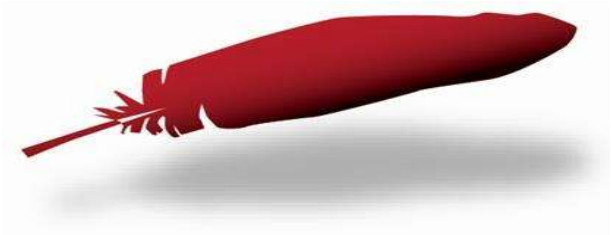
JOINT LETTER TO CONGRESS FOR INDIAN HEALTH CARE



The Honorable Nancy Pelosi
Speaker of the House
House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

Re: Indian Health Care Funding and Advance Appropriations

Dear Speaker Pelosi and Minority Leader McCarthy:

On behalf of the undersigned Tribal nations, Tribal and national Indian organizations, and friends of Indian health, we write to respectfully request that you support and ***include Advance Appropriations and no less than the House-passed level of $8.114 billion*** for the Indian Health Service (IHS) in the final Appropriations bill for FY 2022.

We call upon Congress to honor the United States' trust responsibility and treaty obligations to Tribal nations by securing these requests to improve the health care status of American Indians and Alaska Native people.[1] Tribal nations exchanged millions of acres of land for the agreements and promises in the treaties between our nations, including the obligation for the provision of comprehensive health care from the United States.

Accordingly, these federal responsibilities are carried out, in part, by the IHS, within the Department of Health and Human Services. This agency provides both direct care and resources for the delivery of health care services to American Indian and Alaska Native people.[2] The IHS and the Indian health care delivery system are unique in this regard.

American Indian and Alaska Native people often face the most significant health disparities among all populations in the United States. The rates of diabetes, suicides, behavioral health challenges,

[1] Congress declared the fulfillment of the trust responsibility and treaty obligations to achieve the highest health care levels for American Indians and Alaska Natives and to provide the requisite resources to be the policy of this Nation in the *Indian Health Care Improvement Act*. 25 U.S.C. §1602.

[2] Although the federal trust responsibility and treaty obligation extends throughout the federal government, the IHS is the primary agency which carries out these responsibilities. The IHS provides health care services either directly to American Indian and Alaska Native people, or through contracts or compacts with Tribal nations which, in turn, provide the services. The IHS may also enter contracts with urban Indian organizations to provide health care services to American Indian and Alaska Native people in certain urban locations.

COVID-19 infections, hospitalizations, and deaths are higher than most other populations. Yet, the Indian health system is underfunded by nearly 50% of appropriate levels to address these health care disparities.

Strategic investments from the COVID-19 relief funding packages such as the *American Rescue Plan Act*, have been welcomed. However, the underlying conditions which contributed to the tragic COVID-19 outcomes remain unaddressed. These conditions include, for example, the lack of adequate health care facilities, specialty care facilities, available workforce, and consistent and recurring funding for prevention and treatment services.

This chronic underfunding significantly limits the availability and accessibility of health care services for our communities. It also leaves the Indian health care delivery system particularly vulnerable to the instability of the federal funding process when Continuing Resolutions or government shutdowns occur.

Each day without full funding, with only temporary or no funding from the Continuing Resolutions or government shutdowns, is a step backward for Indian health care delivery systems. Health care service delivery, administrative functions, and other operations are significantly impeded, delayed, or disrupted during periods of Continuing Resolutions or government shutdowns to the detriment of the American Indian and Alaska Native patients.

Congress can change that. The United States and Tribal nations share a government-to-government relationship and a mutual resolve to improve the health of our communities. Securing the House-passed levels of funding and Advance Appropriations will provide the initial step forward to funding stability for the Indian health care delivery system.

We urge Congress to take this necessary step and stand ready to work with you in improving the lives of American Indian and Alaska Native people. Thank you for your consideration in this matter.

Tribal Nations

Assiniboine Sioux Tribes of the Fort Peck Reservation, *Chairman Floyd Azure*
Cherokee Nation, *Principal Chief Chuck Hoskin, Jr.*
Citizen Potawatomi Nation
Coeur d'Alene Tribe
Confederated Tribes of the Chehalis Reservation
Confederated Tribes of the Colville Reservation
Kashia Band of Pomo Indians of the Stewarts Point Rancheria, *Chairman Reno Keoni Franklin*
Kaw Nation
Keweenaw Bay Indian Community
Fort McDermitt Paiute and Shoshone Tribes of the Fort McDermitt Indian Reservation
Mississippi Band of Choctaw Indians, *Chief Cyrus Ben*
Muscogee (Creek) Nation, *Principal Chief David Hill*
Northern Arapaho Tribe of the Wind River Reservation
Northwestern Band of the Shoshone Nation

Oglala Sioux Tribe
Omaha Tribe of Nebraska
Oneida Nation of Wisconsin
Prairie Band Potawatomi Nation
Puyallup Tribe of Indians
Red Cliff Band of Lake Superior Chippewa
Rosebud Sioux Tribe
Santee Sioux Tribe of Nebraska
Sault Ste. Marie Tribe of Chippewa Indians, *Chairperson Dr. Aaron Payment*
Sisseton-Wahpeton Oyate
Squaxin Island Tribe, *Chairman Kristopher Peters*
Swinomish Indian Tribal Community
Tulalip Tribes
Walker River Paiute Tribe
Yankton Sioux Tribe

Organizations
Affiliated Tribes of Northwest Indians
AI/AN Health Partners
Alaska Native Health Board
American Academy of Pediatrics
American Indian Health Service of Chicago
American Indian Health & Services, Inc.
Bristol Bay Area Health Corporation
Butte Native Wellness Center
Council of Athabascan Tribal Governments
Coalition of Large Tribes
First Nations Community Health Source
Friendship House Association of American Indians
Great Plains Tribal Chairmen's Association, Inc.
Great Plains Tribal Chairmen's Health Board
Indian Family Health Clinic of Great Falls, Inc.
Indian Health Center of Santa Clara Valley
Kansas City Indian Center
National American Indian Housing Council
National Center for American Indian Enterprise Development
National Congress of American Indians
National Council of Urban Indian Health
National Indian Child Welfare Association
National Indian Gaming Association
National Indian Health Board
Native American Boarding School Healing Coalition
Native American Finance Officers Association
Native American Rehabilitation Association of the Northwest, Inc.
Native Directors, Inc.
Native Women's Health Care

Northwest Portland Area Indian Health Board
Oklahoma City Indian Clinic, *CEO Robyn Sunday-Allen*
Riverside-San Bernardino County Indian Health, Inc.
Rocky Mountain Tribal Leaders Council
Self-Governance Communication & Education Tribal Consortium
Southern Plains Tribal Health Board
Sault Tribe Health Division
United American Indian Involvement, Inc.
United South & Eastern Tribes Sovereignty Protection Fund
Urban Inter-Tribal Center of Texas
Winnebago Comprehensive Healthcare System

Friends of Indian Health
Deborah Parker, Tulalip Tribes
Walter Lamar, Lamar Associates LLC.
Wendy Helgemo, Big Fire Law & Policy Group LLP.