



# Northwest Portland Area Indian Health Board

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## **U.S. House of Committee on Ways and Means Hearing on the Disproportionate Impact of COVID-19 on Communities of Color Written Testimony Chair of the Northwest Portland Area Indian Health Board**

**May 27, 2020**

Chairman Neal and Ranking Member Brady and Members of the Ways and Means Committee, my name is Nickolaus Lewis, and I serve as a Council member of the Lummi Indian Business Council, Chair of the Northwest Portland Area Indian Health Board (NPAIHB or Board), Representative on the Substance Abuse Mental Health Services Administration (SAMHSA) Technical Tribal Advisory Committee, and Portland Area Representative on the Centers for Medicare and Medicaid Services (CMS) Tribal Technical Advisory Group. I thank the Committee for the opportunity to provide testimony on behalf of NPAIHB on the disproportionate impact of COVID-19 on tribes in the Pacific Northwest.

NPAIHB is a tribal organization, established in 1972, under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638 that advocates on behalf of the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues. The Board's mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives (AI/AN) by supporting Northwest Tribes (also known as Portland Area Tribes) in the delivery of culturally appropriate, high quality health care.

### ***Disregard for Trust and Treaty Obligations***

AI/AN people are individually at high risk of contracting COVID-19 because of pre-existing health inequities resulting in serious illness if it is contracted. The disproportionate impact is the result of blatant disregard for trust and treaty obligations. AI/AN have legal rights to federal health care services. However, the persistent lack of adequate funding for IHS, the main agency responsible for providing health to AI/AN is often cited as a barrier to reducing the pervasive health disparities that affect AI/AN.<sup>1</sup> The United States Commission on Civil Rights (USCCR) report, *Broken Promises: Continuing Federal Funding Shortfall for Native Americans* (December 2018) evaluates the federal government's commitments to support the well-being and sovereignty of AI/ANs. The report concludes that the federal government has not adequately followed through on federal trust obligations and recommends steady, equitable, and non-discretionary funding be appropriate directly to tribal nations to support the public safety, health care, education, housing, and economic development of tribes and AI/AN people. COVID-19 provides the opportunity for Congress to fully fund the Indian health system to address the neglect and disregard for the lives of AI/AN.

### ***Increased Number of Cases Among Northwest Tribes***

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<sup>2</sup> <http://www.npaihb.org/COVID-19-data-dashboard/>

As of June 7, there have been 456 COVID-19 cases in the tribal communities of the Northwest.<sup>2</sup> Tribes in the State of Washington have had an additional 84 cases in the last week, as compared to Idaho and Oregon, who have had 14 and 11 additional cases among AI/AN people, respectively. Overall six percent (6%) of those tested are testing positive in tribal communities, which is in contrast to the number of positives in the States in general at about three percent (3%). Some tribal communities are located in “hot spots” in their respective states and are having great impact on tribal community members. This week in Oregon, there were 64 per 10,000 emergency department visits for COVID-19 symptoms among AI/AN compared to 18 per 10,000 non-AI/AN emergency department visits for COVID-19 symptoms.<sup>3</sup> NPAIHB is concerned about the rapidly increasing rates of COVID-19 infection and the lack of infrastructure to prevent the spread, to address basic needs, and residual needs, of tribes and AI/AN people.

The impact of COVID-19 on the mental health of Northwest Tribal members is of great concern and the long-term impacts are still unknown. As a result of COVID-19, in just three months, there have been increased impacts on mental health, suicidal ideation, depression, and substance use. We anticipate there will be many unexpected losses within our tribal communities from COVID-19 so mental health and substance use services will be key to preventing suicides and overdoses which would exacerbate losses from COVID-19. Resources for mental health and substance use, as well as the infrastructure to use tele-behavioral health technology will be key. Many communities lack broadband infrastructure and many tribal members do not have smart phone devices for tele-services.

### ***Decreased Access to Food and Lack of Access to Water***

Tribes, especially rural tribes are disproportionately impacted by COVID-19 as they navigate new food deserts and food insecurity. Unlike any other races, the disproportionate health impact of COVID-19 on AI/AN people in the Pacific Northwest is complicated because in many areas, the supply chain is broken. Keeping up the caloric level to sustain tribal members with existing health disparities, those with compromised immunity and even healthy members is threatened by sudden and unexpected shortage of food during COVID-19. As desperation increases with the extended timeframe of the virus, some tribal members are traveling outside the reservation by bus to reach food banks to feed their families. Federal Distribution of Food on Reservation programs are trying to keep up with the 80% increase in “take rate of food”. The huge number of laid off tribal employees also increases pressure on the food systems. It's getting harder to sustain nutrition, keep people from starving due to the upswing in new tribal food deserts. New health guidance and restaurant closures have limited fishing, and decreased food inventory from national warehouses and produce supplies were cancelled. Not all tribes are finding new opportunities. Increased infrastructure and investment in localized tribal food systems will increase food access, food security, workforce and economic development.

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<sup>2</sup> <http://www.npaihb.org/COVID-19-data-dashboard/>

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The Good Health and Wellness in Indian Country (GHWIC) initiative supports efforts by American Indian and Alaska Native communities to implement holistic and culturally adapted approaches to improve nutrition and increase health literacy, among other goals. With COVID-19, tribal communities are more focused than ever on the importance of traditional foods and the nutritional and healing qualities of these food in a time of crisis. Additional funding is needed for GHWIC to address food access issues, food insecurity, and support traditional food and local food system initiatives during COVID-19.

Another concern is the lack of clean water and lack of water all together makes it almost impossible to stop the spread of COVID-19.<sup>4</sup> Just a couple of weeks ago, The Confederated Tribes of Warm Springs water system completely shut down in the face of more than \$80 million in unmet infrastructure needs. Tribes most basic needs are not being met.

### ***Lack of Access to PPE and Testing Kits/Supplies to Prevent COVID-19***

The federal government's supply of personal protective equipment (PPE) – either through the Strategic National Stockpile (NSS) or IHS's National Supply Service Center – have not been a consistent source of PPE to tribes. In a NPAIHB survey conducted over the past two months with Portland Area IHS, tribal and urban Indian clinics, 10 clinics reported an inadequate supply of PPE – this is unacceptable. While some tribes have been able to receive supplies for their clinics, it is critical that all tribal governments and enterprises have access to PPE for community members and all employees. For this reason, it is clear that a Tribal Public Health Clearinghouse for tribes and tribal organizations with public health emergency supplies is needed. Tribes as sovereign nations should not have to go through states to access the NSS and should have direct access to their own clearinghouse or the NSS.

Testing is key to prevent the spread of the COVID-19. Less than half of Northwest Tribes were given access to a rapid testing machine (Abbott ID NOW) by IHS, and other tribes have lacked access to testing kits and/or supplies. Wide-spread testing is needed to prevent further spread of COVID-19. Some clinics are only testing patients that are symptomatic because of the lack of testing supplies. Tribes need a large and steady supply of testing kits and supplies for widespread testing.

### ***Lack of Infrastructure to State of the Art Contact Tracing Resources***

Cloud-based contact tracing data collection and tracking platforms must be made available directly to all IHS and tribal facilities for administration at their clinics. IHS appears to have policies in place that limit the use of technology in federally run facilities. Contact tracing is the standard protocol to prevent the spread of COVID-19 and state of the art contact tracing resources are readily available, including through the Centers for Disease Control and Prevention. Limitations or prohibitions of modern tools to IHS facilities to stop the spread of COVID-19 is a holdover of antiquated policies that will lead to more infections and deaths. In order to use any of these modern

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<sup>4</sup> <https://www.opb.org/news/article/oregon-warm-springs-reservation-running-water-coronavirus-outbreak/>

technologies, besides IHS policy changes, broadband infrastructure and tribal member access to smart phone devices are critical and can be life-saving.

### ***Lack of Public Health Infrastructure***

The COVID-19 pandemic provides an example of how many tribes across Indian country were lacking the basic public health infrastructure to respond to this unexpected event and public health emergency. The economic crisis in tribal communities, due to the closure of tribal businesses for two months resulted in some tribes carefully opening their businesses at limited capacity with much of the nation doing the same. The difference between tribal businesses and other for-profit businesses is that tribal business revenues are reallocated to fund critical health and social service programs. We already see that the reopening of economies nationwide has resulted in another wave of COVID-19 infections, with more AI/AN people being impacted. The lack of tribal public health infrastructure has been clearly highlighted by this pandemic and must be addressed concurrent with resources to stop the spread of the virus.

### ***Conclusion***

This Committee must also ensure that funding available to tribes is distributed equitably, quickly, and directly to tribes because any delay in funding puts the lives of our people at risk.

I thank you for the opportunity to testify regarding the health impacts of COVID-19 within the Pacific Northwest. I look forward to working with this Committee to address these disparities and ensures the United States' fulfills its trust and treaty responsibilities to tribal nations and citizens.