



Chair Betty McCollum
Subcommittee on Interior, Environment, and Related Agencies
Indian Country COVID-19 Response Hearing
September 30, 2020

The COVID-19 pandemic is affecting our entire Nation, but as with many crises in this nation, there are pronounced racial disparities in the impact of this pandemic. African Americans, Hispanic/Latinos, and Native Americans are experiencing higher rates of infection and death. As of Monday, September 28, IHS indicates 50,219 individuals, or 6%, have tested positive. This is not a complete and accurate picture however, because IHS data only captures tests provided by IHS or those Tribes voluntarily submitting data.

Further, IHS data is based on the number of tests administered; as in all communities, we only know who has *tested* positive, not the true number of positive individuals. As a result, there could be an even higher positivity rate among Native Americans. As of July 14, the UCLA American Indian Studies Center reported that seven Tribes had more cases of coronavirus per 100,000 citizens than any state, even New York. More recently, the Center for Disease Control found that of 121 cases of COVID-19 deaths among children, Hispanic, Black and Native children accounted for 75% of those deaths. Yet these groups are only 41% of the United States population. As with adults, children who died had an underlying health disparity, such as obesity or asthma.

We have discussed year after year, here in this Subcommittee, those disparities and the broken promises of the federal government to fund adequate healthcare, nutrition, and public health protections for Native Americans. We have made some progress, but budget caps and sequestration have constrained our work, and federal spending for Native programs still lags far behind. And tribal leaders warned of the vulnerabilities that existed in their communities as this pandemic began to spread. That is why my colleagues and I, on both sides of the aisle, fought to include targeted funding for the Indian Health Service, as well as relief funding for tribal governments, in the CARES Act and other relief packages.

Within this Subcommittee specifically, we have provided \$1.1 billion to date to the Indian Health Service and \$500 million to the Bureaus of Indian Affairs and Indian Education to address the COVID-19 pandemic. However, there have been issues with the administration's distribution of these and other funds for tribal nations that Congress provided. We also know that greater flexibility for the use of funds is needed, as is more direct relief.

The need to examine and address the ongoing situation in Indian Country is apparent. Congress needs to understand the full impact of the pandemic on Native Americans, and how to better meet the needs of

your communities in future relief packages. Since the beginning of the pandemic, I've advocated for personal protective equipment, or PPE, complete test kits, and other supplies to be made available to Indian health facilities AND Tribal governments. Without these items, Native Americans are unable to ensure their safety while receiving essential government services, such as health care, welfare checks, law enforcement services, and domestic violence assistance.

Every aspect of Tribal operations is affected by the virus and I am especially interested in whether Tribes and health facilities are obtaining PPE, test kits and other supplies to meet their needs. I am also interested in whether Indian Country is being included in conversations about vaccine distribution, once a safe and effective one is approved. Unfortunately, politics are coming into play as Tribes try to save their people and culture. We see President Trump trying to rush through a vaccine, and tribal leaders are understandably concerned about ensuring that it will be available to their people, but most importantly, that it will be safe and effective. Although eventually retreating on the Navajo Nation, the Bureau of Indian Education tried to force BIE-operated schools to open with in person instruction, regardless of Tribal laws on social distancing, stay at home orders, and mask requirements. As we respond to and recover from this pandemic, tribal nations need to be true partners, whose sovereignty is respected. I hope this hearing can help us to more clearly see the challenges Native America is facing, and the actions we need to take to protect your communities and support you in rebuilding from this crisis.

This week, the House has filed an updated HEROES Act, which would provide \$2.3 billion to help IHS, tribal and urban Indian health organizations fight COVID-19, including \$1 billion for lost third party revenues. It would also provide an additional \$900 million to assist the provision of essential government services to continue to function with support for cleaning, PPE, deliver potable water, housing and other activities. Now is the time for the Senate to come to the table and provide relief for Indian country and the American people. As we rebuild from this crisis, the needs of tribal nations, Indian health facilities, and BIE-funded schools must remain a priority in any future relief or stimulus package. The United States has treaty and trust obligations to provide health care, education, and other services to Native Americans. This subcommittee has worked in a non-partisan way to improve the situation and increase funding for Indian Country, and that responsibility and collaboration is more important now than ever.

I look forward to hearing how the agencies have implemented the appropriated funding thus far, the new and continuing challenges in addressing the pandemic, and how the Federal government can help. Throughout this pandemic, we have been in contact with Tribes and Tribal organizations about the impact the virus is having on Native Americans. For this hearing, they are invited to submit written testimony for the record by COB today.

At this time, I would like to yield to the Ranking Member, Mr. Joyce, for any opening remarks he would like to make.