Oversight Hearing

"A Year in Review: The State of COVID-19 in American Indian, Alaska Native, and Native Hawaiian Communities—Lessons Learned for Future Action"

OPENING STATEMENT

Thank you, Madam Chair and thank you to the witnesses for being with us virtually.

I also want to congratulate and welcome the Chair to both Congress and the subcommittee.

I hope we can work to together in a bipartisian fashion to further promote tribal self-determination and honor the trust responsibility we have to Native communities.

As you noted, COVID-19 has dramatic and disproportionate impact on our native communities both in the lower 48 as well as my home state of Alaska.

In December 2020, Alaska's Chief Medical Officer announced that 37% of those who died from COVID-19 in Alaska are Alaska Native, though they only make up 16% of the population.

It is no secret that the Indian health care delivery system has had a storied history with being able to provide quality service, even before the pandemic.

Native communities also struggle with a lack of infrastructure.

Many tribes are in locations with limited transportation, medical, communications, and water and sanitation infrastructure.

In fact, according to a 2019 Federal Communications Commission (FCC) report, individuals residing on tribal lands are nearly 4.5 times as likely to lack any terrestrial broadband internet access as those on non-tribal lands.

As a result, some tribal patients are unable to access telehealth and tribal students are unable to access the same distance learning opportunities taking for granted in most parts of the Country.

As someone who cares greatly about our natives, I want to do all I can to assist our Native communities.

Many tribes, including those in Alaska, have contracted or compacted with the Indian Health Service to provide those services themselves.

However, even in cases where a tribe or Alaska Native health consortium is providing healthcare to its people, funding from the Indian health Service is typically much less than the current need.

The COVID-19 pandemic has exposed I-H-S weaknesses ten-fold.

For some tribes, the per capita positive COVID-19 rate rivalled some of the countries largest cities.

While Congress has provided additional funding to the I-H-S, B-I-A and others to support Indian Country combat the pandemic, there continue to be unmet needs.

I have supported providing advance appropriations to certain I-H-S accounts, and will continue to do so this Congress.

Congress has already authorized advance appropriations for the VA in 2009 and did so in a bipartisan manner.

Both the VA and I-H-S missions are based on federal obligations to provide healthcare to distinct groups.

Both should receive advance appropriations.

While this may not solve every problem with the IHS, it would provide a level of certainty within the Indian healthcare system and help quick responses to situations like COVID-19.

I have also cosponsored legislation that would provide funding to address deficient sanitation infrastructure in Native communities – both in Alaska and across the country.

This would also help to ensure the ability of Native communities to protect public health and provide access to safe, clean water and sewer infrastructure.

We as a nation have begun to round the corner and I am pleased that vaccine distribution has been positive in a majority of tribal communities.

But there is still more we must do to ensure all Tribes and Native Communities have the tools necessary to keep their communities safe and growing.

I hope today's conversation will promote sensible solutions that will push for greater coordination between federal agencies and our native communities.

Thank you, Madam Chair, I yield back.