



National Indian Health Board
**NATIONAL TRIBAL
COVID-19 RESPONSE**

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PRESS RELEASE

FOR IMMEDIATE RELEASE

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Over \$1.5 billion Secured for Indian Health Service and Tribal Nations to Address COVID-19

Tribes ask for fair, streamlined disbursement process with federal agencies.

WASHINGTON, DC—March 30, 2020—With COVID-19 reaching more and more Tribal communities every day, funding and resources for the Indian health system are needed now more than ever. The **National Indian Health Board (NIHB)**, which serves all 574 federally recognized Tribes, along with partner organizations has continuously advocated for the inclusion of Tribes and Tribal organizations in recent pandemic response funding packages. This advocacy is reflected in Tribal health provisions contained in last week’s historic \$2 trillion **Coronavirus Aid, Relief and Economic Security (CARES)** Act. Now, NIHB shifts its focus to working with federal agencies to streamline the disbursement of this critical funding.

“Most Tribal health facilities are already operating on a slim budget, so this funding is vital to Tribes’ ability to respond to the COVID-19 outbreak safely and effectively while also caring for their communities, families and elders,” said NIHB Chairperson Victoria Kitcheyan. “NIHB is committed to working with the Administration to ensure that all funding gets to Tribes and Tribal

organizations in a way that is fair, streamlined and expedited. Tribes need this money now.”

Tribes have expressed that they want all COVID-19 relief funding to come through the **Indian Health Service (IHS)** because IHS has the statutory authority to disseminate funds to Tribes through self-governance and self-determination contracts and compacts, which is the method of delivery that Tribes prefer. NIHB is actively working with the **Centers for Disease Control and Prevention (CDC)** and IHS to bring the agencies together with Tribal leadership and consult with Tribes about the best way to distribute the funds. Specifically, NIHB is actively working with Tribes, IHS and CDC leaders to conduct telephonic tribal consultation sessions.

“All Tribes across the country are feeling the effects of Coronavirus. All Tribes are suffering. All Tribes need funding. All Tribes need assistance to combat this virus and save their people’s lives,” said Chairperson Kitcheyan. “We are thankful to our allies in Congress, like **Congressman Tom Cole**, **Congresswoman Deb Haaland**, **Senator Mark Udall**, **Senator Steve Daines** and so many others for continuing to fight for our people’s health and wellbeing. We are thankful for the Statesmen and Stateswomen who are actively working with Tribes to fulfill the trust and treaty responsibilities of the federal government through adequate funding, resources and support for public health in Indian Country.”

Legislative victories related to Tribal public health in the CARES Act include:

Healthcare

- \$1.032 billion for the Indian Health Service (IHS) Services Account
 - Includes up to \$65 million for electronic health record stabilization and support
 - Allows up to \$125 million to be transferred to IHS Facilities
- At least \$450 million shall be distributed immediately to Direct Service Tribes and Self-Governance Tribes

Public Health

- Minimum \$125 million in set-aside funding for Tribes and Tribal organizations under Centers for Disease Control and Prevention (CDC)
 - Funding is for surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities
- Minimum \$15 million in set-aside funding for Tribes and Tribal organizations under **Substance Abuse and Mental Health Services Administration (SAMHSA)**

- Funding is for mental and behavioral health services in response to COVID-19
- Minimum \$15 million in set-aside funding for Tribes and Tribal organizations under **Health Resources and Services Administration (HRSA)**
 - Funding is for health surveillance and other needs under the HRSA Rural Health program

Housing

- \$300 million under the **Native American Housing Assistance and Self-Determination Act (NAHASDA)**
 - \$200 million is for Native American Housing Block Grants
 - \$100 million is for Indian Community Development Block Grant

Nutrition

- \$100 million for the **Food Distribution Program for Indians Reservations**
 - \$50 million is for facility improvements and equipment upgrades
 - \$50 million is for additional food purchases

Funding in the CARES Act is in addition to the \$80 million reserved for Tribes and Tribal organizations under the first COVID package and administered through the CDC, and the \$134 million for IHS under the second package. CDC released a funding plan to award \$30 million to eight regionally designated tribal organizations and one Tribal health corporation, then the organizations will sub-award to the member Tribes within their respective regions. CDC will award \$40 million in new non-competitive grants for eligible Tribes that currently have a Title 1 and Title V contract or compact.

A fourth supplemental funding package is expected to be considered by Congress in the coming weeks. NIHB will continue to advocate for Tribal funding and legislative priorities.

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National Indian Health Board Mission Statement

Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

**Visit WWW.NIHB.ORG
for all of the latest updates and resources on
Coronavirus (COVID-19) response.**

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