

**House Appropriations Committee Interior Subcommittee**  
**IHS COVID-19 Hearing**  
June 11, 2020

Good afternoon Chair McCollum, Ranking Member Joyce, and Members of the Subcommittee. Thank you for the opportunity to testify on the Indian Health Service's (IHS) efforts to respond to and recover from the Coronavirus pandemic.

Over the past several months, the Indian Health Service has worked closely with our tribal and Urban Indian Organization partners, state and local public health officials, and our fellow federal agencies to coordinate a comprehensive public health response to the pandemic. Throughout our efforts, our number one priority has been the safety of our IHS patients and staff.

While the Indian health system is large and complex, we realize that preventing, detecting, treating, and recovering from COVID-19 requires local expertise. We continue to participate in regular conference calls with tribal and urban Indian organization leaders from across the country to provide updates, answer questions, and hear their concerns. In addition, IHS engages in rapid Tribal Consultation and Urban Confer sessions in advance of distributing COVID-19 resources to ensure that funds meet the needs of Indian Country.

I am grateful to Congress for supporting our efforts through the passage of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020; the Families First Coronavirus Response Act; the Coronavirus Aid, Relief, and Economic Security (CARES) Act; and the Paycheck Protection Program and Health Care Enhancement Act. These laws have provided additional resources, authorities, and flexibilities that have permitted the IHS to allocate

nearly \$2 billion to IHS, Tribal, and Urban Indian health programs to prepare for and respond to Coronavirus. These resources have helped us expand available testing, public health surveillance, and health care services. Moreover, they support the distribution of critical medical supplies and personal protective equipment in response to the pandemic. In addition, the \$500 million distributed by the Department of Health and Human Services (HHS) from the Provider Relief Fund to IHS, Tribal, and Urban Indian health programs will help providers in American Indian and Alaska Native Communities recover lost revenue, and provide Coronavirus-related health care services. All of these resources make a real difference in helping to fulfill our IHS mission as we continue to work with tribal and urban Indian organization partners to deliver crucial services during the pandemic.

The Indian Health Service continues to play a central role as part of an all-of-nation approach to prevent, detect, treat, and recover from the COVID-19 pandemic. We are partnering with other federal agencies, states, tribes, tribal organizations, universities, and others to deliver on that mission. We protect our workforce through education, training, and distribution of clinical guidance and personal protective equipment. We also protect our tribal communities through supporting tribal leaders in making their decisions about community mitigation strategies that are responsive to local conditions, and to protect the health and safety of tribal citizens as those communities make plans to safely return to work.

We are detecting COVID-19 through screening and state-of-the-art lab testing. Through White House-led testing initiatives, we have distributed, or are in the process of distributing a total of 350 Abbot ID NOW rapid point-of-care analyzers, as well as hundreds of thousands of testing

supplies for various testing platforms. The IHS National Supply Service Center has also distributed over 60 million units of personal protective equipment and other Coronavirus response related products, including 1.7 million testing swabs and transport media. As of June 7, we have performed 157,980 tests in our American Indian and Alaska Native communities, which equates to 9.5% of our user population, exceeding the U.S. all-races testing rate, and the testing rate of most states and foreign nations. Of those tests, 13,165 (9.3%) have been positive, with large geographic variation from as much as 23.3% in the hard-hit Navajo Area, to less than 0.3% in the Alaska Area.

We are treating each and every patient with culturally competent, patient-centered, relationship-based care. As we look to recovery from COVID-19, the Indian Health Service is supporting the emotional well-being and mental health of its workforce and the communities we serve, providing training, education, and access to treatment that draws from our faith and traditions and a long history of cultural resilience among American Indians and Alaska Natives.

Earlier this month, the IHS announced a new Critical Care Response Team of expert physicians, RNs, and other health care professionals on an as needed basis. This team will provide urgent lifesaving medical care to COVID-19 patients admitted to IHS or tribal hospitals. These expert medical professionals will conduct hands-on clinical education while treating patients and expanding capacity. They will also train the frontline health care professionals on the most current information available for the management of COVID-19 patients, and other critically ill patients. The critical care response team can be mobilized and at the bedside of the patient within 24-48 hours' notice.

Earlier in May, we began distributing remdesivir to IHS federal and tribal hospitals based on requests and current burden of patients with COVID-19 who are hospitalized or in an ICU. Remdesivir is an investigational antiviral medicine that has been used under an emergency use authorization to treat certain people in the hospital with COVID-19. Remdesivir was shown in a clinical trial to shorten the time to recovery in some people, although the data was not sufficient to determine if the drug was associated with lower mortality. HHS has provided the Indian Health Service with access to 8,000 vials of remdesivir, and it is being supplied to patients at 15 of our IHS and tribal hospitals across the country.

In April, the IHS expanded use of an Agency-wide videoconferencing platform that allows for telehealth on almost any device and in any setting, including in our patients' homes. Since April's telehealth expansion, the IHS has experienced a greater than eleven-fold increase of telehealth visits, from roughly 75 telehealth visits per week on average to now 907 videoconferencing telehealth visits per week on average. This number does not include other telehealth modalities such as care provided over the telephone, which is common in the bandwidth-constrained environments of Indian country.

We look forward to continuing our work with tribal and federal partners as the country moves toward phased reopening of workplaces and restarting the American economy. As we work towards recovery, we are committed to working closely with our stakeholders and understand the importance of working with partners during this difficult time. For instance, we are currently working with other federal partners to provide assistance to the National Indian Gaming Commission as they work to provide guidance to tribally owned casino facilities that want to

ensure they are doing all they can to keep employees and customers safe. We strongly encourage everyone to continue to follow CDC guidelines and instructions from their local, state, and tribal governments to prevent the spread of COVID-19 and protect the health and safety of our communities.

Before I close, I want to share an update on a trip that I made to the Navajo Area IHS at the end of May. During my trip, I visited the Navajo Area Office and Emergency Command Center in Window Rock, Arizona. I met with Navajo Nation President Jonathan Nez and joined him in the Navajo Nation's virtual town hall meeting on COVID-19. I am grateful for the strong leadership displayed by our tribal partners in working alongside federal and state partners to ensure the safety and well-being of American Indian and Alaska Native communities. I observed powerful and uplifting examples of collaboration during my visits to the Gallup Indian Medical Center, the Shiprock-Northern Navajo Medical Center, and the Crownpoint Health Care Facility. I would like to thank our entire Navajo Area IHS team for their continued dedication to our patients. I also want to acknowledge the rest of our IHS team, including those on the front lines, and others in supportive roles that have demonstrated profound commitment to raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level during this unprecedented time. I am extremely proud of their hard work to combat Covid-19, and I consider myself fortunate to work alongside a truly talented and dedicated team.

Thank you again for the opportunity to speak with you today. I appreciate your continued partnership and engagement while we work to combat the COVID-19 pandemic together.