

# THE CORONAVIRUS IN INDIAN COUNTRY

HOUSE NATURAL RESOURCES COMMITTEE CHAIR RAÚL M. GRIJALVA

March 2020

Chair Raúl M. Grijalva and Democrats in Congress are working hard to ensure that Indian Country can access medical resources to keep people safe and combat the coronavirus pandemic. Members of Indian Country can share information [HERE](#) about coronavirus impacts and preparations currently affecting communities across the nation.



## WHY ARE NATIVE AMERICANS AT RISK?

The Centers for Disease Control and Prevention (CDC) identify several health risk factors for severe symptoms and mortality related to a coronavirus diagnosis, including increased prevalence of heart disease, diabetes, and renal disease. These conditions are highly prevalent in Indian Country, making Native American communities more vulnerable to epidemic and pandemic outbreaks of respiratory illnesses. During the 2009 H1N1 influenza pandemic, Native American communities suffered mortality rates four times higher than that of all other racial and ethnic groups combined.

## WHERE CAN NATIVE AMERICANS ACCESS HEALTH CARE?

**THE INDIAN HEALTH SERVICE (IHS) SERVES  
+2.5 MILLION AMERICAN INDIANS AND ALASKA NATIVES  
FROM 574 FEDERALLY RECOGNIZED TRIBES**

Indian Health Service (IHS) hospitals are distinct from tribally run health centers and/or hospitals. They serve an eligible 2,560,000 American Indians and Alaska Natives from 574 federally recognized tribes. These permanent facilities provide in-patient beds, physician services, continuous nursing services and comprehensive health care, including diagnosis and treatment. IHS hospitals are the main source of healthcare for Native Americans in the United States. The coronavirus outbreak has exposed the fact that IHS sites are not equipped to handle a nationwide pandemic. Indian Country faces a critical and potentially fatal lack of resources including patient protective equipment, ventilators, and ICU beds necessary to deal with a world pandemic.

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The Indian Health Service (IHS) needs resources immediately to provide supplies and tests, both to affected areas and to communities that have not yet received medical attention. The agency also needs to share information with Native American communities about how to stay healthy and stop the spread of coronavirus in Indian Country. On March 6th the Coronavirus Supplemental became law that included \$40 million for tribes, tribal organizations and urban Indian health organizations. On March 18th the Families First Coronavirus Relief Act became law, which included \$64 million for IHS to provide coronavirus testing. Unfortunately, as of today, this money has still not reached tribes, tribal organizations or urban Indian health organizations.

## NATURAL RESOURCES COMMITTEE CHAIR GRIJALVA IS URGING THAT:

- Tribal leaders, providers, and urban Indian health organizations have immediate access to testing supplies to properly diagnose coronavirus cases.
- Tribal health care workers have personal protective and durable medical equipment from the federal government.
- Indian Health Service facilities, tribally owned hospitals and urban Indian health organizations have the capacity to isolate persons who have tested positive for coronavirus.
- Federal funding is increased for Indian Health Service facilities, tribally owned hospitals and urban Indian health organizations to provide the infrastructure, medical equipment and technology needed to address coronavirus.
- Supplemental economic packages include relief funding for tribal communities.

**CHAIR GRIJALVA AND CONGRESSIONAL DEMOCRATS ARE HERE TO HELP - SHARE INFORMATION AND STAY IN CONTACT ABOUT THE CORONAVIRUS RESPONSE IN INDIAN COUNTRY AT [HTTPS://BIT.LY/2IZFWUR](https://bit.ly/2izfwur)**

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