United States Government Accountability Office

Highlights of GAO-22-104360, a report to congressional addressees.

INDIAN HEALTH SERVICE

Relief Funding and Agency Response to COVID-19 Pandemic

What GAO Found

The Indian Health Service (IHS) received more than $9 billion in COVID-19 relief funding, an amount 50 percent greater than its fiscal year 2020 total budget authority. These funds have been used to address both immediate and longstanding needs. IHS allocated funds across the IHS system—including to federal, tribal, and urban Indian organization facilities—for health care services, protective equipment, testing supplies, and vaccine-related costs, among other purposes. Funding is also being used to address certain longstanding, systemwide needs, including replacing an obsolete electronic health records system, implementing a clinical video telehealth system, and funding dozens of sanitation and potable water projects. Overall, 62 percent of these funds were obligated and 57 percent were expended as of September 30, 2021.

IHS took steps to mitigate workforce, supply, and facility challenges to its COVID-19 response through coordination with partners, policy changes, and adjustments to care delivery. To help address workforce challenges, IHS implemented a new critical care response team, coordinated with other federal agencies (such as the Veterans Health Administration) to meet staffing needs, and implemented payment and hiring flexibilities to retain and more quickly hire staff. To help address supply challenges, IHS coordinated with federal partners while area offices developed new processes for tracking supply levels and needs. To help address facility challenges related to outdated infrastructure and space limitations, IHS hospitals reported implementing care adjustments such as offsite and drive-through testing and using medical tents for testing and treatment.

A Drive-Through Outdoor COVID-19 Testing Site at Whiteriver Indian Hospital on the Fort Apache Indian Reservation

Source: Indian Health Service. | GAO-22-104360