



August 6, 2020

The Honorable Donald J. Trump  
President of the United States  
The White House  
1600 Pennsylvania Ave NW  
Washington DC, 20500

**Re: Tribal COVID-19 Health Policy Priorities**

Dear President Trump,

On behalf of the National Indian Health Board (NIHB), and the 574 sovereign federally-recognized American Indian and Alaska Native (AI/AN) Tribal Nations we serve, we write to urge you to prioritize the following Tribal health policy priorities as your Administration works with Congress on this next COVID-19 pandemic relief package. We also request that your Administration use these Tribal COVID-19 health policy priorities as the agenda for the next regularly scheduled bi-weekly White House teleconference on COVID-19 with Tribal leaders and officials, next scheduled for Thursday August 13, 2020. The Tribal COVID-19 health policy priorities we urge your Administration to prioritize and advance in negotiations with Congress are as follows:

**Minimum \$1 billion investment in water and sanitation/sewage infrastructure across Indian and Tribal health clinics and Tribal Communities**

Approximately 6% of AI/AN households lack running water and sewage, compared to less than 1% of households nationwide.<sup>1</sup> On Navajo Nation, roughly 30% of homes lack access to a municipal water supply, making the cost of water for Navajo households roughly 71 times higher than in urban areas. In Alaska, over 3,300 rural Alaskan homes across 30 predominately Alaskan Native Villages lack running water and sewage, forcing use of “honey buckets,” a five gallon paint bucket with a toilet seat, that are disposed in environmentally hazardous sewage lagoons. Honey buckets are also used in some clinics!

These conditions should never be tolerated in America, yet are prevalent in Indian Country. A new peer-reviewed study of 287 Tribal reservations and homelands found that COVID-19 cases were 10.83 times more likely in homes without indoor plumbing.<sup>2</sup> Lack of running water and sewage systems in thousands of Tribal communities makes it impossible for those AI/AN households to practice the number one precaution against COVID-19: hand washing. To that end, we urge you to support a minimum \$1 billion to expand access to potable water and sewage systems across Indian Country.

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<sup>1</sup> US Water Alliance. 2019. Closing the Water Access Gap in the United States. Retrieved from [http://uswateralliance.org/sites/uswateralliance.org/files/Closing%20the%20Water%20Access%20Gap%20in%20the%20United%20States\\_DIGITAL.pdf](http://uswateralliance.org/sites/uswateralliance.org/files/Closing%20the%20Water%20Access%20Gap%20in%20the%20United%20States_DIGITAL.pdf)

<sup>2</sup> Rodriguez-Lonebear, Desi PhD; Barceló, Nicolás E. MD; Akee, Randall PhD; Carroll, Stephanie Russo DrPH, MPH American Indian Reservations and COVID-19, Journal of Public Health Management and Practice: July/August 2020 - Volume 26 - Issue 4 - p 371-377 doi: 10.1097/PHH.0000000000001206

## **Minimum \$2 billion for IHS for healthcare services and facilities; and a Minimum \$1 billion to replenish shortfalls in third party reimbursements from payers like private insurance and Medicare**

The IHS is the most chronically underfunded federal healthcare delivery system, with per capita expenditures at only 40% of national health spending in 2018 (\$3,779 vs \$9,409). We appreciate that the Senate-introduced HEALS Act outlines \$1.6 billion for IHS; however, this falls short of the minimum \$2 billion that Tribal Nations have outlined is necessary to help shore up healthcare services under COVID-19.

The HEALS Act also lacks a separate allocation of funds for the I/T/U system to address shortfalls in third party reimbursements from external payers like private insurance, Medicare, and other sources. Tribal Nations have outlined a minimum \$1 billion to help replenish these losses.

## **Passage of the bipartisan S. 3937 – Special Diabetes Program for Indians Reauthorization Act – led by Senator Martha McSally**

Type II diabetes is one of the strongest risk factors for a more serious COVID-19 infection. Rates of type II diabetes among AI/ANs are nearly three times the national average. Effective diabetes treatment and management, which SDPI provides, are critical tools to help reduce the risk of COVID-19 among AI/AN people and address the pandemic in Indian Country. Because of SDPI, rates of End Stage Renal Disease (ESRD) among AI/ANs have dropped by 54% while rates of diabetic eye disease have dropped by half.

A 2019 federal report found that the reduced ESRD rates are saving Medicare up to \$52 million in expenditures per year. That is a direct result of SDPI. The bipartisan S. 3937 led by Senator McSally would provide 5-years of guaranteed funding for this life-saving program and help ensure AI/ANs can access critical diabetes services to help protect against COVID-19 and improve diabetes-related health outcomes. We urge you to work with Congress to ensure S. 3937 is in the final negotiated deal.

## **Equitable distribution of a COVID-19 vaccine to Indian Country through a minimum 5% statutory set-aside in funding for IHS, Tribal, and urban Indian (collectively I/T/U) systems**

During both the 1918 Spanish Flu pandemic and the 2009 H1N1 pandemic, death rates among AI/AN people were four times higher than the national average. This is because under both of those previous pandemics, Congress failed to enact direct set-asides for the I/T/U system for vaccine access and distribution, and those Administrations failed to create specific plans to safeguard Tribes or their citizens.

Under both previous pandemics, Congress and the incumbent Administration(s) failed to engage in any planning around vaccination, health promotion, disease prevention or other impacts in Indian Country. We strongly urge you to work with Congress to make sure history does repeat itself by including a minimum 5% statutory set-aside in funds for I/T/U systems for vaccine distribution.

## **Permanent extension of telehealth waivers under Medicare, and passage of the bipartisan CONNECT for Health Act**

COVID-19 has dramatically increased the need to connect patients to their providers through telehealth for medical and behavioral health services. We are very pleased that CMS has temporarily waived Medicare restrictions on use of telemedicine. However, for many Tribes that lack broadband and/or telehealth capacity and infrastructure, it is not financially feasible to purchase expensive telehealth equipment for a short-term authority.

Making permanent the telehealth waivers for both video and audio-based telehealth services would ensure that the telehealth delivery system remains a viable option for delivery of essential medical, mental and behavioral

health services in Indian Country, and helps close the gap in access to care.

In addition, passage of the bipartisan CONNECT for Health Act would eliminate originating site requirements with respect to facilities operated by IHS, a Tribe or Tribal organization which make it very difficult to deliver mental and behavioral health care. Originating site requirements currently mandate that a patient be in a particular location such as a physician's office, hospital, or other specified clinical setting. These requirements prevent patients from being able to receive care from their homes, community centers, or other non-clinical locations.

In addition, Sections 4, 5, 7, and 14 of the CONNECT Act affect use of telehealth for mental health services, emergency care, rural health clinics, and Federally Qualified Health Centers (FQHCs); and also expands the list of health professionals who may provide services through telehealth – all of which have immediate and long-term benefits to the Indian health system.

### **Ensure direct funding to Tribal Nations and Tribal organizations for COVID-19 relief, and minimize or exempt Tribes from grant application and reporting requirements**

Competitive grants do not honor federal treaty obligations for healthcare for Tribal Nations. Instead, we urge your Administration to work with Congress to ensure all funding is provided directly to Tribal Nations and Tribal organizations with baseline awards that reach all 574 Tribal governments. Just as it would be unacceptable to fund one State government and not another, it is equally unacceptable to fund one Tribal Nation and not another.

In addition, grant application and reporting requirements have been very burdensome. Unlike state and local governments, many Tribes do not have dedicated grant writers. If they do, they are usually wearing multiple hats – some of them are even healthcare providers who are forced to write grants on top of delivering health services.

During COVID, it has been extremely difficult for Tribes to comply with all of the burdensome grant application and reporting requirements. We urge you to work with Congress to minimize those requirements, and exempt Tribes where possible. Many Tribes simply do not have the capacity or personnel to submit 20 or 30 page grant applications while also keeping their healthcare systems afloat and dealing with a surge in COVID cases.

### **Background: Health and Economic Toll of COVID-19 in Indian Country**

The health and economic toll of COVID-19 in Indian Country has been both severe and disproportionate, further increasing the urgency of passing the Tribal health policy provisions outlined above. First let's examine the health data. As of August 4, 2020, IHS has reported 33,898 positive case infections. This is a systemic reality rooted in large part in the chronic underfunding of IHS, including a long term lack of investment in public health infrastructure. Per capita spending for those utilizing the I/T/U system reached only 40% of national health spending in 2018 (\$3,779 vs \$9,409), and, unsurprisingly, AI/AN people experience among the starkest disparities in the underlying conditions that increase the risk for a more serious COVID-19 illness. These include Type 2 diabetes, liver disease, heart disease, cancer, obesity and asthma. Aggregated data from States and other sources demonstrate that AI/ANs **have the highest COVID-19 hospitalization rate** at 281 per 100,000.<sup>3</sup> National data on death rates also show that AI/AN People are experiencing the **second highest COVID-19 death rate**, at 60.5 deaths per 100,000.<sup>4</sup> Further, a data visualization comparing State and Tribal COVID-19 case rates found that **if Tribal Nations were States, the top seven case infection rates nationwide would all be Tribal Nations.**<sup>5</sup>

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<sup>3</sup> Centers for Disease Control and Prevention. COVID-19 Data Visualization. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

<sup>4</sup> APM Research Lab. The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the U.S. <https://www.apmresearchlab.org/covid/deaths-by-race>

<sup>5</sup> University of California Los Angeles. American Indian Studies Center. Coronavirus in Indian Country: Latest Case Counts. [https://www.aisc.ucla.edu/progression\\_charts.aspx](https://www.aisc.ucla.edu/progression_charts.aspx)

Economic losses have significantly worsened the health impacts of the pandemic on Tribal communities. Unlike state and local governments, Tribes do not have a tax base to supplement business revenue losses. Thus, the financial toll of COVID-19 has translated into even fewer available dollars for healthcare and public health services for AI/AN people. In May 2020, a national survey of Tribal governments and business enterprises conducted by the Federal Reserve Bank of Minneapolis' found that over 50% of Tribes responding to the survey had laid off or furloughed employees at the time the survey was conducted.

Because of cancellations of non-emergent care procedures in response to COVID-19, **many Tribes have experienced shortfalls in reimbursement from private insurance, Medicare, and other sources ranging from \$800,000 to \$5 million per Tribe, per month.** In two separate appearances before Congress - one before Senate Indian Affairs and the other before House Appropriations Subcommittee for Interior, Environment, and Related Agencies - IHS Director Rear Admiral (RADM) Weahkee stated **that third party collections have plummeted 30-80% below last year's collections levels, and that it would likely take years to recoup these losses.** These funding shortfalls have forced Tribes across the lower 48 and Alaska to furlough hundreds of workers, curtail available healthcare services, or close down clinics entirely. For example, Tribes in the Bemidji Area reported that nearly 20% of their healthcare system and 35% of their government services staff were forced to be furloughed due to revenue shortfalls. Meanwhile, over 193,000 AI/ANs have become uninsured as a result of COVID-19 job losses.<sup>6</sup>

Tribal business closures have compounded the devastation of the COVID pandemic in Indian Country. According to the Harvard Project on American Indian Economic Development (HPAIED), before COVID-19 hit, Tribal governments and businesses employed 1.1 million people and supported over \$49.5 billion in wages, with Tribal gaming enterprises alone responsible for injecting \$12.5 billion annually into Tribal programs. During the six week period (through May 4, 2020) whereby all 500 Tribal casinos were closed in response to COVID-19 guidelines, Tribal communities lost \$4.4 billion in economic activity, with 296,000 individuals out of work and nearly \$1 billion in lost wages.<sup>7</sup> Extrapolated across the entire U.S. economy, collectively \$13.1 billion in economic activity was lost during the same time period, in addition to \$1.9 billion in lost tax revenue across federal, state and local governments.

In conclusion, we urge your Administration to work with congressional leaders to prioritize inclusion of the Tribal COVID-19 health policy provisions outlined at the top of this letter in this next congressional pandemic relief package. These are critical investments in furtherance of federal treaty obligations to Tribal Nations for healthcare that must be honored during the COVID-19 pandemic and beyond. We stand ready to work with your Administration to achieve these policy goals and ensure the highest possible health outcomes and status for all American Indians and Alaska Natives.

Sincerely,



William Smith  
Acting Chairman  
National Indian Health Board

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<sup>6</sup> National Indian Health Board. Estimating Covid-19 caused increases in Uninsured AIANs due to job loss.

<https://public.tableau.com/profile/edward.fox#!/vizhome/EstimatingCovid-19causedincreasesinUninsuredAIANsduetojobloss/EstimatingIncreaseinAIANUninsuredduetoCOVID-19JobLoss>

<sup>7</sup> Meister Economic Consulting. Coronavirus Impact on Tribal Gaming. Retrieved from <http://www.meistereconomics.com/coronavirus-impact-on-tribal-gaming>