

National Indian Health Board



January 5, 2022

Elizabeth Fowler
Acting Deputy Director
Indian Health Service
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Sent via email: elizabeth.fowler@ihs.gov; benjamin.smith@ihs.gov

Re: COVID-19 Supplemental Funding Distribution Report

Dear Ms. Fowler,

On behalf of the National Indian Health Board (NIHB),¹ I write to you to request a detailed, area-by-area, report of all supplemental COVID-19 funding that the Indian Health Service (IHS) has distributed to IHS, Tribes, and Tribal organizations beginning with the Fiscal Year 2020. Since the beginning of the COVID-19 Public Health Emergency (PHE), IHS has distributed several supplemental funding packages to Tribes and Tribal organizations to address the impacts of the virus. Again, cases of COVID-19 are increasing throughout Indian Country, and there seems to be no end in sight. Given the outsized negative impact of COVID-19 on Tribes, it has never been more essential to increase transparency to better support Tribal sovereignty and Tribal health.

Complete Report on Allocation and Distribution of all COVID-19 Supplemental Funding

Many communities are still struggling with the impact of COVID-19. Tribes are doing everything possible to mitigate the effects of the virus. However, Tribes are facing extreme provider shortages and barriers that continue to delay access to supplies. Despite the substantial vaccination efforts, social distancing, mask mandates, and increased education outreach, the number of COVID infections in Indian Country continue to rise. Additionally, the number of AI/AN COVID-related deaths continues to increase – hitting its second highest total since the Spring of 2021.²

¹ Established in 1972, the National Indian Health Board (NIHB) is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

² CDC Provisional Death Rate. Accessed December 15, 2021.



Throughout the current COVID-19 PHE, there have been several federal relief packages with funds earmarked for Tribes. The federal government charged IHS with distributing funds through various funding mechanisms. While we have a high-level understanding of the original spending and distribution plans, transparency is needed regarding who received the funds and how recipients spent the money. It is more important than ever for Tribes to understand what resources are available, what resources IHS has distributed, and what measures to take to address current needs. This information is critical to understand if certain areas or communities were underrepresented and if the funding distribution was equitable. in the funding distribution. Moreover, this information is essential for us to evaluate whether there is a direct correlation between the success of COVID-19 response and mitigation efforts and funding distribution.

Tribes and Tribal organizations have asked – on numerous occasions – for more transparency around COVID funding from IHS and other U.S. Department of Health and Human Services operating divisions. We appreciate all the work that IHS has done thus far to increase transparency and provide detailed information to Indian Country; however, we ask that IHS improve these efforts and provide complete tracking of the COVID funding it has received for the Indian health care system since the start of the pandemic. Indian Country still lacks most of the information needed to understand how IHS made funding decisions and what funding may remain for allocation and distribution. Therefore, we request that IHS provide maximum transparency on the allocations and distributions of all prior and future COVID supplemental funding and ensure complete information about its processes and distributions for the current funding. Moreover, we request that IHS share this information in an open, digestible, and accessible way for all Tribal leaders.

Thank you for your continued dedication to improving the health outcomes of AI/AN people. We recognize the tremendous work that IHS has done to mitigate the impacts of the COVID-19 pandemic. We hope that you understand the importance of this request for Indian Country and look forward to ongoing dialogue on how to make IHS more transparent and responsive to the needs of Tribes. If you have any questions, please feel free to contact Christopher Chavis, Policy Center Director at cchavis@nihb.org, with any questions you may have.

Yours in Health,

A handwritten signature in black ink, appearing to read 'W. Smith', written in a cursive style.

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

CC: Benjamin Smith
Stacy A. Bohlen, CEO, NIHB
NIHB Board of Directors