Congress Must Include Urban Indians in any Efforts to Address Covid 19

The federal government has an obligation to provide health care to American and Alaska Native (AI/ANs) – regardless of where they live.

Urban Indian Organizations (UIOs) are one of the three components of the Indian Health Service health care delivery system, Indian Health/Tribal/Urban Organizations (I/T/U) – yet UIOs have received no support for other potential epidemics, like Zika virus.

The U.S. government cannot allow UIO patients to die during a Covid 19 outbreak due to unavailability of critical services. UIOs operate on such low funding margins that interruptions in daily operations (including those leading to funding shortfalls) have dire effects and have been forced to close entirely

- More than 70% of AI/ANs reside in urban or suburban areas (i.e. urban Indians)
- AI/AN people have a disproportionate burden of infectious disease morbidity compared with the general U.S. population – including influenza

Specific Needs for UIOs

**Supplies are an essential need for UIOs:** in order to provide adequate care to members of the urban communities in which they are located while also containing the virus to the maximum extent.

- Funding for and access to supplies for clinical staff
  - UIOs must have sufficient 3M N95 masks, surgical gloves, and disposable gowns for clinical staff for containment of the virus
- Funding for supplies for patients
  - UIOs need supplies to disseminate to patients before they enter the clinic – including masks
- Additional facility supplies to include hands free soap dispensers, hands free sanitizer

**Training is an essential need for UIOs:** UIO staff need additional resources and assistance to ensure they are trained in the most up to date methods of emergency preparedness and treatment of the Covid 19 pandemic

- UIOs must receive funding and priority access to Covid 19 testing kits
  - Administering Covid 19 tests will incur additional costs at facilities as well as sending the tests to public health labs – which must expeditiously process tests from Indian Health Care Providers
Funding is an essential need for UIOs: to add temporary staff in the event that any critical UIO staff (including clinicians and administrative staff) are unable to report to work due to Covid 19 exposure

- Funding for and access to anti-viral medications currently in use
- Funding for public health emergency preparedness and infrastructure to include continuous quality improvement
  - These needs will not expire at the end of any Covid 19 outbreak but should be consistent to enable all Indian Health Care Providers to be prepared for future pandemics.
  - Congress should establish an HHS advisory committee on I/T/U emergency preparedness, to include IHS, key HHS agencies, and representatives of I/T/U facilities
- Funding to support advance (90-day) supplies of critical medication as well as home delivery in the event of an outbreak (i.e. blood pressure medication, insulin)
- Funding to support additional burden of clinic triage for patients that cannot be treated outside of facilities (i.e. substance use disorder patients)
- Funding to support and waiver of limitations on telehealth services to reduce the number of potential infections at facilities
- Congress must ensure any clinical trials are diverse and inclusive of AI/AN people
- Funding for transportation of patients to assist in containment and reduce exposure in the community
- Funding for NCUIH to provide critical communication and outreach to and coordination between UIOs for this pandemic
  - I.e. culturally competent fact sheets, webinars and trainings, newsletters

the federal government’s trust responsibility for Indian health care

UIOs did not receive any support during the zika virus – Congress cannot wait for this pandemic to hit urban Indian communities and must act to protect the lives of AI/ANs

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