



THE PERMANENT MISSION
OF THE
UNITED STATES OF AMERICA
TO THE
UNITED NATIONS AND OTHER INTERNATIONAL ORGANIZATIONS
IN GENEVA

February 11, 2021

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Special Rapporteur on the rights of indigenous peoples
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David R. Boyd
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Geneva, Switzerland

Elizabeth Broderick
Chair-Rapporteur of the Working Group on discrimination against women and girls
Geneva, Switzerland

Dear Special Procedures Mandate Holders,

Thank you for your correspondence dated August 5, 2020. Please find enclosed the U.S.
response.

Sincerely,

A handwritten signature in blue ink, appearing to read "Daniel A. Kronenfeld".

Daniel A. Kronenfeld
Human Rights Counselor

SUBJECT: U.S. Response to the Joint Communication from Special Procedures
Regarding the Impact of COVID-19 on Indigenous Peoples

Thank you for your letter dated August 5, 2020 requesting information regarding the impact of COVID-19 on indigenous peoples and communities. We are grateful for the work you do across the globe to promote respect for human rights, and for the opportunity to provide the below information concerning U.S. law, policy, and practice as it pertains to the impact of COVID-19 on indigenous communities.

1) How the U.S. government collects data on the number of testing, positive cases, and death rate among indigenous communities, including with regard to indigenous women.

In May 2020, the Department of Health and Human Services (HHS), Centers for Disease Control (CDC), and Indian Health Service (IHS) set aside funding to support testing for COVID-19. As part of this effort, IHS provided \$759 million to itself and tribal and urban Indian health programs to expand testing capacity, contact tracing, and other testing-related activities. Data is collected on these efforts.

To track the detection of COVID-19 cases, IHS manages a data surveillance system. To complement testing strategies, it has begun developing contact tracing programs.

2) Measures the U.S. government takes to prevent and address the spread of COVID-19 in indigenous communities.

The Coronavirus Aid, Relief, and Economic Security Act (the “CARES” Act) established the Coronavirus Relief Fund, which provides support to state, territorial, local, and tribal governments. Specifically, the CARES Act provides \$8 billion in financial assistance to tribal governments. The Department of the Treasury consults with the Department of the Interior and Tribal governments to channel the funds to address the most pressing needs.

Funds can be used for expenditures incurred because of the public health emergency. These include medical expenses (sustaining hospitals and clinics, treatment, testing, emergency medical response, and telemedicine capabilities); public health expenses (communications, distribution of medical and protective supplies, disinfection, and quarantining); payroll expenses for public safety, health care, and human services personnel; actions to facilitate compliance with COVID-19 public health measures (food delivery, expanding rural broadband to assist with distance learning and telework capabilities, and addressing homelessness); and expenses associated with providing economic support connected with the impact of COVID-19 (grants to small businesses and unemployment insurance).

The CARES Act includes \$522 million in direct appropriations to the Bureau of Indian Affairs (BIA) and the Bureau of Indian Education (BIE). In addition to these direct allocations, BIE received about \$410 million via a passthrough from the Department of Education (ED). \$453 million of BIA funding covers essential services for Native Americans. These monies assist individuals who have lost income; pay for personal protective equipment for law enforcement and detention center employees; and initiates deep cleaning of facilities and

quarantines. Specific amounts are also set aside for health, housing, and nutrition assistance programs. The Act also provides \$69 million for education-related expenses, including salaries, transportation, and online learning needs.

A second relief bill – the Coronavirus Response and Relief Supplemental Appropriations Act – was signed into law in December 2020. This bill provides \$8.3 billion in emergency funding for federal agencies to respond to the pandemic, \$40 million of which is with HHS to allocate to tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes.

As of September 30, 2020, the Centers for Disease Control (CDC) has provided \$208.7 million to tribal nations, consortia, and organizations for responding to COVID-19 throughout tribal communities. Funds support tribal communities on surveillance, epidemiology, laboratory capacities, infection control, mitigation, and communication. Funds also go towards building public health capacities to prevent injury and violence, focusing on suicide, adverse childhood experiences, and intimate partner violence.

3) Information on disparities in accessing health care treatment and social services, including health-related equipment, adequate housing, clean water, and broadband internet.

Lack of adequate funding, staffing shortages, and remote indigenous locations all exacerbate COVID-19's negative effects on indigenous communities. The CARES Act provides \$1.032 billion to the Indian Health Service (IHS), which includes funds for medical services, equipment, supplies, and public health education at IHS and urban Indian health care facilities. Funding is also provided for purchased and referred health care, telehealth services, improving electronic health records, and disease surveillance by tribal epidemiology centers.

The CARES Act provides an additional \$20 million for delivery of food and nutrition services to American Indians, Alaska Natives, and Native Hawaiian elders under the Older Americans Act. Diabetes is a severe problem in many Indian communities, as the disease is related to the lack of access to healthy food options. The CARES Act provides mandatory funding -- \$150 million per year through November 2020 – for the Special Diabetes Program for Indians.

Under the Department of Housing and Urban Development Office of Native American Programs, the CARES Act provides \$200 million for the Native American Housing Assistance and Self Determination Act (NAHADS) Block Grant program. The allocation formula used is designed to assist tribally designated housing entities most in need of COVID-19 related funding. An additional \$100 million is provided for the Indian Community Development Block Grant to respond to COVID-19 in tribal communities.

The CARES Act allocates a further \$100 million for the Broadband Loan and Grant Program. The Indian Health Service (IHS) established a Critical Care Response Team of physicians, registered nurses, and other healthcare professionals to provide urgent lifesaving care to COVID-19 patients admitted to IHS or tribal hospitals. These medical professionals conduct hands-on clinical education while treating patients, providing critical training for front line health care professionals. IHS has distributed rapid point-of-care testing systems and supplies and the

medicine Remdesivir at no cost of tribal and IHS facilities. Starting in April 2020, IHS has expanded its telehealth services across IHS federal facilities. This allows patients to more easily access care from home and reduce their risk of infection, while also protecting healthcare workers who can remain at hospitals and emergency departments. For more details on IHS' activities to prevent, detect, and treat the disease, please see "Indian Health Service: COVID-19 Response, 100 Day Review," which covers the period of March 6 - June 14, 2020.

The COVID Relief and Response Bill signed into law in December 2020 also included \$1 billion for a new Tribal Broadband Connectivity Grant program to expand access to and adoption of broadband service on Tribal land or remote learning, telework, or telehealth resources during the COVID-19 pandemic. The Act also establishes an Office of Minority Broadband Initiatives to collaborate with Federal, State, local, and Tribal governments, as well as historically Black colleges and universities, Tribal Colleges and Universities, minority serving institutions, and other stakeholders to expand broadband access and service and other digital opportunities in anchor communities.

In January 2021, the Department of the Interior released the National Tribal Broadband Strategy, a product of the American Broadband Initiative. The Strategy proposes 28 concrete actions in seven strategic areas to close the digital divide in American Indian and Alaska Native (AI/AN) communities. DOI has already started work on the proposals, including entering into an MOU with the National Telecommunications and Information Administration (NTIA) to access the National Broadband Availability Map to enhance our understanding of broadband availability and access in AI/AN areas.

4) Information on the current situation of CARES Act funding disbursement.

The Secretary of the Treasury, in consultation with the Secretary of the Interior and Indian tribes, determine amounts to be paid to tribal governments. Payments are allocated based on a formula that takes population, employment, and expenditure data into account. Payments are guided by the Coronavirus Relief Fund Tribal Allocation Methodology and Tribal Allocation Methodology for Second Distribution. Treasury began making payments in April 2020, based on population, to all tribal governments submitting correct payment information by the set deadlines.

Alaska Native regional and village corporations, as defined in or established pursuant to the Alaska Native Claims Settlement Act, are eligible to receive payments from the Coronavirus Relief Fund. Because of pending litigation, payments are not being made to the Alaska Native corporations at this time.

5) Information on protection and accountability measures to address the increase in domestic and sexual violence against indigenous women during quarantine and lockdowns, and measures taken to provide resources and services for indigenous women.

The pandemic requires individuals to spend more time at home to protect themselves and their communities, which can lead to increased intimate partner violence, chronic disease, substance abuse, depression/stress, and child abuse. The Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (HHS/SAMHSA) recommends

alerting victims of abuse that help is available; emphasizing to law enforcement and other state personnel that stay-at-home orders may need to be relaxed when the home is dangerous; having schools offer virtual counselling or telephone check-ins; having the hospitality industry provide housing to the homeless and healthcare practitioners; and ensuring that healthcare professionals screen patients for signs of violence and abuse. SAMHSA directs survivors to resources, offering its own webinars and publications and also steering them to the National Domestic Violence Hotline, the National Network to Eliminate Domestic Violence, and the Department of Justice's Office of Women's Health.

The CARES Act provided \$45 million to HHS' Family Violence Prevention and Services Program. The program administers the Family Violence Prevention and Services Act (FVPSA), the main federal funding stream for emergency shelter and related assistance for survivors of domestic violence and their children. This amount is in addition to \$2 million in emergency support for the National Domestic Violence Hotline.

The Department of Justice's Office on Violence Against Women (OVW) provides funding for tribes and tribal organizations to respond to violence against women crimes in their communities, and recipients of these funds have been working to address the increased and changing needs of survivors during the pandemic. In April 2020, OVW issued a resource guide to support the efforts of all grantees, including tribes, to adapt to the COVID-19 national emergency. In July 2020, OVW issued a special funding opportunity for tribes to support COVID-19 costs related to responding to violence against Native women, such as personal protective equipment or remote services. OVW received over 75 applications and funded seven projects totaling \$579,304 that were ready for an immediate award before the end of the fiscal year, with 34 additional awards totaling \$3,000,253 expected to be issued when the transition to a new DOJ grants management system is complete.