



The Confederated Tribes of the Colville Reservation



Prepared Statement of the Honorable Rodney Cawston, Chairman
Confederated Tribes of the Colville Reservation

House Committee on Natural Resources
Subcommittee for the Indigenous Peoples of the United States

Oversight Hearing: “A Year in Review: The State of COVID-19 in American Indian, Alaska Native, and Native Hawaiian Communities—Lessons Learned for Future Action”

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As a rural, land-based Indian tribe, the COVID-19 pandemic has impacted the Confederated Tribes of the Colville Reservation (“Colville Tribes” or the “CCT”) in unique ways. On the one hand, by working with the Indian Health Service (“IHS”) early in the pandemic, the CCT was able to implement protocols on the Colville Reservation that we believe helped prevent the virus from spreading. In other ways, however, the pandemic made certain longstanding tribal needs, such as health facility needs, resources to reduce wildfires, and communications infrastructure, even more pressing.

Although now considered a single Indian tribe, the Confederated Tribes of the Colville Reservation is a confederation of twelve aboriginal tribes and bands from across eastern Washington state, northeastern Oregon, Idaho, and British Columbia. The present-day Colville Reservation is in north-central Washington state and was established by Executive Order in 1872. The Colville Reservation covers approximately 1.4 million acres and its boundaries include parts of Okanogan and Ferry counties. The CCT has nearly 9,600 enrolled members, making it one of the largest Indian tribes in the Pacific Northwest and the second largest in the state of Washington. About half of the CCT’s members live on or near the Colville Reservation. Of the 1.4 million acres that comprise the Colville Reservation, 922,240 acres are forested land, and 660,000 of the forested acres are commercial timber land. Because of this, healthy forest management is critical to the Colville Tribes and its membership.

1. Working with IHS Early Helped Control the Spread of the Virus

The Colville Tribes is one of a relatively small number of Indian tribes nationwide for which IHS provides direct services. Early in the pandemic, the Colville Tribes worked with the Colville Service Unit to secure the deployment of personnel from the Centers for Disease Control to visit the various communities on the Colville Reservation and provide strategic planning to assist the Tribes in making decisions to control transmission.

One of the first decisions the Colville Business Council made was to close the Colville Reservation to visitors, with limited exceptions. This closure order prevented individuals from more urban areas from seeking to “ride out” the pandemic in a more rural area, which was a trend nationwide early in the pandemic.

The Colville Service Unit provides health care to 2,978 patients with underlying health conditions that make them especially vulnerable to COVID-19. This number represents approximately one third of all active patients. Some of these patients work in the CCT's health care workforce and, to avoid undue risk, the Colville Tribes put these individuals on administrative leave or had them work from home during the pandemic. While necessary, this reduced available personnel in what was an already understaffed health delivery system. Despite these personnel challenges and the lack of public transportation, the combined efforts of both IHS and the Colville Tribes' staff have resulted in the vaccination of 40 percent of the CCT's vulnerable patient population.

None of the clinical facilities on the Colville Reservation had negative pressure rooms to keep patients suspected of having COVID-19 isolated from other patients or clinic staff. IHS and the CCT erected temporary yurt (dome tent) structures outside of the facilities that allowed for testing while patients remained in their vehicles. IHS and tribal staff have maintained this system in extreme weather conditions in the summer and winter months. In sum, the Colville Tribes considers its work with IHS as a success story in what has been an extremely difficult year.

2. COVID-19 Underscored Health Facilities Needs and Have Impacted the Colville Tribes' Ability to Address them

For the Colville Tribes, the COVID-19 pandemic highlighted other longstanding tribal needs. For more than 30 years, the Colville Tribes have sought to build a new clinic in Omak, the largest population center on the Colville Reservation. The CCT currently provides health services in a retrofitted office structure that was never intended to provide health services. The lack of square footage has inhibited the Colville Tribes' ability to add and retain health care providers in Omak, which has resulted in long wait times for patients and fewer billable patient encounters. The Colville Service Unit has been operating under historically low staffing ratios since its inception in 1927, so the Colville Tribes were already facing a critical shortage of providers in its health delivery system. This lack of health care capacity became more critical during the pandemic, as the limited square footage in Omak has resulted in even fewer patient visits because of social distancing protocols.

In May 2020, the IHS announced the five projects it selected for the Joint Venture Facility Construction program out of the 10 nationwide finalists and 34 total applicants. Having applied twice since 2010, the CCT was extremely grateful to finally be one of those selected. The selection of the Omak clinic by the IHS represents just the second Joint Venture project ever awarded to an Indian tribe in the IHS's Portland Area, the geographic region of the IHS that includes more than 60 Indian tribes in Washington, Oregon, and Idaho.

Under the Joint Venture program, an applicant agrees to construct and, in most cases, equip a health facility in exchange for IHS paying for a portion of recurring staffing costs. When it applied, a significant portion of the Colville Tribes' business plan to repay the funds needed to build the Omak clinic hinged on collection of third-party revenue, most notably Medicaid.

The pandemic has reduced third party revenue and has threatened the viability of the Tribes' business plan. For the Colville Tribes' Omak clinic project, any reduction in the number of Medicaid eligible patients or services will affect the Tribes' revenue forecasts and its ability to service debt for the construction of the clinic. This is coupled with the COVID-19 related decreases in third party revenue in the Indian health system generally. We understand that other JV project awardees, specifically the projects in Alaska, are facing similar challenges to the viability of their construction plans.

In the Colville Tribes' view, at least some of the \$600 million that Congress recently appropriated to IHS for Health Facilities Construction in the American Rescue Plan Act should be utilized to assist those Joint Venture projects that have been impacted by the pandemic. These projects are "shovel ready" in that the IHS weighed construction planning heavily in the final selection process and successful applicants were required to provide comprehensive construction details in their applications. Also, the most recent Joint Venture awardees represent the best evidence of current health facility needs in all of Indian country because the program has a highly competitive and rigorous application process.

This Subcommittee has authorizing jurisdiction over IHS facilities issues and the Colville Tribes would appreciate the Subcommittee's assistance in urging IHS to use their appropriated funds to assist these projects.

3. Wildfire Activity during the Pandemic Highlighted Longstanding Needs for Active Forest Management and Communications Infrastructure

Since 2015, the Colville Tribes has endured major wildfire events that have collectively resulted in 537,000 acres being burned and approximately one billion board feet of timber lost.

In 2015, the Colville Reservation witnessed the most destructive fire on an Indian reservation in recorded history. The North Star and Okanogan Complex fires collectively burned more than 255,000 acres on the Colville Reservation—nearly 20 percent of the total land base. Approximately one-fourth of the commercial timber land on the Reservation burned or was affected, which included 788 million board feet of timber. These two fires were part of what was then the worst wildfire season in Washington state history where more than 121 fires ignited during a four-day period from August 10-14, 2015.

More recently, and in the midst of the COVID-19 pandemic last September, the Cold Springs and the Inchelium Complex fires burned 200,000 on-reservation acres and tragically resulted in an infant death. The Cold Springs Fire was so intense that it traveled approximately 20 miles to the south in just over six hours, where it jumped the Columbia River. This jump is suspected to have started another fire, the Pearl Hill fire, which burned an additional 223,000 acres off-reservation. In addition to the fatality, the Cold Springs and the Inchelium Complex fires resulted in the on-reservation loss of 78 homes, 138 other structures, and destroyed 161 miles of rangeland fence and hundreds of head of cattle. Smoke from the fires aggravated respiratory problems from vulnerable tribal members and those infected with COVID-19.

The most recent fires highlighted the need to move away from a suppression-based approach to wildfires to an active management approach. The fires underscore the longstanding need for additional fuels reduction and tribal forestry dollars to enable tribes to move forest landscapes closer to historic conditions. Bureau of Indian Affairs funding for these activities has remained largely flat in recent years despite the trend during the past two decades for wildfires to grow larger, burn hotter, and generally be more destructive.

Fuels reduction treatments build resilience to the ecosystem and reduce wildfire severity. In addition, strategic planning is needed, with a recognition of fire trends based on a changing climate. Finally, proper implementation of new authorities, such as the Good Neighbor Authority authorized in the 2018 Farm Bill and tribal contracting of Forest Service functions under the Indian Self Determination and Education Assistance Act, would also provide tribes with additional tools to treat landscapes to resemble historic conditions.

The most recent wildfires also highlighted the lack of communications infrastructure for rural tribes like the Colville Tribes, both for emergency management and distance learning. Ninety percent of the Colville Tribes' 1.4-million-acre land base lacks broadband access. A contributing factor to the fatality that occurred in the Cold Springs fire was the communications facilities such as (cell towers) that were rendered inoperable by the fire.

The lack of broadband has particularly affected rural reservation communities like the Colville Tribes. Schools on or near the Coville Reservation reported higher rates of absenteeism, homework being turned in late (or not at all), and even losing contact with tribal member students because of this lack of broadband access. The CCT received reports of parents driving around their on-reservation communities to locate wifi hotspots to download or upload their children's homework. Using Coronavirus Relief Funds from the CARES Act, the Colville Tribes is currently working to upgrade this capacity both for emergency response and distance learning.
