Written Testimony – March 23, 2021 – House Subcommittee on Indigenous Peoples
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My name is Francys Crevier and I am Algonquin and the Chief Executive Officer of the National Council of Urban Indian Health (NCUIH). On behalf of NCUIH and the Urban Indian organizations (UIOs) we represent, I would like to thank Chair Leger Fernandez, Ranking Member Young, and the Members of this Subcommittee for the opportunity to testify today.

NCUIH represents 41 UIOs in 77 facilities across 22 states. UIOs provide high-quality, culturally competent care to urban Indian populations, constituting more than 70% of all American Indians and Alaska Natives (AI/ANs). UIOs were recognized by Congress in to fulfill the federal government's health care- responsibility to Indians who live off of reservations. UIOs are a critical part of the Indian Health Service (IHS), which oversees a three-prong system for the provision of health care: IHS facilities, Tribal Programs, and UIOs. This is commonly referred to as the I/T/U system.

Current Status of COVID-19 in Indian Country and UIOs

UIOs provide a range of services and are primarily funded by a single line item in the annual Indian health budget, which constitutes less than 1% of the total IHS annual budget (in FY20, urban Indian health was less than $58 million). The longstanding inequity in funding and lack of prioritizing UIO needs caused at least 4 programs to temporarily close in Spring 2020 due to the lack of PPE and resources. The pandemic devastated urban areas first, with Santa Clara Valley program being one of the first places in the country under a lock down. They have continuously provided services in the hardest hit urban areas during the entire pandemic. There have been vast improvements from where we were ago year ago with regards to availability of supplies, tests, and vaccines, but that will never make up for the sheer number of Native lives lost. Unfortunately, despite improvements, the situation facing Natives has not relented. The bottom line is that what little data exists for Natives shows a stark reality: COVID is killing Native Americans at a faster rate than any other community[1]. February was the deadliest month for Natives and January was the previous deadliest month. However, over a third of Native deaths across the nation are misclassified as white so this number is drastically undercounted.[2]

Due to the historical social determinants of health among Natives, we knew early on that COVID was going to be extremely deadly. We informed Congress and requested immediate help, but unfortunately, despite your best efforts, some of the help was too little, too late. We are asking Congress to prioritize and for the government to truly honor its trust obligation through the full funding of the Indian health system and urban Indian organizations.

Currently, at least 30 urban programs are offering vaccines through IHS. While there are reports of some hesitancy, that has largely not been the case among urban Indians. UIOs have been grossly undersupplied with vaccines by IHS therefore creating long waiting lists with people lining up out the door each day ready to get vaccinated. Urban Indian health workers are working around the clock to get community members signed up for the vaccines, scheduling boosters, transporting vaccines, and arranging transportation for community members, and conducting most regular operations. In fact, UIOs are filling the gaps that exist in the federal government as it relates to care for Native Veterans. In one community, Native Veterans stood in lines for hours at the VA and were **ultimately turned away – refused service and told to "go to the urban Indian clinic" instead**. Unfortunately, the UIO did not receive enough vaccines to account for all urban Native veterans for their area. Again, and again, UIOs are stepping up and doing more with less. We ask for

[1] APM/The Guardian
[2] Arias E, Heron M, Hakes JK. The validity of race and Hispanic-origin reporting on death certificates in the United States: An update. National Center for Health Statistics. Vital Health Stat 2(172). 2016.

your immediate assistance to get more vaccines to our UIOs to ensure every Native who wants the vaccine to be vaccinated.

With the supplemental funding from COVID-19 relief, UIOs have also reported the following changes: optimized dental clinic to meet CDC guidelines, reconfigured facility to improve social distance, hired staff, funded a vaccine location facility, communication and PSA campaigns to increase vaccine acceptance, purchase of PPE and medical supplies, purchased a pod for testing, hired behavioral health staff for increased workload of anxiety and depression from COVID, creation of a weather-appropriate outside testing space, upgraded electronic health records to accurate and effectively enter vaccine and testing data, installed a new HVAC, purchased a mobile unit for testing, new training for staff, and expanded behavioral health including victim services.

Request: $200.5 million for urban Indian health in FY22

While the budget reconciliation provided the largest investment ever for Indian health and urban Indian health, it is important that we continue in this direction to build on our successes of the past year. The single most important problem remains the same and that is for the federal government to establish a baseline of funding that meets the actual need for health care for Natives. The average health care spending is around $12,000 per person, however, Tribal and IHS facilities receive only around $4,000 per patient. **UIOs receive just $672 per IHS patient – that is only 6 percent of the amount for the average person**. That's what our organizations must work with to provide health care for urban Indian patients. The federal trust obligation to provide health care to Natives is not optional. The Tribal Budget Formulation Workgroup recommendation for the Indian Health Service budget for FY22 is under $13 billion with approximately $201 million for urban Indian health. (For context, urban Indian health was funded at just under $63 million for FY21.)

Each year, tribes and urban Indian organizations dedicate countless days to preparing a comprehensive document of recommendations related to the annual budget for Indian health, but Congress and the Administration have failed to provide the funding requested. With the ongoing conversations about equity and prioritizing tribal consultation and urban confer, it is important that our leaders are actually listening to our recommendations.

Request: Remove Facilities Restrictions and Fund Urban Facilities ($80 million)

Facility-related use of funds remains the most requested priority for UIOs. UIOs do not receive facilities funding, unlike the rest of the IHS system. One UIO stated that facility funding would enable them to create a space that allows for social distancing during smudging healing activities. Another UIO stated that "our facility remains in dire need of support for updates and remediation so we may pursue a safe space." Not only is this lack of funding detrimental to facility sanitation, it also drastically reduces the number of patients UIOs can see due to social distancing, furthering compounding health issues of Indian Country.

Even worse, the restrictions in the Indian Health Care Improvement Act (IHCIA) prohibit our health care providers from making any renovations using the federal funds they do receive solely because they are Urban Indian Organizations. The IHCIA limits renovation funding to facilities that are seeking to meet or maintain Joint Commission for Accreditation of Health Care Organizations (JCAHO) accreditation (only 1 of 41 even have this type of accreditation), leaving most UIOs forced to use their limited third-party funds for necessary facility improvements. Thankfully, our advocates on this Committee were able to assist with loosening restrictions regarding infrastructure upgrades as they related to the COVID-19. We are working on legislative fix to amend the facilities restrictions and ask for your support of that bill when introduced. We will be requesting $80 million

in facilities funding for UIOs from the Appropriations Committee for FY22 and ask your support of that request to make long needed upgrades to address gaps that have been exacerbated by COVID-19.

Urban Confer Policies Are Needed at HHS and Other Agencies

Currently, IHS is the only agency that has a requirement for urban confer with UIOs. During recent focus groups, a majority of UIOs expressed that urban confer with the Department of Health and Human Services (HHS) would have been beneficial for COVID-19 vaccine distribution. For instance, the deadline to decide between receiving a vaccine form IHS or state jurisdictions was not clearly communicated to UIOs on any national scope. Some UIOs were informed of the deadline by their Area office, but there was no national communication from HHS leading up to the deadline . Almost all UIOs felt rushed in their jurisdiction selection due to this inadequate communication that could have been avoided with an urban confer policy. We respectfully request the Committee assist with efforts to ensure that urban Indian organizations have confer policies with any agency that has jurisdiction over urban Indian health, including HHS and CDC.

Authorize Behavioral Health Support for Health Care Workers

Staff burnout remains a top concern among UIOs. The current COVID-19 pandemic, coupled with insufficient funding, has placed staff under considerable amounts of stress and pressure. One UIO highlighted that in the past month, staff morale has hit an all-time low. The organization has been forced to allocate already-limited third-party funds to staff support and self-care mechanisms, citing that IHS funds do not account for staff care. Another UIO is facing a similar problem; with no funding to address the concern of staff burnout, the organization is forced to take care of its staff through limited innovation such as heavily encouraging staff take leave, longer lunches, and extra hours off work. These concerns are echoed by many UIOs, especially as the COVID-19 pandemic continues. Staff have been working under taxing conditions to keep up with the community's increasing demand of medical and behavioral health needs. Stringent funds do not leave room for staff care and expansion to sustain these demands. We respectfully request that Committee include UIO staff in any legislation to expand availability of behavioral health support to federal health care workers.

Advance Appropriations

The Indian health system including the Indian Health Service (IHS), Tribal facilities and Urban Indian Organizations (UIOs) is the only major federal provider of health care that is funded through annual appropriations. For example, the Veterans Health Administration (VHA) at the Department of Veterans Affairs (VA) receives most of its funding through advance appropriations. An advance appropriation is funding that becomes available one year or more after the year of the appropriations act in which it is contained. If IHS were to receive advance appropriations, it would not be subject to government shutdowns, automatic sequestration cuts, and continuing resolutions (CRs) as its funding for the next year would already be in place. According to the Congressional Research Service, since FY1997, IHS has once (in FY2006) received full-year appropriations by the start of the fiscal year. Last year, during the pandemic ravaging Indian Country, Congress enacted two continuing resolutions. When funding occurs during a CR, the IHS can only expend funds for the duration of a CR, which prohibits longer-term, potentially cost-saving purchases. In addition, as most of the Indian health services provided by Indian tribes and UIOs under contracts with the

federal government, there must be a new contract re-issued by IHS for every CR. Instead, IHS was forced to allocate resources to contract logistics twice in the height of the pandemic when the resources could have better spent equipping the Indian health system for pandemic response. During the most recent 35-day government shutdown at the start of FY 2019 –the Indian health system was the only federal healthcare entity that shut down. UIOs are so chronically underfunded that during the 2018-2019 shutdown, several UIOs had to reduce services, lose staff or close their doors entirely, forcing them to leave their patients without adequate care. In a UIO shutdown survey, 5 out of 13 UIOs indicated that they could only maintain normal operations for 30 days without funding. For instance, Native American Lifelines of Baltimore is a small clinic that received three overdose patients during the last shutdown, four of which were fatal.

Conclusion

These requests are essential to ensure that urban Indians are properly cared for, both during this crisis and in the critical times following. It is the obligation of the United States government to provide these resources for AI/AN people residing in urban areas. This obligation does not disappear in the midst of a pandemic, instead it should be strengthened, as the need in Indian Country is greater than ever. We urge Congress to take this obligation seriously and provide UIOs with all the resources necessary to protect the lives of the entirety of the AI/AN population, regardless of where they live.