

## Tribes Fear Being Left Out of Zika Funding

By Marissa Evans, CQ Roll Call

The Zika funding debate in Congress is revealing a divide among lawmakers about funding for Native American tribes and stirring up tribal groups' long-held gripe about having to go through state governments to receive funds.

Under a House bill ([HR 2577](#)), up to \$50 million in funds provided for the Centers for Disease Control and Prevention could be transferred to the Health Resources and Services Administration Maternal and Child Health block grant program to help with prevention and care efforts for Zika. The bill explicitly includes tribal groups as eligible for the funds. Meanwhile, the Senate version would give \$5 million for the Maternal and Child Health block grants and does not mention tribes.

Robert Foley, chief program officer for the National Indian Health Board, said in an interview that this is part of a “historically vicious cycle” that leaves tribes in the lurch for public health troubles. He said while tribes are one of the more vulnerable populations when it comes to outbreaks, they do not have the resources like states do to create a prevention plan or strategy to combat diseases like Zika.

“Tribes don’t have access to block funding or a tax base to create their own health departments,” Foley said. “The question is how do we integrate tribes in this system that was created without them to begin with... That’s where we’re sitting right now.”

Tribal groups are especially worried about Zika as the mosquito species that causes the disease is most likely to be found in rural reservation lands, particularly in Alabama, Arizona, California, New Mexico, Louisiana and Mississippi. While the potential funding from the HRSA block grant would allow tribes to access funding, they would have to apply through their state to get it, an ongoing point of contention for advocacy groups who say state governments do not always have tribes in mind when they have money to dole out. State governments are typically not mandated to allocate part of their grant for tribes.

Martin Kramer, director of communications for HRSA, said in an emailed statement that tribes could apply for a few programs, but not all, on their own under the Maternal and Child Health block grant.

“Tribes are not eligible to apply for funding for the formula grants awarded to states under the MCH Block Grant program,” he said. “This is funding to the states and the states are responsible for determining their MCH priorities.”

Indian Health Service, the agency under the Department of Health and Human Services providing health care for 2.2 million American Indian and Alaska Natives in federally recognized tribes, has been working to give staff more information about Zika. The agency said in an emailed statement that staff have training to screen and identify patients at higher risk for Zika.

“The Indian Health Service is carefully monitoring the Zika situation, as it does with all emerging public health threats,” according to the statement. “We are working with the CDC and other agencies to ensure that our clinicians are educated and prepared to identify, counsel, and treat any patient with, or at risk for, Zika virus disease.”

As the House and Senate head into conference over a package to fend off the mosquito-borne virus, Native American and Alaska Native tribes fear that being excluded from funding could leave them vulnerable to a public health crisis on the reservations. The House Zika bill ([HR 5243](#)) would provide \$622 million, which would be offset. The Senate spending bill's \$1.1 billion would not be offset.

Congress is responsible for making sure tribes are equipped to fight a public health crisis, according to Liz Malerba, director of policy and legislative affairs for the United South and Eastern Tribes in an interview. She said the Zika funding situation is another example of the politics tribes have to deal with to access funding. She said that it is often difficult for tribes to penetrate state government bureaucracy to get funding for block grants.

“Our advocacy is reminding [Congress] tribes direct health care for citizens and tribes need funding just like states would need direct funding. That’s part of the conversation we’re adding to the national dialogue on this issue,” Malerba said.

Mike Danylak, press secretary for the Senate Indian Affairs Committee, said in an email that members will continue to monitor the issue.

“The chairman and the committee believe it is important that tribes are included and informed in this process,” Danylak said. “It is important that the Indian Health Service be prepared and that federal, tribal, and state governments work together to combat the virus.”