

# The COVID-19 and Native American Community



An Advisory Memorandum of the  
Arizona Advisory Committee to the  
U.S. Commission on Civil Rights

April 2021

## **Advisory Committees to the U.S. Commission on Civil Rights**

By law, the U.S. Commission on Civil Rights has established an advisory committee in each of the 50 states and the District of Columbia. The committees are composed of state citizens who serve without compensation. The committees advise the Commission of civil rights issues in their states that are within the Commission's jurisdiction. They are authorized to advise the Commission in writing of any knowledge or information they have of any alleged deprivation of voting rights and alleged discrimination based on race, color, religion, sex, age, disability, national origin, or in the administration of justice; advise the Commission on matters of their state's concern in the preparation of Commission reports to the President and the Congress; receive reports, suggestions, and recommendations from individuals, public officials, and representatives of public and private organizations to committee inquiries; forward advice and recommendations to the Commission, as requested; and observe any open hearing or conference conducted by the Commission in their states.

## **Acknowledgments**

The Arizona Advisory Committee thanks each of the speakers who presented to the Committee during their public meetings on the critically important and timely topic of a disparate impact of COVID-19 on Native American communities in Arizona. The Committee also wishes to thank U.S. Commission on Civil Rights intern, Sarah In Villanueva, for her significant contributions and leadership in this project.

**Advisory Memorandum**

**To:** The U.S. Commission on Civil Rights  
**From:** The Arizona Advisory Committee to the U.S. Commission on Civil Rights  
**Date:** April 2021  
**Subject:** COVID-19 Impacts on Native American Community

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On September 29, 2020, the Arizona Advisory Committee to the U.S. Commission on Civil Rights (Committee) adopted a proposal to undertake a study on the impact of COVID-19 among Native American communities in the state.<sup>1</sup> The focus of the Committee’s inquiry was to examine whether and to what degree Native American communities have experienced disproportionately large adverse impacts as a result of the pandemic. From a civil rights perspective, the Committee sought to consider various underlying factors that have exacerbated the high rate of coronavirus cases, hospitalization, and deaths among Native American communities in Arizona.

As part of this inquiry the Committee heard testimony via videoconferences held in January and February 2021.<sup>2</sup> The following advisory memorandum results from a review of testimony provided at these meetings, combined with written testimony submitted during this time frame.<sup>3</sup> It begins with a brief background of the issues to be considered by the Committee. It then identifies primary findings as they emerged from this testimony. Finally, it makes recommendations for addressing related civil rights concerns. This advisory memorandum focuses on the civil rights impact of COVID-19 on Native American communities with respect to healthcare and local economy in the state. While other important topics may have surfaced throughout the Committee’s inquiry, matters that are outside the scope of this specific civil rights mandate are left for another discussion. This advisory memorandum and the recommendations included within it were adopted by a majority of the Committee on April 19, 2021.

**Arizona Advisory Committee to the  
U.S. Commission on Civil Rights**

Lorena Van Assche, Chair, Scottsdale	Adolf Maldonado, Tempe
Rebekah Browder, Gilbert	Aaron Martin, Phoenix
Patty Ferguson-Bohnee, Sacaton	Theresa Rassas, Phoenix
Ann Hart, Phoenix	Jonathan Rose, Tempe
Melissa Ho, Phoenix	Beverly Traver, Phoenix
David Kim, Gilbert	Eric Yordy, Flagstaff

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<sup>1</sup> 42 U.S.C. § 1975(a); 45 CFR § 703.3

<sup>2</sup> Meeting records are available in Appendix A; transcripts are available in Appendix B.

<sup>3</sup> Written statements are available in Appendix C.

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## **Background**

The coronavirus pandemic has had a devastating and disproportionate toll on Native American communities. For example, the Navajo Nation experienced one of the country's highest coronavirus infection rates in May 2020, which was greater than that of worst-hit regions—Wuhan, China, at the outset of the outbreak, and New York in the Spring and Summer of 2020.<sup>4</sup> As of March 2021, Navajo Nation alone has had over 30,000 coronavirus cases with 1,233 confirmed deaths.<sup>5</sup>

Under the general principles of federal Indian law, the United States has recognized the sovereign status of Indian tribes as domestic dependent nations from its earliest days.<sup>6</sup> Tribes ceded vast swaths of land to the United States with the treaty-enshrined understanding that the federal government would honor Indian tribes as sovereign political entities with a right to self-governance and safeguard and render adequate resources to perform vital services.<sup>7</sup> This special government-to-government relationship between tribes and the federal government as set forth in the U.S. Constitution, Supreme Court decisions, treaties, and legislation, entails the highest moral obligations on the part of the United States to ensure the protection of tribal and individual Indian lands, assets, resources, and treaty, as well as civil and other rights.<sup>8</sup> The federal government has made efforts to enhance Native American living conditions. However, Native Americans still suffer the highest rates of poverty, substandard housing, poor educational achievement, and elevated rates of disease and illness compared to the national population.<sup>9</sup> In the 21st century, Native Americans continue to rank near the bottom of social, health, and economic indicators.<sup>10</sup> Health service has been one of the primary obligations in the government-to-government relationship between the United States and tribal nations. The first federal health assistance for Native Americans dates back to 1832 when Congress allocated \$12,000 for a health program.<sup>11</sup> By 1880, the Bureau of Indian Affairs (BIA) ran four Native American hospitals.<sup>12</sup> The Snyder Act of 1921 respectively authorized federal funds to relieve distress, conserve health and maintain physicians' employment for Indian tribes across the United States.<sup>13</sup> In 1954, the responsibility for health care delivery to Native Americans was transferred from the Department of the Interior (DOI) to the Department of Health and Human Services (HHS).<sup>14</sup> As social policies evolved, the federal government enabled Native Americans greater authority to manage programs. In the

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<sup>4</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 9; NoiseCat, Julian Brave. "How to Survive an Apocalypse and Keep Dreaming." *The Nation*. June 2, 2020. Found at: <https://www.thenation.com/article/society/native-american-postapocalypse/>.

<sup>5</sup> "Dikos Ntsaaigii-19 (COVID-19)," *Navajo Nation Department of Health*, last modified April 1, 2021, <https://www.ndoh.navajo-nsn.gov/COVID-19>; "Fact Sheet," *Discover Navajo*, last modified March 26, 2021, <https://www.discovernavajo.com/things-to-know/fact-sheet/>.

<sup>6</sup> *Cherokee Nation v. Georgia*, 30 U.S. 1, (1831); Doshi, Sahir, Allison Jordan, Kate Kelly, and Danelle Solomon. 2020. "The COVID-19 Response in Indian Country." *Center for American Progress*. Found at:

<https://www.americanprogress.org/issues/green/reports/2020/06/18/486480/covid-19-response-indian-country/>.

<sup>7</sup> *Ibid*.

<sup>8</sup> Doshi, Sahir, Allison Jordan, Kate Kelly, and Danelle Solomon. 2020. "The COVID-19 Response in Indian Country." *Center for American Progress*. Found at: <https://www.americanprogress.org/issues/green/reports/2020/06/18/486480/covid-19-response-indian-country/>; 2 Johnson v. McIntosh, 21 U.S. 543 (1823); *Cherokee Nation v. Georgia*, 30 U.S. 1, 16 (1831); *Worcester v. Georgia*, 31 U.S. 515 (1832); Cohen's Handbook of Federal Indian Law § 5.04[3] (Nell Jessup Newton ed., 2012); *Seminole Nation v. United States*, 316 U.S. 286, 296-97 (1942); Fletcher, Matthew. "Statement of Matthew L. Fletcher Before the Senate Committee on Indian Affairs—Oversight Hearing on Fulfilling the Federal Trust Responsibility: The Foundation of the Government-to-Government Relationship." *SSRN*. May 21, 2012. Found at: [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2060395#](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2060395#).

<sup>9</sup> U.S. Commission on Civil Rights, *A Quiet Crisis: Federal Funding and Unmet Needs*, (Washington, DC: USCCR, 2003), ix.

<sup>10</sup> *Ibid*, ix.

<sup>11</sup> *Ibid*, 34.

<sup>12</sup> *Ibid*, 34.

<sup>13</sup> *Ibid*, 34; 25 U.S.C.A. § 13.

<sup>14</sup> *Ibid*, 34.

passage of the Indian Health Care Improvement Act of 1976, Congress aimed to elevate health care for Native Americans to a level equal to the rest of Americans.<sup>15</sup>

The Indian Health Service (IHS) was established in 1955 to render primary health care in Indian Country facilities.<sup>16</sup> The federal responsibility for tribal health care extends beyond reservations and rural communities to include Native Americans residing in urban and off-reservation regions.<sup>17</sup> As of 2010, over 70 percent of Native Americans lived in urban and suburban areas, compared with 37.7 percent in 1990.<sup>18</sup> Currently, there are 41 Urban Indian Health Programs (UIHPs) with a network of 77 facilities across 22 states.<sup>19</sup>

Many Indian tribes are also experiencing an economic downturn as their lifeblood enterprises in gaming and hospitality have closed for business due to the pandemic.<sup>20</sup> Federal law requires tribes to utilize tribal gaming revenues to fund tribal government programs and operations.<sup>21</sup> These losses have impaired tribes' capacity to render government services such as healthcare, education, and public safety at the height of urgency.<sup>22</sup>

### *Native Americans in Arizona*

There are 22 federally recognized tribal nations in Arizona.<sup>23</sup> According to the U.S. Census Bureau, more than 9 percent of Arizona's population identify as Native American that comprise a total of 284,528 people in the state.<sup>24</sup> The Navajo Nation, the largest area retained by Native Americans, covers about 17,544,500 acres, inhabiting portions of northeastern Arizona, southeastern Utah, and northwestern New Mexico.<sup>25</sup> Seventy-five percent of the Navajo members reside in the state of Arizona.<sup>26</sup> The Navajo Nation has been disproportionately impacted by the pandemic. In March and April 2020, the Navajo Nation had more Covid-19 cases per capita than any other U.S. state. As of March 2021, 1,233 members have died due to coronavirus, which is 0.8 percent of the Navajo population.<sup>27</sup> Over 30,000 positive cases were reported in the Navajo Nation by April 2021.<sup>28</sup>

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<sup>15</sup> Ibid, 34; PL 94-437.

<sup>16</sup> Ibid, 39.

<sup>17</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 3; U.S. Commission on Civil Rights, *A Quiet Crisis: Federal Funding and Unmet Needs*, (Washington, DC: USCCR, 2003), 39.

<sup>18</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 3.

<sup>19</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 3.

<sup>20</sup> Doshi, Sahir, Allison Jordan, Kate Kelly, and Danelle Solomon. 2020. "The COVID-19 Response in Indian Country." *Center for American Progress*. Found at: <https://www.americanprogress.org/issues/green/reports/2020/06/18/486480/covid-19-response-indian-country/>.

<sup>21</sup> The Indian Gaming Regulatory Act identifies five areas where gaming revenues can be used. 25. U.S.C. § 2710 (b)(2)(B).

<sup>22</sup> "Coronavirus Impact on Tribal Gaming," *Meister Economic Consulting*, last modified June 2, 2020,

<http://www.meistereconomics.com/coronavirus-impact-on-tribal-gaming>.

<sup>23</sup> "Arizona State Museum," *The University of Arizona*, <https://statemuseum.arizona.edu/programs/american-indian-relations/tribes-arizona>.

<sup>24</sup> "Tribal Population," *Centers for Disease Control and Prevention*, <https://www.cdc.gov/tribal/tribes-organizations-health/tribes/state-population.html>.

<sup>25</sup> "Navajo Nation Reservation," *Mechanical Care Everywhere*,

<https://www.mechanicalcareeverywhere.com/navajo#:~:text=The%20Navajo%20Nation%20is%20a,roughly%20350%2C000%20as%20of%202016>.

<sup>26</sup> Committee on Indian Affairs, *Providing for the Settlement of the Navajo Hopi Land Dispute, and for Other Purposes*, (Washing DC: Committee on Indian Affairs, 1996), <https://www.govinfo.gov/content/pkg/CRPT-104s rpt363/html/CRPT-104s rpt363.htm>.

<sup>27</sup> "Dikos Ntsaaígíí-19 (COVID-19)," *Navajo Nation Department of Health*, last modified April 1, 2021, <https://www.ndoh.navajo-nsn.gov/COVID-19>.

<sup>28</sup> "Dikos Ntsaaígíí-19 (COVID-19)," *Navajo Nation Department of Health*, last modified April 1, 2021, <https://www.ndoh.navajo-nsn.gov/COVID-19>.

The Tohono O’odham Nation in southwestern Arizona is the second largest tribal nation with a population of over 33,000 enrolled members.<sup>29</sup> According to Tohono O’odham Nation Health Care (TONHC), there were 1,748 confirmed cases and 69 deaths in Tohono O’odham Nation as of March 2021.<sup>30</sup> Back in May 2020, Chairman Ned Norris Jr., as well as other tribal government officials, issued robust executive orders to control the rapid spread of coronavirus and ensure health and safety of Native Americans.<sup>31</sup>

### *The State of Arizona’s Response*

In Arizona, Governor Doug Ducey has communicated with tribal leaders about challenges related to the coronavirus pandemic delegation and mandated tribal consultation for each state cabinet agency.<sup>32</sup> He has also advocated for pandemic relief on behalf of the Indian tribes to Arizona’s congressional delegation.<sup>33</sup> Each state agency is required to designate a tribal liaison to ensure effective tribal outreach.<sup>34</sup> For example, the tribal liaison at the Arizona Department of Emergency and Military Affairs (DEMA) has been responsible for fielding and managing requests from tribal emergency managers.<sup>35</sup> They aim to coordinate emergency services in conjunction with the tribal government(s), county, state, and federal partners to reduce disasters’ impact on tribal culture, land, persons, and property.<sup>36</sup>

Additionally, the tribal liaison has been deployed to provide further assistance and support to Indian tribes in their response efforts if requested to do so.<sup>37</sup> Each request from a tribe is unique. For example, when the Navajo Nation experienced the highest rate of coronavirus cases across the country, Governor Ducey activated the National Guard to assist with food distribution and setup alternative care units.<sup>38</sup> Other times, tribes requested essential needs to the Arizona Department of Health Services (ADHS), such as personal protective equipment (PPE), testing, and ventilators.<sup>39</sup> According to the Office of Governor Doug Ducey, the Arizona state government has responded to 21 of 22 federally recognized tribes throughout the surge of coronavirus pandemic.<sup>40</sup>

### **Overview of Testimony**

The Committee is comprised of Arizona citizens who endeavored to approach this project from an open-minded and neutral posture. During the online briefings, the Committee heard from a broad spectrum of perspectives, including researchers, academics, public health experts, community advocates, and tribal government officials. The Committee received a number of written

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<sup>29</sup> “Districts,” *The Great Seal of the Tohono O’odham Nation*, <http://www.tonation-nsn.gov/districts/>.

<sup>30</sup> *Ibid.*

<sup>31</sup> Office of the Arizona Governor Doug Ducey, Written Testimony; Executive Order 004-20 Navajo Nation Office of the President and Vice President. “Extending the Declaration of a State of Emergency Due to Covid-19 Virus on the Navajo Nation. May 12, 2020. Found at: [https://www.ndoh.navajo-nsn.gov/Portals/0/COVID-19/News/EO\\_004-20\\_EXTENDING\\_STATE\\_OF\\_EMERG.pdf?ver=187LHY8FMVNmpQLxIZBvw%3d%3d](https://www.ndoh.navajo-nsn.gov/Portals/0/COVID-19/News/EO_004-20_EXTENDING_STATE_OF_EMERG.pdf?ver=187LHY8FMVNmpQLxIZBvw%3d%3d); Executive Order 2020-04 Tohono O’odham Nation Office of the Chairman and Vice Chairman. April 16, 2020. Found at: <http://www.tonation-nsn.gov/wp-content/uploads/2020/04/Executive-Order-2020-04-FINAL.pdf>.

<sup>32</sup> Office of the Arizona Governor Doug Ducey, Written Testimony.

<sup>33</sup> Office of the Arizona Governor Doug Ducey, Written Testimony.

<sup>34</sup> Office of the Arizona Governor Doug Ducey, Written Testimony.

<sup>35</sup> Office of the Arizona Governor Doug Ducey, Written Testimony.

<sup>36</sup> Office of the Arizona Governor Doug Ducey, Written Testimony.

<sup>37</sup> Office of the Arizona Governor Doug Ducey, Written Testimony.

<sup>38</sup> Office of the Arizona Governor Doug Ducey, Written Testimony.

<sup>39</sup> Office of the Arizona Governor Doug Ducey, Written Testimony.

<sup>40</sup> Office of the Arizona Governor Doug Ducey, Written Testimony.

statements offering supplemental information on the topic. Additionally, the Committee invited the Arizona state government, U.S. Department of Justice, and Arizona Department of Health Services to submit written testimony on their response to the disproportionate coronavirus impact on Native American communities in the state.

## **Findings**

The section below provides findings received and reflects views of the cited panelists, not necessarily the members of the Committee. While the Committee has not independently verified each assertion, panelists were chosen to testify due to their professional experience, academic credentials, subject matter expertise, and/or firsthand experience with the topics at hand.

1. Native American communities in Arizona have experienced a disproportionately large adverse impact as a result of the pandemic.<sup>41</sup>
  - a. As of January 2021, the coronavirus death rate for Native Americans was twice as high as White American counterparts and 1.5 times higher compared to the national population.<sup>42</sup> Native Americans suffered the highest hospitalization rate at 3.2 times higher than White American counterparts in the same month.<sup>43</sup> In Arizona, Native Americans comprised approximately 5 percent of the population but made up to 12 percent of its deaths related to coronavirus in January 2021.<sup>44</sup>
  - b. The Navajo Nation specifically has suffered a disparate impact as a result of the pandemic.<sup>45</sup> As of March 2021, there were 1,233 deaths in the Navajo Nation, which comprised 0.8 percent of the Navajo population living on the reservation.<sup>46</sup> A total number of 30,007 cases were reported in the Navajo Nation, accounting for 20 percent of the Navajo population.<sup>47</sup> As of January 2021, 75 communities were still experiencing uncontrollable spread across the Navajo Nation.<sup>48</sup>
  - c. Longstanding systemic inequalities and historic underinvestment in Native American communities have made them more susceptible to coronavirus infection.<sup>49</sup> Factors like broken infrastructure, inadequate health services, chronic health conditions, less access to clean water, overcrowding, and a high rate of

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<sup>41</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2; Ned Norris Jr. Testimony, *Arizona Briefing*, transcript 4, pp. 6; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 7; Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 6.

<sup>42</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 8.

<sup>43</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 8.

<sup>44</sup> Chris James Testimony, *Arizona Briefing*, transcript 1, pp. 3; Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 6.

<sup>45</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 11; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2; Chris James Testimony, *Arizona Briefing*, transcript 1, pp. 3.

<sup>46</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 10; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 4; “Dikos Ntsaaígíí-19 (COVID-19),” *Navajo Nation Department of Health*, last modified April 1, 2021, <https://www.ndoh.navajo-nsn.gov/COVID-19>.

<sup>47</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 10; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 4; “Dikos Ntsaaígíí-19 (COVID-19),” *Navajo Nation Department of Health*, last modified April 1, 2021, <https://www.ndoh.navajo-nsn.gov/COVID-19>.

<sup>48</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 9; Committee on Indian Affairs, *Providing for the Settlement of the Navajo Hopi Land Dispute, and for Other Purposes*, (Washing DC: Committee on Indian Affairs, 1996), <https://www.govinfo.gov/content/pkg/CRPT-104srpt363/html/CRPT-104srpt363.htm>.

<sup>49</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 6.



immunocompromising diseases have compounded to create a disproportionately adverse impact of coronavirus.<sup>50</sup>

- d. In response to this public health emergency, various national and state entities have collaborated to control the surge of coronavirus cases.<sup>51</sup>
    - i. In March 2020, Inter Tribal Council of Arizona (ITCA) conducted a COVID-19 Emergency Response Teleconference with tribal leaders, Office of the Arizona Governor Doug Ducey, Arizona Department of Health Services, Centers for Disease Control and Prevention (CDC), Indian Health Service, Bureau of Indian Affairs, members of Arizona's congressional delegation, and other elected public and health officials.<sup>52</sup>
    - ii. Navajo Nation Department of Health (NDOH) developed Federal Emergency Management Agency (FEMA) response teams with local volunteers and leaders to distribute essential needs such as water, food, personal protective equipment, et cetera.<sup>53</sup>
2. Indian tribes have suffered dire economic consequences because of COVID-19 related shutdowns.
- a. Indian tribes have undergone an economic downturn as stay-at-home orders, and mandatory shutdowns have disrupted their lifeblood revenue stream from gaming and hospitality enterprises.<sup>54</sup> Tribal industries like arts and crafts, agriculture, oil and gas, as well as major enterprises like tourism and gaming, have been unable to operate at normal capacity since March 2020.<sup>55</sup>
  - b. An economic assessment of coronavirus impacts on the Navajo Nation revealed a loss of hundreds of millions of dollars.<sup>56</sup> Prior to the shutdown of casinos, tribes' gaming enterprises alone were channeling more than \$12.5 billion annually into tribal government programs and services.<sup>57</sup> Currently, only a few tribal casinos have reopened.<sup>58</sup>
  - c. The Harvard Project on American Indian Economic Development reports that the pandemic has not only devastated tribes' ability to fund their basic governmental

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<sup>50</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 10; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2; Ned Norris Jr. Testimony, *Arizona Briefing*, transcript 4, pp. 5; Gwendena Lee-Gatewood Testimony, *Arizona Briefing*, transcript 4, pp. 9; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 7.

<sup>51</sup> Shaandiin Parrish Testimony, *Arizona Briefing*, transcript 2, pp. 4; Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 7; Chris James Testimony, *Arizona Briefing*, transcript 1, pp. 2; Sonlatsa Jim-Martin Testimony, *Arizona Briefing*, transcript 1, pp. 6; Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 5.

<sup>52</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 7.

<sup>53</sup> Sonlatsa Jim-Martin Testimony, *Arizona Briefing*, transcript 1, pp. 6.

<sup>54</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 4; Gwendena Lee-Gatewood Testimony, *Arizona Briefing*, transcript 4, pp. 7; Ned Norris Jr. Testimony, *Arizona Briefing*, transcript 4, pp. 5; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 8; Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 7.

<sup>55</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 4; Chris James Testimony, *Arizona Briefing*, transcript 1, pp. 3.

<sup>56</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 5.

<sup>57</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 8.

<sup>58</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 8.

services, but they also have been forced to make painful decisions to lay off employees and drop employees' insurance coverage.<sup>59</sup>

- d. The Native Americans have endured a higher poverty rate than other racial groups.<sup>60</sup> According to Rural and Minority Health Research Center, Native Americans constitute the most impoverished minority group within rural areas; 28.8 percent of rural Native Americans remain under the poverty line while rural White American counterparts account for only 10.4 percent.<sup>61</sup>
  - e. Native Americans have a high rate of homelessness compared to other racial groups.<sup>62</sup> They represent 1.3 percent of the national population but comprise 10 percent of the national homeless population.<sup>63</sup>
3. Indian tribes have experienced bureaucratic funding barriers through the course of the public health emergency.
    - a. Federal and state governments have failed to record the extent to which tribal nations have been affected by this crisis, excluding Native Americans from COVID-19 demographic data collection.<sup>64</sup> In late May 2020, some states released comprehensive racial demographic data. In these reports, Native Americans were merged under the "Other" category instead of being recognized as a distinct group; thus, concealing disproportionate outcomes.<sup>65</sup>
    - b. The U.S. Department of Treasury relies on census data to determine the Coronavirus Relief Fund (CRF) distribution.<sup>66</sup> But these figures have historically under-represented Native American communities.<sup>67</sup> Instead of considering tribal sovereignty and utilizing the tribes' enrollment counts, which they are obliged to certify under penalty of law, the federal government has used imprecise census figures that have reduced immediate and effective relief.<sup>68</sup>
    - c. Federal support has been insufficient and counterproductive during the coronavirus pandemic as agencies have not had any experience with or understanding of Indian Tribes.<sup>69</sup> For example, the grant-based funding model compels tribes to spend additional resources on a duplicative reporting process, while they are already

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<sup>59</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 8; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 4.

<sup>60</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 8 & 9; Pearl Yellowman Testimony, *Arizona Briefing*, transcript 1, pp. 7.

<sup>61</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 9.

<sup>62</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 9 & 10.

<sup>63</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 9 & 10.

<sup>64</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 6; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 8; Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 11.

<sup>65</sup> Nagle, Rebecca. "Native Americans Being Left Out of Coronavirus Data and Labelled as 'Other.'" *The Guardian*. April 24, 2020. Found at: <https://www.theguardian.com/us-news/2020/apr/24/us-native-americans-left-out-coronavirus-data>.

<sup>66</sup> Cancryn, Adam. "Exclusive: Emergency Coronavirus Funds for American Indian Health Stalled." *Politico*. March 20, 2020. Found at: <https://www.politico.com/news/2020/03/20/coronavirus-american-indian-health-138724>.

<sup>67</sup> *Ibid*.

<sup>68</sup> Estus, Joanqlin. "Report: 'Grossly Inaccurate' Data Used to Divvy Up Relief Funds for Tribes." *Indian Country Today*. May 18, 2020. Found at: <https://indiancountrytoday.com/news/report-grossly-inaccurate-data-used-to-divvy-up-relief-funds-for-tribes-9qkkHmeXj0uhRC42mXYqCA>.

<sup>69</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 8; Sonlatsa Jim-Martin Testimony, *Arizona Briefing*, transcript 1, pp. 6; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 7; Ned Norris Jr. Testimony, *Arizona Briefing*, transcript 4, pp. 5.

overextended and strained by the pandemic, solely to access aid that is already designated for them.<sup>70</sup>

- d. Data leaks, legal challenges, and inexcusable delays have marred the entire process, forcing tribes to spend money that they do not have to run basic services.<sup>71</sup> For example, the U.S. Department of the Treasury was delayed in disbursing the \$8 billion pledged to tribal governments in the Coronavirus Aid, Relief, and Economic Security (CARES) Act.<sup>72</sup> In January 2021, the federal government finally allocated the full amount and an additional \$3.3 billion; however, this took persistent lobbying and voices from various entities.<sup>73</sup>
  - e. The Small Business Administration's (SBA) misinterpretation of its emergency payroll relief program led to a ruling that excluded tribal gaming enterprises from the \$349 billion reserved for business relief.<sup>74</sup> By the time Congress and SBA resolved the dilemma and determined that tribes did qualify, the first round of funding had already been depleted.<sup>75</sup>
  - f. It has required a strenuous effort to access personal protective equipment, from both Federal Emergency Management Agency on a national level and the Department of Emergency and Military Affairs on the state level in Arizona.<sup>76</sup> The disbursement of personal protective equipment has taken weeks, at times, months to deploy.<sup>77</sup> Meanwhile, tribes have had to rely on donations and supplies from nonprofit organizations until federal and state agencies eventually disseminated essential supplies.<sup>78</sup>
4. Urban Indian Organizations (UIOs) have been chronically underfunded and excluded from access to aid and resources issued by federal agencies.
- a. Funding allocation has been stringent, limited, and challenging to navigate through the COVID-19 response and meet the specific needs of Urban Indians.<sup>79</sup> Congressional appropriations have included Urban Indian Organizations and federal agencies have also allotted some contingency funding, but restrictions still

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<sup>70</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 13.

<sup>71</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 7; Cochrane, Emily, and Mark Walker. "Federal Watchdog to Examine Official's Role in Tribal Fund Distribution." *The New York Times*. May 11, 2020. Found at: [www.nytimes.com/2020/05/11/us/politics/native-american-tribes-coronavirus-funds.amp.html](https://www.nytimes.com/2020/05/11/us/politics/native-american-tribes-coronavirus-funds.amp.html).

<sup>72</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 7; Gwendena Lee-Gatewood Testimony, *Arizona Briefing*, transcript 4, pp. 8; Sonlatsa Jim-Martin Testimony, *Arizona Briefing*, transcript 1, pp.10; Cancryn, Adam. "Exclusive: Emergency Coronavirus Funds for American Indian Health Stalled." *Politico*. March 20, 2020. Found at: <https://www.politico.com/news/2020/03/20/coronavirus-american-indian-health-138724>.

<sup>73</sup> Chris James Testimony, *Arizona Briefing*, transcript 1, pp. 4.

<sup>74</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 7; Bendery, Jennifer. "Tribes Aren't Getting COVID-19 Aid Because Federal Agencies Are Flailing." *The HuffPost*. April 16, 2020. Found at: [https://www.huffpost.com/entry/native-american-tribes-coronavirus-aid-tom-udall\\_n\\_5e96012bc5b6fd5b0a72baaa](https://www.huffpost.com/entry/native-american-tribes-coronavirus-aid-tom-udall_n_5e96012bc5b6fd5b0a72baaa).

<sup>75</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 7; Bendery, Jennifer. "Tribes Aren't Getting COVID-19 Aid Because Federal Agencies Are Flailing." *The HuffPost*. April 16, 2020. Found at: [https://www.huffpost.com/entry/native-american-tribes-coronavirus-aid-tom-udall\\_n\\_5e96012bc5b6fd5b0a72baaa](https://www.huffpost.com/entry/native-american-tribes-coronavirus-aid-tom-udall_n_5e96012bc5b6fd5b0a72baaa).

<sup>76</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 8.

<sup>77</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 8; Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 11; Sonlatsa Jim-Martin Testimony, *Arizona Briefing*, transcript 1, pp.10.

<sup>78</sup> Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 8.

<sup>79</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 3.

remain for Urban Indian Organizations that impose additional barriers through their COVID-19 response.<sup>80</sup>

- b. Federal regulation has impeded Urban Indian Organizations from rendering adequate and equitable care for Native Americans living in urban areas.<sup>81</sup>
    - i. Federal agencies prohibit Urban Indian Organizations from utilizing aid under the Indian Health Service for any facilities renovations despite the critical need for air circulation systems, modular facilities, physical partitions, et cetera.<sup>82</sup>
    - ii. Although Congress has explicitly recognized Medicaid as a vital supplement to the tribal health care system, it only covers the full cost of Medicaid for those who acquired services directly through the Indian Health Service or a tribal health program.<sup>83</sup>
  - c. The American Indian Medical Home (AIMH) program renders reimbursable case management services for Native Americans who receive care through Indian Health Service or a tribal health program.<sup>84</sup> However, Urban Indian Health Programs are neither eligible for full reimbursement nor qualified for the American Indian Medical Home program in Arizona.<sup>85</sup>
5. Long-term underfunding of tribal healthcare systems is a major contributing factor to Native American health disparities, which has resulted in a higher risk of severe illness and death due to coronavirus interaction.
- a. Over the last several decades, tribes have seen some improvements in the federal government's efforts to support tribal healthcare systems. However, the Indian Health Service remains critically underfunded.<sup>86</sup>
  - b. According to a report from the Indian Health Service, Native Americans have suffered a higher death rate related to coronavirus than other racial groups due to underlying health conditions, resulting in a life expectancy of five and a half years below national average.<sup>87</sup>
  - c. Native Americans endure various health conditions at disparate rates, which have contributed to the disproportionate impact of coronavirus pandemic on

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<sup>80</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 3.

<sup>81</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 4.

<sup>82</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 3.

<sup>83</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 4.

<sup>84</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 4.

<sup>85</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 4.

<sup>86</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 7; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2; Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 2.

<sup>87</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 9 & 10; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2;

Gwendena Lee-Gatewood Testimony, *Arizona Briefing*, transcript 4, pp. 9; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 9.

communities.<sup>88</sup> There are increased rates of underlying health conditions, such as diabetes, obesity, and chronic obstructive pulmonary disease.<sup>89</sup> Other common conditions among Native Americans include cancer, heart disease, and chronic kidney disease.<sup>90</sup>

- d. An influx of coronavirus patients has vastly overrun hospitals across the nation.<sup>91</sup> Thus, patients seeking help unrelated to coronavirus complications have been unable to acquire aid as needed.<sup>92</sup> While other hospitals can execute telehealth and telemedicine during the pandemic, for Native Americans, providing these virtual services has been challenging due to a lack of broadband access.<sup>93</sup>
  - e. Early on in the pandemic, many tribal hospitals experienced challenges in maintaining supplies, including personal protective equipment, educating and communicating public health information to the public, preserving workforce capacity, and sustaining adequate healthcare staffing.<sup>94</sup>
6. The coronavirus pandemic has exposed underlying infrastructure disparities across tribal nations.
- a. The acute housing shortage has contributed to greater coronavirus risk among the Native American population.<sup>95</sup> For example, many Native Americans live in substandard or crowded housing with up to 40 people under one roof, limiting their ability to socially distance and isolate from those who may have been exposed to coronavirus or tested positive.<sup>96</sup>
  - b. Lack of running water and electricity has made it impossible to adopt the simplest coronavirus precautions, like handwashing and social distancing.<sup>97</sup>
    - i. Safe water and sewage disposal services are unavailable in 13 percent of Native American households on reservations.<sup>98</sup> In Navajo Nation alone,

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<sup>88</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 9 & 10; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2; Gwendena Lee-Gatewood Testimony, *Arizona Briefing*, transcript 4, pp. 9; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 9.

<sup>89</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 9; Gwendena Lee-Gatewood Testimony, *Arizona Briefing*, transcript 4, pp. 9; Ned Norris Jr. Testimony, *Arizona Briefing*, transcript 4, pp. 6; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2; Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 9.

<sup>90</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 9; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2.

<sup>91</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 10.

<sup>92</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 10.

<sup>93</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 10; Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 8; Pearl Yellowman Testimony, *Arizona Briefing*, transcript 1, pp. 8; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 3; Gwendena Lee-Gatewood Testimony, *Arizona Briefing*, transcript 4, pp. 8; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 10.

<sup>94</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 10; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2; Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 13; Sonlatsa Jim-Martin Testimony, *Arizona Briefing*, transcript 1, pp. 10.

<sup>95</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 10; Shaandiin Parrish Testimony, *Arizona Briefing*, transcript 2, pp. 15; Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 5; Pearl Yellowman Testimony, *Arizona Briefing*, transcript 1, pp. 11.

<sup>96</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 10.

<sup>97</sup> Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 9; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 3;

Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 10; Shaandiin Parrish Testimony, *Arizona Briefing*, transcript 2, pp. 3.

<sup>98</sup> "The Reservation Water Crisis," *Tulane Environmental Law Journal*, <https://www.jstor.org/stable/26661936?seq=1>.

nearly 40 percent of Native American families do not have access to water.<sup>99</sup>

- ii. About 15,000 of the 55,000 Navajo Nation families still lack electricity, making up 27 percent of unelectrified homes.<sup>100</sup> As a result, Native Americans travel to collect and transport firewood for various uses, such as cooking, boiling water, and heating homes.<sup>101</sup>
  - c. According to the 2019 Federal Communications Commission Report, 46.6 percent of tribal reservations lack broadband access at standard speeds.<sup>102</sup> Native American students are at greater educational risk during the coronavirus pandemic as they do not have access to computers and high-speed internet.<sup>103</sup>
  - d. Tribal elders living off the grid cannot receive aid because ambulances cannot get to these areas due to inadequate road systems. Those living in rural areas are especially restricted from access to healthcare when bad weather persists during the winter season.<sup>104</sup>
  - e. The outbreak, combined with environmental contamination from uranium milling and mining within Navajo communities, has resulted in additional health impacts on uranium miners and their families, namely cancer and kidney disease.<sup>105</sup> Currently, the federal government has issued the Radiation Exposure Compensation Act<sup>106</sup> reforms and programmatic changes to increase health care coordination for uranium miners and their families in efforts to address the unique challenges with the coronavirus pandemic.<sup>107</sup>
7. The federal government's attempts to undo historical damages and support self-determination are undermined by the lack of resources and infrastructure necessary to adequately serve Native Americans. While the United States has stated its promises to Native Americans, many treaties have not been honored or upheld.<sup>108</sup>

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<sup>99</sup> Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 10; Shaandiin Parrish Testimony, *Arizona Briefing*, transcript 2, pp. 3.

<sup>100</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 3; Ned Norris Jr. Testimony, *Arizona Briefing*, transcript 4, pp. 5; Shaandiin Parrish Testimony, *Arizona Briefing*, transcript 2, pp. 3; Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 9; Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 18; Pearl Yellowman Testimony, *Arizona Briefing*, transcript 1, pp. 11; VUSN Commutations. "In the thick of it: COVID fighters with the Navajo Nation." *Vanderbilt School of Nursing*. February 23, 2021. Found at: <https://nursing.vanderbilt.edu/news/in-the-thick-of-it-covid-fighters-with-the-navajo-nation/#:~:text=About%2015%2C000%20of%20the%2055%2C000,to%20clean%2C%20reliable%20drinking%20water.>

<sup>101</sup> Sonlatsa Jim-Martin Testimony, *Arizona Briefing*, transcript 1, pp. 5; Shaandiin Parrish Testimony, *Arizona Briefing*, transcript 2, pp. 4.

<sup>102</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 3; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 10.

<sup>103</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 3.

<sup>104</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 3; Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 10.

<sup>105</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2; Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 9.

<sup>106</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2.

<sup>107</sup> Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2.

<sup>108</sup> Ned Norris Jr. Testimony, *Arizona Briefing*, transcript 4, pp. 5; Gwendena Lee-Gatewood Testimony, *Arizona Briefing*, transcript 4, pp. 9; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 7; Maria Dadgar Testimony, *Arizona Briefing*, transcript 2, pp. 5; Shaandiin Parrish Testimony, *Arizona Briefing*, transcript 2, pp. 19; Sonlatsa Jim-Martin Testimony, *Arizona Briefing*, transcript 1, pp. 15; Emma Robbins Testimony, *Arizona Briefing*, transcript 2, pp. 17; Pub. L. 94-437, §2, Sept. 30, 1976, 90 Stat. 1400; Pub. L. 102-573, §3(a), Oct. 29, 1992, 106 Stat. 4526; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.

8. Despite a myriad of hardships exacerbated by the coronavirus pandemic, this crisis has spotlighted Native Americans' resiliency.<sup>109</sup>
- a. Native Americans have struggled to navigate complex online systems to schedule appointments and check vaccine eligibility, but many tribes have innovated new systems that utilize phone lines instead.<sup>110</sup> Across Native American communities, tribal leaders have spearheaded setting up call centers staffed by fluent Native language speakers to answer inquiries, book appointments, and connect with members.<sup>111</sup> They have also spread the word through outreach programs such as newsletters, social media, radio announcements, and mail.<sup>112</sup>
  - b. When tribes were planning for the vaccine distribution, they gave tribal members an option to receive their doses either from their state's allotment or directly from the Indian Health Service.<sup>113</sup> The Indian Health Service deployed a centralized approach system that worked more effectively to meet the needs of the Native American community than other fragmented approaches.<sup>114</sup>
  - c. Native Americans have a mistrust of the medical community because of historic episodes of being abused and misled.<sup>115</sup> For example, in the 1970s, many Native American women were coerced into sterilizations or were sterilized without their consent at the direction of the federal government. Nearly a quarter of Native women of childbearing age were sterilized before the practice was discontinued.<sup>116</sup>
  - d. Despite the mistrust, a recent study has discovered that 75 percent of Native Americans have been willing to receive a vaccine, which is a higher percentage than the national population.<sup>117</sup> Most Native Americans prepared to receive the vaccine have asserted that it was their responsibility to their community.<sup>118</sup>

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<sup>109</sup> Gwendena Lee-Gatewood Testimony, *Arizona Briefing*, transcript 4, pp. 9; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 4; Pearl Yellowman Testimony, *Arizona Briefing*, transcript 1, pp. 7.

<sup>110</sup> Gwendena Lee-Gatewood Testimony, *Arizona Briefing*, transcript 4, pp. 9; Jonathan Nez Testimony, *Arizona Briefing*, transcript 4, pp. 2; Carolyn Angus-Hornbuckle Testimony, *Arizona Briefing*, transcript 3, pp. 11; Brown, Alex. "Racing to Save Languages and Cultures, Native American Tribes Rapidly Roll out Vaccines." *In These Times*. February 18, 2021. Found at: <https://inthesetimes.com/article/native-american-covid-vaccine-rollout>.

<sup>111</sup> Brown, Alex. "Racing to Save Languages and Cultures, Native American Tribes Rapidly Roll out Vaccines." *In These Times*. February 18, 2021. Found at: <https://inthesetimes.com/article/native-american-covid-vaccine-rollout>.

<sup>112</sup> Shaandiin Parrish Testimony, *Arizona Briefing*, transcript 2, pp. 3; Brown, Alex. "Racing to Save Languages and Cultures, Native American Tribes Rapidly Roll out Vaccines." *In These Times*. February 18, 2021. Found at: <https://inthesetimes.com/article/native-american-covid-vaccine-rollout>.

<sup>113</sup> Brown, Alex. "Racing to Save Languages and Cultures, Native American Tribes Rapidly Roll out Vaccines." *In These Times*. February 18, 2021. Found at: <https://inthesetimes.com/article/native-american-covid-vaccine-rollout>.

<sup>114</sup> Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 3; Brown, Alex. "Racing to Save Languages and Cultures, Native American Tribes Rapidly Roll out Vaccines." *In These Times*. February 18, 2021. Found at: <https://inthesetimes.com/article/native-american-covid-vaccine-rollout>.

<sup>115</sup> Shaandiin Parrish Testimony, *Arizona Briefing*, transcript 2, pp. 3; Walter Murillo Testimony, *Arizona Briefing*, transcript 3, pp. 3; Brown, Alex. "Racing to Save Languages and Cultures, Native American Tribes Rapidly Roll out Vaccines." *In These Times*. February 18, 2021. Found at: <https://inthesetimes.com/article/native-american-covid-vaccine-rollout>.

<sup>116</sup> Brown, Alex. "Racing to Save Languages and Cultures, Native American Tribes Rapidly Roll out Vaccines." *In These Times*. February 18, 2021. Found at: <https://inthesetimes.com/article/native-american-covid-vaccine-rollout>.

<sup>117</sup> *Ibid.*

<sup>118</sup> *Ibid.*

## **Recommendations**

Among their duties, advisory committees are authorized to advise the Commission (1) concerning matters related to discrimination or a denial of equal protection of the laws under the Constitution and the effect of the laws and policies of the Federal Government with respect to equal protection of the laws; and (2) upon matters of mutual concern in the preparation of reports of the Commission to the President and the Congress.<sup>119</sup> In keeping with these responsibilities, and in consideration of the testimony heard on this topic, the Arizona Advisory Committee submits the following recommendations to the Commission:

1. The U.S. Commission on Civil Rights should send this advisory memorandum and issue a formal request to Congress to pass legislation to:
  - a. Ensure regular and meaningful consultation and collaboration with Indian tribal officials in all policy decisions that have tribal implications.
  - b. Allocate stable funding for tribal research programs to track disparities in services and needs.
  - c. Ensure an accurate record of the Native American population in demographic data collection.
  - d. Support the development and recovery of tribal economies by:
    - i. Ensuring easily accessible emergency assistance and unemployment support to all tribal business and workers.
    - ii. Allocating additional funding for Native Community Development Financial Institutions (CDFIs) and the Native American Contractors Association (NACA).
  - e. Eliminate bureaucratic funding barriers for Native American programs. Improving processes for distributing funds to tribal governments and agencies. Funds for a common purpose should be consolidated within a single agency so there is less overlap and clearer accountability.
  - f. Lift any federal regulations that impede Urban Indian Organizations from rendering adequate care for Native Americans living in urban areas.
    - i. Authorize Urban Indian Organizations to receive Federal Medical Assistance Percentages (FMAP) for Medicaid, as Indian Health Service tribal providers already do.
    - ii. Authorize Urban Indian Organizations to use federal funding for any facilities renovations, such as air circulation systems, modular facilities, physical partitions, et cetera.
  - g. Address the chronic underfunding of the Indian Health Service systems, including the Urban Indian Organizations.
  - h. Support the development of Indian Country's critical infrastructure during and after the coronavirus pandemic by developing a comprehensive strategy for providing broadband internet access, delivering clean drinking water, renewing electric grid, and repairing and building roads and bridges.

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<sup>119</sup> 45 C.F.R. § 703.2 (a).



- i. Support the advancement of Indian tribes toward the goal for independence and self-governance.
  - j. Investigate and confirm whether treaties authorized under tribal law are upheld.
2. The U.S. Commission on Civil Rights should send this advisory memorandum and issue a formal request to President Biden to:
- a. Establish a bipartisan, action-oriented initiative at the highest level of accountability in the government, with representatives including elected officials, members of Congress, officials from all federal agencies that aid programs in Indian Country, tribes, and Native American organizations.
  - b. Ensure regular and meaningful consultation and collaboration with Indian tribal officials in all policy decisions that have tribal implications.
  - c. Allocate stable funding for tribal research programs to track disparities in services and needs.
  - d. Ensure an accurate record of the Native American population in demographic data collection.
  - e. Support the development and recovery of tribal economies by:
    - i. Ensuring easily accessible emergency assistance and unemployment support to all tribal business and workers.
    - ii. Allocating additional funding for Native Community Development Financial Institutions (CDFIs) and the Native American Contractors Association (NACA).
  - f. Eliminate bureaucratic funding barriers for Native American programs. Improving processes for distributing funds to tribal governments and agencies. Funds for a common purpose should be consolidated within a single agency so there is less overlap and clearer accountability.
  - g. Lift any federal regulations that impede Urban Indian Organizations from rendering adequate care for Native Americans living in urban areas.
    - i. Authorize Urban Indian Organizations to receive Federal Medical Assistance Percentages (FMAP) for Medicaid, as Indian Health Service tribal providers already do.
    - ii. Authorize Urban Indian Organizations to use federal funding for any facilities renovations, such as air circulation systems, modular facilities, physical partitions, et cetera.
  - h. Address the chronic underfunding of the Indian Health Service systems, including the Urban Indian Organizations.
  - i. Support the development of Indian Country's critical infrastructure during and after the coronavirus pandemic by developing a comprehensive strategy for providing broadband internet access, delivering clean drinking water, renewing electric grid, and repairing and building roads and bridges.
  - j. Support the advancement of Indian tribes toward the goal for independence and self-governance.
  - k. Investigate and confirm whether treaties authorized under tribal law are upheld.

3. The U.S. Commission on Civil Rights should send this advisory memorandum and issue a formal request to Arizona Legislature and Governor to:
  - a. Ensure regular and meaningful consultation and collaboration with Indian tribal officials in all policy decisions that have tribal implications.
  - b. Support the development and recovery of tribal economies.
  - c. Support the development of Indian Country's critical infrastructure during and after the coronavirus pandemic by developing a comprehensive strategy for providing broadband internet access, delivering clean drinking water, renewing electric grid, and repairing and building adequate roads and bridges.
  - d. Ensure that the Arizona Department of Health Services makes efforts to communicate, collaborate, engage and protect the Native American communities by considering culturally relevant best practices and deliveries.

## **Appendix**

### A. Panel Agendas, Minutes, and Presentation Slides

- a. January 12, 2021 Online Panel
- b. January 19, 2021 Online Panel
- c. January 26, 2021 Online Panel
- d. February 2, 2021 Online Panel

### B. Hearing Transcripts

- a. January 12, 2021 Online Panel (AKA Transcript 1)
- b. January 19, 2021 Online Panel (AKA Transcript 2)
- c. January 26, 2021 Online Panel (AKA Transcript 3)
- d. February 2, 2021 Online Panel (AKA Transcript 4)

### C. Written Testimony

## **Appendix A – Panel Agendas, Minutes, and Presentation Slides**

*January 12, 2021 Online Panel*

*January 19, 2021 Online Panel*

*January 26, 2021 Online Panel*

*February 2, 2021 Online Panel*

Documents found at:

[https://securisync.intermedia.net/us2/s/folder?public\\_share=409J0xbKeIQ2vuMJBvQond0011ef58&id=L0FaL0NPVklELTE5IGFuZCBOYXR2aWUgQW1lcmljYW4gQ29tbXVuaXRpZXMvQXBwZW5kaXggQQ%3D%3D](https://securisync.intermedia.net/us2/s/folder?public_share=409J0xbKeIQ2vuMJBvQond0011ef58&id=L0FaL0NPVklELTE5IGFuZCBOYXR2aWUgQW1lcmljYW4gQ29tbXVuaXRpZXMvQXBwZW5kaXggQQ%3D%3D)

## **Appendix B – Panel Transcripts**

*January 12, 2021 Online Panel: Transcript 1*

*January 19, 2021 Online Panel: Transcript 2*

*January 26, 2021 Online Panel: Transcript 3*

*February 2, 2021 Online Panel: Transcript 4*

Documents found at:

[https://securisync.intermedia.net/us2/s/folder?public\\_share=409J0xbKeIQ2vuMJBvQond0011ef58&id=L0FaL0NPVklELTE5IGFuZCBOYXR2aWUgQW1lcmljYW4gQ29tbXVuaXRpZXMvQXBwZW5kaXggQg%3D%3D](https://securisync.intermedia.net/us2/s/folder?public_share=409J0xbKeIQ2vuMJBvQond0011ef58&id=L0FaL0NPVklELTE5IGFuZCBOYXR2aWUgQW1lcmljYW4gQ29tbXVuaXRpZXMvQXBwZW5kaXggQg%3D%3D)

## **Appendix C – Written Testimony**

All written testimony can be found at:

[https://securisync.intermedia.net/us2/s/folder?public\\_share=409J0xbKeIQ2vuMJBvQond0011ef58&id=L0FaL0NPVklELTE5IGFuZCBOYXR2aWUgQW1lcmljYW4gQ29tbXVuaXRpZXMvQXBwZW5kaXggQw%3D%3D](https://securisync.intermedia.net/us2/s/folder?public_share=409J0xbKeIQ2vuMJBvQond0011ef58&id=L0FaL0NPVklELTE5IGFuZCBOYXR2aWUgQW1lcmljYW4gQ29tbXVuaXRpZXMvQXBwZW5kaXggQw%3D%3D)

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