Remarks by NIHB CEO Stacy A. Bohlen

• Good afternoon members of the media. Thank you for joining us today. Special thanks to Tribal media outlets that are often the only news source in our rural communities.

• I’m Stacy Bohlen, CEO of the National Indian Health Board, that SERVE all 574 federally recognized Tribes - those that operate their own health systems and those receiving health care directly from the Indian Health Service.

I first want to correct a statement that appeared in a Politico article this morning. We are very grateful that Politico
published information that is vital to our people and we appreciate it very much – but there is one point I must correct… – it stated that Indian Country receives free health care – I assure you that Indian Country’s health care is far from free. It is the world’s first pre-paid health care system. We paid for these services with billions of acres of our lands and all of the natural resources on and below the Earth as well as the waters and all that is in them. WE negotiated health care as the price of peace with our Peoples and lives - and those assurances are memorialized in Treaties, the Constitution, Supreme Court decisions and policy. It’s called the Federal Trust responsibilities to the Country’s 574 federally recognized Tribes. In that context, thank you for allowing me to share the following:

- The National Indian Health Board is leading a national effort to advocate and secure resources for Tribes to respond to COVID-19, ensure that the Tribes remain informed, respond to and remain informed of Tribal needs and priorities, and create resources that are informative
and helpful to Tribes and Tribal members. We have mobilized all 28 of our staff members to be resources during this time of crisis.

• There is legitimate concern in Indian Country about COVID-19. Health disparities in Indian Country align with the vulnerabilities to COVID-19.
  
  o Grossly under-funded and understaffed facilities in Tribal communities
  o Diabetes rates three times the national average
  o Cardiovascular disease far above national average as is heart and lung disease
  o Otherwise immunocompromised individuals such as those living with HIV or Hepatitis C

• We need basic resources and services. This means our communities are the most vulnerable to COVID-19.
• Health disparities in Indian Country are exacerbated by the decades of underfunding of the Indian health system. Indian Country desperately needs funding to adequately address COVID-19 in their communities and to keep their tribal members safe. And we are working hard to secure those resources and get them to the Tribes.

• Though NIHB and Tribes appreciate the $40 million for Tribes in COVID-19 aid from the first stimulus package, it is still grossly under what is needed. And, the Tribes have not received those funds.

• NIHB held a national call to hear from Tribal leaders about how they want that $40 million to reach them: They were clear: they want the money to come through the Indian Health Service because IHS has the statutory authority to disseminate funds to Tribes through self-governance and self-determination contracts and compacts. The Indian
Health Service can achieve this quickly and without the administrative burdens other agencies would have.

• Also, the Indian Health Service has a 60-year track record of engaging with Tribes with cultural competency and we believe this is an essential level of understanding to engage appropriately with Tribes during this crisis.

• The National Indian Health Board is committed to working with the Indian Health Service to ensure they are getting the funding and resources they need to provide relief to Tribes during this public health crisis. The Indian Health Service needs access to the Strategic National Stockpile for protective medical equipment.

• Indian Country has already lost almost 200 Commissioned Corps officers to deployments related to COVID-19. So IHS and Tribal facilities are losing providers during a critical
time of need. This is completely outrageous and needs to be reversed immediately.

• The National Indian Health Board is working tirelessly to bring Tribes and Tribal health authorities needed resources to educate and protect our youth, elders and families.

• In response to the growing concern about the COVID-2019 emergency, the National Indian Health Board developed a rapid survey to assess Tribal needs and resources.

• Through the survey, NIHB learned that Tribes are concerned about the shortage of personal protective equipment and hygiene products. There’s a definite and legitimate concern about staff shortages too. Tribes are seeking information on emergency preparedness and best practices for transmission prevention for community members and key risk groups.
• Next week, NIHB will launch a COVID-19 Tribal Resource Center on our website, www.nihb.org, that will house resource documents for Tribal leaders, Tribal health workers and administrators, Tribal community members and advocates for Tribal health policy.

• There will be news, fact sheets and frequently asked question documents, legislative advocacy materials and information on Medicaid, Medicare and federal regulation changes in relation to COVID-19.

• The National Indian Health Board is also partnering with our member organizations in each IHS Service Area to share resources. Together with Our long-standing partner, the Association of American Indian Physicians, we are creating a blog from the Native physicians’ perspective. specifically about COVID-19 and traditional health, its effects on our youth and protections for our pregnant mothers and relatives with diabetes.
• The National Indian Health Board believes that this coordinated national response is part of our sacred mission to serve the Tribes and help maintain the safety and well-being of Tribal citizens.

• We thank our Tribal leaders, health care workers and first responders.

• Be well and be safe. Thank you. Traditional thank you.