



National
Congress of
American
Indians

National Indian
Health Board



September 8, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

Re: Pandemic Relief Funding to Indian Country

Dear Speaker Pelosi, Leader McConnell, Leader McCarthy, and Leader Schumer:

On behalf of the undersigned national organizations collectively serving all 574 sovereign federally-recognized American Indian and Alaska Native (AI/AN) Tribal Nations and all 41 urban Indian organizations (UIOs), we write to urge you to include meaningful and substantive emergency funding and technical resources for Indian Health Service (IHS), Tribal governments, and urban Indian organizations (collectively “I/T/U”) in the next COVID-19 pandemic relief package, or in a separate legislative vehicle for the upcoming fiscal year. Specifically, we strongly urge you to provide the following I/T/U-specific health provisions that are desperately needed to address the ongoing pandemic within tribal communities:

- Minimum \$2 billion in emergency funds to IHS for immediate distribution to I/T/U system
- Minimum \$1 billion to replenish lost 3rd party reimbursements across the I/T/U system
- Prioritize equitable distribution of a safe and effective COVID-19 vaccine across Indian Country, including a minimum 5% set-aside in vaccine funds for the I/T/U system
- Minimum \$1 billion for water and sanitation systems across IHS and Tribal communities
- Passage of the bipartisan S.3937 – Special Diabetes Program for Indians Reauthorization Act of 2020

Over the course of this pandemic, Tribal Nations, Tribal organizations, and UIOs have collectively submitted hundreds of letters to Congress outlining the devastating toll of COVID-19 across Indian Country. Most recently, on July 20, we wrote to you about the urgent need for Congress to pass the same critical priorities outlined in this letter. On July 24, the bi-partisan Congressional Native American Caucus submitted a letter to House Appropriations Committee Chair Lowey and Ranking Member Granger, urging inclusion of the Tribal priorities outlined in our July 20 letter in the next COVID relief package. At this writing, while Congress has failed to act on these priorities the COVID-19 conditions in Indian Country have only worsened.

Since mid-July, there has been a 57.5% increase in the number of AI/AN case infections reported by IHS¹, and a roughly 20% increase in hospitalization rates among AI/ANs.² Just last week, the Centers for Disease Control

¹ Number of COVID-19 cases reported by IHS increased from 27,233 positive cases on July 19, 2020 to 42,911 cases as of September 6, 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 August 29, rates among AI/ANs were at 328 per 100,000.

and Prevention (CDC) reported that across 23 states, cumulative incidence rates of lab-confirmed COVID-19 cases among AI/ANs are 3.5 times higher than for non-Hispanic Whites.³ Also, according to CDC, age-adjusted rates of COVID-19 hospitalization among AI/ANs from March 1, 2020, through August 22, 2020, were 4.7 times higher than for non-Hispanic Whites.⁴ This is an alarming trend! Without sufficient additional congressional relief sent directly to I/T/U systems, these shocking upward trends will more than likely continue as COVID-19 restrictions are eased, schools and businesses reopen, and the potential threat of a more severe flu season coincides with this pandemic.

Meanwhile, the Special Diabetes Program for Indians (SDPI) – a program that is instrumental for COVID-19 response efforts in Indian Country because it is focused on prevention, treatment, and management of diabetes, one of the most significant risk factors for a more serious COVID-19 illness⁵ – has endured five short-term extensions since last September, placing immense and undue strain on program operations. In fact, a national survey conducted by the National Indian Health Board (NIHB) found that nearly 1 in 5 Tribal SDPI grantees reported employee furloughs, including for healthcare providers, with 81% of SDPI furloughs directly linked to the economic impacts of COVID-19 in Tribal communities. Roughly 1 in 4 programs have reported delaying essential purchases of medical equipment to treat and monitor diabetes due to funding uncertainty, and nearly half of all programs are experiencing or anticipating cutbacks in the availability of diabetes program services – all under the backdrop of a pandemic that continues to overwhelm the Indian health system.

We patiently remind you that federal Treaty obligations for healthcare to Tribal Nations and AI/AN Peoples exist in perpetuity and must be fully honored, especially in light of the current pandemic and its unparalleled toll in Indian Country. While we appreciate the roughly \$1 billion to IHS under the CARES Act and the \$750 million testing set-aside under the Paycheck Protection Program and Health Care Enhancement Act; these investments have been necessary but woefully insufficient to stem the tide of the pandemic in Tribal and urban AI/AN communities.

Now, with the strong likelihood of a continuing resolution (CR) for a portion or all of Fiscal Year (FY) 2021, it is even more imperative that Congress honor its obligations and provide direct and sustainable funding and resources for the I/T/U system as outlined in this letter. We remind you that IHS is the only federal healthcare system that is not exempt from CRs and government shutdowns. If Congress fails to provide sufficient emergency appropriations for the I/T/U, a stopgap measure will force a healthcare system serving roughly 2.6 million AI/ANs to operate during a pandemic without an enacted budget or even adjustments for rising medical and non-medical inflation. In short, that is a recipe for even more disaster, death, and despair. **You can prevent that from happening, and we implore you to do so by acting swiftly on the recommendations in this letter.**

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.

Sincerely,

National Indian Health Board
National Congress of American Indians
National Council of Urban Indian Health

³ Hatcher SM, Agnew-Brun C, Anderson M, et al. COVID-19 Among American Indian and Alaska Native Persons — 23 States, January 31–July 3, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1166–1169. DOI: <http://dx.doi.org/10.15585/mmwr.mm6934e1>

⁴ Centers for Disease Control and Prevention. COVIDView Weekly Summary. Accessed 9/1/2020. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

⁵ The Centers for Disease Control & Prevention includes diabetes in a list of medical conditions that increase the chance of severe illness from COVID-19. Centers for Disease Prevention & Control, *People with Certain Medical Conditions* (Aug. 14, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.