



# National Indian Health Board



December 4, 2020

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Chuck Schumer  
Minority Leader  
U.S. Senate  
Washington, DC 20510

## Re: COVID-19 Stimulus Health Funds for Indian Country

Dear Speaker Pelosi, Leader McConnell, Leader McCarthy, and Leader Schumer:

On behalf of the undersigned national organizations collectively serving all 574 sovereign federally-recognized American Indian and Alaska Native (AI/AN) Tribal Nations and all 41 urban Indian organizations (UIOs), we **write to urge you to include the following emergency funding and technical resources for Indian Health Service (IHS), Tribal governments, and urban Indian organizations (collectively “I/T/U”) in any year-end COVID-19 stimulus package, omnibus appropriations package, or in a separate legislative vehicle, before the end of the 116<sup>th</sup> Congress.**

- Minimum \$2 billion in emergency funds to IHS for immediate distribution to I/T/U system
- Minimum \$1 billion to replenish lost 3<sup>rd</sup> party reimbursements across the I/T/U system
- Minimum 5 percent I/T/U funding set-aside for vaccine distribution and administration
- Minimum \$1 billion for water and sanitation systems across IHS and Tribal communities
- Long-term reauthorization of the Special Diabetes Program for Indians (SDPI)

Over the course of this pandemic, Tribal Nations, Tribal organizations, and UIOs have submitted countless letters to Congress outlining the devastating toll of COVID-19 across Indian Country. Most recently, on September 8, we wrote to you about the urgent need for Congress to pass the same critical priorities outlined in this letter. Back in July of this year, the bipartisan Congressional Native American Caucus submitted a letter to House Appropriations Committee Chair Lowey and Ranking Member Granger, urging inclusion of the Tribal priorities outlined in our joint letters. But as of this writing, **we still await congressional action on these priorities** while COVID-19 conditions in Indian Country have only worsened.

Since mid-July, there has been a **390% increase in COVID-19 case infections among AI/ANs** reported by IHS<sup>1</sup>, and a **179% increase in hospitalization rates** among AI/ANs.<sup>2</sup> According to the Centers for Disease Control and Prevention (CDC), **COVID-19 death rates among AI/ANs are 2.6 times the rate for non-Hispanic Whites**.<sup>3</sup> As of November 30, IHS has reported a 7-day rolling average positivity rate of 14.5% nationwide, with

<sup>1</sup> Number of COVID-19 cases reported by IHS increased from 27,233 positive cases on July 19, 2020 to 106,393 cases as of November 30, 2020

<sup>2</sup> On July 19, 2020, CDC had reported an age-adjusted cumulative COVID-19 hospitalization rate of 272 per 100,000 among AI/ANs; as of November 21, rates among AI/ANs were at 487.3 per 100,000.

<sup>3</sup> Centers for Disease Control and Prevention. COVID-19 Hospitalization and Death by Race/Ethnicity. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html#footnote03>

some IHS Areas experiencing positivity rates at above 26%.<sup>4</sup> In comparison, according to CDC data, the *nationwide* average 7-day positivity rate has not surpassed 15% since week 19 of the pandemic (ending May 9, 2020). These sobering data points only affirm the fact that Indian Country continues to bear the brunt of this crisis. Just this week, CDC Director Dr. Redfield warned that COVID-19 deaths could reach as high as 450,000 come February – demonstrating that the toll of the virus is far from over. Without sufficient additional congressional relief sent directly to I/T/U systems, these shocking upward trends will likely continue because I/T/U systems have limited resources to mitigate, treat, and respond to the virus.

Meanwhile, the Special Diabetes Program for Indians (SDPI) – a program that is instrumental for COVID-19 response efforts in Indian Country because it is focused on prevention, treatment, and management of diabetes, one of the most significant risk factors for a more serious COVID-19 illness<sup>5</sup> – has endured five short-term extensions since last September, placing immense and undue strain on program operations. In fact, a national survey conducted by the National Indian Health Board (NIHB) found that nearly 1 in 5 Tribal SDPI grantees reported employee furloughs, including for healthcare providers, with 81% of SDPI furloughs directly linked to the economic impacts of COVID-19 in Tribal communities. Roughly 1 in 4 programs have reported delaying essential purchases of medical equipment to treat and monitor diabetes due to funding uncertainty, and nearly half of all programs are experiencing or anticipating cutbacks in the availability of diabetes program services – all under the backdrop of a pandemic that continues to overwhelm the Indian health system.

To be clear, we appreciate the over \$1 billion to IHS under the CARES Act and the \$750 million Tribal testing set-aside under the Paycheck Protection Program and Health Care Enhancement Act; however, these investments have been necessary but insufficient to stem the tide of the pandemic in Tribal and urban AI/AN communities. While we remain optimistic that Congress can pass an omnibus appropriations package for Fiscal Year (FY) 2021 by December 11, the possibility of another continuing resolution (CR) remains. We remind you that IHS is the only federal healthcare *delivery* system that is not exempt from CRs and government shutdowns.

If Congress fails to provide sufficient emergency appropriations for the I/T/U, a stopgap measure will force a healthcare system serving roughly 2.6 million AI/ANs to continue operating under a pandemic without an enacted budget or even adjustments for medical and non-medical inflation. In addition, **IHS will be forced to coordinate distribution and administration of a COVID-19 vaccine without additional federal resources and funding.** In short, that is a recipe for even more disaster, death, and despair. You can prevent that from happening, and we implore you to do so by acting swiftly on the recommendations in this letter.

We thank you for your continued commitment to Indian Country, and as always, stand ready to work with you in a bipartisan fashion to advance the health of all AI/AN people.

Sincerely,

National Indian Health Board  
National Congress of American Indians  
National Council of Urban Indian Health

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<sup>4</sup> Indian Health Service. COVID-19 Cases by IHS Area. Retrieved from <https://www.ihs.gov/coronavirus/>

<sup>5</sup> The Centers for Disease Control & Prevention includes diabetes in a list of medical conditions that increase the chance of severe illness from COVID-19. Centers for Disease Prevention & Control, *People with Certain Medical Conditions* (Aug. 14, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.