

National Indian Health Board



February 12, 2021

The Honorable Brian Schatz
Chair, Senate Indian Affairs Committee
U.S. Senate
838 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Lisa Murkowski
Vice Chair, Senate Indian Affairs Committee
U.S. Senate
838 Hart Senate Office Building
Washington, D.C. 20510

Re: Tribal Provisions in the COVID-19 Relief Budget Reconciliation Legislation

Dear Chairman Schatz and Vice Chair Murkowski:

On behalf of National Indian Health Board (NIHB), which serves all 574 sovereign, federally recognized American Indian and Alaska Native (AI/AN) Tribal Nations, we write to express our support for the proposed Budget Reconciliation legislation currently being considered by Congress. This proposal includes long overdue and very needed investment in Tribal public health, Medicaid, Children's Health Insurance Program (CHIP), utility assistance, environmental health, internet connectivity and provides consumer protections that further respond to the Coronavirus Disease of 2019 (COVID-19) Pandemic. We thank you for keeping your promises to support Tribal health and thank you for your vision and leadership in bringing this legislation forward in its commitments to Tribal sovereignty and investment in public health and health care in Indian Country.

Since mid-July, there has been a 390% increase in COVID-19 case infections among AI/ANs reported by the Indian Health Service (IHS)¹, and a 179% increase in hospitalization rates among AI/ANs². 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 Whites³. As of January 26, IHS has reported a 7-day rolling average positivity rate of 11.8% nationwide, with some IHS Areas experiencing positivity rates at above 26%⁴. 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 endure the most of this crisis and the investments put forward by the Chairman

¹ 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

² 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.

³ 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-raceethnicity.html#footnote03>

⁴ Indian Health Service COVID-19 Cases by IHS Area. Retrieved from <https://www.ihs.gov/coronavirus/?CFID=12723566&CFTOKEN=70508914>

and the Committee represent a bold commitment to the Indian Health Service, Tribes and Tribal organizations, and urban Indian organizations (collectively referred to as “I/T/U”).

We commend Congress on dedicating an entire section especially for Indian Health. This clear commitment to Tribal nations is needed in order to create the pathway to swiftly respond to the ongoing health disparities ravaging Indian Country. Specifically, this bill includes a total of \$5.484 billion for the Indian Health Service. Included in that is \$2 billion for lost reimbursement, \$1.5 billion for testing, tracing, personal protective equipment, and \$600 million for vaccine education and distribution. Additionally, it includes \$600 million for health care facilities, \$500 million for Purchased/Referred Care, \$420 million to support mental and behavioral health services, and \$240 million to bolster the Tribal public health workforce. We are also appreciative for the inclusion of \$140 million to support the grossly-needed modernization of IHS electronic health records and telehealth infrastructure, \$84 million urban Indian health, and \$10 million for potable water delivery. This last item, access to clean water and sanitation facilities, is absolutely essential to fighting COVID-19 and should be considered a basic human right in public health.

The investments outlined in the legislative recommendations demonstrate a continued commitment by this Congress to Tribal health. These strong investments in the I/T/U system support the strengthening of Tribal self-governance, using existing pathways within IHS to direct these funds directly to Tribes without delay. Additionally, the investment of \$420 million for mental and behavioral health services, several times over, more than ever previously-championed on the Hill will literally be a lifeline for our People. Thank you so very much.

On behalf of the Tribes, NIHB is heartened to have within the Senate Committee on Indian Affairs such tangible support for Tribal health and public health. We look forward to continuing to work with you to address the structural and practical challenges that the I/T/U health system faces both as a result of the COVID-19 pandemic and in addressing historic neglect of the Indian health and public health systems.

Many Thanks!

Sincerely,

A handwritten signature in black ink, appearing to read "W. Smith". The signature is fluid and cursive, with a large, sweeping initial "W" and a long, trailing flourish.

William Smith, *Valdez Native Tribe*
Chairman
National Indian Health Board