

**Congress of the United States**  
**Washington, DC 20515**

March 20, 2020

The Honorable Alex M. Azar II  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Azar:

We write to urge your Department to immediately facilitate the transfer of \$120 million from the Centers for Disease Control (CDC) to the Indian Health Service (IHS) under H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act, to be immediately disbursed to Direct Service Tribes, Self-Governance Tribes, Tribal organizations, and urban Indian organizations to address the COVID-19 pandemic. We also urge IHS to immediately develop and share a plan and criteria according to which this money will be distributed to Indian Country.

American Indian, Alaska Native, and urban Indian communities are at higher risk for more serious cases of COVID-19 than other communities given the disproportionately high rate of underlying conditions in this community, including diabetes, lung disease, and respiratory illness. Among American Indians and Alaska Natives (AI/ANs), the rate of diabetes alone is approximately three times that of white Americans. Paired with an already severely under-resourced Indian health system, which spends less than half the amount on health care per patient than the national average, this vulnerability could lead to catastrophic outcomes in the current pandemic.

Indian Country is already on the front lines of the COVID-19 pandemic. As you know, IHS and Tribal sites are even now reporting critical shortages in medical supplies such as personal protective equipment (PPE), respirators, extracorporeal oxygenation tables, and ventilators. Staff shortages – which on average run at about 25 percent – have been exacerbated by IHS Commission Corps officers being deployed outside the Indian health system and a number of health care staff having to care for minor children now that many states have closed schools. In particular, urban Indian organizations (UIOs) are already experiencing immediate needs for critical funding. For instance, the UIO in Seattle, WA, is projecting a monthly loss of \$734,922 during the COVID-19 pandemic. The UIO in San Jose, CA, has had COVID-19 cases increase more than threefold over the past ten days.

H.R. 6074, the Corona Virus Preparedness and Response Supplemental Appropriations Act, designated that of the \$2.2 billion appropriated to CDC, at least \$40 shall be set aside for Tribes, Tribal organizations, and urban Indian organizations. However, given the unique vulnerability of the AI/AN population and the severe worsening of this crisis in the past 12 days, it is necessary to triple this number to set aside a total of \$120 million under H.R. 6074 for Indian Country.

Despite H.R. 6074 being signed into law on March 6, Tribes, tribal organizations, and urban Indian organizations have yet to be able to access the resources within it set aside for them. The CDC lacks the expertise, relationships and mechanisms that IHS possesses to quickly and effectively disseminate these resources to Tribes, tribal organizations and urban Indian organizations in the form of reimbursements and direct funds to combat this health crisis. As a result, IHS is the obvious choice to distribute the resources provided for by H.R. 6074, as was pointed out in letters sent to you by the National Indian Health Board<sup>1</sup> and the National Center for Urban Indian Health<sup>2</sup> on March 7 and March 10, respectively. We are very concerned that the urgency of the situation and Tribes and tribal organizations urging your Department to undertake this transfer immediately, no such transfer of funds from CDC to IHS has occurred.

Given our concerns, we ask that you provide answers to the following questions regarding the effort to ensure Tribes, tribal organizations, and urban Indian organizations can access coronavirus resources in a timely and effective manner within the next 5 business days:

1. Have IHS and CDC been directed to work together to facilitate the transfer of funds for Tribes, Tribal organizations, and urban Indian organizations to IHS under H.R. 6074?
2. Will you commit to at least \$120 million be included in this transfer in order to meet the needs of Indian Country? If less than this amount has already been agreed upon, will your Department commit to ensure supplementary transfers to IHS totaling \$120 million?
3. What is the timeline for the CDC-IHS transfer to occur and when do you expect these funds to be available to Tribes?
4. Given the dire need for these resources in Indian Country, will IHS and CDC agree to not take any funds for administrative costs out of this funding that they might take under non-emergency circumstances when transferring and distributing these funds?
5. Has IHS developed specific criteria for how these funds may be accessed by Tribes, tribal organizations, and urban Indian organizations once received?
6. Has IHS engaged in Tribal Consultation under Executive Order 13175 on how best to disseminate these funds when received?

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<sup>1</sup> Letter can be found: [https://www.nihb.org/docs/03092020/FINAL\\_NIHB%20Letter\\_Secretary%20Azar\\_COVID-19.pdf](https://www.nihb.org/docs/03092020/FINAL_NIHB%20Letter_Secretary%20Azar_COVID-19.pdf).

<sup>2</sup> Letter can be found: [https://mcusercontent.com/97bf83f5514a3035e7978c5b2/files/41790e79-0de4-4d23-9924-17563265556f/NCUIH\\_Letter\\_to\\_HHS\\_in\\_re\\_Dissemination\\_of\\_COVID\\_19\\_Funds\\_2020\\_0310.pdf](https://mcusercontent.com/97bf83f5514a3035e7978c5b2/files/41790e79-0de4-4d23-9924-17563265556f/NCUIH_Letter_to_HHS_in_re_Dissemination_of_COVID_19_Funds_2020_0310.pdf).

7. Has IHS determined specific criteria for how entities may apply and receive reimbursements from these funds, given that H.R. 6074 makes these funds eligible to cover COVID-19 related expenses dating back to January 20, 2020?

Every Department of our federal government has a legal trust responsibility to American Indian and Alaska Native tribes established by hundreds of treaties between the U.S. and sovereign Tribes and reaffirmed in Article II of the U.S. Constitution as well as Supreme Court precedent, federal legislation and executive orders. Part of this trust responsibility, as you know, is the provision of health care to Native peoples. In light of the current pandemic, it is more important than ever that we uphold this responsibility by making sure Tribes can access adequate, sorely needed resources in a timely manner.

That is why we again urge you answer our questions and take immediate action to facilitate the transfer of \$120 million under H.R. 6074 to the Indian Health Service to allow for its timely disbursement to Tribes, tribal organizations, and urban Indian organizations currently combatting the COVID-19 pandemic.

Signed,

Ruben Gallego  
*Chairman, Subcommittee for  
Indigenous Peoples of the U.S.*

Paul Cook  
*Ranking Member, Subcommittee  
for Indigenous Peoples of the U.S.*

Raúl M. Grijalva  
*Chairman, House Natural  
Resources Committee*

Tom Cole  
*Co-Chair, Native American Caucus*

Deb Haaland  
*Co-Chair, Native American Caucus*

Betty McCollum  
*Member of Congress*

Don Young  
*Member of Congress*

Derek Kilmer  
*Member of Congress*

Markwayne Mullin  
*Member of Congress*

Tom O'Halleran  
*Member of Congress*

Greg Gianforte  
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Karen Bass  
*Member of Congress*

Greg Stanton  
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Kendra S. Horn  
*Member of Congress*

Sharice L. Davids  
*Member of Congress*

Gwen Moore  
*Member of Congress*

Suzanne Bonamici  
*Member of Congress*

Ron Kind  
*Member of Congress*

Steven Horsford  
*Member of Congress*

Raul Ruiz, M.D.  
*Member of Congress*

Xochitl Torres Small  
*Member of Congress*

Rick Larsen  
*Member of Congress*

Jesús G. “Chuy” García  
*Member of Congress*

CC: Rear Admiral Michael D. Weahkee, Principal Deputy Director, Indian Health Service (IHS)  
Robert R. Redfield, Director, Centers for Disease Control (CDC)