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CONSORTIUM

SENATE COMMITTEE ON INDIAN AFFAIRS
**Oversight Hearing “Examining the COVID-19 Response in Native Communities: Native
Health Systems One Year Later.”**

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My name is Dr. Robert Onders. I serve as the administrator for the Alaska Native Medical Center (ANMC) in Anchorage, Alaska. It is my privilege to provide testimony on behalf of the Alaska Native Tribal Health Consortium (ANTHC).

ANTHC is a statewide tribal health organization that serves all 229 tribes and all Alaska Native and American Indian (AN/AIs) individuals in Alaska. ANTHC and Southcentral Foundation co-manage the Alaska Native Medical Center, the tertiary care hospital for all AN/AI people in the state.

My testimony will focus on three areas: (1) the Alaska Tribal Health System response to the COVID-19 pandemic; (2) lessons learned over the past year; and (3) what is needed going forward.

Tribal COVID-19 response and needs

Tribal health organizations across Alaska have long established relationships with each other, as well as with State and federal officials, so throughout this pandemic our response has been coordinated and cooperative with good communication channels. Discussions regarding how best to use scarce resources have been held as a group to ensure the maximum benefit. We believe that it is the inclusion of, and cooperation with, the tribal health system that has allowed Alaska to be effective in combatting the pandemic.

The Alaska tribal health system has mission driven and public health minded governance, leadership, and staff. Over and over again, our people responded to the quickly changing, and often difficult, conditions. Our dedicated staff, along with State and federal support, allowed us to quickly stand-up testing sites, open up an Alternate Care Site to expand our hospital capacity, dedicate a wing of our hospital to COVID-19 patients, and open vaccination clinics.

Our response to the pandemic can generally be categorized into three phases— early identification, response to surges, and vaccinations.

For early identification and eradication, we knew that there would be great challenges if COVID-19 entered into rural communities, as the conditions in these communities--lack of access to higher level healthcare, inadequate sanitation, and overcrowded multigenerational housing--have

not significantly improved since the 2008-2009 H1N1 pandemic. Although, thankfully, the effects of H1N1 were comparatively small, AN/AI people still experienced 4 times higher cases, hospitalizations, and mortality during that pandemic. So, we knew that testing and early identification would be key in our response to this far more serious pandemic. The support of our congressional delegation and the tribal-federal relationship were key in getting recognition of the need for an increased investment in testing in rural Alaska and gaining access to testing supplies early on. Timely testing was essential to address the geographic isolation of many of our communities, which are off the road system and only have limited access by plane or boat.

The October-November-December surge of cases in Anchorage eventually spilled over into rural Alaska, despite the extensive mitigation measures put in place in those communities. The surge also highlighted the inadequate capacity of ANMC. ANMC was already overcrowded with adult inpatient occupancy rates running over 90 percent before COVID-19. COVID-19 overwhelmed our inpatient capacity, requiring conversion of patient housing to an Alternate Care Site. Adding additional inpatient space was complicated because 120 of ANMC's 170 inpatient rooms are double occupancy rooms.

Such a high level of inpatient utilization is almost unheard of in today's healthcare market and increases the difficulty in preventing the spread of infectious disease. In response, we tested every inpatient every 3 days. It has also made it very challenging to allow family and other caregivers into rooms, as we would now have two households in a single room. Other, non-tribal, neonatal intensive care units in Anchorage have private rooms where mothers can stay with their child. At ANMC, the babies are grouped together and mothers cannot stay continuously at the hospital. This situation presents an incredible challenge with COVID-19, and is a travesty for a facility that delivers more AN/AI babies than any other hospital in the country.

The recognition of Indian Health Service (IHS) and tribes as a separate jurisdiction from states, along with the separate IHS vaccine allocation, was critical in ramping up vaccinations in tribal communities throughout Alaska. Tribal health has been a model for getting the vaccine mobilized quickly. We have a comprehensive system that has inpatient, outpatient, and primary care services in a single system, which allows for subject matter experts and resources to be allocated to the vaccination process in a manner not available to most systems. Our Cerner Electronic Health Record already was interfaced with the State of Alaska VacTrack system for other immunizations so the documentation and ordering processes were already familiar to everyone.

One year later: key takeaways

Inadequate Water and Sewer infrastructure

The silent crisis in rural Alaska communities is still present. Sanitation service in many Alaska Native communities has long been lacking, but the pandemic has highlighted how essential adequate sanitation is for our communities.

The importance of adequate sanitation to prevent skin and respiratory infections is very clear. CDC studies have documented that skin and respiratory infections, in rural Alaska communities without sanitation service to homes, are 5 to 11 times higher than the national average. Adequate water and sewer services are especially critical now, since COVID-19 is a respiratory disease whose spread can be prevented by hand washing and avoiding close contact with others. Lack of water service in these rural Alaska villages creates extreme challenges in practicing two of the most basic prevention techniques.

Of the 190 Alaska Native communities, 32 are still unserved, lacking in-home water and sewer. These communities typically have a washeteria building (combination water treatment plant, laundromat, toilets and showers) that the entire community uses. Most of these communities haul their water from the washeteria to their home in a 5-gallon bucket, and haul their sewage from their home in a different 5-gallon bucket.

The latest IHS Sanitation Deficiency System data show a need of nearly \$3 billion for sanitation construction projects in Indian Country, with \$1.8 billion of that need in Alaska. Sanitation facilities construction funding needs to be greatly increased this year and in future years to address the inadequate sanitation services in AN/AI communities.

Inadequate housing infrastructure

Inadequate housing presents an additional challenge to protecting rural and isolated communities during the pandemic, where the prevalence of multi-family and multi-generational housing makes social distancing very difficult. The latest assessment by Alaska Housing Finance Corporation shows that Alaska has twice the national average of overcrowded homes, with rates as high as 12 times the national average in some rural, predominantly Alaska Native communities. Western regions of the state are extremely overcrowded, with the Bering Straits region experiencing 37 percent overcrowding and severe overcrowding, compared to the national average of just 3 percent overcrowding.

Overcrowded housing is most prevalent in communities that are already under the greatest threat from COVID-19, because they have fewer transportation options available to seek higher-level medical care and less access to adequate sanitation services.

What is needed to combat pandemics going forward

On many levels the tribal health response to the pandemic has been excellent, but in Alaska, Alaska Natives still experienced a mortality rate that is 4 times that of the white population. Many factors contribute to reducing the impact of COVID-19, and it can often be difficult to discern the most effective measures, but in many Alaska Native communities the infrastructure is lacking to provide the foundational measures in preventing a pandemic, particularly adequate sanitation and housing.

This pandemic highlighted the need to bring the Alaska Native Medical Center up to the industry for standard facility space requirements for patient safety. We need to transition away from shared patient rooms, high occupancy rates which limit surge capacity, and limiting spaces where outpatient and inpatient services are combined into single locations. The Alaska Native Medical Center was opened in 1997 and was in desperate need for expansion prior to the COVID-19 pandemic. The pandemic further exposed the vulnerabilities created by not addressing this need. We need funding to expand inpatient capacity for facilities such as ANMC that serve entire states/regions.

Tribal communities that are unserved, or underserved, with sanitation services must be provided with the facilities to provide these services. Funding is key toward addressing the \$3 billion in sanitation facilities need estimated by IHS, but the 32 unserved communities in Alaska will not be served unless federal and state agencies make a commitment to be more flexible in addressing the unique situations of these communities.

The lack of housing and resultant extreme overcrowding we see in rural Alaska, has significant negative impacts on containing COVID-19, and other infectious diseases.

As previously stated, the vaccine allocation through IHS to tribal health programs has literally been a life saver. We were rapidly able to vaccinate many of our Alaska Native people and communities. Alaska now has 43.5% of the over age 16 population vaccinated, and over 40 percent of those vaccinations were administered through the tribal health system. It is essential that the IHS vaccine allocation continue, and that it be rapidly utilized if the need for booster shots that address new variants arises.

Thank you for the opportunity to provide testimony on the experience of the tribal health system in responding to COVID-19 and what is needed to better equip us as we continue to battle this pandemic.