

# Flandreau Santee Sioux Tribe

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March 23, 2020

*Sent Via E-Mail*

Jose T. Montero MD, MHCDS  
Director  
Center for State, Tribal, Local, and Territorial Support  
Centers for Disease Control and Prevention  
United States Department of Health and Human Services  
4770 Buford Highway, Mailstop E70  
Atlanta, Georgia 30341

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 Dr. Montero:

I am writing to request that the Centers for Disease Control and Prevention (CDC) amend its plan to distribute coronavirus preparedness and response funds under H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 to include the Great Plains Tribal Chairmen's Health Board to ensure that funding is available to the tribes in the four-state area served by the Health Board. In the current CDC distribution plan released on Friday, March 20, 2020, the Great Plains Area, as well as the Phoenix and Tucson Areas, are entirely excluded.

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. In the plan announced Friday, \$40 million in grant funding will be available through a Notice of Funding Opportunity on grants.gov, but there was no date given on when the NOFO will be available, the timeline to apply, or when the grants will be awarded.

In response to other requirements of H.R. 6074, CDC has earmarked an additional \$40 million for expedited release to Indian organizations through existing awards and cooperative agreements.

As you know, the CDC's plan allocates the second \$40 million as follows:

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- \$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.

Distributing the funds only to regional organizations which are parties to the current CDC Public Health Capacity Building Cooperative Agreement leaves out 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. It violates Congress' clear intent to exclude 39 Tribes and service areas in five states, all of whom face a COVID-19 crisis of unknown proportions, from the initial distribution of relief funds.

We cannot allow our Tribal citizens 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, many of whom have serious chronic health conditions. 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.

The President has declared a national emergency under the Stafford Act. As you know, the present public health emergency gives your agency considerable latitude to interpret and carry out the requirements of H.R. 6074, including streamlining the process to enter a funding relationship with the two regional organizations currently excluded from accessing the \$30 million in expedited funding. It would be a greater violation of the federal responsibility toward federally recognized Tribes to leave some Relatives behind while providing critically needed emergency funds to others. Dr. Montero, we cannot wait.

Therefore, I urge to listen to the guidance from our national Indian organizations, particularly the National Indian Health Board, regarding an equitable allocation of these funds throughout Indian Country. Cut the red tape if you must, establish emergency cooperative agreements with the Great Plains Tribal Chairmen's Health Board and Inter-Tribal Council of Arizona, or put in place some other emergency funding vehicle, but find a way. With the limited resources in the Reservations in the Great Plains, containment is our only viable strategy, and to do that, we need funding now.

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

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Sincerely,

A handwritten signature in blue ink, appearing to read 'Anthony Reider', with a long horizontal stroke extending to the left.

Anthony Reider  
President

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