National Congress of American Indians

National Indian Health Board

National Council of Urban Indian Health

July 30, 2020

The Honorable Richard Shelby
Chair, Appropriations Committee
U.S. Senate
S-128 U.S. Capitol Building
Washington, DC 20515

The Honorable Patrick Leahy
Ranking Member, Appropriations Committee
U.S. Senate
S-128 U.S. Capitol Building
Washington, DC 20515

The Honorable Nita Lowey
Chair, Appropriations Committee
U.S. House of Representatives
H-307 U.S. Capitol Building
Washington, DC 20515

The Honorable Kay Granger
Ranking Member, Appropriations Committee
U.S. House of Representatives
H-307 U.S. Capitol Building
Washington, DC 20515

Re: COVID-19 Vaccine Distribution

Dear Chair Shelby, Chair Lowey, Ranking Member Leahy, and Ranking Member Granger:

On behalf of the undersigned national organizations collectively serving all 574 sovereign federally-recognized American Indian and Alaska Native (AI/AN) Tribal Nations and all 41 urban Indian organizations (UIOs), we write to **strongly urge you to ensure that the next COVID-19 pandemic relief package includes direct set-aside funding to Indian Health Service (IHS), Tribal Nations, and urban Indian organizations (collectively "I/T/U") for COVID-19 vaccine distribution, administration, monitoring, and tracking**.

Under both the 1918 Spanish Flu pandemic, and the 2009 H1N1 pandemic, AI/AN people had death rates *four times higher* than the nation. Unfortunately, under each of those public health crises - and despite their profound impact on Tribal communities and AI/AN People – access to and/or a distribution plan for vaccines were afforded last, if at all, to AI/AN communities. This is because under both of those previous pandemics, Congress failed to enact direct set-asides for the I/T/U system for vaccine access and distribution and the Administration failed to create specific plans to safeguard Tribes or their citizens. Neither Congress nor the Administration did any planning around vaccination, health promotion, disease prevention or other impacts in Indian Country during the H1N1 pandemic and other previous pandemics. **Congress has the opportunity to ensure this sordid history does not repeat itself with the COVID-19 pandemic**. Congress can achieve that by including a **minimum 5%** direct, statutory set-aside in funds for the entire I/T/U system for COVID-19 vaccine distribution. A 5% set-aside is reflective of the size of the national AI/AN population, and of numerous statutory funding set-asides Congress has previously enacted for issues like the opioid crisis, suicide, chronic disease, and many others. We strongly urge you to ensure that a statutory set-aside for COVID-19 vaccine distribution is included for the full I/T/U system in this next COVID-19 pandemic relief package.

The federal government has treaty obligations to fully fund health services in Indian Country in perpetuity. These obligations were established through the over 350 Treaties signed between sovereign Tribes and the United States, and reaffirmed in our U.S. Constitution, Supreme Court case law, and federal legislation and regulations. These obligations must be honored under the COVID-19 pandemic and beyond. To that end, we greatly appreciate the $1.032 billion allocated to IHS under the CARES Act, and $750 million Tribal and urban Indian set-aside for COVID-19 testing under the Paycheck Protection Program and Health Care Enhancement Act. These were critical, but not nearly sufficient, investments to stem the tide of the pandemic in Indian Country. As Congress negotiates funding for COVID-19 vaccine distribution, it must ensure direct funding and access to vaccines reach the full I/T/U system.

Indeed, Indian Country has been disproportionately impacted by this pandemic. This is a systemic reality rooted in large part in the chronic underfunding of IHS, including a long term lack of investment in public health infrastructure. Per capita spending for those utilizing the I/T/U system reached only 40% of national health spending in 2018 ($3,779 vs $9,409), and, unsurprisingly, AI/AN people experience among the starkest disparities in the underlying conditions that increase the risk for a more serious COVID-19 illness. These include Type 2 diabetes, liver disease, heart disease, cancer, obesity and asthma. According to the Centers for Disease Control and Prevention (CDC) AI/AN People **have the highest COVID-19 hospitalization rate** at 281 per 100,000 – a rate 5.3 times higher than for non-Hispanic Whites.[1] Aggregated national data on death rates show that AI/AN People are experiencing the **second highest COVID-19 death rate**, at 60.5 deaths per 100,000.[2]

In closing, we thank the Committee for the continued commitment to Indian Country and urge you to prioritize Indian Country in COVID-19 vaccine distribution and access. We patiently remind you that federal treaty obligations to the Tribes and AI/AN People exist in perpetuity, and must not be forgotten during this pandemic. We urge you to make a commitment and follow through on it: determine that American Indians and Alaska Natives will receive the vaccine, will have funds sufficient to acquire and distribute it and the full faith and confidence of the United States Government will ensure distribution to this nation's first citizens will be reliable, swift and early. As always, we stand ready to work with you in a bipartisan fashion to advance health in Indian Country.

Sincerely,

National Indian Health Board
National Congress of American Indians
National Council of Urban Indian Health

[1] Centers for Disease Control and Prevention. COVID-19 Data Visualization. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html
[2] APM Research Lab. The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the U.S. https://www.apmresearchlab.org/covid/deaths-by-race