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ADDRESSING THE URGENT NEEDS

OF OUR TRIBAL COMMUNITIES

WEDNESDAY, JULY 8, 2020

House of Representatives,

Committee on Energy and Commerce,

Washington, D.C.

The committee met, pursuant to call, at 11:07 a.m., via Webex, Hon. Frank Pallone [chairman of the committee] presiding.

Present: Representatives Pallone, Rush, Eshoo, DeGette, Schakowsky, Butterfield, Matsui, Castor, Sarbanes, McNerney, Welch, Lujan, Tonko, Clarke, Schrader, Kennedy, Cardenas, Ruiz, Dingell, Veasey, Kuster, Kelly, Barragan, Blunt Rochester, Soto, O'Halleran, Upton, Shimkus, Burgess, Latta, Rodgers, Guthrie, Griffith, Bilirakis, Johnson, Long, Bucshon, Flores, Mullin, Hudson, Walberg, Carter, and Gianforte.

Staff Present: Jeff Carroll, Staff Director; Tiffany Guarascio, Deputy Staff Director; Timothy Robinson, Chief Counsel; Waverly Gordon, Deputy Chief Counsel; Kaitlyn Peel, Digital Director; Joe Orlando, Executive Assistant; Kimberlee Trzeciak, Chief Health Advisor; Alex Hoehn-Saric, Chief Counsel, Communications and Consumer

Protection; Rick Kessler, Senior Director and Staff Director, Energy and Environment; Meghan Mullon, Policy Analyst; Adam Fischer, Policy Analyst; Rebecca Tomilchik, Staff Assistant; Mike Bloomquist, Minority Staff Director; William Clutterbuck, Minority Staff Assistant; Jerry Couri, Minority Deputy Chief Counsel, Environment and Climate Change; Diane Cutler, Detailee, Oversight and Investigations; Theresa Gambo, Minority Human Resources/Office Administrator; Caleb Graff, Minority Professional Staff, Health; Tyler Greenberg, Minority Staff Assistant; Tiffany Haverly, Minority Communications Director; Peter Kielty, Minority General Counsel; Ryan Long, Minority Deputy Staff Director; Mary Martin, Minority Chief Counsel, Energy and Environment and Climate Change; Kate O'Connor, Minority Chief Counsel, Communications and Technology; James Paluskiewicz, Minority Chief Counsel, Health; Brannon Rains, Minority Policy Analyst; Kristin Seum, Minority Counsel, Health; Kristen Shatynski, Minority Professional Staff Member, Health; Alan Slobodin, Minority Chief Investigative Counsel, Oversight and Investigations; Peter Spencer, Minority Senior Professional Staff Member, Environment and Climate Change; and Evan Viau, Minority Professional Staff, Communications and Technology.

The Chairman. The Committee on Energy and Commerce will now come to order.

Today the committee is holding a hearing entitled "Addressing the Urgent Needs of Our Tribal Communities." Due to the COVID-19 public health emergency, today's hearing is being held remotely. All members and witnesses will be participating via video conferencing. And as part of our hearing, microphones will be set on mute for purposes of eliminating inadvertent background noise.

Members and witnesses, you will need to unmute your microphone each time you wish to speak.

Documents for the record can be sent to Rebecca Tomilchik at the email address we have provided to staff, and all documents will be entered into the record at the conclusion of the hearing.

I recognize myself now for 5 minutes for an opening statement. Let me find my opening statement here, now that I have said that.

I believe that today's hearing is long overdue. Day after day our Nation's Tribal communities are suffering terrible inequalities: unequal access to safe drinking water, unreliable access to the energy grid, little or no broadband connectivity, unreliable funding from the Federal Government, and other systemic problems that have created unnecessary hardship and turmoil.

Now COVID-19 is exacerbating many of these long-existing problems. More than one-third of Tribal members are at high risk of serious COVID-19 complications due to underlying health factors, and Navajo Nation has seen higher infection rates than those in Wuhan, China, during the peak of the pandemic.

Despite this stark reality of the impact of COVID-19 on Tribal communities, we

have heard repeatedly about the struggles of Tribal communities in accessing the personal protective equipment and testing needed to protect against COVID-19.

As this pandemic rages on and COVID-19 cases continue to rise in many areas of the country, access to PPE and testing, as well as access to proper sanitation and well-equipped health facilities, will be critical to flattening the curve for Tribal communities.

Our Tribal communities deserve better. That is why we are here to listen to representatives of Tribal governments and organizations so we can ensure Congress meets its obligations to Tribal governments and communities.

While I would like to believe that we have made incremental improvements for Tribes over the years, it is clear that not enough has been accomplished. In the area of healthcare, as I noted, Tribal communities experience greater health disparities compared to other groups, which increases their risk of hospitalization due to COVID-19 and associated complications.

We have to tackle the fact that the Indian Health Service remains chronically underfunded. It is impossible for IHS to meet the healthcare needs of Tribal members, whether in a pandemic or not, without sufficient and stable resources, which has contributed to outdated infrastructure and medical equipment.

And while Congress has provided increased resources to IHS in recent coronavirus packages, the administration has failed to get this money to Tribal communities swiftly, putting Tribal members further at a disadvantage in receiving the testing, PPE, and healthcare access they need in order to respond to COVID-19.

The Moving Forward Act includes \$5 billion for IHS and Tribal recipients for the construction and renovation of hospitals and outpatient care facilities.

I also look forward to hearing about what the Federal Government can do to make

sure all Tribal communities have access to high speed internet service. As you know, the pandemic has driven home how internet connectivity is essential for everyone.

Telehealth services are vital, especially in remote areas, distance learning is the only option for many, and telework and e-commerce are growing in importance.

Yet, for all its benefits, two-thirds of people living on rural Tribal lands have no internet connectivity, which I think is a disgrace. And, fortunately, the Moving Forward Act also brings more connectivity to Tribal households by providing \$80 billion for broadband deployment projects.

Electricity and water access on Tribal lands also continues to be a major issue, and Tribal households are less likely to have access to indoor plumbing and a safe water supply.

The Moving Forward Act addresses these issues by investing \$47 billion in drinking water, including the Indian Reservation Drinking Water Program, and \$50 million to improve Tribal communities' access to affordable and reliable energy sources.

So I just want to say that we would like to bring more renewable or other energy production to Tribes, and we have to look forward to ways to encourage moving in that direction.

So I don't have -- I wanted to give half of the time left to both Representatives Ruiz and O'Halleran, I know there is not a lot left. So maybe we will give like -- we will start with Representative Ruiz.

You have got, like, 30 seconds and then we will give the other 30 to Tom.

[The prepared statement of The Chairman follows:]

***** COMMITTEE INSERT *****

Mr. Ruiz. Thank you, Mr. Chairman, for holding this important and historic hearing to address the needs of Indian Country. We have been working on these Tribal issues together for years now, including on the Indian Health Service Task Force, along with our friend on the other side of the aisle, Congressman Mullin. And I am pleased that we are having this critical hearing and appreciate your leadership on Tribal issues, which I have been working on since long before I came to Congress.

Tribal nations have long suffered from massive underfunding and a scarcity of resources, and the COVID-19 pandemic only amplifies the disparities that are a result of the lack of funding. During this Congress, reports commissioned by myself and the chairman exposed challenges Indian Country faces, including access to broadband inequities and failures in the Tribal consultation process within the Superfund program. That is not to mention the drastic health disparities in Indian Country.

So I am looking forward to discussing all these issues further during today's hearing and further markups and in the coming months.

Thank you, Mr. Chairman. I yield back.

[The prepared statement of Mr. Ruiz follows:]

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The Chairman. Tom, there are only a few seconds left if you want to say something. I am sorry.

Tom?

Well, maybe he is not on?

Mr. O'Halleran. He is on.

Historically, Federal policy has unacceptably left the needs of the Native American communities behind. President Nez and I have been working together to address how the Navajo Nation and people have been left behind and develop bold public policies needed to rectify this.

I thank the chairman and all the members of the committee for recognizing in the bills that we have put forward the needs of Tribal lands that we can do so much more. Thank you.

[The prepared statement of Mr. O'Halleran follows:]

***** COMMITTEE INSERT *****

The Chairman. Thank you, Tom.

And I am now going to now recognize Mr. Walden for 5 minutes, but if you want to give an extra 30 seconds to Markwayne because we gave an extra 30 to Tom, Greg. It is up to you.

Greg?

Mr. Mullin. Mr. Chairman, I thank you. He is going to yield 2-1/2 minutes to me and 2-1/2 minutes to Representative Gianforte.

The Chairman. Oh, okay, great. So I recognize Markwayne Mullin.

Mr. Mullin. All right. Now I am not ready. Give me just a second because I left my notes on my phone.

The Chairman. Sure.

Mr. Mullin. Well, first of all, thank you, Chairman, and thank you for all the chairs and ranking members of the full committee and the Health Subcommittee for listening to my concerns and having this important hearing. As was addressed earlier, I think this is the first time in my time definitely on the committee that we have had a full committee hearing on Native American issues.

And Native Americans deserve quality and reliable healthcare services as promised -- as promised -- by the Federal Government. In fact, it is the only Federal obligation for healthcare that we have out there.

As a Cherokee, I grew up going to Tribally run hospitals. At Hastings, which is just down the road from me in Tahlequah, was where I received my healthcare, and I understand how important that operating these direct services and facilities are to Tribal members.

Last Congress I was fortunate enough to co-chair the IHS Task Force, which led up

to several key areas in which we can improve healthcare and improve care to over 2.2 million Native Americans.

IHS is not only terribly underfunded, but it is also the only Federal healthcare agency who doesn't receive mandatory or advanced appropriations. We have to fix that.

IHS must also be modernized. Its IT system needs to be brought into the 21st century.

There is so much going on in Indian Country that applies to this committee and we need to take a deeper dive.

Again, Chairman, I want to thank you for holding this hearing. I urge my committee to continue this process with additional hearings in the Health and Oversight and Investigations Subcommittees.

And with that, I will yield the remainder of my time to the gentleman from Montana, Representative Greg Gianforte.

[The prepared statement of Mr. Mullin follows:]

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Mr. Gianforte. Well, I want to thank the gentleman from Oklahoma for yielding. I appreciate his leadership on the Indian Health Service Task Force last Congress. Well done.

I have long asked that we hear from Indian Country. And I am glad, Mr. Chairman, we are having this hearing today. Native Americans make up nearly 7 percent of Montana's population and more than 2 percent of the U.S. population.

I was proud to finally pass legislation restoring Federal recognition to the Little Shell Tribe of the Chippewa Cree in Montana last year. That was long overdue.

Federally recognized Tribes enjoy a nation-to-nation relationship with the U.S. Government. This recognition allows Tribes to access critical resources for economic development, healthcare and education, and regulate affairs on Tribal lands. These resources often come with complicated Federal procedures. We need to better understand these challenges to increase opportunity for these communities.

During the COVID-19 pandemic, Americans rely on broadband connection for their daily activities. Broadband is essential for business, education, and telemedicine. Many Tribal lands in the United States are among those areas in our country that lack adequate broadband access. Each Tribe has unique challenges for deployment, from rough terrain to complicated and expensive Federal permitting regimes.

Last month, I joined with Republican members to introduce legislation that will help streamline some of those reviews, making it easier for companies to deploy broadband infrastructure and close the digital divide. Additionally, the FCC offered Tribes early access to the 2.5 gigahertz band in order to ensure that Tribes could obtain spectrum licenses. While these are great first steps, we must do more to close this digital divide.

Also key to Tribal nations is energy, access to it, as well as the ability to develop, produce, and sell it. Many Tribal nations are rich in resources that they use for energy development and production. In my home State of Montana, the Crow Tribe produces coal and faces challenges exporting it.

One of our witnesses today is Chairman Sage of the Southern Ute Indian Tribe. The Southern Ute are engaged in oil and gas production, on and off the reservation. These energy resources are economic drivers and fund investments in other businesses for the Tribes.

Not all Tribal lands have these types of resources and services developed and are readily available. Still, many have issues with access to electricity and safe drinking water. We need to understand how to address these challenges. I look forward to this important discussion today.

Thank you, Mr. Chairman. And with that, I yield back.

[The prepared statement of Mr. Gianforte follows:]

***** COMMITTEE INSERT *****

Mr. Ruiz. Chairman, you are on mute.

The Chairman. Okay. So I just want to remind everyone that, pursuant to committee rules, all members' written opening statements will be made part of the record.

And now we are going to go to our witnesses for today's hearing. And I wanted to recognize Mr. O'Halleran to introduce our first witness, the President of the Navajo Nation.

Tom.

Mr. O'Halleran. Thank you, Mr. Chairman.

President Jonathan Nez has served as the tireless leader of the Navajo Nation and is now a committed public servant of the Navajo people. He has served in all offices of the Navajo Nation. He fully understands the scope of the challenges facing the Navajo Nation and Indian Country.

The realities of life on the Navajo Nation is harsh. And in many places, as you have indicated earlier, there is a lack of water, electricity, and the basic needs of life. And join our efforts to ensure that the Federal Government lives up to the treaty and trust obligations that it has.

Thank you.

The Chairman. Thank you.

And then we are also going to hear from the Honorable Christine Sage, who is chairman of the Southern Ute Indian Tribe, and from Fawn Sharp, who is president of the Quinault Indian Nation and who is testifying today as the president of the National Congress of American Indians.

And then I would like to introduce now Markwayne Mullin to introduce Dr.

Charles Grim, if he would.

Mr. Mullin. Thank you, Chairman Pallone.

I am actually really honored to introduce this fellow Cherokee. He is an accomplished healthcare professional, and as I said, he is a fellow Cherokee, Dr. Charles Grim.

Dr. Grim has decades of experience at IHS, including as the director of IHS under President George W. Bush. He has spent years leading the health services for the Cherokee Nation and is now the secretary of health for the Chickasaw Nation. He is also a retired assistant surgeon general and a rear admiral in the Commissioned Corps of the U.S. Public Health Service.

He is a Native doctor who has dedicated his life to serving Indian Country. And I am very proud to have him here representing the great State of Oklahoma.

Dr. Grim, thank you so much for being here today.

The Chairman. Thank you.

And then our last witness is Pilar Thomas, who is a partner in Quarles & Brady.

So let's start with President Nez.

President Nez, you are now recognized for 5 minutes for your statement. Thank you.

STATEMENTS OF CHARLES GRIM, D.D.S., M.H.S.A., SECRETARY, CHICKASAW NATION DEPARTMENT OF HEALTH; JONATHAN NEZ, PRESIDENT, NAVAJO NATION; THE HONORABLE CHRISTINE SAGE, CHAIRMAN, SOUTHERN UTE INDIAN TRIBE; FAWN SHARP, PRESIDENT, NATIONAL CONGRESS OF AMERICAN INDIANS; PILAR M. THOMAS, PARTNER, QUARLES & BRADY LLP

STATEMENT OF JONATHAN NEZ

Mr. Nez. Thank you and ya at eeh, Chairman Pallone, Ranking Member Walden, and members of the committee on Energy and Commerce. Thank you, my friend Tom O'Halleran, for that introduction.

My name is Jonathan Nez. I am the president of the Navajo Nation. Vice President Myron Lizer and I greet you today. We appreciate this opportunity to testify before the full committee today to address urgent needs facing the Navajo Nation. Many of these same issues are being affected by the 573 other Tribes throughout the country.

The Navajo Nation is going through some tough times right now, as the chairman mentioned, and I appreciate the prayers and support that we have been given by our congressional delegation and Congress. Thank you so much.

Today I am going to be talking about water, electricity, and broadband infrastructure. Of course this committee oversees many other jurisdictions throughout the United States. And for the 5 minutes I think water, electricity, and broadband will be our focus.

But before I begin those comments, I would like to start with a COVID-19 update

on the Nation, on the Navajo Nation.

As of yesterday, July 7th, 5 p.m., I received a report from our epidemiology team. There are a total of 7,941 confirmed COVID-19 positive cases.

You know, we are also tracking the recovery numbers. So 5,650 have recovered. We have lost 379 of our relatives here on the Navajo Nation. Please hold them in prayer.

We have tested over 60,000 individuals since this crisis entered our borders. And we have been testing very aggressively. And this shows that 29.4 percent of our total population have been tested.

For almost 2 months the Navajo Nation saw the highest per capita COVID infection rate in the U.S. But right now per capita we are testing more of our citizens than any State or any, matter of fact, any country, many of the countries throughout the world.

As a result of the chronic underfunding of Indian programs, which was mentioned earlier, Tribes were not equipped with prompt and adequate resources to respond to COVID-19. For example, CARES funding did not fully reach the Navajo Nation until 3 months after Congress intended.

Again, I deeply appreciate the committee for convening this hearing today to shed light on these matters and for hearing our most urgent needs.

In terms of water, there is no greater need on the Navajo Nation than clean drinking water, where more than 40 percent of the Navajo Nation households do not have running water. Access to safe drinking water and sanitation facilities are an extension of primary healthcare delivery.

Legislation H.R. 756, introduced by Congressman O'Halleran and Congressman Young, is a great step toward providing safe drinking water to our Navajo people.

In addition, the House should pass the Navajo-Utah Water Rights Settlement Act,

which the Senate unanimously passed as part of S. 886. Under this bill the Navajo Nation would receive approximately \$220 million in Federal and State funding for desperately needed drinking water infrastructure.

Further delaying the passage of S. 886 will continue to deny clean drinking water to the Navajo people. The Navajo Nation has waited decades for this day to come, and this lifesaving legislation is one House vote away from becoming a reality. Therefore, I respectfully request the House pass S. 886, as passed by Senate, immediately.

In terms of electricity, roughly 10,000 homes lack electricity. Red tape is as much to blame as funding. It takes anywhere from 1 to 2 years to get the necessary approvals for infrastructure projects. We urge Congress and Federal agencies to review Federal laws and regulations that impede and delay infrastructure projects.

In terms of broadband, roughly 60 percent of our resident population lacks broadband access. This is unacceptable when considering the opportunity our citizens and residents are denied in our current economy.

The broadband limitations for Navajo residents is due to the current broadband infrastructure. There are approximately 1,000 communication towers on the Navajo Nation that provide capability for broadband and broadcast carriers. By comparison, the State of New Jersey, which is almost one-third the size of the Navajo Nation, boasts in excess of 1,300 communication towers.

In conclusion, Chairman and members of the committee, the Navajo Nation seeks to strengthen the sacred trust relationship between our two governments. Working together in partnership with you, we can close the digital divide, expand access to water, health, and other needs of the Navajo people.

In my written testimony I discuss the impacts of climate change, the closure of the Navajo Generating Station, and other concerns such as air quality and uranium mine

remediation. I hope you are able to review those comments as well.

Thank you for the opportunity to testify before you today. I am prepared to answer any questions members of the committee may have. And thank you, Chairman and members of the committee.

[The prepared statement of Mr. Nez follows:]

***** COMMITTEE INSERT *****

The Chairman. Well, thank you, President Nez. And thank you for outlining those urgent needs, which is obviously the main focus of our hearing today.

Next we have Chairman Sage, who is chairman of the Southern Ute Indian Tribe. You are recognized for 5 minutes.

STATEMENT OF CHRISTINE SAGE

Ms. Sage. Good morning, Chairman Pallone, Ranking Member Walden, and members of the committee. I am Christine Sage, chairman of the Southern Ute Indian Tribe. Thank you for inviting to testify. It is an honor to speak with you this morning about the effect of the coronavirus on the Southern Ute Indian Tribe and the needs of Indian Country.

The Southern Ute Indian Tribe story exemplifies the success of the Federal policy of self-determination for Tribal nations. That policy is 50 years old today.

The Tribe exercised its self-determination when confronted with the coronavirus pandemic early this year. We acted quickly so we could protect all of our Tribal members, in particular our Tribal elders and others who are at risk. Because of our diligence, today the reservation is a relative haven amid rapidly increasing cases of the virus.

But the pandemic has highlighted weaknesses in the trust relationship between the Tribes and the Federal Government, and that is what I want to emphasize today.

Recent legislation was supposed to benefit Tribes during this crisis, but it has failed to consider the unique circumstances of Tribal government. For instance, the PPP did not fully take Tribes into consideration. Tribes rely on entities to raise revenue to fund governmental operations. This means that multiple Tribal businesses may be operating under a single EIN. The SBA processing protocol denies applications for businesses when a loan has already been approved through the EIN of another business, even if that other business is a completely separate entity. This places Tribal businesses at an unfair disadvantage as they are forced to choose only one of their eligible

businesses.

There is no reason to allow each location of a restaurant chain to apply for a loan but not each individual Tribal business. We need legislation allowing Tribal businesses operating under a single EIN to each be eligible for a loan.

The CARES Act allocated \$8 billion for Tribes. Congress directed that the funds be disbursed within 30 days to address emergency needs of Indian Country, but the full disbursement of those funds was delayed by up to 2 months.

Confidential data provided to Treasury by Tribes were leaked to the public. The guidance on the use of those funds comes from Treasury. And once again, it is apparent that it does not understand how Tribal government operates. That guidance is often inconsistent, unclear, or inapplicable to Tribes.

Tribes are not permitted to use the funds to continue to pay employees who are unable to work due to the coronavirus. But States may use those funds to pay those same employees unemployment compensation if the Tribes terminate their employment.

Additionally, the guidance is so restrictive it makes it difficult to put funds to good use without risk of an audit.

Moving forward, prior to issuing guidance, Treasury needs to genuinely consult with Tribal governments.

The third area of focus is around the oil, gas, and energy industry, which has been ignored during this economic crisis. It is vital to the economies in much of Indian Country.

We must use this opportunity to revitalize Tribal energy programs and prepare for the future. The Energy Policy Act of 2005 authorized the Department of Energy to establish the Tribal Energy Loan Guarantee Program, which is seriously underfunded. Subsidy funds must be appropriated and used toward the development or extension of

power generation and transmission projects that employ commercially proven, carbon neutral, and/or renewable energy technologies.

The current Tribal program only provides up to 90 percent guarantee for loans while the innovative energy programs provide 100 percent. The Tribe requests that the percentage guarantee be increased to 100 percent for innovative technology projects on Tribal land to make energy development on Tribal land equitable with development on non-Tribal land. Seed capital and feasibility study grants would also improve the speed and consistency of developing these projects.

Finally, the pandemic has highlighted the weaknesses in communication and high speed internet technology in Indian Country. Many Tribes, like Southern Ute, are in remote areas where the broadband infrastructure is weak or nonexistent. Our students are unable to participate in distance learning and our elders are unable to connect with a healthcare provider virtually.

Fifty years ago, when the Federal Government embarked on this era of self-determination, Congress was able to look at the mistakes of the past, learn from them, and assist Tribes in a process of achieving self-determination. Today, we likewise can look at the events of the past few months, identify the weaknesses in our Federal-Tribal trust relationship that have been revealed by this crisis, learn from them, and correct them.

Thank you for your time. [Speaking native language.]

[The prepared statement of Ms. Sage follows:]

***** COMMITTEE INSERT *****

Mr. Ruiz. Chairman, you are on mute.

The Chairman. I am sorry. I keep forgetting that they turn it off automatically.

So as I said, I wanted to thank Chairwoman Sage, who just spoke. And now I want to go to President Sharp. President Sharp is the president of the Quinault Tribe, but she is actually testifying today on behalf of NCAI.

So, President Sharp, you are now recognized for 5 minutes.

STATEMENT OF FAWN SHARP

Ms. Sharp. [Speaking native language.] Good morning, Chairman Pallone and Ranking Member Walden. On behalf of the National Congress of American Indians, I thank you for convening this hearing. My name is Fawn Sharp. I am president of the Quinault Indian Nation and president of the National Congress of American Indians.

Like all governments, Tribal nations strive to ensure the well-being of our communities through the delivery of essential government services. These services are funded by the trust responsibility of the United States.

This obligation has been chronically and for a long time been underfunded as was documented in the U.S. Commission on Civil Rights report that was recently released to Congress last year. This details and concludes not one Federal agency is living up to its trust responsibility. On every sector affecting our lives and our communities there is a widespread and chronic underfunding.

These disparities have led to our vulnerability and the disproportionate impacts of COVID-19 to our communities, both in terms of our infection rates and the rate of death. To address this pandemic, we urgently need an increase to the Tribal set-aside in the Coronavirus Relief Fund.

We had heard there is a belief that Tribes don't need additional funding, which creates a real problem. Treasury has set a timeline of July 17 to report back the use of the funds, and we are very concerned that this report is going to create a distortion on the need within Indian Country because it has been nearly 3 months since these dollars were appropriated by Congress and we are just now starting to see the bulk in the remaining balance from the fund. Sixty percent was released. We had to go through

litigation.

And so we are at the point now where we are among the most vulnerable, we are disproportionately impacted. And it is an outrage that at this point we still do not have the funding that Congress appropriated 3 months ago. And so I want to make it very clear that there is a need in Indian Country and we do need additional dollars.

In addition to the pandemic, we also must respond to some of the structural barriers within Treasury. And I want to focus my testimony today on a few points. I would like to speak directly to healthcare.

With regard to healthcare, we must secure stable funding. We experience the greatest health disparities in the United States and we are harmed by the delays in Federal appropriations because Tribal programs are funded by the trust responsibility.

Since 1998 only once has the Interior, Environment, and Related Agencies Appropriations bill been enacted before the new fiscal year. Recently, in 2019, the government shutdown led to the reduction of health services, endangering Tribal health.

To address this instability, Congress must pass legislation authorizing advance appropriations for both IHS and BIA, which would protect essential Tribal government services from appropriation delays.

Additionally, stable funding is needed in the Special Diabetes Program for Indians. Presently, we have disproportionately high rates of diabetes, which has increased the lethality of COVID-19 to our population.

The Special Diabetes Program has reduced the prevalence of this disease and saved Medicare \$52 million per year. Despite this success, it has been flat funded at \$150 million since 2004 and short-term reauthorizations have impaired programs at the expense of patients. To sustain this critical program, Congress must support long-term

reauthorization and stable funding.

I would like now to shift to the topics of climate change and clean water.

Climate change threatens the health, culture, and economies of Tribal peoples. Due to these impacts, Tribal nations are key partners in the national and global response to climate change.

To support this partnership, Congress should pass legislation that includes full and meaningful consultations with decisionmakers, co-management opportunities, and financing climate activities, and to ensure that there is government parity in climate action by including Tribal nations in federally funded responses to the climate crisis.

In addition to climate change, Tribal communities experience environmental disparities involving lack of access to clean and safe drinking water. The EPA Safe and Clean Drinking Water State Revolving Funds are important mechanisms for addressing these issues.

While we appreciate H.R. 2's increases to the revolving funds, a 5 percent Tribal set-aside is needed to address the severe water access needs for Tribal communities.

We also encourage Congress to increase Tribal energy access and development. Tribal nations encounter many barriers in developing energy resources within their homelands, including financing challenges.

The Department of Energy's Office of Indian Energy provides funding for developing energy infrastructure on Tribal lands. Recently, H.R. 2 increased funding for this office. We appreciate this increase and also request elimination of matching requirements which are an access barrier for many Tribal nations, especially during the pandemic, which has resulted in loss of Tribal revenues.

Furthermore, removal of statutory programmatic restrictions is needed for other energy financing to enable Tribal access. The Department of Energy's Tribal Energy Loan

Guarantee Program was authorized in the Energy Policy Act of 2005 and not funded until 2017 and hasn't financed any projects. In part, this is due to the eligibility requirements that require complex commercial financing.

Removal of these nonstatutory restrictions would allow applicants to access the credit necessary to develop energy resources and sustainable businesses.

I finally would like to speak to the issue of telecommunications accessibility. To address immediate connectivity needs, Congress should ensure all Tribal nations are eligible for temporary authority to unassigned spectrum on all Tribal lands. Congress should also extend the FCC's 2.5 gigahertz Tribal Priority Window, which closes on August 3, 2020.

A spectrum license enhances broadband and mobile coverage. Emergency access to unassigned spectrum supports immediate broadband deployment, while the TPW aids long-term broadband infrastructure.

Presently, Tribal nations are responding to the pandemic and would have to devote resources to meet the August deadline. Tribal nations and NCAI have requested an extension of the TPW until January 2021 due to the pandemic, and to date FCC has not responded.

Further, FCC has created classes of Tribal nations in its spectrum and other proceedings, which is a violation of its trust responsibility and furthers connectivity challenges by providing checkerboard coverage.

To address these issues, we urge Congress to extend the TPW deadline and ensure the FCC makes all Tribal nations and lands eligible for this opportunity.

In conclusion, I thank you for the opportunity to testify and I look forward to answering any questions. [Speaking native language.]

[The prepared statement of Ms. Sharp follows:]

***** COMMITTEE INSERT *****

The Chairman. Thank you, President Sharp, and thanks for all that NCAI does on a regular basis to inform us as Members of Congress of what needs to be done and what are the priorities for Indian Country. We really rely on you.

So now I want to turn to Dr. Grim.

You are recognized for 5 minutes.

STATEMENT OF CHARLES GRIM

Dr. Grim. Good morning. Thank you, Chairman Pallone, Ranking Member Walden, members of the committee. We want to let you know that Indian Country truly appreciates you holding this important hearing on addressing the urgent needs of our Tribal communities. I also want to thank Representative Mullin for that kind introduction.

My name is Dr. Charles Grim and I am the secretary of health for the Chickasaw Nation. The mission of the Chickasaw Nation is to enhance the overall quality of life for the Chickasaw people.

In 1994, we entered into a self-governance compact to become a tribally operated healthcare system. Today, we currently serve over 90,000 patients through our hospital and three outpatient facilities with a staff of 1,700.

This committee knows that the healthcare for American Indians and Alaska Natives often comes from a system that is separate from that of mainstream America. The IHS is the Federal agency with the primary responsibility in fulfilling the trust obligation.

Today, acting under of the broad authorization of the Snyder Act, Congress appropriates funds to IHS. However, the amount of those funds are inadequate to fulfill the vast needs, from the cost of care during the COVID-19 pandemics and added financial burden to an already overwhelmed and underfunded healthcare system.

Prior to COVID-19, the Indian health system had an average 25 percent clinician vacancy rate and a hospital system that remains over four times older than the national hospital system. Limited intensive care unit capacity to address the surge of COVID-19

cases has further strained limited purchased and referred care dollars.

And while CDC has noted that hand washing is one of the chief preventive measures against COVID-19 infection, approximately 6 percent of American Indian and Alaska Native households lack access to running water.

Before COVID-19, the Indian health system faced significant funding disparities when compared to other Federal healthcare programs, but now COVID-19 has greatly impacted the finances of many healthcare programs. Workload comparisons for the Chickasaw Nation show a decrease of approximately 46 percent; our third party revenue has decreased approximately \$25 million.

While Indian Country appreciates all that has been done in the current funding packages for COVID-19 and ensuring that funds have been made available for Indian Country, it is imperative that the obligation to fund Indian healthcare be met in the face of this pandemic.

Chickasaw Nation Governor Bill Anoatubby declared a state of emergency on March 17, 2020. Within the span of less than 2 weeks the majority of in-person visits were converted to virtual visits. A daily employee and patient screening process was introduced at all of our facilities. A call center was introduced to triage patients and employees. A COVID-19 clinic was developed to help seek persons with symptoms and testing kits were set up throughout the Chickasaw Nation.

To date we have tested over 25,000 American Indian and Alaska Native patients as well non-Native community members and employees. We also stood up our Incident Command teams and integrated with local, State, and national entities, IHS, CDC, FEMA, and DOD emergency operations.

Because of the swift action and declaration by Governor Anoatubby to close all nonessential businesses and offices in the Chickasaw Nation, we currently have a very low

positive prevalence rate with approximately 400 positive cases to date.

I would ask the committee to consider the following funding priorities which would help Indian Country address some of our needs. \$9.1 billion in fiscal year 2021 funding for IHS is recommended by the Tribal Budget Formulation Workgroup because the lack of a timely enacted budget will leave us all unprepared for another wave of COVID-19 infections.

We ask for approximately \$2 billion to fully fund the remaining projects on the grandfathered healthcare facility construction priority list.

Also, the IHS Joint Venture Construction Program is one of most successful, expedient, and cost-effective means for providing new and replacement facilities. On May 8, 2020, the IHS director announced the selection of five projects for new or expanded healthcare facilities through that program and the Chickasaw Nation was one of those selected. However, since that time, the economy has taken a sharp downturn, so we respectfully ask Congress to consider funding construction of these five critical healthcare facilities.

We ask you to consider passage of S. 3937, the Special Diabetes Program for Indians Reauthorization Act of 2019, with slight changes to the new delivery of funds language that would ensure Tribes and Tribal organizations are able to receive awards through their self-determination and self-governance contracts and compacts.

We ask for \$1 billion for water and sanitation development across IHS and Tribal facilities, which are needed to ensure access to safe drinking water and waste systems. The Chickasaw Nation alone has over \$70 million in such need.

We also ask for \$3 billion for health information technology to address disease surveillance and reporting, transition to a telehealth-based delivery system, and to allow IHS and Tribes to convert to a new electronic health record.

We ask for a direct set-aside of \$50 million for new or expanding Tribal medical residency programs, which will help Tribes meet the challenges of the physician shortages. And we ask for direct grants to Tribes to fully fund broadband access, construction projects, and fixed broadband wireless solutions.

Chairman Mullin and members of the committee, I appreciate the opportunity to testify on these important matters today. The Chickasaw Nation is committed to ensuring the highest quality of healthcare for our citizens, and we look forward to working with each of you in these endeavors and do all the same for all of Indian Country.

Thank you.

[The prepared statement of Dr. Grim follows:]

***** COMMITTEE INSERT *****

The Chairman. Thank you, Dr. Grim, and thank you for those important suggestions.

And then our last witness is Ms. Thomas.

You are recognized for 5 minutes.

STATEMENT OF PILAR M. THOMAS

Ms. Thomas. Thank you, Chairman Pallone. Can you hear me?

The Chairman. Yes.

Ms. Thomas. Okay. Thank you. Sorry about that.

Good morning Chairman Pallone, Ranking Member Walden, members of the committee. My name is Pilar Thomas. I am a partner in the law firm of Quarles & Brady based out of Tucson, Arizona, where I specialize in working with Tribes on Tribal energy, natural resource, and economic development. Thank you for the opportunity to provide my views on Indian renewable energy, and including urgent energy, Tribal energy needs in this very important hearing.

I am encouraged that the House and this committee recognize the importance of renewable energy, energy efficiency, and workforce development for Indian Tribes and the role that Tribes can play and should play in the Nation's clean energy future.

As we just heard from President Nez, Chairwoman Sage, and President Sharp, access and funding for affordable and reliable electricity is critical for community, economic, business, and infrastructure development in Indian Country.

For many Tribes, the broken nexus between energy, water, food, and economic development has been laid bare in the midst of this COVID-19 crisis. Legislative and funding priorities for Tribal energy development should seek to accomplish several goals, including, but certainly not limited to, mitigating economic harm from COVID-19 by reducing energy costs for Tribal communities, jump-starting economic development through increased capital and investment in Tribal utility and energy development efforts, creating jobs, supporting Tribal energy, self-sufficiency, self-determination, and reliability,

and recognizing Tribal sovereign authorities over energy development on Indian lands.

To accomplish these goals, I would like to highlight a handful of immediate and impactful opportunities for Tribes that Congress can support and should incentivize.

Tribes can partner with corporations, for example, for renewable energy procurement. This will support commercial scale development on Tribal lands, bringing much needed revenue and jobs, and can be leveraged to attract businesses and jobs to locate on Tribal lands.

Mass deployment of community solar, distributed energy, storage, energy efficiency, and microgrids will lead to energy cost savings, job creation, energy reliability, and resiliency. And Tribal energy utility formation gives Tribes the ability to control their energy costs, their energy resources, create jobs, and keep revenue within the Tribe.

Unfortunately, there are still very many major barriers to Tribal energy development. Some of these barriers are structural but can be overcome; others legal and can be overturned; and still others are physical and financial, which, given enough time and money, can be resolved.

One such barrier is State regulatory actions that hinder Tribal energy development. For the most part, Tribal energy development is dependent on State electricity policy and regulatory regimes through the State's jurisdiction over and regulation of utility companies that serve Tribal lands. If Tribes want to develop and use their own energy resources, they have to comply with State policies and regulations. Tribal energy policy is cabined by State energy policy.

Another major barrier is lack of transmission and distribution infrastructure. Grid modernization is expensive but necessary to improve grid performance, to integrate renewable and distributed energy and storage, and to improve grid resiliency and reliability for Tribal communities.

Access to the bulk transmission system and wholesale markets through the middle grid, and the capital necessary to build it, is also necessary for Tribes to be able to access wholesale markets for electricity purchases or to sell power into the market.

And a third critical barrier is lack of private capital investment. Federal funding is important, but it is simply not enough. There has been little to no private sector investment in Tribal renewable energy projects that directly serve Tribal communities, and Tribes have lagged behind other governments in attracting outside capital through public-private partnerships.

While I have more detailed legislative proposals in my written testimony, let me just highlight two examples of potential no-cost solutions.

For example, Congress should amend the Federal Power Act and PURPA to treat Tribes as States under those two statutes. This would confirm Tribal regulatory authority and jurisdiction over retail and distribution utilities serving Tribal lands. Plus, it has the benefit of making Tribes nonjurisdictional entities under FERC.

A second potential no-cost solution, which was raised previously by Chairwoman and President Sharp, is to amend the Tribal Energy Loan Guarantee program, expanding eligibility in terms of the types of projects that are eligible and the types of Tribal entities that are eligible, authorize direct loans and green bond guarantees, and reduce barriers to applying for and qualifying for guarantees and loans.

In short, COVID has exposed some of the energy and environmental injustices in Indian Country. It has had devastating public health and economic impacts. But there is hope for renewable energy and energy efficiency deployment to lead the way out. There are considerable opportunities Tribes can pursue as economic recovery efforts in the short and long term. It requires, though, that major barriers are addressed by Federal policy, law, and funding.

Thank you again, and I look forward to your questions.

[The prepared statement of Ms. Thomas follows:]

***** COMMITTEE INSERT *****

The Chairman. Thank you, Ms. Thomas, for that information on the electricity grid and renewables. It is very, very important for what our committee is looking into.

That concludes our opening, so we will now go to member questions and each member will have 5 minutes to ask questions of our witnesses. And I will start by recognizing myself.

Obviously there are so many things that I would like to ask, but I am going to focus on the digital divide for the most part, because it is so stark on Tribal lands.

Given what is happening with COVID, the lack of reliable high speed internet means you are left out of healthcare services, education, employment opportunities, civic engagement. And it is just unacceptable, in my opinion.

So let me start with President Nez.

I am concerned, like you, that the lack of connectivity will put disadvantaged children further behind in their education. In the Moving Forward Act we allocated \$5 billion through the FCC's E-rate program for schools and libraries to provide WiFi hotspots and other connected devices to families who don't have internet access, and it has a specific guarantee of funding for Tribal schools and libraries.

So let me ask initially, if that became law, would schools and families in Navajo Nation benefit, if you would?

Mr. Nez. Thank you for the question, Chairman and members of the committee.

Absolutely, the Navajo students, the Navajo people would benefit on getting high speed internet access locally. But our goal here on the Navajo Nation is to reach more into the rural areas, into the house. With this COVID-19 right now, Chairman and members of the committee, we are encouraging our Navajo people to shelter in place. We have stay at home orders.

So if people are staying home and they don't have internet connectivity, they will have to go to these libraries or chapter houses to get internet access, which may get them exposed to the virus.

So there is so much uncertainty here, we all know there is no vaccine, there is no cure for COVID-19. And so our focus here on the Navajo Nation is try to get high speed internet into the homes where students could connect to their schools and turn in their homework.

Also telehealth, as well as -- we are in a closure right now, the Navajo Nation government is closed. And so a lot of our employees are working from home. And it all is based on how much moneys or how much resources could be allocated to get high speed internet closer to the home.

And lastly, I appreciate what was mentioned by Ms. Thomas. We have been talking about funding, we have been talking about projects, but what we really should by focusing our attention on to get these projects done quickly is to reevaluate Federal laws, policies, and regulations. Those are those no-cost changes that can occur so projects can get done completely, turn out quickly and complete.

And with the CARES Act funding, the deadline is December 31st. We didn't get the first allocation of the CARES Act funding, Tribes throughout the country didn't get that until 3 months ago. And then 3 weeks ago we finally got that 40 percent of the CARES Act funding.

And so I am asking the Chairman and members of this committee to lead the charge in putting into legislation an extension of the CARES Act funding for Tribes, maybe a full year, to December 31st of 2021. And many of you know, lawmakers, that projects don't move as quickly in Indian Country and I think that would give us some time to get these projects underway.

Thank you, Chairman and members of the committee.

The Chairman. Thank you.

I have a minute left. Let me ask Chairwoman Sage, again, in the Moving Forward Act we have \$80 billion to fund high speed broadband deployment to underserved areas, preference for Tribal lands. Do you think that that broadband deployment as contemplated by the Moving Forward Act, would that help the Ute Tribe? And what kind of broadband investment would help, if not?

But I know I have only got about 30 second left here, so as quickly as you can.

Ms. Sage. Okay. Well, yes, the Tribe would support that. It is clear that funding is sorely needed for broadband deployment for our communities who need it most.

We are glad this issue is receiving attention and legislative effort. For example, Senator Bennet from Colorado recently introducing the BRIDGE Act, which would include \$1 billion for Tribes for broadband deployment.

Thank you.

The Chairman. Thank you, Chairwoman.

I recognize the gentleman from Michigan, Mr. Upton, for 5 minutes.

Mr. Upton. Well, thank you, Mr. Chairman. I appreciate the hearing. I have got really a couple of questions.

I want to congratulate you first on your primary win last night. I am glad that you are resting comfortably after your landslide victory.

I would just like to say, first, as we look at the \$8 billion that was in the CARES Act, Treasury had 30 days to disburse the money. But because of the delays in getting the money to Tribes with all this litigation with the Alaska Native Corporation, we have real issues trying to follow the guidance regulations that were provided by the Treasury.

Treasury is now requesting all the recipients of CARES to submit what they have spent the money on so far.

I know that it is somewhat unique here in terms of what is happening. But can you expand on how you are all going to comply with that and what we might want to do to try and help? Maybe President Sharp first. And again, I am watching the clock.

Ms. Sharp. Yes. Thank you so much.

You are right, there was a deadline of April 26 to get this funding out to Tribal nations. That was not met. And I would like to just provide a little bit of context to why this is such an urgent need.

So Tribal nations are limited in taxing authority. So we, instead of being able to generate revenues like any other government through a system of taxation, we are forced to generate profits in commercial enterprises. And so because of the pandemic our economies have been suffering, so we desperately need the additional dollars in the relief fund.

So not only is there a delay in the trust responsibility necessary resources of that relief, we cannot spend money to backfill lost revenues from our economies, from our commercial enterprises. Treasury has explicitly said we cannot use these funds for business losses. In other words, a loss of any sort of revenue, through taxation or through business.

So that is crippling us. And not only are we vulnerable because we don't have economic relief, any opportunity we have to access resources through the National Stockpile and other things are limited.

So like Chairman Frazier, we have no choice but to stand at the border to try to protect our Tribal nations. We are vulnerable, we don't have resources, we don't have access to PPE, and we are suffering. We desperately need to have increases and we

desperately need to make sure that Treasury appropriates and distributes these dollars the way Congress intended.

Mr. Upton. Well, thank you.

Chairman Sage, you did mention -- and thanks for submitting your testimony in advance -- you mentioned in your testimony that the oil and gas industry has been, in your words, ignored during the crisis.

What effect has the oil market crash had on your Tribe and your ability to invest in the regional economy and workforce? You mentioned that in southwest Colorado all of your employees, mostly non-Tribal members, are receiving full pay. How important is that fossil energy, especially natural gas, to your economy? And what role do you see it playing in the years ahead?

Ms. Thomas. Thank you for that question.

The price collapse for oil and gas has caused us real problems. The virus only made them worse. Many of our producers are shutting in and we are actively seeking relief that our producers don't just give up and leave and abandon active wells.

The price collapse for oil and gas has been challenging and the virus has amplified those challenges. Many of our producers are shutting in and we are actively seeking relief for producers to continue production through this pandemic sustaining the local economy and preventing orphaned well bores on the reservation. The Tribe has not furloughed or laid off any Tribal employees, which has supported the local economy at the expense of the Tribal economy.

Thank you for that question.

RPTR SINKFIELD

EDTR CRYSTAL

[12:05 p.m.]

Mr. Upton. Well, thank you.

So, since you do have energy in your backyard, how do you strike the right balance between the environment and be able to conserve scarce resources like water?

Chairman Sage?

Ms. Sage. What was that again, Mr. Upton?

Mr. Upton. Since you have energy production right there in southwest Colorado, how is it that you were able to strike the right balance -- we know all the Colorado water issues that are there -- between protecting the environment and scarce resources like water?

Ms. Sage. Well, with the water and the economy, really we have a lot of our water -- our water is irrigation water for our farmers and our ranchers. And this has really put a damper on it because we have a dilapidated irrigation system. And that was brought forth earlier.

As of during this pandemic, it has taken a lot of the economy also away from our farmers and ranchers in this day.

Mr. Upton. Okay. I know my time has expired. I yield back, Mr. Chairman.

The Chairman. Next we have Bobby Rush is recognized for 5 minutes.

Mr. Rush. I want to thank you, Mr. Chairman, for holding today's important hearing. I also want to thank our witnesses for sharing their insights.

The coronavirus pandemic continues to shine a harsh light on the disparities that exist in persons within our Nation's most vulnerable communities. These disparities

include the longstanding needs of our Tribal communities, our Tribal nations, among others, who have unlimited access to physical infrastructure, reliable electricity, and the workforce training needs to support these critical resources.

Ms. Thomas, you were a senior member of DOE's Indian Energy Policy Office. How are communities best served by this office? And what improvements should we make to the administration of the program?

Ms. Thomas. Thank you very much, Congressman.

Yes, I formerly served as both the deputy director and acting director of the Office of Indian Energy Policy and Programs in the Department of Energy in the second term of the Obama administration.

One of the biggest challenges that that office had -- we stood it up from scratch, basically -- and one of the biggest challenges that the office had was a lack of administrative infrastructure. Our primary focus, though, was to put together programs that would directly help Tribal governments and Tribal enterprises, including Tribal leadership and Tribal staff, with building capacity to help them understand and develop their energy resources.

We had an all-of-the-above energy policy. And so our focus was to use not only the office's resources -- which were very limited at the time, \$2 million, I think, was the budget that we had, \$5 million had just been appropriated. Congress has been kind to the office and substantially increased its appropriation. Now, I think, the House Energy appropriation just increased that to \$22 million, and those resources are greatly needed.

Those resources tend to be split between technical assistance for Tribes and other capacity building efforts and deployment grants for Tribes.

There is a bit of a challenge now, though, as Tribes get more sophisticated and try and do more projects, with the Department being able to keep up with them and the

resources necessary for the Department to keep up with them.

So the more funding that Congress can provide to that office to help with technical assistance, to help with capacity building, 575 Tribes, plus 200-plus Alaskan Native corporations and countless other Tribal energy enterprises, which are all covered by the office, is a lot of its constituency.

So I do think that there is a lot of benefit to continuing to fund that office at a robust amount so that it can continue to do some of that soft touch work, like technical assistance and capacity building, that is necessary to keep moving energy development forward on Tribal lands.

Mr. Rush. I want to thank you.

And, Mr. Chairman, I see my time is almost expired, so I yield back the balance of my time.

The Chairman. Thank you. Thank you, Mr. Rush.

Next, we are going to go to the gentleman from Illinois, Mr. Shimkus. You are recognized for 5 minutes.

Mr. Shimkus. Let me thank you all. Chairman, it is a great hearing. Actually, it is too much really. We should have one on health, we should have one on telecommunications, we should have one on energy, because there is obviously so much in our jurisdiction. So I am going to boil it down to three quick questions.

One is just an observation, Chairman. We have this NDAA bill coming up which the authorizers are trying to steal our jurisdiction under the Ligado FCC ruling. If I have heard anything from the testimony today, is that broadband internet access is critical. And if we allow the HASC to interfere with the ability of this satellite broadband, this will not provide our Tribal entities an ability to get connected, either their healthcare or their energy or their educational issues.

So I would hope that we would develop a bipartisan strategy for the floor to offer an amendment to strip -- I think in the HASC bill two amendments were passed by our good friend Mike Turner that will hurt this ability for Ligado. And as you know, Ligado was passed by the FCC unanimously, which doesn't happen very much.

So I put that on the table. I think everybody understands the importance of broadband connectivity.

I would like to go back to Ms. Thomas, because also easing the regulatory burden on energy resources is something that we have talked about numerous times. And I am surprised that nations don't have their ability to control their own destiny in energy development.

Of course in rural America we have rural electrical co-ops that are not-for-profit entities. Are you asking for something like that in that ability to create some energy independence for Indian nations?

Ms. Thomas. So thank you, Congressman.

So in about 16 States rural electric co-ops are not regulated by the State utility commissions. In the rest of the States they are.

So in Arizona, for example, our Arizona Corporation Commission does regulate the rural electric co-ops from a rate-making standpoint, tariffs, reliability, they are subject to the State's renewable energy standard. But in 16 States, the States don't exercise jurisdiction.

So the co-ops, like public power companies, like LADWP, set their own rates. Of course, they are member-owned and member-driven. So the idea is that the members would help kind of control what the co-op does.

There is some friction, admittedly, between Tribes who are trying to do especially

distributed energy, rooftop solar, and co-ops who have limits on the amount of renewable energy they can put into the system. It is a complicated story, back story, because the G&Ts, the big G&Ts play a role in that, like Tri-State and Basin.

But there is a challenge. There is one Tribe, for example, that does have a utility regulatory scheme that it imposes on its co-op. And so if Tribes and co-ops that aren't regulated by the State do want to do more renewable energy, do want to interconnect community solar or rooftop solar, going through a State regulatory scheme can be problematic if the State itself doesn't promote that.

Mr. Shimkus. That is helpful.

Let me just get to President Nez real quick, because reliable low-cost energy -- I am from southern Illinois, and it is a coal area, a coal basin area.

President Nez, what happens if and when your coal-fired plant goes offline? What happens to the economy? What happens to the employees? What happens to all the folks in that line of work?

Mr. Nez. Thank you for the question, members of the committee and Chairman.

We already are going through closure of a generating station -- two, actually, one on our lands, Navajo Generating Station. The closure of that facility affected the coal mine operation and that had to close because that is where the coal was going, to the coal-fired power plant.

Now, between the two there, \$30 to \$50 million of revenue coming into the Navajo Nation is now gone. And so we have to supplement that. And in order for us to bring in new moneys, we are looking at extending broadband and to have other businesses flourish here on our Navajo Nation to bring in that \$30 to \$50 million loss.

Thank you.

Mr. Shimkus. Thank you.

Thank you, Mr. Chairman. I yield back.

The Chairman. Thank you, John.

Next we have Ms. Eshoo. You are recognized for 5 minutes.

Ms. Eshoo. Thank you, Mr. Chairman. Congratulations on your win last night.

And I want to thank all the witnesses. You have given superb testimony. And what I am so [inaudible] is that in all of the basics of life, whether it is clean water, electricity, connectivity relative to broadband, healthcare, there really is a national shame that surrounds what is taking place, and I think really true neglect for Native Americans.

So there has to be the political will to get these things done. These are not issues that we don't know how to address. It is a matter of political will.

So thank you for your testimony. And there is, to me, an enormous sadness that surrounds all of this.

Let me start by asking Dr. Grim and Jonathan Nez and Christine Sage, have your Tribes been able to get adequate PPE, diagnostic testing supplies, and other resources, like ventilators and drugs to treat COVID-19 cases in your communities?

One of the challenges is getting adequate supplies. And it seems to me that there is confusion regarding how Indian health programs can access the Strategic National Stockpile.

So have Tribes been able to access the Strategic National Stockpile? Any one of you can address that.

Mr. Nez. Thank you. This is Jonathan Nez. Thank you, Representative Eshoo.

In terms of your question, the Navajo Nation did get some supplies from the Strategic National Stockpile, but it took some time before that resource came to the Nation. And when that also came to the Nation, we also noticed that some of the items in those supplies were outdated. But we did have to use what we were given because

of the shortage throughout the country of course. That first spike, there were just so many governments out there in municipalities wanting to get PPEs. And so Tribes were left bidding on this finite resource out there.

And sometimes Tribes -- most of the time, maybe all of the time, Tribes were on the back burner. And States like New York and other States were getting most of these supplies.

But we are hopeful that the other industries out there will be supplying more PPEs. And maybe it is time for Tribes to develop their own stockpile for their Nations as well.

Thank you, Representative Eshoo.

Ms. Eshoo. Yeah, that is a good idea.

To Ms. Sharp, what clarification do you think is necessary to allow Tribes to be able to access the stockpile?

Ms. Sharp. I think there needs to be clarity and direct access. It was very clear to us early in the pandemic that those outside of the United States -- the World Health Organization, the IMF, the World Bank -- all understand the vulnerability to indigenous populations. And there has been a call-out for global action to address the desperate needs among indigenous communities, because everybody recognizes our vulnerability.

And so to the extent there is an economic recovery plan, a global strategy for building economies, I think there is an appetite to work to safeguard our economies.

We also saw that the World Health Organization called for private sector partnerships with the U.N. Foundation and the Swiss Philanthropy Fund. So to the extent this pandemic exceeds the scale of public resources, we know there is a global strategy to prop up national economies, we know there is a global strategy for

public-private sector partnerships. So that is what we need. We need the resources.

Ms. Eshoo. I appreciate your answer.

Just very quickly, in the California area of the Indian Health Service the last his hospital closed its doors over five decades ago. So my constituents and Tribes in my area rely on the California Tribal Health Program, which receives very limited annual funding from his.

So to Dr. Grim, how are areas like mine, with no his hospitals and a reliance on Tribal health programs, treated differently in funding allocations?

Dr. Grim. One of the things I was going to say, Congresswoman, was that his as a whole doesn't have that much in the way of intensive care units. There are a number of areas across the his that have zero hospitals, and those that do have it have a relatively small number of ICU beds. Our hospital has six beds, six ICU beds. They happen all to be full today. And so we are at capacity on ICU.

Early on, we tried to get resources such as testing materials, testing machines, other things like that. And a lot of times -- and ventilators too -- somebody would say yes, and they would turn around and pull it back because it needed to go to a higher priority.

And so what those places have to do that don't have those resources, they have to rely on purchased and referred care dollars. They are absolutely at the mercy of that, to send somebody off to a hospital that has that sort of capacity.

Ms. Eshoo. Thank you, Mr. Chairman, and I yield back.

The Chairman. Thank you, Anna.

Next, we go to Mike Burgess. You are recognized for 5 minutes.

Mr. Burgess. Good morning. Did I successfully unmute?

The Chairman. You did.

Mr. Burgess. All right. I cannot see the clock, Chairman. So I am going to trust your kind nature to let me know about time. You generally do.

Let me just say, this is a great hearing. The landscape is broad. And I agree with Mr. Shimkus. I hope this isn't just a check-the-box hearing. I do hope that we can come back in the various subcommittees where the jurisdiction is a little more focused and drill down on some of these issues, because the communities that are served, these issues are clearly so critical. And it is hard to distill it all down with just one single broad panel.

And, Mr. Chairman, just a point. You were talking at the beginning of this, when was the last time we had a hearing on Indian Health Service. I do recall a Subcommittee on Health hearing, but it was so long ago that Nathan Deal was the chairman of the subcommittee and Sherrod Brown was the ranking member. So I think that was 2005, 2006. So, yeah, we were due. So I am glad you organized it today.

Dr. Grim, I want to thank you first off for your service, and thank you for providing such clear and coherent testimony. One of the things in preparation for this, reviewing the -- there was a report out by the Office of Inspector General on the Indian Health Service, and the title was "More Monitoring Needed to Ensure Quality Care." And one of their suggestions in there is that the Centers for Medicare and Medicaid Services assist the Indian Health Service with more frequent surveys.

So can I just ask you, and I apologize for not knowing this, but in a non-his hospital -- I mean, I know it is voluntary, but hospitals have an agreement with the Joint Commission on Accreditation of Hospitals to be surveyed at least every 3 years. Is there a similar Joint Commission survey that happens in his hospitals?

Dr. Grim. Yes, sir. And 3 years is the normal standard of surveys. I have often thought, with CMS being a sister agency of the Indian Health Service under the

Department of Health and Human Services, if they did work together closer when there were problems like that, I thought it would be a great service.

They have worked closely with his during this time where some of the hospitals have had some issues that are being rectified now. Some of them have already been rectified. But, yes, I think more frequent surveys would help.

And then the other thing, a lot of the his regions put together survey teams. And so they will go out and survey their own facilities on a much more regular basis than every 3 years.

Mr. Burgess. And I was on the board of a hospital, community hospital, I am a physician as well. It was not a good day when the Centers for Medicare and Medicaid Services came in and surveyed your hospital. Generally, there was some sort of problem that had occurred. So that was actually not looked upon as a good thing. Now, I suspect, if there was a problem it needed to be corrected.

But you did go through the standard 3-year accreditation with the Joint Commission.

And let me ask you this. I have served for probably 20 years on our hospital's credentialing board, and I remember having to query the National Practitioner Data Bank for anyone who applied for hospital privileges.

Indian Health Service also has the ability to query the National Practitioner Data Bank?

Dr. Grim. First, let me say I cringed a little bit when I said CMS should come in more often, because I am a CEO too, and I like it every 3 years.

But, yes, sir, his has criteria, as do all the Tribes, on credentialing and privileging their staff, and one of the requirements is to query the National Practitioner Data Bank.

Mr. Burgess. And it is also a two-way street. So those are reported back to the

National Practitioner Data Bank if a problem is identified with the physician's practice. Is that correct?

Dr. Grim. Yes, sir, that is true. But there is a process within the agency that you follow to get that done. And it has been a few years since I have been there, but basically it rises up through the region, from the facility to the region to his headquarters, where things are reviewed if there has been a potential violation or a tort. And then a decision is made whether the standard of care was met or the standard of care was not met. So the agency has a process to do that, and Tribes do the same as well.

Mr. Burgess. So the quality assurance is very similar to a non-his hospital. Do I understand that correctly?

Dr. Grim. Yes, sir, you do.

Mr. Burgess. And then let me ask you this. There has been some success in the VA system with the VA MISSION Act, and you described your ICU with six beds. And so now if you have a patient who requires ambulatory assistance, do you have the ability or do you contract with another facility to transfer that patient? How is the care for that patient handled when you are at capacity?

Dr. Grim. Most of the facilities out there, including ours, have I will call them preferred provider networks. They are not always called that. But you establish relationships with entities that you use frequently and trust. You have contracts with them.

So most locations have a primary hospital or two or three that they refer to whenever they cannot provide that care locally or they are at capacity. There are some places within the Indian Health Service, however, that it is 2 hours or more to the nearest hospital. And so there are those challenges as well. But, yes, most everyone has that.

I mentioned earlier in one of my comments the purchased and referred care

dollars. You know, those aren't unlimited either. So if you have to refer too many things out a lot of Tribes will run out of that before the year is out.

The Chairman. Dr. Burgess, you are a minute and a half over.

Mr. Burgess. Well, I told you I couldn't see the clock, Chairman. So I was depending upon your kindness.

I have some additional questions about some energy issues. I will submit those for the record.

Thanks, everyone, for being here this morning.

The Chairman. Thank you, Mike.

All right. Next is the gentlewoman from Colorado, Ms. DeGette.

Ms. DeGette. Thank you very much, Mr. Chairman.

I want to thank all of the witnesses for attending today.

I want to give a special welcome to the Honorable Christine Sage from the Southern Ute Indian Tribe down in my home State of Colorado. I have worked a lot with the Southern Utes, and I am glad to see you today. I hope you are staying cool because we are having a really bad heat wave up here in Denver.

I would like to talk about some of the health issues that are unique to Tribal lands. And the first thing I want to talk about is I want to talk about the COVID-19.

Mr. Nez, you talked about -- you very thankfully gave us an update about what is going on in Navajo land with COVID. I am the co-chair of the Diabetes Caucus in Congress, and I think one of the reasons why Tribal issues and COVID are so extreme is because non-Hispanic adults, in particular Native Americans, are 2.5 times more likely to die from diabetes. And I know that diabetes has a big impact on your community. And I am wondering if you can talk about how you think that it has impacted the terrible coronavirus crisis that we have had on Navajo land and in other Tribal areas.

Mr. Nez. Chairman, members of the committee, and Representative DeGette, thank you for that question, ma'am.

You know, we have heard the vulnerable population and the elders. The data that I cited earlier in the testimony is that of those 300-plus deaths here on the Navajo Nation, 379 deaths, 66 percent of those who have passed from COVID-19 are over 60 years old, and those are our elderlies.

And our elderlies are in that vulnerable population because their immune system is not strong, but many of them, as you are seeing, have diabetes, cardiovascular disease, and cancers. And one out of five of Native Americans do have diabetes.

We here on Navajo are starting to focus more on our health and well-being, meaning that we should be bringing some of those individuals out of that vulnerable population category so that they have strong immune systems.

I talked earlier about being in a food desert. We need to get more foods, healthier foods to our Native American citizens so that their bodies can fight off any virus.

So thank you for that question.

Ms. DeGette. And that leads me -- I mean, look, that is 20 percent, the type 2 diabetes rate among Native Americans. It is stunning.

And, Ms. Sharp, you talked about -- this leads me to my question about the Special Diabetes Program, which was enacted in 1997. Half the money goes for type 2 diabetes among Tribes. And it has been reauthorized, but what happens is it has been reauthorized for very short periods of time. You talked a little bit about this, Ms. Sharp, in your testimony when you said we need to authorize it for a long period of time. Can you talk about why that is so important?

Ms. Sharp. Yes. We absolutely need predictability and a stable funding source to make sure that we can develop not only short-term immediate strategies, but there

are these underlying challenges, that we need a long-term strategy. And to effectively work with our community to develop a community buy-in and various strategies, we have to have stable funding.

So thank you for that question.

Ms. DeGette. I mean, originally, when we first passed it in 1997, we had a long-term authorization. And everybody agrees that it needs to be authorized long-term. It just doesn't seem to happen.

I am going to give a shout-out to my colleague, Representative O'Halleran, who is lead sponsor on the 5-year reauthorization, and it calls for \$200 million. And, frankly, that is really what we need to have.

So I am hoping -- and half of the money goes for type 1 diabetes, the other half for type 2 among Tribes. And we need to reauthorize both of those components. We need to meld them together and do it for 5 years.

So, Mr. Chairman, I hope that you can -- I know you are committed to doing that, too. We just need to make it happen.

And with that, I will yield back.

The Chairman. Thank you, Diana.

Next, we are going to go to Mr. Latta, is recognized for 5 minutes.

Mr. Latta. So thanks, Mr. Chairman, for holding this very important hearing today.

I really appreciate all of our witnesses for their testimony today and for all that you are doing.

President Nez, if I may start with you. In May, President Trump issued an executive order directing Federal agencies to review the regulations and modify, exempt, or rescind them in order to help in the economic recovery from COVID-19.

On behalf of the Navajo Nation, you submitted a white paper in response to that executive order outlining some of the regulatory reforms needed to speed up infrastructure deployment on the Navajo land. You wrote that currently Federal laws, policies, and regulations stifle the completion of projects that address the critical and basic needs of your people. Some of these projects are more than 3 years old because of these obstructions.

The Energy and Commerce Committee Republicans recently unveiled a package of 26 bill, legislation that would achieve many of the similar suggestions you made in your white paper, such as streamlining reviews under the National Environmental Policy Act and applications for co-allocations and exclude previously disturbed land from undergoing lengthy Federal reviews. These are real reforms that don't cost any money that could help bring broadband to underserved Americans.

President Nez, what are some of the regulatory obstacles you face in the Navajo Nation to deploy broadband infrastructure?

Mr. Nez. Well, Representative Latta, Chairman, members of the committee, great question, and thank you for reading that white paper.

You know, we are in an emergency operation here on the Navajo Nation, all across the country, with this pandemic. And so the CARES Act funding was intended to aid and give relief to U.S. citizens. And as we have been mentioning, we got those dollars late into this year. Three months ago, 40 percent of the CARES Act that was going to Tribes went to the Tribes. Just 3 weeks ago, the remaining 40 percent came to the Tribes. And so we have a deadline to get these projects done by December 31st, and a little bit beyond that.

And so what we need here, and I am hoping all of the committee members recognize that Tribal lands are characterized as any Federal lands throughout the country,

so that you have to jump through those Federal regulations, those policies. And this white paper that we submitted would help temporarily, based on these dollars, get these projects developed in a timely manner.

And that is why we are asking for an extension, 1 to 2 years, 2 years at the most extension to get these CARES Act funds. Because in Tribal communities, it is hard to get projects complete. And one of those examples is right of ways and also environmental clearances for, like, 401 and 404 permits. And you also have business site leasing regulations that hinder development.

And so if we can set aside certain policies and regulations to help build a wall between Mexico and the U.S., I am sure we can do the same here in Tribal communities throughout the country.

And I appreciate that question, Representative Latta, and I know that this committee could be the champion to make those changes, not just temporary but permanently for Tribes throughout the country. Thank you.

Mr. Latta. Thank you very much.

Chairman Sage, if I could ask in my last minute and 10 seconds here, the Southern Ute Indian Tribe has made significant progress in connecting its citizens, despite the challenging geography.

How were you able to overcome some of the regulatory barriers that you face? And how are you able to bring the connectivity to your reservation?

Ms. Sage. Thank you, Representative Latta, for that question.

The Southern Ute Indian Tribe is unique in many ways, including its success in energy development on the reservation, as well as its robust environmental program. The Tribe's sovereignty over its lands enables greater economic development. By making the most of what we have been given, we have been given by our Creator, we

have been able to provide for our people in a meaningful way.

Our most vulnerable, valuable resource is our people. But there is still much to be done if we are to reach our full potential. The current pandemic has made some of these hardships very apparent.

Historically, Tribal lands, particularly those in rural communities, have been the most underserved when it comes to essential communication infrastructure. We are the largest employer in southwest Colorado and the second largest in the Four Corners area. We have invested millions of the Tribe's own funds in technology.

But with employees and Tribal members working from home, schools relying on remote education, and health providers relying on telehealth, those investments are strained, and our infrastructure has proven inadequate given the demands of the modern era.

Most communities across the country are concerned about the State of their internet and cell phone coverage. For the vast [inaudible] of our reservation, we are worried about whether [inaudible]. We would support any congressional measures that help enable Indian Country to have robust internet. That would include measures to help ease the burden of regulatory constraints on our [inaudible] development.

The CARES Act funds provided to the Tribe have fewer restrictions on their use. A longer timeframe [inaudible] significantly improve the quality and range of communication services. But as it currently stands, we will struggle to [inaudible] without a necessary audit by the Treasury.

Thank you very much.

Mr. Latta. Well, thank you very much, Mr. Chairman. My time has expired and I yield back.

Thanks again for our witnesses for being with us today.

The Chairman. Thank you, Bob.

Next, we have Ms. Schakowsky.

Ms. Schakowsky. Thank you, Mr. Chairman.

It is just a fact that the United States has failed to meet its responsibilities to provide comprehensive, high-quality healthcare to all federally recognized Tribes and their members. But nowhere is that failure more apparent, in my opinion, than in reproductive healthcare.

Since 1976, the Hyde amendment has denied federally funded abortion care to low-income, vulnerable women who get their health insurance through Medicaid. But over the past 44 years the Hyde amendment has expanded and expanded. And, today, restrictions on abortion coverage also impact anyone receiving healthcare through the Indian Health Service.

Because his facilities are often the lone source of reproductive healthcare for Native American women, the Hyde amendment effectively denies women their constitutionally protected right to a safe and legal medical procedure.

A study published by the Native American Women's Health Education Resource Center found that only 25 abortions were performed through the his system between 1976, when the Hyde amendment was passed, and 2002. Tragically, we have also seen nationwide that as abortion access goes down, maternal mortality and morbidity goes up.

The Centers for Disease Control and Prevention, CDC, reports that today American Indian and Alaska Native women are twice to three times more likely to die from pregnancy-related causes than White women.

So, President Sharp, I am committed to passing timely the EACH Woman Act that I introduced with Representative Barbara Lee to end the Hyde amendment once and for all. But what else do you think we need to do to improve reproductive healthcare in

Tribal communities?

Ms. Sharp. I really appreciate that question. Thank you. And thank you for recognizing the disproportionate and high rate of maternal mortality rates. You are right. We do suffer at a rate of 2.3 times higher, and it is even worse in rural communities where that rate is 4.5 times higher for our population.

And I can say from personal experience, I have one child, and I ended up in the intensive care unit. My child was at risk of dying, and he was born at 4 pounds. And I only have one child for that reason.

So because we do suffer these impacts, it is so very important that we pay special attention to women's reproductive health in appropriations for his. So thank you so much for that question and raising attention to this very important issue.

Ms. Schakowsky. Well, thank you, and I look forward to going ahead to work with you on specifically targeting that community.

And let me just say, this is really a historic hearing. You know, we have over the history of our country so badly treated Native Americans, and we are still seeing residuals of all of that. We have to do so much more.

But the good news is that we are expanding the number of Native Americans in the Congress. Two women now, Deb Haaland and Sharice Davids, are in the Congress now. And you know the saying, if you are not at the table, you are probably on the menu. And so we are happy to have them and now to have this historic hearing.

I think we were talking before this, but this may be the first real comprehensive hearing that we have had about Tribal communities. And so I hope it is the first of many, and let's work together on women's reproductive health.

And with that, I yield back. Thank you so much.

The Chairman. Thank you, Jan.

And now we go to Mrs. Rodgers for 5 minutes.

Mrs. Rodgers. Good morning. Good morning, Mr. Chairman.

And thank you, everyone on the panel, for joining us today on this important topic.

I have the honor of representing several sovereign nation Tribes in eastern Washington, including the Colville, the Kalispel, and the Spokane. Like many other Tribal communities in the country, they have been hit hard, especially during this public health crisis, the coronavirus, and the many issues that have been brought to the forefront.

The digital divide is especially highlighted in rural communities and in Tribal communities, and it has underscored the importance of us taking action to address and close the digital divide.

I am proud that the eastern Washington Tribes are working collaboratively with other stakeholders. We have a broadband action team that is focused on identifying and addressing barriers to deployment, including some unique models to lay dark fiber and partner with the private sector to provide the service.

Healthcare is also really important, and we must address some of the disparities that are in healthcare. The Colville Confederated Tribes has shared with me that they have seen an abrupt decline in third-party billing during the pandemic that has threatened its ability to finance and construct a new clinic in Omak, Washington. This is one of five projects that was selected by Indian Health Service for the Joint Venture Facility Construction Program.

It is a competitive nationwide program, and five projects withstood multiple levels of review. However, as Dr. Grim discussed in his testimony, the viability of some of these projects has been negatively impacted by COVID-19.

So, Dr. Grim, I wanted to start with asking you that if Congress makes additional appropriations available for his facility construction, should it also allow Tribes to use those funds for their approved joint venture projects?

Dr. Grim. Thank you for that question.

I don't say this lightly, because that is not the way this program normally works, but I think everyone would agree that we are in unprecedented times. All of those projects went through extensive review, as you pointed out, a competitive process that meant that they were fully ready to do all these things. And now the economy has taken a huge downturn, Tribes have been impacted, as you have heard throughout this hearing. And I think allowing the agency that flexibility, or asking them to spend some portion of those funds on these projects, is entirely appropriate under these circumstances.

Mrs. Rodgers. Thank you. I appreciate that, Dr. Grim.

I would like to ask unanimous consent to enter into the record a statement from the Confederated Tribes of the Colville Reservation, and it is on their joint venture project in the Omak Clinic.

The Chairman. Without objection, so ordered.

[The information follows:]

***** COMMITTEE INSERT *****

Mrs. Rodgers. Thank you.

I also wanted to focus on Medicaid, which is an essential program, and Medicaid expansion has played a critical role for Tribal health.

However, we know that problems still exist within the Indian health system in States that have expanded, and Washington State is one of those States that it has expanded.

As we think about how we can support the Tribes in both expansion and nonexpansion States, we need to have a full understanding of the needs that the Tribes are facing and the role here in Congress that we can be playing to uphold our obligation.

Dr. Grim, can you just detail some of the issues that we are seeing in the Medicaid expansion space as it relates to Indian Health Service?

Dr. Grim. Well, as you pointed out, Congresswoman, those States that have it are doing better than those States that don't. And some studies are coming out now that show it has improved the healthcare of the population. But it is not the see all and end all. And whenever you expand it that broadly, you start running into more problems.

And so there is a group under CMS called the TTAG, Tribal Technical Advisory Group. That group debates and talks and discusses all of these issues with CMS.

In my written testimony, there are a number of things that would both help the efficiency of the agency and of Tribes, but also the funding.

I will give one example of one of the issues. It is called the "four wall" issue. There is a law that says that it has to be done within the four walls of a facility. That means at a time like this with COVID when Tribes were putting tent testing centers outdoors, or they might be using alternate care facilities, those things weren't able to be

billed adequately.

The telemedicine that immediately went into effect across the Nation, the billings and the rules around the billing of that has lagged behind.

Tribes also face another issue around Indian healthcare providers providing services that are authorized by law, but since Medicaid is a State by State program, they don't get to necessarily bill for all of those services. [Inaudible] Congress would fix that issue so that if it was authorized by the Indian Health Care Improvement Act, that Medicaid would allow those services to be billed across Indian Country.

Those are a few brief examples. I will stop there.

Mrs. Rodgers. Great. Well, that was what I was hoping you would highlight and I appreciate that. It is certainly an issue that the committee needs to look at.

I yield back, Mr. Chairman.

The Chairman. Thank you, Cathy.

Next is Mr. Butterfield recognized for 5 minutes. Is G.K. available? I don't know, he may not be connected, because I think he was driving, maybe.

Jeff, I am going to move on unless you know that G.K. is on.

Okay. Then we go to Ms. Matsui. Is Doris available?

Can you guys hear me?

Mr. Mullin. Yes, we can hear you, Chairman.

The Chairman. Let me see who is next here if those two are not here. Oh, okay. So the next one, then, we will go to Kathy Castor. The gentlewoman from Florida is recognized.

Ms. Castor. Perfect. Hi, everybody. Thanks for our terrific witnesses. Thank you, Chairman Pallone, for calling this very important hearing, and congratulations on your big win last night.

I think it is very clear, we didn't even need to have a hearing to understand that our indigenous people and our Tribal nations have not been respected under the law.

But I would like to shift to talking about the potential to equalize that through clean energy and climate solutions. Many of you know that last week the Democrats on the Select Committee on the Climate Crisis, which I chair, released a majority staff report which laid out a climate crisis action plan that included numerous recommendations to support Tribal nations.

The plan calls on Congress to work with Tribal leaders to expand clean energy solutions, to cut pollution, to advance environmental justice, to improve public health, among other recommendations.

We know that Tribal nations can contribute to the deployment of climate solutions and clean energy using their natural resources and their longstanding tenets of environmental stewardship.

As President Sharp can attest, the National Congress of American Indians has outlined Indian Country's priority for addressing the climate crisis in a resolution that emphasizes the importance of economic development and Tribal sovereignty as part of the transition to a clean energy economy. The offices within the Department of Interior and the Department of Energy have provided technical assistance to Tribes on clean energy, but the level of support for these initiatives is often inconsistent. Broader infrastructure backlogs at the Bureau of Indian Affairs also needs attention and funding.

So, in addition to major statutes like the Federal Power Act, Public Utility Regulatory Policy Act, and Rural Electrification Act, they are all silent on the jurisdiction of Tribes over utilities. We have discussed some of that today. In a 2015 resolution, NCAI called on Congress to clarify that Indian Tribes have regulatory jurisdiction over utilities on reservations or villages.

So I would like to delve into that a little bit deeper and hear from our leaders today.

So, President Sharp, it is good to see you again. Thank you for testifying and advising the Climate Crisis Select Committee. Thank you for your kind words on our action plan released last week. We recommend expanding and increasing funding for the Office of Indian Energy Policy and Programs at Department of Energy.

How would this investment assist Tribal [inaudible] to advance clean energy infrastructure and other climate solutions?

Ms. Sharp. Yes. Thank you so much for your leadership. And thank you for directly engaging our Tribal nations up to this point.

I would really like to focus my remarks around the sovereignty of Tribal nations in advancing economies. As we pointed out in our meeting -- and I cited an example. When there was a cap-and-trade system early in my presidency, the international rate was \$5 to \$8 a metric ton. Here in this country it wasn't even close to that level. But domestic companies couldn't access those international markets because the U.S. was not a signatory to a Kyoto Protocol. However, a Tribal nation could access those.

And so I think looking at global solutions in a global economy, ways that Tribes can stand on our sovereignty authority, we can attract foreign investment that otherwise we would never see in the United States.

So there are many opportunities in partnership that we can do with additional funding and support. So those are the exciting things that we are looking at in building a new economy.

Ms. Castor. And you all have suggested that on the resiliency piece there are some natural solutions for sequestering carbon and putting people to work, and our new -- the report from the majority staff really suggests bold investments there.

Give us some examples of how we can rebuild back, we can rebuild better at a time when we have over 40 million Americans out of work. And I know that is a deep problem on our reservations.

Ms. Sharp. The most effective policy that any government can adopt in addressing climate change is pricing carbon, and that means holding those who are directly responsible accountable to generate revenue. Those dollars can be invested in recovery and restoration efforts, like salmon recovery. That will put millions of people back to work with a new economy around natural resources, around restoration.

And so we stand with you to boldly take action to generate revenues that can then be in turn reinvested in creating jobs across many sectors.

Ms. Castor. Thank you very much. I yield back.

The Chairman. Thank you, Kathy.

Next we go to Mr. Guthrie for 5 minutes.

Mr. Guthrie. Thank you, Mr. Chairman. I appreciate the opportunity. I appreciate all the witnesses for being here today.

I just want to start out with this last Congress I know Representatives Mullin and Ruiz co-chaired a bipartisan Indian Health Service Task Force for the committee. The task force identified numerous issues that should be examined by the Subcommittee on Oversight and Investigations, including issues relating to hiring, treatment of patients, and general oversight, and the agency is in dire need of oversight.

And now during the COVID-19 pandemic we are seeing even more issues within the Indian Health Service that Congress and the committee must examine in more detail. And I really appreciate the hearing today, but I hope that we won't let our discussion end on the issues of today, and that the Oversight and Investigations Subcommittee will hold hearings on oversight of Indian Health Service again this year.

So for my first question, Dr. Grim, the Indian Healthcare Improvement Act authorized billing for different medical services from dental care, to long-term care, to mental and behavioral healthcare. These are known as Qualified Indian Provider Services. But because Medicaid is jointly administered by States and the Federal Government, Tribes can't bill for these essential services if they aren't covered in the State Medicaid plan despite being authorized under Federal law.

So my two questions for that are, what must Congress do to address this technical issue and how long would fixing it improve care for Native people? And how would fixing this issue impact third-party reimbursement at his, Tribal and urban Indian facilities?

Thank you.

Dr. Grim. Thank you, Congressman Guthrie, for that question. That is an issue. The Indian Healthcare Improvement Act allows Indian healthcare providers to provide a number of services, and we are going to do that whether a patient has a third party of any sort or not.

But we have come to rely heavily on third-party resources within the Indian Health Service and Tribes for our operational budgets. What we need is an authorization from Congress to allow Indian healthcare providers to receive Medicaid reimbursement for all medical services that are authorized under the Indian Healthcare Improvement Act -- and those are called Qualified Indian Provider Services -- whenever we deliver them to Medicaid-eligible American Indians or Alaskan Natives.

Currently, as you pointed out, we only receive reimbursement if a State has made those services eligible. And as you know, Medicaid varies from State to State in both eligibility and services.

And, also, you all know that the States don't have to pay any match like they do

for the rest of their population for American Indian patients seen in Indian facilities. So what we are asking you to do would not have an impact on the States' budgets either.

So thank you.

Mr. Guthrie. Thank you for that answer.

And then, Chairman Sage, in your testimony you mentioned the impacts that the coronavirus has had on the Southern Ute Indian Tribe. Specifically, you mentioned that the pandemic has underscored the lack of access to high speed internet in Indian Country.

In my district, the shift to remote learning and working has highlighted the challenge of broadband access, particularly in the rural parts of my district.

How is your Tribe bridging the gap in the short term? And what are some of the solutions you are looking at to help address this issue in the long term?

Thank you.

Ms. Sage. Thank you for the question. We are dealing with the gaps here with the internet service. We do have our own entity that I oversee, what is called the [inaudible] department, and they monitor all of the internet, the WiFi that is all available for us. So we get that going. We are accessing well with this, but we do need the broadband.

My concern with the broadband is that if our students are going to go to college and they are going to have to be taking classes online is there is no way that they are going to be able to do this because they don't have the internet, the service that they will need to succeed themselves.

And then our telehealth. We have his that assists us with this also, but they also say go through the State. It is just always that we are pushed aside. Nothing is really dominant and just in stone saying that they are going to assist here. But we are doing well here with what we have.

Thank you.

Mr. Guthrie. Thank you very much for your answer. Good timing.

I have 5 seconds left, and I will yield those back, Mr. Chairman.

Thank you very much for being here today. Thank you.

The Chairman. Thank you, Brett.

Next we are going to go to Mr. McNerney for 5 minutes.

Mr. McNerney. Well, thank you, Mr. Chairman. And I thank the witnesses.

This is a tremendous hearing with a lot of information. It could be done in several hearings, like Mr. Shimkus noted.

But access to broadband infrastructure and electrification are clearly major concerns for the Tribal communities. But even where broadband has been deployed, people are still being left behind because they can't afford broadband or they lack digital literacy skills.

Now, I am the House sponsor of the Digital Equity Act, which would help address these challenges. And I have introduced a bill with my colleagues, Representative Clarke and Representative Lujan, and I am very pleased that the NCAI has endorsed it and the House passed it as part of H.R. 2 last week.

President Sharp, would your communities benefit from resources that would be made available, would make broadband more affordable, equip individuals with devices, and provide digital literacy skills, including doing tasks like applying for jobs online? Would that be very helpful?

RPTR DEAN

EDTR HUMKE

[1:07 p.m.]

Ms. Sharp. Yes, that would be incredibly helpful. And we do thank you for your leadership in recognizing the tremendous need and meeting that need with resources.

We would also recommend that there be coordination and communication among the various Federal agencies. Because there are a wide range of agencies that are funded, but there is no one lead agency to provide a very clear strategy. So those two things would be very helpful and thank you for your leadership.

Mr. McNerney. Well, thank you. That is a good help, and good information.

Now, President Nez, access to spectrum is also important for connectivity needs of the Tribal communities. The Tribal priority window for 2.5 gigahertz band closes on August 3rd. However, the House enacted H.R. 2 to extend this period by 180 days, though the FCC could act on its own to do this today if it wanted to do so.

President Nez, applying for FCC special licenses can be complicated, especially for Tribal government representing a vast territory. Can you describe the typical decision-making process for the Navajo Nation when deciding whether to apply for spectrum licenses, including how long each step takes?

Mr. Nez. Yes. Thank you for the question Representative McNerney, and chairman, and members of the committee, thank you for that question.

Navajo Nation is 27,000 square miles. We are in three States, you know. There was mention of Medicaid expansion, we have got to deal with three States. And in terms of broadband and internet access for telecommunication, we have to be able to work with the States as well. But this initiative, and I appreciate you championing this

for Tribal communities, will allow Tribes to fit in 2.5 -- at least Navajo Nation, let me say that, Navajo Nation 2.5 to be able to be used in the rural most parts of the Navajo Nation. And that is in the Eastern part of the Navajo Nation.

And one example in the Western part of the Navajo Nation, we have a hospital there that doesn't have internet capability for really connecting to the -- gosh, the word -- I forgot what it is called, the connectivity there that we utilize for funding during the American Recovery and Reinvestment Act -- the fiber- there it is fiber line to go to the hospital and right now that the hospital in that community doesn't get that fast speed internet.

So during a COVID-19, this pandemic, it is going to be hard for telemedicine and also getting -- and this type of spectrum would help get some relief getting high speed internet and connectivity to these places that don't have fiber.

Thank you, Representative McNerney.

Mr. McNerney. Sure. What else do you believe the Federal Communications Commission should be doing to help on this issue?

Mr. Nez. Well, the FCC if they would look at some of the white paper, Representative McNerney, about how we can have Federal agencies work together to, you know, either set aside, I hate to say waive, but set aside these Federal regulations and policies so that we can get high speed internet and also cell service for those people that don't have it, especially now, you know.

We have to have students go to these hotspots in order for them to get internet availability. And here we are in a shelter in place or a stay at home order and we are seeing students traveling to these hotspots, and even community members going to these hotspots.

Whereas, if we open it up, they could be able to connect from the home, which

would lessen the spread of coronavirus here on the Navajo Nation.

Thank you.

Mr. McNerney. Thank you my time has expired. But I am going to submit a question for the record about the uranium tailing's effect on the Navajo Nation.

Thank you. I yield back.

The Chairman. Thank you, Jerry.

Next we have Mr. Griffith.

Mr. Griffith. Thank you very much. Can you hear me, Mr. Chairman?

The Chairman. Yes.

Mr. Griffith. Okay, excellent.

Chairman Sage, it is remarkable what the Southern Ute has accomplished over the last several decades creating and operating new businesses on and off the reservation that now generate millions annually for your Tribe.

While your Tribe seems to have a very diverse portfolio of investments in real estate, housing, and gaming, oil and gas production appear to be particularly important.

Can you share a bit about your Tribe's experience with the National Environmental Policy Act, also known as NEPA, and on any other Federal regulatory barriers as you have advanced energy development on your Tribal lands?

Ms. Sage. If I can get this to mute. Thank you for the question.

Yes, NEPA hinders on reservation development and construction, not just energy development, every time a major Federal action is pending NEPA is triggered.

At a minimum agencies should use Tribal environment analysis and where the Tribe has the kind of sophisticated government such as the Southern Ute Indian Tribes, it should be allowed to develop and administer its own TEPA, Tribal Environmental Policy Act, instead of Federal NEPA.

With the part two the Tribe also faces inconsistent requirements through the various Federal agencies on a single project VLM, BIA and USFS, the United States Forest Service have inconsistent requirement consistency across Federal partners would greatly benefit Indian country.

Thank you.

Mr. Griffith. And so would you support current efforts to modernize NEPA to help bring clarity to these various matters?

Ms. Sage. Yes, definitely.

Mr. Griffith. And are you concerned by some of the environmental proposals, particularly those that are more extreme that are out there that would ban fracking or phase out fossil fuels completely?

Ms. Sage. That is a good question, you know.

Mr. Griffith. To be determined.

Ms. Sage. Yes, yes, definitely. It would have to take a lot of review, collaboration to make sure that this is going to benefit the Southern Ute Indian Tribe.

Mr. Griffith. Right. And of course if you ban fossil fuels outright, then you have the same situation that President Nez has where they are looking, as many people in my district are looking for ways to replace the revenues from coal. And his statement early on said \$30 million to \$50 million had been lost by the Nation as a result of closing down the coal fired power plant and the coal mine that previously was hiring and employing members of his Nation.

Would that be the same if they suddenly shut down oil and gas production in your area?

Ms. Sage. Yes. It is a balance there. It would definitely be a type of a balance. But [Inaudible] so definitely. Thank you.

Mr. Griffith. And President Nez, do you have any comments that you might make on -- how do we replace that \$30 million to \$50 million that you said was lost as a result of the shutting down of the coal fired power plant and the coal mining jobs? How do we replace that?

And how does that effect your ability to try to get electricity to the roughly 10,000 homes in the Navajo Nation that currently lack electricity?

Mr. Nez. Sure. Yeah well, thank you for that question, Representative Griffith. Let me go to Representative Castor's question about clean energy and climate change.

Yes, we are seeing closures of coal fired power plants, one on the Navajo Nation, another outside our Nation. There is a potential of others closing down in the future and that is jobs, and revenue, and the local economy getting impacted negatively. But there is a move to transition away from fossil fuel and to renewable energy. We do have some projects that are being planned right now, solar and wind. And it comes back to, as was mentioned, these Federal regulations, you know, NEPA, to be able to set some of those regulations aside could really jump-start some of these projects quickly. And I appreciate you all talking about that. Thank you.

Mr. Griffith. So reforming NEPA would actually help some of the renewables as well.

One of the other things that I have been championing is that we have research parity on both fossil fuels and clean energy fuels. I am not trying to reduce any of that, but I think if we had parity we could maybe figure out a way to make that coal fired plant a little cheaper -- or a little more efficient and less costly in the sense of pollutants.

That being said, I see my time is up and I have to yield back, but thank you to all the witnesses for your time.

The Chairman. Thank you, Morgan.

So next we are going to go to Mr. Lujan.

Mr. Lujan. Thank you, Mr. Chairman. I appreciate that very much. It is an honor to be with you.

To every one of the panelists, it is an honor to be with you as well. Thank you for being available today. And special greetings, Mr. President, to President Nez, [Speaking native language.] Hello, my friend from the Navajo Nation which I am proud to represent in New Mexico. The third congressional district of New Mexico I am proud to represent 15 Pueblos, the Hickory Apache Nation of the Navajo Nation.

And the conversations with Tribal leaders and Pueblo leaders have made clear that the coronavirus pandemic has exacerbated challenges and inequities that long existed before COVID-19. The inequities include a lack of access to broadband, insufficient housing support, barriers to ensuring an accurate census count, and a failure to guarantee access to the ballot box.

Simply put, the Federal Government is not living up to its trust responsibilities. Housing, water, healthcare, road and broadband projects are underfunded and often wait for Federal approval while communities suffer. These failures span many decades and presidential administrations and it is not acceptable. And as a Congress, we must come together in a bipartisan way to fulfill our obligations to Tribal communities.

Dr. Grim, your testimony is very clear on this. Will you please state yes or no whether the Indian health services has chronically been unfunded before COVID-19?

Dr. Grim. Yes, sir, it has.

Mr. Lujan. And I spoke about a \$3 million his contract awarded to a former Trump White House staffer whose company delivered thousands of faulty masks that were unfit for use which his fortunately discovered before they were distributed to the facilities in my State.

Dr. Grim, yes or no, is it acceptable that his patients, and physicians, and first responders should receive lower quality supplies, lower quality facilities or lower quality healthcare?

Dr. Grim. No, sir. None of those things are acceptable.

Mr. Lujan. I appreciate that, sir.

President Nez, in your testimony you note that the digital divide impacts a businesses' ability to thrive, students' ability to learn, workers' ability to telework, and patients' ability to see their doctor. And all of this has been made worse by the COVID-19 crisis.

According to the FCC more than 60 percent of New Mexicans living on Tribal and Pueblo lands lack access to high speed fixed broadband. This is unacceptable.

President Nez, yes or no, do we in the Congress and the Federal Government need to make more robust investments in broadband access to ensure that Tribal communities are not left behind?

Mr. Nez. Absolutely, yes and [Speaking native language.] My friend.

Mr. Lujan. I appreciate that, Mr. President.

Recently FCC Commissioner Rosenworcel joined me in New Mexico to have a conversation with Tribal and public communities about the E-rate program which is an important program to expand broadband connectivity to educational facilities, to libraries.

President Nez, to meet long-term needs once the stay at home order is lifted, yes or no, do you agree that Congress should support connectivity at Tribal anchored institutions such as Tribal libraries, schools, and chapter houses by making them all eligible for the E-rate program.

Mr. Nez. Yes, [Speaking native language.]

Mr. Lujan. And President Nez, in your testimony you said that the United States must quote, "address all the health, cultural, and environmental consequences of uranium extraction and processing on Navajo lands. As you know, these consequences include severe forms of cancer, kidney disease, and respiratory illness.

Yes or no, has the COVID-19 crisis exacerbated the health impact of our Nation's legacy of uranium mining on the Navajo people.

Mr. Nez. Yes, absolutely. [Speaking native language.]

Mr. Lujan. Okay.

Mr. President, yes or no, should Congress pass the Radiation Exposure Compensation Act amendments to extend RECA and expand compensation to all of those impacted by uranium mining and nuclear testing during the cold war?

Mr. Nez. Yes, sir.

Mr. Lujan. I appreciate that, Mr. President.

And that is one area where I am hoping my colleagues, Democrats and Republicans, who are currently not cosponsors of providing support to uranium mine workers and communities like in New Mexico where the first bomb was tested on soil were not included in downward communities. I hope we can all come together and pass this legislation.

And as you heard from President Nez, it is important that aspects of the RECA, be included in whatever the next funding package is in response to COVID-19 because of the exposure to so many families because of the respiratory illnesses.

And then the last question I have, Dr. Grim, what does the lack of access to running water mean for Tribal communities and public communities, including families risk for COVID-19 and other health issues?

Dr. Grim. As you know, Representative Lujan, American Indian, Alaska Natives,

their homes have 6 percent that have unacceptable water and sewer compared to one half of 1 percent of U.S. White population. What it means specifically in COVID-19 one of the biggest things CDC says to do is wash your hands. They don't have the ability to do that.

If you look at the mortality and morbidity statistics within the Indian Health Service and you take a look at how much can be reduced by safe water and safe sewer, no matter whether you go to [Inaudible] or Tribal hospital or clinic, it is remarkable. It is absolutely necessary for people's health and it is absolutely necessary during COVID-19.

Mr. Lujan. I appreciate that. I yield back, Mr. Chairman.

I think Dr. Grim's testimony said that it was 10.83 percent times more likely in homes without indoor plumbing that there would be spread of COVID-19.

Thank you for this important hearing, Mr. Chairman. I yield back.

The Chairman. Thank you Ben Ray.

Now we are going to move to Mr. Bilirakis. You are recognized for 5 minutes.

Mr. Bilirakis. Thank you, Mr. Chairman. Thank you, Mr. Chairman, I appreciate it very much. I want to thank the witnesses for testifying today as well.

Dr. Grim, clinical trials often provide patients with the best perhaps only treatment option for their condition. However, without coverage or routine costs associated with participation and clinical trials many Medicaid beneficiaries do not have the latest technology, technological and scientific advancements as a treatment option.

Medicaid serves many demographics, including Tribal communities that are underrepresented in current clinical trial enrollment. Lack of participation in clinical trials from the Medicaid population means these patients are being excluded from potentially lifesaving trials and are not reflected in the outcome of the clinical research.

Congressman Lujan, my good friend, and I introduced H.R. 913, the Clinical

Treatment Act which would address this issue by providing coverage of routine care costs associated with clinical trial participation for Medicaid enrollees.

And this is a question, does increased access to clinical trial participation for Medicaid enrollees help ensure medical research results more accurately, capture and it reflect the population of the this country? And if so, why is that important, and especially if we develop better treatment options and a vaccine for the COVID-19?

That is a question for Dr. Grim, please.

Dr. Grim. Thank you, Congressman. You are absolutely right that there has been underrepresentation in a lot of clinical trials of all minority populations and Medicaid eligible patients.

One of the reasons that it is so important is that if a new drug or a new treatment is not tested on a specific population group, whenever that medication or treatment comes out the doctors ask themselves hmm, especially doctors in Indian Health Service they will say, there really wasn't a significant or any Indian population on this particular trial. How do we know this drug is going to work the same on our population and that goes across the spectrum of almost anything.

So I think it is extremely important. Although I have not read your full bill, I support the concept and I appreciate the question.

Mr. Bilirakis. Very good. Thank you. I appreciate the answer.

Dr. Grim, according to the NIH, diabetes is a common risk factor for Peripheral Arterial Disease, or PAD. A circulatory deficiency that leads to blockages in the blood vessels that supply the lower extremities.

Native Americans experience both diabetes and PAD at a disproportionate rate. In certain regions of the U.S. Native Americans are more likely to undergo a PAD related amputation than Caucasians. Patients who undergo amputations have short life

expectancies of course and exchange independence and functionality with chronic physical ailments, high death rates, and costly dependency on our burdened healthcare system.

However, most of these amputations are preventable if PAD is screened, diagnosed early and properly managed. And I have actually witnessed a procedure that is really incredible what we are doing today. Because Tribal communities are disproportionately affected by PAD, what steps can be taken to ensure that these communities, even in the midst of a pandemic have better access to a quality of care that would prevent such amputations?

If you could answer that question, sir, I would appreciate it.

Dr. Grim. Thank you again, Congressman.

So amputations specifically I will talk about in Native communities is higher, as you pointed out. And it is terrible when the disease reaches that state where there is no other way to treat it. Because of the isolation of many of our communities, and the ability to get either to a specialist for that sort of care or to recruit people to your community to actually work, those are very difficult hurdles to overcome.

And just off of the top of my head, and I am willing to research this further, but I feel like the agency would need more purchased and referred care dollars, those dollars that we use to refer the higher level specialist for care that would help our population.

The other thing that was mentioned earlier too is the approval of the bill that would extend a longer term to the Special Diabetes Program for Indians and also raise the dollar amount on that. That program has done an immense amount to reduce the prevalence and the incidence of diabetes in Indian country.

And as you pointed out, that is one of the primary factors that causes a higher level of this disease in our population.

Mr. Bilirakis. Yes, it really solves -- this comment I know we could save a lot of money as well because amputations and the care afterwards is very expensive. But it is a quality of life issue.

Mr. Chairman, I am not sure if I have any more time. I don't see a clock. But I have one more question if I have time. Because I --

The Chairman. You have time. Yes, you do.

Mr. Bilirakis. Okay. All right. Very good, I appreciate it.

Ms. Sage, your testimony talks about some of the issues Tribes have, having accessing the Paycheck Protection Program, the PPE funding, specifically mentioned the disparities between Tribal businesses and large corporate chains.

Can you tell us more about this and what would you proposed to fix the administration of PPP? Now I know we made some tweaks to it and they have been very positive, but what else can you add? Thank you.

And this is for Ms. Page -- excuse me, Ms. Sage.

Ms. Sage. Thank you for that question, Representative. With that we will allow multiple entities to apply under one EIN. And that was my answer. Thank you.

Mr. Bilirakis. Thank you very much.

Mr. Chairman, I yield back. I appreciate you holding this hearing. Thank you.

The Chairman. Thank you, Gus.

Now Mr. Butterfield is back so we will move to Mr. Butterfield for 5 minutes.

Mr. Butterfield. Thank so very much, Mr. Chairman. Thank you for your patience. You know, I am very appreciative of technology. I first started this hearing 50 miles down the interstate and now I am in my home office. When I was on the interstate I was on my iPhone and now I am on my P.C. and So I thank God for technology.

And thank you, Mr. Chairman, for this very historic hearing. I share the views of all of you that we must pay more attention to the needs of Indian country and I will certainly do my part.

Thank you to the witnesses for your testimony today. I have heard most of it and it has been very powerful. I thank you so very much.

President Nez, and let me just start with you, if I may. In your testimony you talk about the lack of competition among providers, currently serving the Navajo land and the resulting consequences for broadband access in those communities.

Last month you made know that I introduced the Expanding Opportunities for Broadband Deployment Act, which increases competition and we know that is so important. It just increases competition and it promotes affordable rates by streamlining streamlining the process for receiving universal service dollars.

I believe that doing so will not only provide high quality service but promote competition in pricing as well. How would providing more choices, more choices for broadband service in undersevered and underserved communities impact the Navajo Nation.

Mr. Nez. Well, thank you Representative Butterfield, chairman, members of the committee. Thank you for the question.

On the Navajo Nation there is a lack of competition due to the large vastness of our Nation, 27,000 square miles of land, sparse population. And really the affordability of connectivity is an issue as well, you know. Folks are going through some hardships right now, not just here on Navajo but all across the country and can't afford connectivity.

But with your initiative there we see that competition can be created and at the same time Tribal governments and their enterprises could be a part of that mix to help bring the cost of internet accessibility down and bring affordable rates to our citizens,

which would create more choices and competition. Right now we have a cellular service company that is offered through the Navajo Tribal Utility Authority, our own for-profit corporation. And with that, you know, is bringing competition between other larger cell service providers.

Mr. Butterfield. Competition is valuable.

Mr. Nez. Yes, indeed, sir, yes.

Mr. Butterfield. All right. Let me conclude with this.

Mr. President, your written testimony begins with a very powerful look back at the injustices that Tribal communities have suffered down through the years. We are in the middle now of a societal reckoning right here in our country, something that is long overdue and it is very important. And those wrongs suffered by other minority communities are not forgotten.

And then you go on to discuss the importance of reliable high speed internet to the cultural preservation of the Navajo Nation. I am very interested in ensuring that traditionally undersevered populations can maintain their sense of community. And I know Indian country feels very strongly about this, to not lose touch with the culture and values rooted in their shared history.

Can you tell us, sir, in greater detail, why the internet is so, so important for cultural preservation.

Mr. Nez. Yeah, absolutely. Thank you for that question once again.

Mr. Butterfield. You have 45 seconds. All right.

Mr. Nez. Yes, sir. You know, during this pandemic I think all Tribes and I think everybody has realized that in order for information to get out to the public to help in slowing down and stopping the spread of COVID-19, it is important, and it's crucial, and critical that we have high speed internet so that information can get out.

And that is the same thing here that we are challenging our Navajo citizens, sir, and members of the committee is that we want to retain and package up a lot of the cultural knowledge of our elders. I said earlier 66 percent of those who passed on because of this virus were 60 and above. And our elders are in the most vulnerable population.

So utilizing technology to get their wisdom, their knowledge, and to save that information for our younger generation is of up the most --

Mr. Butterfield. Thank you.

Thank you, Mr. President so much. You communicate very effectively. Thank you very much.

I yield back, Mr. Chairman.

The Chairman. Thank you G.K.

Next we go to Mr. Flores for 5 minutes.

You have to unmute, Bill.

Mr. Flores. Thank you. Sorry about that.

I want to thank the panel for joining us today. And I want to thank you for your comments regarding the needs of the Native American community that has been made more urgent by COVID-19. Clearly each of the issues mentioned today represent a complicated set of challenges worthy of in-depth discussion.

Today I would like to focus on broadband access. And President Nez, let's start with you. I appreciate your detailed testimony. My question builds upon those by Frank Pallone and other during this hearing.

Based on your testimony and the white paper that you released in June, your effort to bring broadband access to the Navajo Nation appears to be hindered not just by piecemeal infrastructure and inconsistent connectivity, but also obstacles created by a

number of entities involved in building out broadband service.

In fact, near the end of your discussion of broadband challenges you specifically asked for a streamline rules and regulation to "allow for faster and easier, but responsible deployment of towers in communications equipment on the Nation lands."

The white paper you mentioned several times provides a number of recommendations regarding changing regulations. For the discussion today can you elaborate more on the type of challenges that you encountered as a result of multiple layers of government agency rules and bureaucracy requirements? And can you also provide an example or two of how your efforts have been slowed or detailed as a result? If you could do that in about a minute that would be -- because I have one more question.

Mr. Nez. Thank you, Representative Flores, chairman, and members of the committee.

I will use one example. One example that we have a difficult time in trying to incorporate is an infrastructure corridor here on the Navajo Nation. You talked about piecemeal. We have to get a right-of-way approval for electricity to be run throughout the communities and then another approval for water, another approval for telephone, broadband. That is one example of many others that are there, sir.

Mr. Flores. Okay. Thank you.

Let me continue down this same line. One of my priorities and you have reinforced it today is to cut down on unnecessary bureaucratic red tape, especially when it creates an inefficient duplicate process that derails innovation progress.

I recently introduced the Enhancing Administrative Reviews for Broadband Deployment Act, which is H.R. 7349 among other things the bill directs the Secretaries of Interior and Agriculture to identify administrative barriers to reviewing the communications use authorizations that are needed to grant permits for communication

facilities on Federal land.

This bill is one of 26 others in a package of bills aimed at achieving exactly the type of streamlining you suggest is needed. So President Nez, again based on your work to expand broadband, do you think this approach should receive bipartisan support?

Mr. Nez. Well, it should get broadband support, Representative Flores, you know. I think the highlight of what is happening the administration here trying to help, you know, infuse economic and community development as well as this Congress in Tribes, but more so now that all eyes are on Tribal communities.

And this is happening right in the midst of the most powerful Nation to where 40 to 50 percent of indigenous people don't have running water, they don't have broadband access. And, you know, we are also, and I will conclude by saying this, is that we are also, here on the Navajo Nation, looking at our own laws too because we have to reevaluate our own laws. And based on our white paper, the white paper is there for the COVID-19 CARES Act funding.

And so that in a way is recommending as setting aside certain regulations and policies, but I appreciate the long-term changes that need to occur. And with your bill I see that some of those changes can be done permanently to help Tribal communities throughout the country and get us up to, you know, equal footing with the rest of this country.

Thank you, Representative Flores.

Mr. Flores. Thank you, President Nez. I want to thank all the other witnesses for your informative testimony today. I yield back the balance of my time.

The Chairman. Thank you, Bill.

Next we are going to go to Paul Tonko, recognized for 5 minutes.

Mr. Tonko. Can you hear me, Frank?

The Chairman. Yes.

Mr. Tonko. Okay. Chairman Pallone, thank you. Ranking Member Walden, thank you. What a great hearing and to our witnesses, thank you for joining us for what is I think an essential hearing.

We have heard some shocking testimony today with 13 percent of American Indian and Alaska Native homes not having safe water and or wastewater disposal facilities compare to .6 percent of non Native homes. Similarly, there is a high number of violations of drinking water standards for those with access.

Safe drinking water should be an absolute right for everyone. And so we as Federal partners need to figure out just how to do better and uphold our responsibilities.

So President Sharp, I believe your testimony mentions the Drinking Water and Clean Water State Revolving Funds. Do you believe these existing programs are able to meet the Tribe's needs and address these longstanding water deficiencies or does there need to be more dedicated funding or basically reforms that are required for the programs?

Ms. Sharp. It is definitely the latter. We need more funding. There is just simply no way around being able to build what we need to do to provide safe water without additional resources.

Thank you for your question.

Mr. Tonko. You are most welcome. And does anyone else want to weigh in, any of our other witness?

Dr. Grim. Representative Tonko, this is Dr. Grim. I will just add that I think the Indian Health Service has progressed into the \$2.67 billion of needed across Indian country for water and sewer projects.

Mr. Tonko. Thank you sir. Anyone else?

Mr. Nez. Representative Tonko, Jonathan Nez here, chairman and members of the committee. You know, I appreciate dollars going through Indian Health Services for things like, you know, sanitation facility construction programs. But there are some Tribes that have the ability to do their own construction on water lines. And that is self-governance. And what we noticed about the fundings that came from the CARES Act is that there were programs that these monies were passed through, right. EIA, the monies came into Tribes, Treasury.

And what we liked for the future of Tribes here in the United States is direct funding, not just direct funding for these types of emergencies, but direct funding for the budgets that do get approved every year.

And Tribes have the ability to govern themselves. So that means they have the ability to take care of those Federal dollars and to utilize it for the intent given.

Thank you, Representative Tonko.

Mr. Tonko. Oh, you are most welcome.

The recently released National Economic Transition platform which has been developed by local, and Tribal, and labor organizations and recommends how we can ensure a just energy transition stated that 75 percent of the unelectrified homes in the United States are located on Tribal lands.

So President Sharp, similar to the drinking water question concern, do you believe that this is a case of existing [Inaudible] is underfunded or are there structurally deficient to meet the needs to work effectively with the Tribes?

Ms. Sharp. I think the answer is both. As you know there are many challenges within Indian country and it is not only the funding and the resources, but as Chairman Nez pointed out, many of the complexities that we face, Tribal Nations should be able to exercise their inherent powers and authorities for that policy. And we need to partner

with Congress to also legislate congressional responses to those challenges. So I believe it is both.

And again, thank you for your question.

Mr. Tonko. Thank you. Okay, you are most welcome.

And Ms. Thomas, your testimony mentioned the Tribal Energy Loan Guarantee program, which I believe would be used for those larger scale projects, but it hasn't been used yet despite the high potential for renewable energy development on Tribal land.

My understanding is that this is a loan guarantee which would still require a Tribe to partner with a bank or a lender. If these commercial entities are not willing or prepared to do business on Tribal projects, would it be helpful for the Department of Energy to be able to make a direct loan?

Ms. Sage. Yes, Congressman. Thank you for that question.

So there is a couple of things happening in Tribal Energy Loan Guarantee program. First, in the loan program office which administers the program, they have created a two-step process that has added a great deal of complexity to that loan guarantee program. NCAI points out that we need to remove some of the barriers that have been created by the loan program office. And so frankly, we don't know that there aren't banks interested in lending money to Tribes with a loan guarantee.

The application process itself is incredibly complicated and incredibly expensive. So it has been made overcomplicated. Having said that, a Direct Loan Program would also be a good tool to have, just like in the 1703 program where the Department of Energy does loan guarantees and makes direct loans or like our U.S., where you might make a direct loan.

So those tools are all necessary. But one of the key challenges is to reduce that regulatory and administrative process that has been overcomplicated in that program in

general.

Mr. Flores. Thank you very much.

And with that, I yield back to the chair. And again, thank you for a great hearing

The Chairman. Thank you, Paul.

Next we go to Mr. Bucshon, for 5 minutes.

Mr. Bucshon. Thank you, Mr. Chairman. And thanks to all the witnesses.

This is really a very important hearing. I am a physician so I am going to focus on some of the healthcare stuff. And Dr. Grim, I will focus a little bit on maternal mortality. We had a hearing on maternal mortality across the United States and what can we do to decrease the disparity, and maternal mortality and morbidity at his area hospitals?

What can Congress be doing specifically for the Indian Health Service in this area of maternity mortality.

Dr. Grim. Well, thank you, Congressman. Maternity mortality has improved significantly over the years in Indian Health Service as has infant mortality. And one of the keys, as I know you are well aware, is being prenatal care, making sure someone gets in timely and making sure that they keep all of their visits.

Part of the issue too with the Indian population is the high level of diseases within that population. If you take a look at almost any type disease, American Indians, Alaska Natives are in that top part. So a lot of the mothers are high risk in our population.

And I really believe that not only for this, but diabetes and other things, prevention is the key, you know, getting them in early. And sometimes that means there needs to be more providers in a particular area or a bigger clinic. I mean, it is a really complex issue. I know you appreciate that.

And so I will stop there to allow you more questions, but really just access to care, prenatal care.

Mr. Bucshon. So I think you mentioned earlier you still have a 25 percent shortage of providers in the system in certain areas, do you have specialty areas that are really short?

Dr. Grim. Yes, sir. There was a report done on Indian Health Service a while back that looked at a number of professions and the kind of vacancy rates that they ran.

And part of my written testimony talks about some of the things we could do to help recruit or retain people further, ranging from making funds available to Tribes for residency programs, loan repayment, or scholarship funding trying to increase those.

But yes, it is still extremely high rates across the Nation and it varies by location. Usually the more isolated, the more difficult that it is to recruit.

Mr. Bucshon. Yeah. I mean the graduate medical education situation is really a nationwide problem, not just in Indian Health Service and it sounds like you have got a similar situation there, more support for residency training.

You know, we are finding shortages particularly in primary care of rural America and Indiana that I represent. Part of that is the things you mentioned, the support for graduate medical education, but also the amount of debt that students are coming out of medical schools with, it makes it very difficult for them to practice in underserved areas where their income may not be at high.

So it sounds like you have got that same issue that needs to be addressed really for the whole country, including Indian health service.

I want to move on to the situation with the Special Diabetes Program for Indians. And I know we have been trying to do a long-term reauthorization get it across the finish line. Can you explain why short-term extensions have been disrupted to Tribal communities and why the longer term reauthorization for STPI is so important?

Dr. Grim. I think one of the biggest problems, Congressman, that we have with

those short terms are staff. Whenever you get near the end of a term of a funding, everyone in those programs across the whole country start worrying about whether they are going to have a job come whatever date that program ends.

Congress has been good to fund it, you know, year after year. But every time this happens it is disruptive to those programs and the patients too. So really something that is longer term is much better for everyone involved, including Congress to not have to deal with it so frequently.

The other thing that was brought up earlier in the hearing was that funding had as been stagnant for so many years, you know, and how medical inflation as well as general inflation has continued to rise over the years, that \$150 million does not buy near as much as it did when Congress first passed it. So --

Mr. Bucshon. Since 2004, right?

Dr. Grim. Yes.

Mr. Bucshon. Roughly.

Dr. Grim. Congress -- asking for a very modest increase, \$50 million to go up to \$200 million.

Mr. Bucshon. Yes. Well, I would like to say as a healthcare provider, the most important thing for me is quality affordable healthcare and access. And I think we have some substantial challenges in the Indian Health Service that we should be able to solve together.

And I very much appreciate the committee chairman for holding this hearing. I think it is a very important subject. And I know you know that you have substantial support on both sides of the aisle to try to address some of these long-standing problems, which we really should be able to address.

Again, for me, it is about access to quality healthcare. And we need to make that

happen for everyone.

So with that, Mr. Chairman, I yield back.

The Chairman. Thank you, Larry.

Next we are going to go to our vice chair, Yvette Clarke for 5 minutes.

Ms. Clarke. Thank you very much, Mr. Chairman. And I thank our Ranking Member Walden for holding this important and timely hearing on the wide range of pressing issues that our Tribal communities face. And thank you to our five witnesses for offering your testimony today.

Whether you look at the disparate impacts of the COVID-19 pandemic or the recent civil unrest marked by police brutality across our Nation, the past few months have made one simple fact clear, minority communities in America face countless inequities from all segments of society.

This is why I, along with my dear friend and colleague, a member of the Energy and Commerce Committee, the gentlelady from Illinois, Congresswoman Robin Kelly, are cochairing the Energy and Commerce working group for racial disparities to examine these manifestations of racial inequity and develop legislative solutions that will improve outcomes among people of color all across our Nation.

And so in my limited time today I would like to focus my line of questioning on the disparities that we have seen in our Nation's Tribal lands around healthcare, broadband, and energy development. According to the Indian Health Service, Native Americans have life expectancy that is 5-1/2 times lower than the average American. We also know that had the Indian Health Service on a per capita basis spends only one-third of what is spent nationally on patient care due to severe underfunding.

Now with the COVID-19 pandemic, we see similar disparities playing out once again as the virus exacerbates preexisting inequities in healthcare access and quality.

My first question is for President Sharp. Could you please elaborate on these broader health disparities that you mentioned in your testimony? What steps do you think Congress must make to address the systemic inequalities that lead to such disparate outcomes?

Ms. Sharp. Thank you. I so appreciate not only your question, but I must say just during the course of this hearing the questions that have been raised, I clearly there are a lot of people championing our issues and thinking about these. So I want to thank everyone that has been here this morning, it is quite an honor.

And directly to your question, Ms. Clarke, I really appreciate that, because Tribal Nations have a very clear vision for getting to the place we now in that classless future that we with all see. And part of it is holding the United States accountable to fulfill its trust responsibility. Those recommendations that are detailed in the report for the U.S. Commission on Civil Rights.

I think there is also another strategy supporting Tribal sovereignty to advance our economies the way we envision, building our private sector economy within our borders, engaging in international trade. There is a big gap between where we are today and that prosperous future and part of it [Inaudible] holding the [Inaudible] responsibility and supporting Tribal sovereignty, but both of those strategies and a Marshall Plan would be very effective and we look forward to partnering with Congress to see that through the end.

Ms. Clarke. Wonderful. Thank you so much for your response.

I am going to move on to the issue of broadband affordability. According to the FCC, less than half of all households on Tribal lands have access to reliable broadband services. This lack of access represents nearly a 27 point gap between non Tribal rural areas and an even greater gap when you compare it with countrywide coverage.

President Nez, why are so many Tribal households not connected to broadband, even in many instances when broadband service is available? And how can Congress ensure that all Tribal households are able to afford broadband access and devices needed to connect?

Mr. Nez. Well, thank you Madam Vice Chair Clarke, chairman, members of the committee. Thank you for that question.

You know, we have -- and I hate to say this and I am sure you all know that we have high rate of unemployment here on Tribal lands. And we are doing our very best to create economic development, community development, job opportunities here on the Navajo Nation. But as the white paper that has been mentioned many times that we sent to secretaries, to cabinet members of this administration, as well as congressional leaders is that there are certain regulations that hinder -- and policies, and laws that hinder development on Tribal lands.

And so, you know, even by bringing -- I will give you an example, even by bringing one new healthcare facility into an Tribal community could be that anchor tenant. That can bring economic development, it could bring in shops, and restaurants, and eat -- and other type of businesses around the new facility, as well as bringing in broadband connectivity for not just for the hospital, but for that region and for that community.

And I also wanted to mention too that, you know, specialty care -- see, a lot of doctors and nurses have a hard time getting used -- in Navajo getting used to being way out in the rural area.

They like to get doctors and nurses that are out there, want to have the shops, the businesses to go to. But here in Tribal Nations, the salaries are not up to par. As you have heard earlier his has not been fully funded.

And in term of specialty care, a lot of those specialty professionals are off our

Nation. So we have to send our patients off the Navajo Nation. And during this pandemic, some of the COVID-19 positive patients we had to send off our Navajo Nation, towards like Phoenix and Albuquerque. As you all know and have seen the news, there has been a big spike in patients off the Nation around us, like in Phoenix and in Albuquerque.

So we are fearful that some of our COVID positive patients may be denied to go to these facilities. And so the need to better our healthcare system here through the his is very important to us.

Thank you.

Ms. Clarke. Very well. I am yielding back, Mr. Chairman, but look forward to doing a deeper dive with the working group that we have established in committee.

I yield back.

The Chairman. Thank you, Yvette.

Next we move to Tim Walberg, 5 minutes. Tim?

Mr. Walberg. Thank you, Mr. Chairman.

Can you hear me now.

The Chairman. Yes.

Mr. Walberg. I will get the screen up so I know the 5 minutes that are here.

I appreciate the panel here today, it has been very interesting, but it only would have been better if we had the opportunity to have a hearing on the Tribal lands themselves, the beauty of those places.

President Nez, in your recent white paper you state that land previously disturbed for any infrastructure construction should have a categorical exemption from NEPA for future infrastructure projects.

I have a bill H.R. 7378 that would provide a categorical exception for the

deployment of broadband wholly within brownfields, et cetera, those type of sites that are heavily contaminated with former industrial activities.

So you have the picture of what site I am talking about, would you support this concept as we consider future packages or are there challenges that we need to consider that you address today?

Mr. Nez. Thank you, Representative Walberg, chairman, members of the committee. Absolutely, the intent of what you are doing is something that we have been advocating for some time on Tribal lands, but not just for broadband. I talked about an infrastructure corridor earlier where electrical lines, water lines, telephone lines, you know, everything to be approved with one approval process.

And what we are encouraging others to keep in mind, including yourself, Representative Walberg, is with the categorical exclusion, we also would that like that cover building of roads within Tribal communities. Much of the work in category exclusions have to be done by local communities and it only has a certain timeline before you have to restart that again.

And so we put a lot of money and effort into a lot of these requirements, but yet the law could be changed and that is what you are looking at with other Members and I appreciate that. And I am willing to be a part of that discussion.

Thank you, Representative Walberg.

Mr. Walberg. I hope we can move that forward and use land appropriately and also provide the amazing economic impact that it could possibly be.

Let me ask you President Nez again, I understand the Navajo Technical University has a wireless tower site maintenance program to help develop power technicians to deploy and maintain communications infrastructure, and that the NTU can be authorized to engage in partnerships with providers to build these towers.

What role can workforce needed for communications infrastructure deployment and the local economy aside from connecting members of the Nation?

Mr. Nez. A great question, Representative Walberg. And Navajo Technical University is right in the middle of one of the largest communities in the eastern part of Navajo Nation. And because of internet access, it is hard to get resources and monies to supplement salaries for, as I mentioned earlier, for doctors and nurses in healthcare.

There is a hotel going up in that community of Crownpoint, New Mexico, and Ship Rock, New Mexico, where NTU is. And I think with what is being proposed, you know, we could really make a hub community to where goods and services could be delivered there, rather than having our folks --

During this COVID-19 having our folks leave the Navajo Nation to go to the big box stores and possibly go into some type of discrimination, those that live off the Nation saying, well, you are bringing the virus off the Nation and then same thing for our citizens saying, hey, those visitors may be bringing the virus on.

And I think if we can really strengthen our economy here on the Navajo Nation, you know, these types of pandemics in the future we could really enhance our economy here on the Navajo Nation and in Tribal communities throughout the country.

Thank you.

RPTR SINKFIELD

EDTR HUMKE

[2:06 p.m.]

Mr. Walberg. Thank you. Thank you. I yield back my time.

The Chairman. Thank you, Tim.

Next, we are going to move to Kurt Schrader for 5 minutes.

Mr. Schrader. Thank you very much, Mr. Chairman, I appreciate it. And thanks for all the participants on the panel.

President Nez, thank you for your leadership. It is tough, tough times. My heart goes out to Navajo Nation right now. And I actually represent several Tribes myself, but for the purpose of my question to you, I want to point out that we have a Chemawa Indian School in my district, and several younger members of the Navajo Nation are participants and students at the school. And I am very worried -- and you talked about a little bit about the digital divide.

I mean, it is bad to begin with. And with this pandemic, I am very concerned about different school districts around the country and in my State and worried about Chemawa about going to online education. To me, I am very concerned that would only make the educational disparities that much bigger and have unequal education.

If you are a wealthy Portland suburbanite, you get a great education. Because you have access to the internet, you have access to devices. Maybe not so much for some of our kids in other locations.

So if you can describe a little bit your experience working with BIE to expand the broadband access to Navajo students and during the epidemic in particular, and actually prior to that.

Could you just talk about a little bit. And you are concerned about the difference in educational attainment given the fact that a lot of Tribal folks don't have access to the internet.

Mr. Nez. All right. Thank you, Representative Schrader, chairman, and members of the committee. Thank you for that question.

By the way, my mom and dad graduated from Chemawa Indian school. So --

Mr. Schrader. Very good.

Mr. Nez. -- so there is some history here.

With the work that we are doing here on the Navajo Nation, early on in this pandemic, as we saw the numbers start peaking all around the Navajo Nation, we got all of the schools and resources together, including the State schools. Remember, we have three States within the Navajo Nation -- Arizona, New Mexico and Utah. So that was a really a difficult thing to do is to bring State school departments to the table as well as the Bureau of Indian Education.

But we did begin to strategize on putting up hotspots, use hotspots for our students out there, and for also our citizens. Because, you know, early on, we had a public health order in place to mandate everybody to stay at home, and it was difficult because we are telling people to stay home, but they needed internet access.

And so with the Bureau of Indian Education, you know, they are looking at ways to bring online schooling to the forefront as well as the State schools. Some of the States in Arizona right now are looking at giving options to their parents. Three options. One, you want to be in the classroom. Two, at home or a little blend of both.

But here on Navajo Nation, we -- with the CARES Act funding that we recently got from you all with approval, we have put \$60 million or \$50 million aside to help out with connectivity to our schools and then to communities throughout the Navajo Nation.

Thank you.

Mr. Schrader. Very good. Very good.

Dr. Grim, I will switch to you here. I am pretty pleased that the Affordable Care Act actually is in now place. It is my understanding it has been a huge boom for Indian country as well as millions of Americans across the Nation. We permanently reauthorized the Indian Healthcare Improvement Act.

We expanded Medicaid, key determinant. And, yet, there are folks here in the United States Congress that want to get rid of the ACA, and some people in the White House perhaps. And I wish you would just comment a little bit what that would do to Indian healthcare right now.

Dr. Grim. Well, that is a good question, and I appreciate it, Congressman. The Indian Healthcare Improvement Act, and I am sure this committee is well aware of that, is attached and a part of the Affordable Care Act.

So every time there are challenges to that act, there are concerns that ripple across Indian country about whether that bill would be severable or not, you know, and saved, or whether we would go through having to try to reauthorize that bill again.

When I was director of the Indian Health Service, we had been trying for several years. I thought this is something I will be able to do when I am up there. Five years, we couldn't get it reauthorized while I was there. So, I finally got attached to that bill, and we were glad to see it, but we knew it was a risky move, but it worked.

And there are also things within the Affordable Care Act that are specific to Indian country. And I won't go through what those are. But to lose those too would be, you know, devastating to the Tribes. So thank you for the question.

Mr. Schrader. Well, thank you for being here. Thanks for the responses.

And I yield back, Mr. Chairman.

The Chairman. Thank you, Kurt.

Next, we go to Billy Carter. You are recognized for 5 minutes.

Mr. Carter. Billy Carter, Mr. Chairman?

The Chairman. Did I say "Billy"? I am sorry. I am losing it. It is has been a long day, Buddy. I apologize.

Mr. Carter. It has been a long day, indeed.

The Chairman. -- I am going to Savannah.

Mr. Carter. Well, I thank all of the panelists. I really appreciate this. This has been a very good hearing.

And I agree with my colleagues in saying that we need to expound upon this and expand this into, in more than just one hearing. All of this information has been very, very good.

Dr. Grim, I want to start with you, it has been said that during this pandemic that we have experienced 10 years worth of growth in telehealth, in telemedicine in one week. In fact, we have had -- we went from roughly 11,000 telehealth visits a week to almost over a million a week.

And I just wanted to ask you, I think that telehealth provides a tremendous opportunity for the Tribal areas, and what has been your experience -- what has been your experience during this pandemic with telehealth?

Dr. Grim. Well, you are absolutely right that this is one of the good things that has come out of this effort is that we have expanded telehealth tremendously across the entire health sector, not just in Indian country.

Our health visits in 2 weeks that were telehealth prior to 2 weeks later, 300 percent increase, and they have continued to increase to specialties we didn't think may be interested in doing it, providers that were on our staff that said, I never want to

do telehealth, they are doing telehealth, and they actually like it now. Patients are liking it now.

Some of the problems, though, we have talked about the broadband issue, the access. Certain of the telehealth visits, you need to have connectivity, you know. Certain reimbursements, you know, you can get it if you have this, but if it is just over a phone, maybe you can't get it.

CMS was good to rapidly waive a lot of items during this emergency. And what the healthcare sector is hoping is that a lot of the things that have been waived to make telehealth easier, you know, gets approved long-term. And Seema Verma has said they are looking at that, they are going to do it. But the other thing is that the reimbursement for telehealth visits lags behind is significantly too.

It was because it wasn't used that much. And so we need those both for Medicare, in particular, Medicaid, and also private insurance to be updated if we, after this is over, have some long-lasting effect that telehealth continues. And I hope we do.

Mr. Carter. Good. Good.

And, you know, you mentioned private insurance, and I appreciate you mentioning that because we need to focus on that. Obviously, we are going to focus on it at the federal level. We get it now. In fact, this committee has been pushing for telehealth for years. And I don't think there is any other Members of Congress that are members of this committee who are happy to see what has happened with telehealth because we, particularly, in the Health Subcommittee have been push pushing for that for years.

I will ask you, Chairman Sage, the broadband high speed internet, obviously, that is very much needed in the areas and on the reservations. Have the Tribes been able to utilize the two-and-a-half gigahertz spectrum for Tribal lands?

Ms. Sage. Yes, we have.

Mr. Carter. Have you had any difficulties with it, or has it worked okay?

Ms. Sage. We are still working on, you know, [Inaudible] that is about it. Everything [Inaudible] -- there is always something that has happened. But we are still working on different issues and [Inaudible] have like the short-term things is using like WiFi hotspots. The long-term is building out networks using the [Inaudible] 65 gigahertz. The big issue is that FCC [Inaudible] mapping needs to be funded. Mostly needs make access [Inaudible].

Thank you for the question.

Mr. Carter. Okay. Good. And one final question, and I will open it up to the panel. What are some of the challenges that you have experienced in, in encouraging the private sector, particularly private sector construction on your reservations?

Have you had any particular challenges with that and really encouraging private sector to -- in particularly private sector construction?

Ms. Thomas. Congressman Carter, this is Pilar Thomas. From an internet perspective, one of the biggest challenges the Tribes have with attracting private developers and private companies to build projects on Indian lands is a combination of the issue I brought up earlier with State regulatory systems that control the utility regulations.

But also a challenge across all of energy development -- and Chairwoman Sage, I am sure, can talk about this as well, is the dual taxation problem that we have. Because, as you know with renewable energy projects, investment tax credits are one of the critical, economic incentives.

And so since Tribes are nontaxable, they can't take advantage of those tax credits. They have to bring in a taxable entity to do those projects. While then the State can tax

that taxable entity. So the Tribe, it pushes out the Tribe's ability to tax or have other tax incentives to attract private enterprises because of a State taxation scheme that can interfere with that economic feasibility of that project.

Mr. Carter. In other words, it is a tangled web, I understand.

Ms. Thomas. It is.

Mr. Carter. My time is up, and I will yield back, Mr. Chairman. Thank you.

The Chairman. Thank you, Buddy.

Next is Dr. Ruiz recognized for 5 minutes.

Mr. Ruiz. Thank you, Mr. Chairman. This is a good day. It is a good day to finally have an Energy and Commerce hearing solely on Tribal policy issues.

After many years of requesting one, I am glad that now under your leadership, Mr. Chairman, that it happened. I am looking forward to many more, including markups, and will continue to advocate strongly for further hearings in this committee and other committees.

There are many important ways that this committee should advance Tribal priorities and improve lives. But today I want to focus primarily on healthcare. One issue that is incredibly important to me is a shortage of doctors and providers in Indian country. Without adequate providers, including doctors, nurses, and specialists, Native Americans are unable to access the care they deserve, and that the United States Government has a trust responsibility to provide.

According to the GAO in 2017, four out of eight his regions with his hospitals had nurse vacancy rates above 22 percent, including as high as 36 percent. Three out of those eight regions had physician vacancy rates above 30 percent, including two over 45 percent.

Last Congress, Congressman Mullin and I examined this and several other issues as

chairs of the Indian Health Service Task Force. That investigation showed that the his had a variety of challenges to filling these vacancies, including the following: Many his facilities are rural, surrounded by insufficient housing and have other infrastructure deficiencies that make it challenging for providers and their families to relocate.

Lower rates of pay make it harder for his facilities to compete for medical school graduates who just invested many years and often hundreds of thousands of dollars in their education and are weighed down by student debt.

Finally, there is a shockingly low number of American Indian and Alaskan Native students who pursue medical careers. Out of the almost 20,000 medical graduate students in 2017, only 30 were Native youth. That is 0.15 percent of all students who have graduated. While Native doctors are by no means guaranteed to serve Tribal communities, they are more likely to do so than their peers.

We know that the two biggest factors for where a doctor will practice medicine is where they are from and the last place that they trained. I did this when I returned to the Coachella Valley to serve my own community in terms of creating pipelines with students from underserved areas and creating residency trainings in medical education in those areas as well.

As a physician, I know the problem that the healthcare workforce shortage create. It means that Native Americans have to wait longer and drive further to get care. It means that many of the underlying social determinants of health are exacerbated by the lack of access to preventative care and early treatment of disease.

We must improve the educational pipeline by increasing the awareness and interest in pursuing careers in medicine among Native youth.

Dr. Grim, my first question is to you. Do you agree that helping and inspiring more Tribal youth to pursue medical education is an [Inaudible] to solving the long-term

provider shortage?

Dr. Grim. Yes, sir, I do. I think it starts early. And, you know, a lot of studies have shown the earlier in the pipeline you can do that, the better.

Having medical schools that are close to Tribal lands also helps, and having residencies on Tribal lands. Oklahoma State University Center for Health Sciences is opening up a medical school this year at the Cherokee Nation in partnership with them.

There are three Tribes in Oklahoma, and the Chickasaw are one of them, that have their own family practice residencies. And we are -- [Inaudible] our own. We have not been able to get a grant for teaching health centers through HRSA.

Mr. Ruiz. Great. Well, we definitely need more of that.

That is why Chairman Pallone and I introduced a package of bills that included H.R. 4534, The Native Health and Wellness Act which would create a grant program for Tribes to recruit and mentor Native youth for medical professions. This bill would lead to more doctors who can serve their communities.

Dr. Grim, other than increasing pay, what are your top recommendations to shrink the provider shortage in Indian country in the near term?

Dr. Grim. Well, two of the things that you mentioned in your opening comments, which I thought were great, are loan repayment programs and scholarship programs.

If we could make more funding available for both of those things, to Native youth, but to any doctors that are coming to Indian country, I think that would be a great, great help.

Mr. Ruiz. Thank you.

And then the final question, can you speak to how proactive investments like investing in Indian Health Service, making sure that we have more public health outreach

programs like the special diabetes program, perhaps even creating more funding for grants for mental health, public health within Indian Health Service is beneficial to Indian country?

Dr. Grim. Yes, sir. If somebody doesn't have access to care or doesn't have access to preventative services, they just flat out aren't going to go. And the longer they wait to get care, the worse their condition gets.

There are certain conditions that get better over time, you know, if you do nothing at all. But there are others that continue to get worse. And we are sorely underfunded in all of those areas you talked about, especially mental health too. Huge needs in Indian country for behavioral health issues.

Mental health, alcohol, and substance abuse, great, great needs. And part of the problem to fix it is making more dollars available in that particular line item of the budget.

Mr. Ruiz. Thank you very much. I yield back my time.

The Chairman. Thank you, Raul.

Next, we go to Ann Kuster recognized for 5 minutes.

Ms. Kuster. Thank you very much.

Thank you, Mr. Chair. Delighted to be with you all. Thank you so much to our witnesses for being with us. This is an incredibly important conversation, and it is long past time for Congress to address all of these challenges.

Healthcare, telecommunications, energy and water, even before COVID-19 but now we have seen that they have further exacerbated the inequities faced by our Tribal community.

I would like to address an issue that we haven't discussed that ties into the rates of sexual and domestic violence in Indian country and the alarming rate of missing and murdered Native women, which is truly a national tragedy.

It is a stain on our country that these incidents have persisted for too long and all too often without justice being served. And I will just say this as a deeply personal issue for me. I am a survivor of sexual assault, and now the co-chair of the Bipartisan Task Force to End Sexual Violence.

Last fall, our task force held a very emotional round table on this topic. And I want to thank Congresswoman Deb Haaland and Members from both sides of the aisle that joined us to hear from Tribes as far away as Alaska and across this great country. We heard heartbreaking stories and staggering statistics. The scope of this crisis is truly disturbing.

So I am proud now to support legislation to enable Tribes to arrest and prosecute non-Native perpetrators to expand protection orders and to establish new law enforcement protocols and resources. But it is clear to me that Congress has a long way to go. And I want to ask about what more this committee can be doing to help.

My first question is to Dr. Grim. Year by year, we continue to learn about how survivors process trauma and what kind of treatment they need for their own mental health. In some cases, this pain compounds upon historical trauma that people in Indian country can feel from their people having been systematically oppressed for generations.

So over your years with the Indian Health Service, have you noticed that the system is being more responsive to the emerging science, like trauma and informed care for survivors, and is there anything that you could add how we could help implement these strategies?

Dr. Grim. That is a great question, Congresswoman, and I appreciate your leadership on this issue. Yes, over the years as the science has evolved, you know the his has adopted it. One of the great things about Indian Health Service, I think, and Tribal Health Service Programs, is whenever research starts showing things, we can really

spread it across our system very quickly.

I am sure many of you have heard the adage that when something gets proven in research, it may take up to 13 years to end up in practice. But especially for problems like this, when new research and new treatments come out, you know, the agency has been doing a lot of trauma-informed care training with their staff.

And I hate to keep saying that it goes back to money, but, you know, having the availability of these services in areas, the vacancy rate issue that we talked about, all of these compound the already difficult nature of dealing with some of these problems, you know.

So I appreciate what you are doing, and I appreciate, you know, you say staying on top of this. And we will do anything we can to work with you on it, and it is a big problem in Indian country.

Ms. Kuster. Thank you.

Just before I close off, do you see in your near term an opportunity for Congress through the CONNECT Act to leverage telehealth solutions, to help survivors, particularly in those remote areas that we have talked about, and are there any other healthcare barriers that need to be addressed such as access to telehealth?

Dr. Grim. Yes. To all of that. There are barriers to telehealth. Some of them are the broadband issues, we have been discussing. And I am not an expert on the area, but I support everything that has been said, and our Tribe is doing a lot on that front to try to help.

But telehealth for behavioral health issues actually sometimes is more acceptable to the patients than, you know, coming in and talking to people face to face.

This rapid change to telehealth during this time, we have had so many patients and/or providers tell us, especially for behavior health services, that people are more

accepting of it, they like it. In fact, they want to continue to do it when, you know, the crisis, the pandemic is over.

So anything that we can do to make that number available, part of that is getting this broadband network out, part of it is the equipment. Sometimes there are special equipment. Sometimes it is just a phone. But anything we can do to enhance telehealth, I think it goes particularly well in psychiatric and behavioral health service.

Ms. Kuster. Great. Well, thank you so much for being with us. My time is up. I yield back.

Dr. Grim. Thank you.

The Chairman. Thank you, Ann.

The next member is Lisa, Lisa Blunt Rochester is recognized for 5 minutes.

Ms. Blunt Rochester. Thank you, Mr. Chairman. And thank you so much to the witnesses. This is a very important hearing, as many of my colleagues have stated.

In Delaware, I represent our two State recognized Tribes, the Nanticoke Tribe and the Lenape Tribes. And, you know, just being able for people to have a voice and to be heard is important. And, particularly when they are the people on which this country is your country.

And I -- I think all of us take a moment in this hearing because it is a -- it is a pivotal one. We know that COVID-19, the pandemic, has shined a light on systemic, ethnic, and racial inequities that course through our country. And these disparities have caused communities of color to really be disproportionately affected, and particularly in Tribal Nations.

And I have always believed that there is an inextricable link between the environment in which people live and their health.

This pandemic has underscored that reality. And one example is our country's

clean water infrastructure. In Delaware, from 2000 to 2014, we saw an increase in communities lacking access to clean water and sanitation services. It is no wonder then that these same communities are having higher infection and death rates from COVID-19, where one of the best ways to guard ourselves against this disease is by washing our hands with clean water.

The same trend is happening throughout the country's Tribal Nations, and it underscores a larger problem where these communities lack access to a basic human right, water.

My first question is for President Nez, you mentioned in your testimony that some members of the Navajo Nation haul water from more than 50 miles away. And I read another article that talked about donations of bottled water being distributed by volunteers in coordination for the response for COVID-19.

Can you discuss the sustainability of these practices and the continued impacts on health -- human health and the environment to communities that lack sustainable water infrastructure?

Mr. Nez. Thank you, Representative Rochester, chairman, and members of the committee, thank you for that question.

You know, we do appreciate the friends of the Navajo Nation that have stepped up and helped during this public health emergency here on the Navajo Nation, this pandemic.

And you know, we waited 3 months for the CARES Act funding to come to Tribes, and 3 weeks ago we finally got the last allocation of that. And so we had to rely on the friends to bring bottled water. And we are in a drought as well here on the Navajo Nation. We just got a report from a forest fire here Wood Springs 2 forest fire that just ravaged our lands and over 12,000 acres burned, and 76 percent contained.

So there is a drought here, and then on top of that you got this public health emergency. And CDC guidelines saying to wash your hands with soap and water. And people just can't do it. They haul water from various places. And even the water that we drill for right now could be contaminated with or arsenic and uranium.

As many of you know that are on the committee, you know we have over 500 uranium mines still opened here on the Navajo Nation that are still being cleaned up and those were during the Cold War era. And so during the Cold War era, the Navajo Nation helped out in two ways. The natural -- the resources here by gathering uranium and putting them into weapons. The second is also our language, our Navajo Code Talkers. I am sure many of you know about the history of our code talkers.

But in terms of water, it is very important that we, you know, get Navajo Utah Water Rights Settlement Act approved. Arizona Water Rights approved so that we can get clean drinking water to those 30 to 40 percent of our Navajo people that don't have running water.

Thank you.

Ms. Blunt Rochester. Thank you, Mr. President.

I have so many questions for so many of you, and my time is out in 20 seconds.

But one of the areas that hasn't been touched upon that I did want to ask about is people with disabilities. I served as Secretary of Labor in Delaware and also in another job got to work with CANAR which is the Consortium of Administrators for Native American Rehabilitation.

And as we talk about health disparities and issues related to mental health and physical health and jobs, rehabilitation services are going to be important as well.

So, hopefully, we will have an opportunity to talk about people with disabilities who come from Indian country as well.

Thank you, and I yield back.

The Chairman. Thank you, Lisa.

Let me just mention because I have been given some emails. What I have now is since there is no Republicans, I have the order as Kennedy, Cardenas, Kelly, Nanette Barragan, O'Halleran, and Veasey. Now that is assuming that none of the Republicans come back.

So next is Mr. Kennedy for 5 minutes.

Mr. Kennedy. Thank you, Mr. Chairman.

And thank you to your witnesses for being here for a critically important hearing.

As some of my colleagues have mentioned, this pandemic has become a diagnostic dye tracing through our system, exposing deep inequities and injustice across our society. Indian country and Tribal lands have, obviously, been no exception.

What we knew long before COVID-19 first entered our communities, that systemic underfunding of healthcare on these reservations was having a devastating consequence to the health of Native Americans across our Nation. We can't be surprised that after centuries of mistreatment of Tribes -- in this Government's name.

But now, as cases of COVID-19 reaches historic highs on a daily basis, we need to act quickly and to learn from our mistakes and protect the people that we serve.

So President Sharp, I wanted to start with you, can you describe whether his was able to, in your opinion, disburse CARES Act funding in a timely manner while respecting the consultation process?

Ms. Sharp. With all of the delays and barriers and appropriations, we could not gain access quickly enough, and nor did we gain access to the resources. But working through his to try to gain access to the National Strategic Stockpile was also a barrier. So, in terms providing resources and equipment, there were many delays that cost lives.

Mr. Kennedy. Did you report, just to flesh that out a bit, did your report end up receiving supplies of PPE and other critical devices or no?

Ms. Sharp. No. Here in the State of Washington, when we sought to seek PPE, we were told that a good part of that was going to be deployed to the Seattle King County area where the first nursing home was impacted.

So not only our Tribal Nations by virtue of being Tribal Nations have barriers, but because we are in a remote communities, we still have additional barriers in accessing PPE.

Mr. Kennedy. So, it is clear that there are those barriers and so many changes that are affecting Native Americans and ultimately the health outcomes and quality of life.

One particular issue is the availability of healthcare workers, which shortage of physicians and nurses impacting the State. What has been your perspective on the shortage, Madam President, and what actions need to take place in order to address this in the long-term.

Ms. Sharp. The shortage within my own Nation, and I could speak from personal experience as a Tribal leader dealing with a pandemic, we actually had to reach out to the Washington State National Guard to deploy the necessary resources and partnerships to conduct the testing.

In other words, a thousand, 30 percent of our population, like the number of staff and personnel that we had, it was simply just inefficient and insufficient to meet the needs.

Mr. Kennedy. Thank you, Madam President.

Dr. Grim, I wanted to turn to you. Telehealth obviously has been critical [Inaudible] during the pandemic [Inaudible] normal times, [Inaudible] the cost for

providers and for individuals. In one program, telehealth created a \$12 return for every dollar [Inaudible] basic services to underserved regions.

However, [Inaudible] need [Inaudible] opportunity [Inaudible] little for those who needs it most. Tribal reservations were under half of Tribal residents have access to fixed broadband.

Doctor, if you could share how telehealth would improve healthcare to Tribal residents. What are the main barriers of access to telehealth through Indian country?

Dr. Grim. Thank you for that question, Representative Kennedy. I think one of the biggest barriers we have talked about along on this hearing is broadband access. You know, for everyone to have access to that, it has just been exacerbated, you know, with COVID when you can't go into your doctor's office or you can't go into the office unless you are really sick.

You know, we converted things rapidly all across the Nation, and people have done the best they can. And I think this just pointed out some of these needs, you know, where that last mile of, you know, coverage to get to places or in President Nez's case, sometimes it is a lot more than the last mile.

But the other thing too is the funding, you know, the reimbursement for telehealth services. For some services, it is okay, it is good. And for others, it is way behind what it should be today.

And I think that was, you know, because as one of the former Representatives said, you know, we weren't using telehealth that much no matter how much we tried to push it for years. And now that people are seeing how useful it is, how good it is for so many services, I think it will continue beyond this.

And so we are going to have to fix some of these things we have discussed in the hearing today.

Mr. Kennedy. Sir, thank you very, very much.

President Nez, just very briefly. The cost of access to broadband far outweighs the cost that most residents in Tribal communities can afford to pay. H.R. 2 provided a \$75 subsidy for Tribal residents for broadband.

Briefly, can you talk a little bit about what those subsidies would be for?

Dr. Grim. Well, thank you Representative Kennedy, and chairman, and members of the committee there. You know, that subsidy would help to get fast high speed internet capability to our students, to our workers, as well as those most vulnerable populations so that they can have telehealth at their homes.

Mr. Kennedy. Thank you. I yield back.

Thank you, chairman.

The Chairman. Thank you, Joe.

And next is Tony Cardenas for 5 minutes.

I think you are okay Tony.

Mr. Cardenas. Let me move it over so I can see the clock. Okay. There you go.

Thank you very much, and I appreciate this opportunity for our committee to have this hearing and meet with the leaders of Nations. Thank you so much for coming forth and representing all the people of Indian country and all the needs that persist out there.

I have the right and I believe the responsibility to take this opportunity to apologize on behalf of the United States Congress and for the past opportunities that we passed up to have this hearing.

And I personally believe -- and I don't want anybody to assume that I am speaking for other Members of Congress, they can concur with me if they choose -- but I personally believe that the efforts of genocide on the first Americans has never ended in the sense

that for us as a country to chronically ignore that in Indian country you have the worst conditions on your Tribal lands of any other people in the United States of America. And for that to be ignored and that not to be attended to by Presidents of different parties, it is not a partisan statement I am making, I believe it is a fact.

And I want to make something very, very clear. I say this from my heart, and I say it as an honored Member of the United States Congress, that I do not say this out of pity, or I would not believe for one second that any of you came here today for anybody to feel sorry for you.

I believe that I say what I say because it is only right that we State that in public record. And that I believe that you are here to represent, as you have been elected, duly elected to represent your Nation.

So with that, I would like to open it up for an opportunity for you to share, if you will, how you feel about being the most ignored and disrespected communities in our land.

And the numbers prove out that when you look at the disparities of healthcare, when you look at the morbidity rates, when you look at the rates of death by babies who are Native American, et cetera, you are, if not at the top of the list, in every category, that no one wants to be at the top of the list of, you are.

And United States Congress has power of the purse. And, yes, whoever is the President at any moment has the responsibility of administering everything of this relationship between the United States of America and your Nations.

So if you would please, take this opportunity to express how you feel about this relationship and what it is lacking in this very important relationship that determines life and death with your people.

Thank you.

Mr. Nez. Representative Cardenas, thank you for those words. And thank you chairman and members of the committee.

And, you know, on behalf of the Navajo people, your heartfelt apology, I as an individual, as a President accept that. But we need the whole entirety of Congress to do the same.

You know, where to start right, there are just so many places, but if you look at the Broken Promises Report, you know these were sacred promises that were given or been made by one sovereign to another. And treaties or that foundation of our relationship. I mean we were here since the time of memorial. But that relationship, you know, should improve because of this committee hearing today.

You know, on the Navajo Nation, there are nine emergency rooms, 27,000 square miles of land equivalent to the size of West Virginia, and yet we have only nine emergency rooms. And our Indian Health Services need to be fully funded. We need to be able to support the Tribes in taking over their healthcare facilities. And that is just based on what we have gone through through this pandemic. And there is just this long list of other items that we could say.

So thank you so much for your heartfelt apology, sir.

Ms. Sharp. Thank you, Congressman, and with 10 seconds, how do I feel? I feel that Tribal Nations have an effective death sentence. If the scale of this pandemic continues to climb, and looking at the images coming out of Italy and Spain when I saw people just left to die in their homes, left to die on a gurney, I saw Indian country.

We don't have the resources, we don't have access to PPE. So how I feel? We have an effective death sentence right now facing this pandemic.

The Chairman. Tony are you?

Mr. Cardenas. Thank you, Mr. Chairman. I appreciate this opportunity, and I

look forward to working with all of my colleagues on both sides of the aisle to rectify these wrongs that have been so chronic and so persistent for hundreds of years and for generations.

I yield back. Thank you.

The Chairman. Thank you, Tony.

Next we go to Robin Kelly and recognized for 5 minutes.

Ms. Kelly. Thank you, Mr. Chairman. And I thank the committee for bringing us together to discuss this critical issue that everyone agrees we should have been discussing a long time ago. So thank you for bringing us together.

COVID-19 has laid bear longstanding issues related to Tribal data collection and sharing. Federal agencies claim that Tribes do not fully report demographic information, and that certain privacy restrictions prohibit data sharing.

Meanwhile Tribes note legitimate sovereignty concern. Without access to standardized data, it can be difficult to understand the impact of COVID-19 on Tribal populations. Some organizations and local health departments may even collect data without listing American Indian or indigenous as an option. Tribal data could be lost in a very expansive "other" category.

Dr. Grim, what recommendations would you have for his or CDC on how they can work together to improve the quality and quantity of Tribal and public health data both during and after COVID-19?

And I am the chair of the Congressional Black Caucus Health Brain Trust, and we have been very active on getting racial data numbers included in the last bill. But still, when the report came out, it was not good at all, and had very little meat to it.

So how can we make sure that the data from the Tribal Nations is included because data informs policy in resources and programs?

Dr. Grim. Thank you, Representative Kelly, for your leadership and for that question.

You know, one of the things that you mentioned has been a big problem over the years is the lack of American Indian or Alaskan Native being included in sufficient numbers and surveys across the country so that we can use that data.

And a lot of times, this was when I was with Indian Health Service, I don't know if it has changed, but a lot times the agency or individual Tribes will pay a company who is doing, you know, those big surveys to oversample, they call it oversampling the Native population so we have enough data to be comparable to what they are using those surveys for.

So I think ensuring that that is always happening, you know, for the population, not that it has to be an afterthought, that it has to be paid for separately by some Indian specific agency, but whenever things are being done, you know, that it be done in just a matter of course.

The other thing with the Indian Health Service, it is a huge issue right now for all of the Tribes and all of the Federal sites is our aging electronic health record. A lot of the data that comes to the Congress from Indian Health Service comes from that electronic health record, both clinical data and statistics as well as public health data.

And so right now, you know, the DOD and VA are making a big change in electronic health record. The Indian Health Service is the third, you know, Federal entity that has a big health service. And the agency is working on a plan, but it is going to be an extensive expense.

And my testimony, I said \$3 billion. That is what the estimate is right now to get a new electronic health record. I would say between those two things, that would go a long ways in making things right in the way of data.

Ms. Kelly. And the other question I have for whoever wants to answer is about vaccines and clinical trials. I know in the African-American community, they were left out of clinical trials for months, but now don't have the trust because of different things that have happened.

And I don't know if President Nez, if you want to answer the question, how do we get Tribal communities involved with clinical trials?

Mr. Nez. I appreciate the question, Representative Kelly, chairman, and members of the committee.

Yes, you hit it on the nail in regards to trust, you know. I mean, folks have taken advantage of Tribal communities, including the Federal Government. And you know, just look at what happened with the information that we forwarded to U.S. Department of Treasury. There was a breach of information there. And now it is all over the world. And you know that is not helping in restoring trust here.

And, you know, I think I also heard from Chairman Pallone that some of our -- I have heard a lot about bipartisan earlier, but I don't -- I didn't hear anyone from the Republican side being on this committee today. And that just shows that there is a lack of attention coming from the other party, and the seriousness in reconciling the relationship between the Federal Government and others.

So thank you so much.

Ms. Kelly. Thank you.

Mr. Griffith. Mr. Chairman, a point of parliamentary inquiry.

The Chairman. Mr. Griffith, yeah I hear you.

Mr. Griffith. Mr. Chairman, I just want to have the chairman acknowledge that there are Republicans that have been on the -- in the committee most of the time, and for a big period of time, I see Tim Walberg has turned on his camera.

Some are listening to it, but many of us have participated, and I just want to set the record straight.

The Chairman. Thank you. Now, where were we? Whose time was it? Robin?

Ms. Kelly. Yeah, my time is up.

The Chairman. You are done. All right. Thanks a lot.

Next is Ms. Barragan. Nanette is recognized for 5 minutes.

Ms. Barragan. Thank you, Chairman Pallone, for holding this hearing on addressing the urgent needs of Tribal communities, whether it is broadband access, energy, and water security, environmental injustice for public health disparities, the United States has a long way to go to address the challenges facing Tribal communities.

We have unfortunately seen during COVID-19 how harmful longstanding inequities are. It will take bold investments and policy solutions developed in partnership with Tribal governments and Native communities to make progress. So I appreciate the opportunity for us to talk about this today.

Ms. Sharp, my first question is going to be for you, there are over 500 super fund sites across Indian country, making up more than a quarter of all super fund sites in the United States.

Over 80 are on the National Priorities List. This environmental injustice causes serious harm to the health of Tribal communities from the ongoing air and water pollution caused by these toxic sites.

Ms. Sharp, how can we do a better job of empowering Tribes and engaging in consultation with Tribal governments in the super fund cleanup process so their needs and views are prioritized?

Ms. Sharp. Thank you. I can simply answer that question by suggesting the

United States take bold action to implement international standards set forth in the U.N. declaration on the rights of indigenous peoples with respect to pre, prior, and informed consent.

Throughout the years and facing many of these super funds sites, we engage in consultation. And up to this point, it seems as though it is an administrative exercise to check the box and proceed with unilateral predetermined action.

But if there is to be any meaningful relationship between the United States and Tribal Nations that comes to super fund sites, sacred sites, they must take into consideration not only our views, but those views must be decisive and determinative in the outcome that directly impacts our lives, our lands, and our people and resources.

Ms. Barragan. Well, thank you, Ms. Sharp.

We have also heard from advocates on the EPA action that the super fund cleanup is slow. However, when the EPA does take action, they often take the lowest cost option, such as covering up toxic substances instead of removing them from a location. These toxins then persist in the environment and still cause harm to our Tribal communities.

Do you have any advice on how Congress can improve the super fund policy to ensure a cleanup actually removes the harm from the community?

Ms. Sharp. Yes. I could answer that very broadly. Courts are now starting to consider climate-related impacts to regulatory and permitting decisions. Up until this point, climate-related impacts are not on regulatory checklists. Although, scientists are now finding that those impacts should be taken into consideration and factored.

And so we need to look at our environment holistically and look at new and emerging science, best science, and make sure that we are in line with the court decisions. Because if it is up to judges to force public policy to be responsive to climate

change, that means there is still work to do in Congress to address those very critical needs.

Ms. Barragan. Thank you.

Mr. Nez, when it comes to the climate crisis, we know environmental justice communities are hit first and worst by drought, flooding, and other impacts. Can you speak to some of the impacts the Navajo Nation is experiencing from climate change, and what investments Congress can make to help with adaptation?

Mr. Nez. Thank you again Representative Barragan for your question, the chair, and members of the committee.

Let me go to your comment on the super fund funding that is available there. You know, we as Tribes have to apply for these fundings in a competitive way. And we have recently tried to apply for some super fund dollars, and we were -- we weren't successful. And so we have to wait until the next available grant cycle in order to get funds that, you know, can clean up some of these sites here on the Navajo Nation.

And so what I am saying here is we need to be able to get direct funding to Tribes to help -- and I am using the example of the 500 or so uranium sites that are still open here on the Navajo Nation. I mean, those need be to cleaned up.

And as you all know, and the assistant speaker mentioned earlier that the downwinder bill, you know. Some of these uranium mines are still open, and we get a lot of wind here. And the uranium particles do go into the atmosphere, and we wonder why we have high rates of cancers in our area. And that could be one of many reasons why people get cancer here in the Southwest.

Thank you, Representative.

Ms. Barragan. Thank you, sir.

And with that I yield back, Mr. Chairman.

The Chairman. Thank you, Nanette.

Next we have Tom O'Halleran. You are recognized for 5 minutes.

You are good.

Mr. O'Halleran. I am good. Okay. Thank you, Mr. Chairman, and ranking member. I first want to thank the chairman for keeping his promise and making sure that this hearing was done. You made that promise publicly a number of months ago, and I really appreciate it.

Secondly, to clear up a couple of things we have a bill that we will drop tomorrow, on the extension deadline for the COVID money that was given out to the Tribes.

We also have a bill -- I want to thank the chairman and the ranking member also for leading a bipartisan GAO letter to identify his needs on Tribal Nations for different types of facilities. I am going to request and have been working with staff to do that also for the COVID conditions that are out there and to see how his has worked on those.

Additionally, we have a bill out there already on graduate medical education for Tribal in rural areas in the United States. So I am looking forward to that.

Now, I had a whole list of things, but the treaty and trust obligations of the United States of America. I just want to point out a couple of things we talked a lot about healthcare and others, and that is extremely important.

But the Navajo Nation 40 years ago had the Bennett Land Freeze where a large section of the reservation could not be changed. No new businesses, no changing of your house, nothing. And that is not resolved yet. It is resolved not as far as funding to get that resolved.

The uranium mining, the President brought that up, we are -- I have talked to EPA, there is not one of those 500 and some sites that are safe, and we have known that for 70 years since this is going on.

Unemployment, I represent 12 tracts. Unemployment rate ranges from 40 percent to over 80 percent. That is before COVID. Just imagine what it is today.

Police on Navajo, there is probably about 205 or 4 of the police officers on the street, around the clock, in an area of the State the size of West Virginia.

You get the sense here that I could go on and on, but I wanted to ask a couple of questions of President Nez, [Speaking native language.] President Nez.

In your testimony, you mentioned H.R. 7056 legislation that Congressman Don Young and I introduced to authorize much needed funding for the Indian Health Service Facilities Construction Program.

Can you explain how this would improve the lives of the elders in remote communities, like hard rock chapter, or do you think that adequate funding for the program will reduce the spread of COVID-19 by allowing elders to follow CDC guidelines and wash their hands with soap in clean water?

The second one is, is there a piece of legislation currently before the House that would immediately help the Navajo people if passed?

Mr. Nez. Thank you, my good friend, Tom, O'Halleran, Representative, and chairman, members of the committee for those questions.

I have spoke about earlier in terms of getting needed water infrastructure to our citizens. And again 40 to 50 percent of our Navajo citizens don't have running water. And so it is critical that we get water. Water to our Navajo people and through this drought, in our way of life, in our culture, and many of you may be ranchers, you know that our animals are important to us for providing for our well-being as well. You know, we sell our livestock to make, to -- you know, pay for things.

And here being in a drought, you know, with what Representative O'Halleran is pointing out is to give monies to the his for watering points, not just for drinking water

but also for our livestock here. Because a lot of times we have to go 50-plus miles to haul water.

And so it is critical at this point. Again, no vaccine. No cure for COVID. We don't know how long this is going to last. And we need to get running water to our Navajo citizens, especially those in the rural parts of the Navajo Nation.

And thank you so much for being a champion, Representative O'Halleran on the Special Diabetes Program, SDBI, and you know that funding has lessened the rate of diabetes throughout the Tribal communities.

Thank you.

Mr. O'Halleran. And, Mr. Chairman, I think my time is probably up. So I will yield.

The Chairman. Thank you, Tom.

And next, I see Marc Veasey. You are recognized for 5 minutes.

I cannot hear you yet, Marc. I think you are on mute.

Mr. Veasey. Thank you, chairman. Can you hear me? I appreciate you holding this hearing today. And I want to thank all the witnesses for taking time to be here as well.

It has really been amazing to me to just watch the news over the last really month or so, because we are learning more and more about how our Tribal communities in this country are being affected. At the very beginning, we didn't hear much about them at all. But as COVID continued to wreak havoc on the country, we finally started to recognize just how worse it has even been in our Tribal communities.

And we really have to be able to provide some sort of relief to these communities. We have talked a lot about health care and energy and education and environmental issues.

But, in my opinion, and you have heard this term a lot, we have to get to the root of the problem and start talking about some of the systematic inequalities that have held Indian country back and really put them in the space that they are in right now, which is obviously very dire.

And so I just want to ask the panel. In 2013, President Obama established the White House Council on Native American Affairs through an executive order to ensure that the Federal Government engages in a true and lasting government-to-government relationship with federally recognized Tribes in a more coordinated and effective manner, including better carrying out its trust responsibility.

Under the Trump administration, this council has been ignored and was only reestablished in April after COVID-19 had already started wreaking havoc and devastating Indian country.

And my question to the panel is are you aware of whether the White House counsel has held a principal level meeting yet, and if representatives from your Tribes have been invited?

Anyone on the panel? From Indian country, please.

RPTR DEAN

EDTR HUMKE

[3:07 p.m.]

Ms. Sharp. I am not aware of any engagement nor have I received any invite to participate.

Mr. Veasey. Thank you. Any other panelists?

Mr. Nez. I am sorry. Go ahead, Christine.

Ms. Sage. Thank you for this question and for the comment. For Southern Ute we have not been aware of this also. There needs to be attention drawn to this and hopefully you can do that. Thank you.

Mr. Veasey. Thank you. Mr. Nez.

Mr. Nez. Yes Representative, thank you, and chairman, and members of the committee. The 2013 White House Council of Native American Affairs was very critical in getting all the information from the Tribes to the White House, because those members on that council were secretaries of various departments.

And so when we are talking about the white paper, about seeing how these secretaries would be able to waive or set aside certain regulations, this could have happened if that council was established.

And I understand now it was reestablished in April, but to this date, I haven't heard any invitation other than what was brought up earlier about the missing and murdered indigenous relatives of ours being in the forefront. But when it comes to policy and regulations that deal with community and economic development, I haven't heard nothing.

Thank you.

Mr. Veasey. Do you think that if the White House, if President Trump were to fully revive this committee, do you think that the council could provide more inclusion and transparency for Tribal communities and better insure they have a seat up at the table when opportunities are made available for State and local government?

Mr. Nez. Absolutely, Representative. We as Tribal leaders throughout the United States have advocated that there should be a Tribal leader on this council. And I know that towards the end of the term it didn't happen for the previous administration, but, you know, that request is also being forwarded over to the White House.

We need Tribal leadership to be at the table on a lot of these discussions. And I bet if they were to do that, a lot of coordination can happen. Communication would be a lot easier for them, because these would be secretaries of each of the departments to make decisions on behalf of the Navajo or Native American citizens. Thank you.

Mr. Veasey. Thank you very much.

Mr. Chairman, I yield back.

The Chairman. Thank you, Marc.

I think that concludes the questions, unless I missed somebody. I don't think so.

So look, I want to thank all of our witnesses. I thought this was really worthwhile today. You know, we don't have too many full committee hearings. And the reason we did this was because the issues basically go across all of our subcommittees of jurisdiction. And so that is why we wanted to do a full committee hearing today.

[Inaudible] as did the members about where we need to go from here legislatively, investigatory, and otherwise and we are certainly going to follow up.

So I want to thank you all sincerely and thank all the members. We had almost every member of the committee participate today.

I do want to request unanimous consent before we conclude to enter into the

record the following documents, a statement from the Alzheimer's Association and Alzheimer's Impact Movement, a statement from the Robert Wood Johnson Foundation, a statement from the Internet Society, a statement from Representative Deb Haaland, a statement from Public Knowledge, a statement from the National Indian Health Board, a statement from the American Psychological Association, a statement from the National Council of Urban Indian Health, a statement from the Columbia River inter-Tribal Fish Commission, a July 2011 letter from Upper Mohawk Inc. to myself and Ranking Member Walden, a 2020 letter from the Navajo Nation to the President, to President Trump.

A statement from the Confederated Tribes of the Colville Reservation, a July 2020 report from the Department of Energy, Office of Indian Energy entitled DOE Indian Energy Program Overview, Tribal Energy Development and Deployment. And finally a July 2020 Presidential message on the 50th anniversary of the Federal policy of Indian self-determination. Without objection so ordered.

[The information follows:]

***** COMMITTEE INSERT *****

The Chairman. I do want to also remind members that pursuant to committee rules they have ten business days to submit additional questions for the record to be answered by the witnesses who have appeared and I would ask each witness to respond promptly to any such questions that you may receive.

So unless anyone has any other business, at this time the committee is adjourned.

Thank you all.

[Whereupon, at 3:12 p.m., the committee was adjourned.]