

## JOINT LETTER TO CONGRESS FOR INDIAN HEALTH CARE



The Honorable Rosa DeLauro  
Chairman  
House Committee on Appropriations  
U.S. House of Representatives  
H-397, The Capitol  
Washington, DC 20515

The Honorable Kay Granger  
Ranking Member  
House Committee on Appropriations  
U.S. House of Representatives  
1036 Longworth House Office Building  
Washington, DC 20515

### ***Re: Indian Health Care Funding and Advance Appropriations***

Dear Chairman DeLauro and Ranking Member Granger:

On behalf of the undersigned Tribal nations, Tribal and national Indian organizations, and friends of Indian health, we write to respectfully request that you support and ***include Advance Appropriations and no less than the House-passed level of \$8.114 billion*** for the Indian Health Service (IHS) in the final Appropriations bill for FY 2022.

We call upon Congress to honor the United States' trust responsibility and treaty obligations to Tribal nations by securing these requests to improve the health care status of American Indians and Alaska Native people.<sup>1</sup> Tribal nations exchanged millions of acres of land for the agreements and promises in the treaties between our nations, including the obligation for the provision of comprehensive health care from the United States.

Accordingly, these federal responsibilities are carried out, in part, by the IHS, within the Department of Health and Human Services. This agency provides both direct care and resources for the delivery of health care services to American Indian and Alaska Native people.<sup>2</sup> The IHS and the Indian health care delivery system are unique in this regard.

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<sup>1</sup> Congress declared the fulfillment of the trust responsibility and treaty obligations to achieve the highest health care levels for American Indians and Alaska Natives and to provide the requisite resources to be the policy of this Nation in the *Indian Health Care Improvement Act*. 25 U.S.C. §1602.

<sup>2</sup> Although the federal trust responsibility and treaty obligation extends throughout the federal government, the IHS is the primary agency which carries out these responsibilities. The IHS provides health care services either directly to American Indian and Alaska Native people, or through contracts or compacts with Tribal nations which, in turn, provide the services. The IHS may also enter contracts with urban Indian organizations to provide health care services to American Indian and Alaska Native people in certain urban locations.

American Indian and Alaska Native people often face the most significant health disparities among all populations in the United States. The rates of diabetes, suicides, behavioral health challenges, COVID-19 infections, hospitalizations, and deaths are higher than most other populations. Yet, the Indian health system is underfunded by nearly 50% of appropriate levels to address these health care disparities.

Strategic investments from the COVID-19 relief funding packages such as the *American Rescue Plan Act*, have been welcomed. However, the underlying conditions which contributed to the tragic COVID-19 outcomes remain unaddressed. These conditions include, for example, the lack of adequate health care facilities, specialty care facilities, available workforce, and consistent and recurring funding for prevention and treatment services.

This chronic underfunding significantly limits the availability and accessibility of health care services for our communities. It also leaves the Indian health care delivery system particularly vulnerable to the instability of the federal funding process when Continuing Resolutions or government shutdowns occur.

Each day without full funding, with only temporary or no funding from the Continuing Resolutions or government shutdowns, is a step backward for Indian health care delivery systems. Health care service delivery, administrative functions, and other operations are significantly impeded, delayed, or disrupted during periods of Continuing Resolutions or government shutdowns to the detriment of the American Indian and Alaska Native patients.

Congress can change that. The United States and Tribal nations share a government-to-government relationship and a mutual resolve to improve the health of our communities. Securing the House-passed levels of funding and Advance Appropriations will provide the initial step forward to funding stability for the Indian health care delivery system.

We urge Congress to take this necessary step and stand ready to work with you in improving the lives of American Indian and Alaska Native people. Thank you for your consideration in this matter.

### **Tribal Nations**

Assiniboine Sioux Tribes of the Fort Peck Reservation, *Chairman Floyd Azure*

Cherokee Nation, *Principal Chief Chuck Hoskin, Jr.*

Citizen Potawatomi Nation

Coeur d'Alene Tribe

Confederated Tribes of the Chehalis Reservation

Confederated Tribes of the Colville Reservation

Kashia Band of Pomo Indians of the Stewarts Point Rancheria, *Chairman Reno Keoni Franklin*

Kaw Nation

Keweenaw Bay Indian Community

Fort McDermitt Paiute and Shoshone Tribes of the Fort McDermitt Indian Reservation

Mississippi Band of Choctaw Indians, *Chief Cyrus Ben*

Muscogee (Creek) Nation, *Principal Chief David Hill*

Northern Arapaho Tribe of the Wind River Reservation  
Northwestern Band of the Shoshone Nation  
Oglala Sioux Tribe  
Omaha Tribe of Nebraska  
Oneida Nation of Wisconsin  
Prairie Band Potawatomi Nation  
Puyallup Tribe of Indians  
Red Cliff Band of Lake Superior Chippewa  
Rosebud Sioux Tribe  
Santee Sioux Tribe of Nebraska  
Sault Ste. Marie Tribe of Chippewa Indians, *Chairperson Dr. Aaron Payment*  
Sisseton-Wahpeton Oyate  
Squaxin Island Tribe, *Chairman Kristopher Peters*  
Swinomish Indian Tribal Community  
Tulalip Tribes  
Walker River Paiute Tribe  
Yankton Sioux Tribe

### **Organizations**

Affiliated Tribes of Northwest Indians  
AI/AN Health Partners  
Alaska Native Health Board  
American Academy of Pediatrics  
American Indian Health Service of Chicago  
American Indian Health & Services, Inc.  
Bristol Bay Area Health Corporation  
Butte Native Wellness Center  
Council of Athabascan Tribal Governments  
Coalition of Large Tribes  
First Nations Community Health Source  
Friendship House Association of American Indians  
Great Plains Tribal Chairmen's Association, Inc.  
Great Plains Tribal Chairmen's Health Board  
Indian Family Health Clinic of Great Falls, Inc.  
Indian Health Center of Santa Clara Valley  
Kansas City Indian Center  
National American Indian Housing Council  
National Center for American Indian Enterprise Development  
National Congress of American Indians  
National Council of Urban Indian Health  
National Indian Child Welfare Association  
National Indian Gaming Association  
National Indian Health Board  
Native American Boarding School Healing Coalition  
Native American Finance Officers Association  
Native American Rehabilitation Association of the Northwest, Inc.

Native Directors, Inc.  
Native Women's Health Care  
Northwest Portland Area Indian Health Board  
Oklahoma City Indian Clinic, *CEO Robyn Sunday-Allen*  
Riverside-San Bernardino County Indian Health, Inc.  
Rocky Mountain Tribal Leaders Council  
Self-Governance Communication & Education Tribal Consortium  
Southern Plains Tribal Health Board  
Sault Tribe Health Division  
United American Indian Involvement, Inc.  
United South & Eastern Tribes Sovereignty Protection Fund  
Urban Inter-Tribal Center of Texas  
Winnebago Comprehensive Healthcare System

**Friends of Indian Health**

Deborah Parker, Tulalip Tribes  
Walter Lamar, Lamar Associates LLC.  
Wendy Helgemo, Big Fire Law & Policy Group LLP.