks of Hepatitis C and HIV in the course of her relapse.

Unfortunately, this is not just an example, but a reality for my community. Between 2010 and 2015, the number of drug-addicted born babies from the primary hospital that serves Tribal citizens and the local county was roughly 27 babies out of every 1,000 births, the highest in the State.<sup>1</sup> At present, of the over 50 open child welfare cases currently under the Tribe's jurisdiction, about 86% is due directly to illicit drug use risk.

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<sup>1</sup> Wisconsin Department of Health Services, Division of Public Health. (2016, November) *Select Opioid-Related Morbidity and Mortality Data for Wisconsin*.

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What can we do to keep this from happening? These are not just numbers. They are children who we will look to one day to lead our Nation. We know the best way to help ourselves, but often lack data to capture, assess, and evaluate the status of the Tribe. The Indian Health System should provide direct funding for comprehensive behavioral health data evaluation. Direct funding to the Indian Health System should not be restrictive to one identified drug type, for instance grants that currently addresses the effects of opioids or methamphetamine. Pointed grants with an identified drug constrains Bad River's ability to properly address an issue by compelling the Tribe to apply for multiple grants to solve a single problem. The funding should also offer the ability to construct to provide rural Tribal communities the same opportunity that local municipalities and states have to provide infrastructure for its efforts.

The opioid epidemic has hit Indian Country hard. According to surveys conducted by the CDC<sup>2</sup>, American Indians in urban areas are dying of opioid overdoses at the highest rates, closely followed by Caucasians and American Indians in rural areas. Some communities, like Bad River, have been able to address opioid overdoses by a targeted campaign to equip community members with overdose reversal training skills and the provision of naloxone<sup>3</sup>, the overdose reversal medication; however, nationally and in Bad River, Tribal and rural first responder programs and fire departments lack funding and support needed to address the epidemic. In Bad River, there have been several opioid overdose events where the first responders arrived at the scene, determined that the individual is overdosing and have not had naloxone to administer. The lack of access to naloxone by these entities puts entire regions at greater risk of death. Targeted funding to support Tribal fire departments in procurement of naloxone, including nasally-administered naloxone, which costs approximately \$75 per kit, would save many lives.

Within our communities, the opioid epidemic translates into many forms of disease, including skyrocketing rates of Hepatitis, increased risk of HIV transmission, behavioral and mental health illness, and social isolation. The Bad River Band applauds the Administration's goal of ending HIV transmission within the decade. We believe that addressing HIV transmission will go hand-in-hand with Bad River's goal of ending the epidemic of opioid addiction within our community. According to a 2016 HIV Surveillance Report, Native American women who inject drugs contracted HIV at more than 10 times the rate of African American, Asian, and Latino counterparts.<sup>4</sup> Ending HIV transmission will require funding and resources to all at-risk

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<sup>2</sup> Mack KA, Jones CM, Ballesteros MF. Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas—United States. *MMWR Surveill Summ.* 2017; 66 (No. SS-19): 1—12. DOI: <https://www.cdc.gov/mmwr/volumes/66/ss/ss6619a1.htm>

<sup>3</sup> In Wisconsin, nasally-administered naloxone is the only form of naloxone that may be administered by licensed first responders as their scope of practice is limited.

<sup>4</sup> Centers for Disease Control and Prevention. *HIV Surveillance Report, 2016*; vol. 28. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2017.

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populations, and especially for Native American communities experiencing high rates of injection drug use. The current funding plan, which targets seven states and forty-eight jurisdictions, does not include any rural areas in the upper Great Lakes region, including upper Michigan, Wisconsin, Minnesota, or North Dakota. Targeted funds to prevent HIV transmission are needed. Micro and macro funding streams are essential to incentivize treatment for people at high risk for HIV, including people who inject drugs.

The Bad River Band also applauds the Administration's goal of providing Pre-exposure prophylaxis ("PrEP"), the daily medication that can be taken to prevent HIV infection, to all at-risk people. Demonstration projects have shown that people who inject drugs can adhere to daily regimens. Currently, PrEP is unavailable in Bad River due to the high cost of the medication. PrEP should be made available, for free or at low cost, to IHS and 638 self-government clinics. Additionally, training and support is needed for healthcare workers to learn about their role in preventing HIV transmission, providing a welcoming climate for those stigmatized populations vulnerable to HIV and learning about advances in pharmacology for the prevention and treatment of HIV.

Shoring up the tribal healthcare system depends on Medicaid expansion, mental health parity, funding and access to chemical dependency treatment and a move towards holistic care. We emphasize that the goal of ending HIV transmission requires new appropriations and implore you to avoid robbing other HHS-funded programs in fulfillment of this goal. Additionally, the 340B drug pricing program should be protected and expanded. This program is very important to ensuring that community healthcare programs have access to pharmaceuticals at a discounted price. Public Law 638 clinics, like Bad River's, should be afforded with technical assistance to access that program.

We know our history. We know why we're here. We see the value in our people, and we are asking you to do the same. The mother and child referenced earlier in this testimony deserve better. As Anishinaabe we understand that each individual is born with a special purpose. Our people deserve the ability to seek and fulfill that purpose free of the barriers placed on them on their path to wellness. A Tribal citizen is not simply the sum of their behavior health—we see the strength and beauty and seek to help lift up our community. In this, we take the long view, that wellness is not a simple fix and real systematic change has to be made.

Thank you for your time.  
Miigwech, Mi'iw.

