

National Indian Health Board



January 29, 2021

The Honorable Nancy Pelosi
Speaker
US House of Representatives
Washington, D.C. 20515

Re: COVID-19 Stimulus Health and Public Health Funds for Indian Country

Dear Speaker Pelosi:

On behalf of National Indian Health Board, which serves all 574 sovereign federally-recognized American Indian and Alaska Native (AI/AN) Tribal Nations, we write to urge you to include the following emergency funding and technical resources for Tribal governments and the Indian Health Service (IHS), which serves the Indian, Tribal and Urban system (I/T/U) in the next COVID-19 stimulus package being considered during the 117th Congress. The Tribes are in dire need of support and assistance with their health care, public health services and infrastructure needs necessary to prevent, mitigate, treat and vaccinate against COVID-19.

Since mid-July, there has been a 390% increase in COVID-19 case infections among AI/ANs reported by IHS¹, and a 179% increase in hospitalization rates among AI/ANs.² 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.³ 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. The Centers for Disease Control and Prevention have warned that COVID-19 deaths could reach as high as 500,000 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 continue because I/T/U systems have limited resources to mitigate, treat, and respond to the virus.

Our organization urges you to consider:

- **Minimum \$8 billion directly related to the COVID-19 public health response to the I/T/U system including:**
 - Minimum \$1 billion vaccination distribution and implementation to Tribes
 - Minimum \$250 million in COVID-19 testing

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-race-ethnicity.html#footnote03>

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

- Minimum \$200 million in the manufacturing and supply of personal protective equipment, medical supplies, and the deployment of supplement medical personnel directly to Tribes
- **Minimum \$1 billion for Native Veterans health through the Veterans Health Administration**
- **Minimum \$200 million set-aside for Tribes in support of mental and behavioral health programs**
- **Minimum \$40 million set-aside for Tribes in programs that serve as response to domestic abuse**
- **Minimum \$3 billion in funds set aside for Tribes to replenish third party revenue loss in the I/T/U system**
- **Minimum \$2.67 billion for the construction and improvement of water and sanitation infrastructure for the I/T/U system and Tribal communities**

The Tribes do appreciate the over \$1 billion to IHS under the CARES Act, the \$750 million Tribal testing set-aside under the Paycheck Protection Program and Health Care Enhancement Act, the \$1 billion set aside for vaccine distribution, contact tracing and personal protective equipment in the Consolidated Appropriations Act, and the three-year reauthorization of the Special Diabetes Program for Indians; however, these investments have been necessary but insufficient to stem the tide of the pandemic in AI/AN communities. And these funds are not proportional, on a percentage basis, to the support Congress provided in all other sectors of the US health care system – despite the fact the I/T/U system has always operated at a grossly underfunded and disadvantaged level.

As the Tribes evaluate the challenges faced by our health and public health systems as well as issues around vaccine hesitancy and delivery, additional information may be forthcoming.

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. Should you have any questions or require additional information, please contact NIHB Chief Executive Officer, Stacy Bohlen at (202) 680-2800 or sbohlen@nihb.org.

Sincerely,

A handwritten signature in black ink, appearing to read "William Smith". The signature is fluid and cursive, with the first name "William" and last name "Smith" clearly distinguishable.

William Smith
Valdez Native Tribe
Chairman
National Indian Health Board