

Indian Health Service Call
April 9, 2020

1. Application is open and awards will be made on a rolling basis. Available at [grants.gov](https://www.grants.gov). to Prevent and prepare for COVID-19 emergency. If you have questions, please write us at consultations@ihs.gov.
2. Tribal Liaison at Intertribal Office of Government Affairs, Tyler Fish.
3. IHS announced exemptions on telehealth services across the Indian Health Service
4. Purchase of rapid tests yesterday. HIS will receive tests and devices to distribute to select tribes and locations. Will be distributed where most needed.
5. \$600 million in new resources to address response and preparedness in Indian Country.
6. \$134 million in new resources through CARES Act and the Families First Act.
7. Corona Virus Supplemental Funding – Department of Justice Programs was given over \$800 million to respond to Corona in Indian Country. Victim Assistance Services. We are doing a formula for the set-aside for crime victim funds. Pre-Applications area due on April 30. It just needs a population form, and a financial capabilities form. This will be to determine the formula and then full application is not due until June.
8. Questions and Comments
 - a. Benefit the most members as possible should be the priority
 - b. Concern about the SBA loan program
9. The \$600 million should be out soon.
10. More than 400 diagnosed in Navajo with 20 deceased. ☹️
11. Questions
 - a. Ron Allen, James S’Klallam. Concern regarding reimbursement rate for telehealth. We are seeking the all-inclusive rate and have not yet heard if that will be available.
 - i. We’ve been in regular communication with CMS about this. At this point, we only have guidance on using it but we do anticipate that there will be increased latitude. Will pursue an answer to this important question.
 - ii. Allen – At this point, we are receiving something like \$15 per visit.
 - b. We have not yet seen the Abbott rapid tests
 - i. There is a prioritized list, area by area. We can look into whether your tribe will receive one of the 250 allocations. The distribution is based on rural and remote.
12. The \$600 million that was pushed out Friday should be arriving any day now. Should have gone through the Area Office the Self Governance Office and then to you. Portland Area Office has received payment. You should be receiving your share shortly.
13. Questions and Comments
 - a. Distribution of funds from whatever funding source should be through existing formulations such as BIA or Indian Health Services.
 - b. Department of Energy has just opened a funding opportunity that requires a 50% match which doesn’t allow other federal funds to be used. So, if they come through this way, we can use these funds as part of that federal match; it will allow us to leverage/maximize this funding.

- c. Will be critical that the tribes can self-certify. We have so many needs that everything goes to either response, preparation or prevention.
- d. We have 32,000 tribal citizens in SE Alaska but we also have thousands in Anchorage, and Washington and California. We are limited to the Juneau area but we would like to be able to expand our service area to where our members are.

14. Next Question and Comment

- a. Concern with the distribution methodology. All factors need to be considered as all tribes are not the same. In the case of Alaska, due to the lack of fundamental infrastructure, the impact on a family or an entire village could be devastating. It is critical that all factors be taken into consideration.
- b. Appreciate efforts to get the rapid testing to communities. We haven't had many cases on the peninsula but when we have to wait seven to ten days and then wait for a person to self-quarantine, it makes it very difficult.
- c. Funding the \$8 billion will be critical. Guidance needs to be broad and flexible.
- d. We have to be able to spend funds in such a way as to develop our response for future flare-ups.

15. Next Question and Comment

- a. We are looking at isolation, quarantine and recovery. We should be examining the positive results international and apply those here. We are concerned about our vulnerable populations. We need to identify the vulnerable populations and protect them. We need to target our isolated patients who are vulnerable with PSAs.

16. We agree with you on the PSA question. We have a number of PSAs that we will be rolling out in the next few days.

17. FEMA: We acknowledge the match concerns. Please talk to regional headquarters of FEMA.

18. Next Question and Comment

- a. Support baseline funding for all tribes.
- b. Want to speak out on the tribes that are involved in energy. Ft. Berthold was producing 300,000 barrels a day. But now Bakken Crude is \$10 a barrel from \$55 a barrel before the crisis. We're losing money on each barrel. We are taking huge losses. We're losing our tax revenue. We're putting ourselves at great risk. Producers we are working with are going bankrupt. If we don't get help, the consequences are going to be felt across the United States. Please remember the energy tribes.

19. We are not overlooking the diversity of tribal economies that are impacted by the coronavirus. Hosting a tribal energy call tomorrow.

20. Doug Holzer, White House of Intergovernmental Affairs to adhere to these recommendations. We understand that this is challenging. But they are there to help protect the ones we love and care for.

21. Next Question and Comment

- a. Flexibility of FEMA in the reimbursement process. Why not allow the tribes the freedom to perform life safety. If that's purchasing a bunch of wi-fi devices that operate on a cellular platform, why not allow that?

22. Matt Redding – FEMA – that does make sense. Apologies for the perception that something was denied at HQ. I would encourage folks to re-engage without it becoming a bureaucratic

process. We are attempting to respond as tribal requests come in. Assure you that tribal requests are being treated at the same level as any request from the state. We have never had 50 states and at least six tribal nations facing major declarations of disaster. So I apologize for a poor response that may have occurred.

23. Next Question and Comment

- a. Abbott machines. Is there a possibility that we could purchase a machine if we are not allocated for a machine? We are currently waiting eight to ten days for results.

24. In general, we are aware that Abbott Labs manufactured about 50,000 of these analyzers. The 250 that were given to IHS – were specifically targeted for rural and remote areas of Indian Country. The Alaska Tribes have been able to do their own group purchase of 40 machines outside of the 250 given to the Indian Health Service.

25. In addition to the Abbott ID, there is another short answer is that yes, we can use our funding for the type of testing machines we need. We'll see what bulk purchasing we can do to make sure everyone has access to rapid testing.

26. Next Question and Comment

- a. We are at the epicenter of the New York pandemic here in Suffolk County. We are in dire need of some type of testing. It is currently taking an inordinate amount of time. We are trying to get people to not go off reservation for testing. We need something immediately. Numbers are growing exponentially out here near the Hamptons. Suffolk County is the new epicenter in New York but waits are seven to ten days here. Is there any help we can get expeditiously for our community here in Shinnecock.
- b. We live in the richest community in America but 50% of our people live below the federal poverty level. We don't have gaming, energy. We are trying to keep our community safe but we don't have any of the resources that these other tribes have. It is essential that these funds are distributed equitably. The economics of the area have to be looked into, including the cost of living. We have to have equitable distribution of these funds.

27. Consultation@bia.gov.

That's it.