

Flandreau Santee Sioux Tribe

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March 23, 2020

Submitted via E-Mail

The Honorable Congresswoman Debra Haaland
Co-Chair
Native American Caucus
1237 Longworth HOB
Washington, DC 20515

Re: Request to include Great Plains Region in CDC plan for allocation of \$80 million of COVID-19 Preparedness and Response funding to Indian Country under H.R. 6074

Dear Congresswoman Haaland:

The Flandreau Santee Sioux Tribe (the "Tribe") urgently requests assistance for its ongoing efforts to prevent, detect, and treat the Coronavirus ("COVID-19") on its Reservation and within its community. The Tribe demands that the Centers for Disease Control and Prevention ("CDC") include the Great Plains Area of the Indian Health Service in the planned distribution of coronavirus preparedness and response funds under H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. In the current distribution plan released by CDC on Friday, March 20, 2020, the Great Plains Area, as well as the Phoenix and Tucson Areas, are entirely left out of the funding distribution.

In H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Congress appropriated \$8.3 billion in supplemental funding to address preparedness and response for the coronavirus pandemic. The Act designates \$950 million of that total to fund emergency preparedness grants to state, local, and tribal governments. Congress further specified that \$40 million of those governmental relief funds be distributed to Indian Country. CDC announced Friday that the \$40 million in grant funding will be available through a Notice of Funding Opportunity on grants.gov, but there is no date yet on the timeline to apply for or receive that money.

H.R. 6074 also requires that half of the \$950 million be distributed before April 6, 2020, and specifies that the money be distributed through "grants or cooperative agreements." To meet both of these requirements, CDC has earmarked an additional \$40 million for expedited release to Indian organizations through existing awards and cooperative agreements.

The CDC plan allocates the second \$40 million as follows:

- \$30 million to be distributed through the existing CDC Tribal Public Health Capacity Building Cooperative Agreement to 9 regional Tribal organizations and 3 large Tribes (Navajo, Choctaw, and Chickasaw).
- \$8 million will supplement an existing CDC award to the National Council of Urban Indian Health Centers to fund sub-awards to individual Centers.
- \$2 million to supplement an award to the National Indian Health Board to fund national communication activities.

This distribution provides COVID-19 relief funding to the following nine regional organizations which are parties to the current CDC Public Health Capacity Building Cooperative Agreement:

- Alaska Native Tribal Health Consortium
- Albuquerque Area Indian Health Board
- Bristol Bay Area Health Corporation (Alaska)
- California Regional Indian Health Board
- Great Lakes Inter-Tribal Council, Inc.
- Northwest Portland Area Indian Health Board
- Southern Plains Tribal Health Board (Oklahoma)
- Rocky Mountain Tribal Leaders Council (Montana)
- United South and Eastern Tribes, Inc.

The \$30 million in expedited relief funds will be distributed between these nine regional organizations as well as the Navajo, Chickasaw, and Choctaw Tribes. However, the Inter-Tribal Council of Arizona and the Great Plains Tribal Chairmen's Health Board, which serves Tribes in the four-state region of North Dakota, South Dakota, Nebraska, and Iowa, are not parties to the cooperative agreement, and therefore are completely left out of this first round of funding.

Because the CDC has chosen to distribute the initial \$40 million only to Tribes and Tribal organizations who are current in a funding relationship with CDC through an existing grant or cooperative agreement, the funding distribution plan excludes five states, all of whom face a COVID-19 crisis of unknown proportions.

The Tribe cannot allow its members to be overlooked in this first round of coronavirus pandemic relief. In the Great Plains region, we provide health services to over 140,000 Tribal Citizens. We do not know when the \$40 million in CDC grants will be available, what the application process will be, and when the funding will actually reach our Tribes. Nor do we have time to wait. We do not have low case numbers in the Great Plains region, we have unknown case numbers because of the ongoing unavailability of tests.

We need your help to hold CDC to account in this matter. It is unconscionable to provide these critical funds to only part of Indian Country, and to require two regions to wait while other areas receive this urgently needed funding. The federal responsibility to Indian citizens is the

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same for families in the Great Plains as it is in Albuquerque or Alaska. CDC is not listening to the guidance of our national Indian organizations. Therefore, I urge you contact CDC Director Jose Montero today and demand that the CDC correct this distribution formula to equitably distribute these funds throughout Indian Country.

Questions or comments regarding this letter may directed to Seth Pearman, Attorney General for the Flandreau Santee Sioux Tribe at Seth.Pearman@fsst.org, and Patty Marks, Fredericks Peebles & Patterson, LLP, Washington, D.C. Counsel to the Tribe at pmarks@ndnlaw.com.

Sincerely,



Anthony Reider
President

cc: FSST Executive Committee
Jerilyn Church, President/CEO, Great Plains Tribal Chairmen's Health Board
Patty Marks, Fredericks Peebles & Patterson, LLP