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Oral Testimony

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Chair McCollum, Ranking Member Joyce, and members of the Subcommittee – thank you for inviting the National Indian Health Board to testify to testify about the impacts of the COVID-19 pandemic in Indian Country. My name is Stacy Bohlen, I am a citizen of the Sault Ste. Marie Tribe of Chippewa Indians, located in Michigan, and I am the CEO of the National Indian Health Board. Founded by the Tribes in 1972, our organization serves all 574 federally recognized Tribes, both American Indian and Alaska Native. NIHB works to strengthen Tribal sovereignty and ensure the federal government upholds its Trust and Treaty obligations to the Tribes for the improvement of health care, health outcomes and systems and public health infrastructure and capacity in Indian Country.

As we sit here together, we bear witness the alarming changes to our everyday lives resulting from this unprecedented crisis. In a matter of weeks, COVID-19 reshaped the very fabric of our economy, our society, the way we conduct business, relationships and our personal livelihoods – in some ways, permanently.

These are profoundly uncertain and challenging times. These are also times of profound opportunity to achieve redress of hundreds of years of injustices, which are the children of colonization. Today, our nation is confronted by the dual epics of the Black Lives Matter movement coming to fruition in the face of the intolerable deaths of Black citizens at the hands of police...and the COVID-19 pandemic that continues to disproportionately ravage the most marginalized among us: and Indian Country is right at the center of the Pandemic. But in order to understand how to address and overcome these trials and realize the opportunity for change before us, we must first insist on an honest reckoning of our history for what we see today are the fruits of colonization – a system of exploitation, violence and opportunism that is the foundation on which this Nation was constructed.

For colonization is like Foucault's pendulum created in 1851 by the great French physicist Leon Foucault...once set in motion, it operates into perpetuity on the Earth's geo-magnetic force - with only slight encouragement needed to keep going. Colonization's constructs proceed the same way – once set in motion, they marching through history perpetuating exploitation, injustice and marginalization of indigenous Peoples and Peoples of color with a seemingly invisible hand spurring on its progress. It is the very construct that makes it so. Despite the poor social determinants of health most frequently found in the Indigenous and other communities of color, circumstances that proceed from hundreds of years of colonization, we are often blamed for our poor circumstances. What our communities are experiencing during this COVID-19 pandemic is simply the expected outcome of this historical truth.

It has to change. And policymakers are the agents of change.

This is not a time of incremental change – these dual, convergent crisis of Black Lives Matter and COVID-19 create the circumstances for lasting, profound, systemic and meaningful change. We are in a time when the unthinkable is now the possible – we are in a place of rightfully questioning what and who we glorify and honor as our history and how we will make history. We are in a time of authoring our history. There is a great African proverb that states - until the lions have their own historians, the history of the hunt will always glorify the hunter. It is time to hear our stories and include our truths in our history. It is time to be courageous in policymaking...to think and act in a new way and forge a new future and stand on new ground. And it is a time when courage is expected and honored – when valor is not uncommon.

We see the ripple effects of colonization continue to underpin the institutional and structural disparities Our Peoples endure, and the devastating similarities between Our People’s struggle, and the struggles of the Black community. The fact that Native and Black communities are carrying the greatest burden of this pandemic is not by accident, but a logical outcome of a very old design.

Centuries of genocide, oppression, and simultaneously ignoring our appeals while persecuting Our People’s ways of life persist - now manifest in the vast health and socioeconomic inequities we face during COVID-19. The historical and intergenerational trauma our families endure, all rooted in colonization, are the underpinnings of our vulnerability to COVID-19. Indeed, we tell our stories of treaties, Trust responsibility and sovereignty here – over and over – and it often appears the listeners are numb to our historic and current truths. But the truth does not change: that is the ground we stand on.

Thank you for inviting us here to be heard and we invite you to hear us.

It is time to shift the ground on which we stand. It is time for bold change. **It is time to honor the Trust responsibility for Tribal health: it is time to fully fund the Indian Health Service.**

Across the country, we hear heart wrenching accounts of Our People experiencing racism at the hands of our neighbors while battling a pandemic that continues to lay bare how under resourced our Indian health system is and how vulnerable are our economies. We hear baseless stories about how “dirty Indians” are causing the outbreaks, or how private hospitals are refusing to accept referrals to treat Our People. These same sentiments echoed across all previous disease outbreaks that plagued Our People from Small Pox to HIV to H1N1. This begs the painful question: what has changed?

To be clear, we applaud this Subcommittee’s continued courage, leadership and commitment to providing meaningful funding for Indian Health Service to combat the COVID-19 pandemic. These include the \$1.032 billion allocated to Indian Health Service under the CARES Act, and the \$2.1 billion proposed under the HEROES Act. We continue to stress to your Senate counterparts how essential it is that each Tribal provision in the HEROES Act is maintained and built upon as negotiations on the next relief package take form. But the information I am about to share will hopefully demonstrate that despite these important investments, it remains clear that they are not enough.

We are now roughly three months into this pandemic. While every state and many Tribal Nations continue their internal process for reopening under the guidelines of the Centers for Disease Control and Prevention (CDC), our scientists and public health experts continue to firmly remind us that we are far from returning to business as usual. In fact, case infections reported in the last 14 days are *rising* in many states with large American Indian and Alaska Native populations including in Arizona, California, Oregon, Washington, Alaska, and Montana – even as these states continue their process for reopening.

New data continues to highlight how Indian Country is bearing the brunt of this crisis. There are a few statistics I would like to share:

- As of June 8, Indian Health Service has reported 13,487 positive cases. However, these numbers are highly likely underestimates because case reporting by Tribal health programs, which constitutes roughly two-thirds of the Indian health system, are voluntary.
- Last month, Navajo Nation surpassed New York City for the highest COVID-19 infection rate.
- In New Mexico, Our People represent roughly 10% of the population, yet account for over 55% percent of all COVID-19 cases
- In Wyoming as of June 7, Our People accounted for nearly 34% of all COVID-19 cases statewide despite representing only 2.9% of the state population.
- Similarly in Montana, where Our People constitute about 6.6% of the state population, over 12% of confirmed COVID-19 cases are among AI/ANs.

Most poignantly, in a new data visualization of COVID-19 case rates per 100,000 by Tribal Nation created by the American Indian Studies Center at the University of California Los Angeles, **it was found that if Tribes were states, the top five infection rates nationwide would all be Tribal Nations.**

Despite the availability of this data, there remains a great deal that we likely do not know. IHS officials including Chief Medical Officer Dr. Toedt have publicly stated that the agency's antiquated health IT system continues to adversely impact their disease surveillance efforts. This means that the necessary tools to overcome this pandemic – like real-time case reporting, widespread contact tracing, and surveillance of disease hotspots to monitor vulnerabilities for future outbreaks – will be very challenging to implement within the Indian health system.

These issues are made worse by the prevalence of overcrowded and intergenerational housing in our Tribal communities which make social distancing difficult if not impossible; and by the significant deficiencies in IHS and Tribal water and sanitation infrastructure, which make it difficult if not impossible for Our People to do something as simple as washing their hands – the #1 way of reducing transmission. This is for Our People that are fortunate enough to have housing – yet we know that Our People are also disproportionately impacted by homelessness, a critical social determinant of health.

These are just a few examples of the struggles we face. The trust and treaty obligations of the United States to Tribal Nations and Native People exist in perpetuity, and must not be forgotten during this pandemic.

If I can leave you with a final thought – we know this pandemic will not be resolved anytime soon. For this reason, it is absolutely essential that Fiscal Year 2021 appropriations for IHS be passed on time, and with full funding for IHS aligned with the recommendations of the IHS Tribal Budget Formulation Workgroup. I cannot stress how imperative it is that we avoid yet another continuing resolution, and least of all another shutdown. While we understand that this Subcommittee does not set the schedule for passage of appropriations bills, we urge you to work with leadership to prioritize timely passage of the Interior Appropriations bill.

I look forward to discussing the Tribal priorities outlined in our written testimony and the tools Our People need to protect and preserve life. On behalf of the National Indian Health Board, thank you – miigwech - for the invitation to testify before you today.