



General Assembly

Distr.: General
19 June 2020

English only

Human Rights Council

Forty-fourth session

15 June–3 July 2020

Agenda items 2 and 3

**Annual report of the United Nations High Commissioner
for Human Rights and reports of the Office of the
High Commissioner and the Secretary-General**

**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by Society for Threatened Peoples, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[03 June 2020]

* Issued as received, in the language(s) of submission only.

GE.20-08136(E)



* 2 0 0 8 1 3 6 *

Please recycle A small graphic of a recycling symbol, consisting of three chasing arrows forming a triangle.



American Indians and Alaska Natives (AIAN) receive inadequate health care from United States of America authorities to ward off COVID-19

In the United States of America (US), cases and casualties in relation to COVID-19 are disproportionately widespread among Native Americans living in urban areas and most notably in American Indian Reservations. According to data provided by the Indian Health Service (IHS) on 25 May 2020, 104,692 tests had been administered within the IHS-system at this time. Of those 9.179 or nearly 10% have returned positive for COVID-19.

One reason for those tragic results are health disparities caused by historical inequities in public funding in areas like healthcare and infrastructure. For instance, handwashing has been emphasized as an important measure to prevent contagion during the pandemic. However, because of historical imbalances in infrastructure projects, race is an important predictor of indoor plumbing access in the country. The persistence of health disparities for American Indians is also evident in ways that could affect their susceptibility to COVID-19, such as the fact that they are three times more likely to be diagnosed with diabetes than white people.

Verified COVID-19 cases in the United States are over 1.3 million, as of May 12, 2020, which means that the rate of verified COVID-19 infections per 100,000 individuals is around 400. Current verified COVID-19 cases on US American Indian reservations range from 0 to 3,300 per 100,000 individuals; the average rate is about 32 per 100,000. According to data published by Indian Country Today magazine on 20 May 2020, there were 7.085 verified cases on US American Indian reservations and 229 casualties.

COVID-19 cases were more likely to occur in tribal communities with a higher proportion of homes lacking indoor plumbing, i.e flush toilet, hot and cold water, and a tub or shower. While American Indian households on tribal reservations are 3.7 times more likely to lack complete indoor plumbing relative to all other households in the United States, this average obscures differences among reservations with some experiencing much higher rates of incomplete plumbing facilities, such as the Navajo reservation. With roughly 175,000 people, the reservation straddles Arizona, New Mexico and a small corner of Utah. According to IHS-data from 20 May 2020, 4,696 members of the Navajo Nation were tested positive and 147 had died. Numbers are still rising. According to data published by Indian Country Today on 29 May 2020, there were 4,944 positive COVID-19 cases and 159 known deaths.

According to PBS NewsHour, COVID-19 cases were found less likely to occur in tribal communities where households spoke English-only (as of 13 May 2020). Society for Threatened Peoples agrees with the conclusion of PBN NewsHour that access to relevant public health information in indigenous languages may play a key role in the spread of COVID-19 in some tribal communities.

Obviously, American Indian households are in need of financial support. Yet, they were not included in the “Coronavirus Aid, Relief, and Economic Security (CARES) Act” at first. Only following interventions a.o. by indigenous Congresswoman Deb Haaland from New Mexico, they were included. However, from 20 billion USD demanded, they only received 8 billion USD, which will take a long time until it reaches those in need due to bureaucratic obstacles.

American Indian’s Treaty Rights are violated as well. Some tribes decided to build up checkpoints controlling access to their reservation. Treaty rights give them the sovereignty to do so. However, South Dakota’s Governor Kristi Noem ordered the removal of COVID-19 checkpoints from the territories of the Cheyenne River Sioux and Oglala Sioux tribes, calling them illegal. The Cheyenne River Sioux and Oglala Sioux tribes say the checkpoints are the best way of protection against the coronavirus entering their communities, which are not equipped to handle an outbreak. Moreover, the Fort Laramie Treaty 1868, Art. 16, gives them the authority to decide about the entry to their territory, which is only permitted with their consent. Therefore, both tribes say, that Governor Noem is threatening the sovereignty and the health of their people.

On May 18, 2020, in one of his first press statements after taking over from Victoria Tauli-Corpuz, the new United Nations (UN) Special Rapporteur on the rights of indigenous

peoples, José Francisco Cali Tzay, expressed serious concerns about the devastating impact the COVID-19 pandemic is having on indigenous peoples beyond the health threat.

Society for Threatened Peoples therefore calls upon the UN Human Rights Council to urge the Government of the United States of America to:

- involve American Indian tribes in the “Coronavirus Aid, Relief, and Economic Security (CARES) Act”, according to their demands,
 - respect tribal treaty rights and support tribal protective measures like checkpoints instead of criminalizing them,
 - ensure that American Indians have access to information about COVID-19 in their respective languages as well as to culturally appropriate medical services,
 - support the tribal governments in providing sufficient public health facilities in indigenous communities.
-