Tribal Consultation on the Rape Prevention and Education Program July 12, 2023

The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (CDC/NCIPC) hosted a tribal consultation on the Rape Prevention and Education (RPE) Program on July 12, 2023 and accepted written comments until 5:00pm (EST) on July 24, 2023.

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Introduction

On July 12, 2023, the *Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (*NCIPC) hosted a virtual government-to-government consultation with tribal leaders to collect input on the Notice of Funding Opportunity (NOFO) for new funding from CDC's Rape Prevention and Education (RPE) program. The purpose of this consultation was to hear from tribes on their public health priorities and concerns related to the RPE program and how CDC/ATSDR can better support tribes and tribal communities moving forward to inform sexual violence prevention.

At the time of the consultation in July 2023, CDC/NCIPC announced that the new RPE NOFO funding period would be five years, however, with the release of the one-year, FY23 capacity building NOFO, the funding period for the new RPE NOFO for sexual assault coalitions, including tribal coalitions, will now be four years in order to align with the timing of the five-year NOFO awarded to state health departments.

At the consultation, there were 77 participants, including tribal serving organizations, tribal partners, other members of the tribal community, and CDC/NCIPC senior leaders. Although no elected tribal leaders were present, tribes and tribal serving organizations, and other public health professionals participated. One person was authorized to speak on behalf of their tribe. In order to respect those who did attend this tribal consultation and not lose the opportunity to respond to the information provided, CDC is summarizing all input. Comments were accepted during a two-week period from July 12, 2023, to July 24, 2023, at 5:00 pm (EST). The comment period includes oral comments made during the tribal consultation on July 12, 2023 and any written comments, if received, until July 24, 2023.

In addition to the RPE Tribal Consultation, CDC/NCIPC also held a Tribal Listening Session on December 8, 2022, with 40 participants from American Indian and Alaska Native (AI/AN) communities and CDC staff. Ten AI/AN community members gave feedback to CDC that informed the RPE program. More information on the Tribal Listening Session can be found in Appendix E.

The RPE program is authorized through the Violence Against Women Act (VAWA), which was passed by Congress in 1994, and was most recently reauthorized in 2022. Grants awarded under this program will be used for RPE programs conducted by state and territorial health departments and sexual assault coalitions, including tribal sexual assault coalitions.

Specific questions CDC/NCIPC invited feedback on during the July 12th Tribal Consultation are listed below.

- How does sexual violence impact your community?
- What are the strengths and barriers to preventing sexual violence in your communities?
- How can CDC improve our efforts to communicate and support programming that impacts the prevention of violence in tribal nations?
- What are important partnerships for preventing sexual violence in your communities, and how can we help strengthen existing partnerships and/or help establish new partnerships?

This report summarizes recommendations and input received during the comment period and CDC/NCIPC's responses. CDC/NCIPC received oral comments from federally recognized tribes, tribal partners, and tribal serving organizations during the comment period at the tribal consultation. No written comments were received. CDC/NCIPC acknowledges the need for ongoing and continued education and training of CDC staff working with tribal nations. It is committed to working with agency leaders to ensure appropriate and available training. CDC/NCIPC will incorporate feedback outlined in this report to inform the strategies and activities in the NOFO development process.

Responses to Tribes and Tribal Serving Organizations' Recommendations

This section summarizes the recommendations articulated by federally recognized tribes, tribal partners, and tribal serving organizations at the CDC/NCIPC Tribal Consultation on July 12, 2023, related to the upcoming RPE NOFO and the four questions that CDC/NCIPC asked on sexual violence prevention (see Introduction). All testimony and comments received before the deadline were reviewed and summarized under the following themes:

1) **Data Limitations**

    1a. Summary of Recommendations on Data Limitations

Tribes and Tribal serving organizations commented on data limitations that hinder measurement of the impact of sexual violence. Tribes and tribal serving organizations noted limitations due to a lack of access to police and other data, how data are collected and organized, and how injuries are reported. Furthermore, testimonies noted that existing data do not depict the full impact because sexual violence is often underreported due to stigma, biases, and normalization of violence. For example, participants shared that *"it's become normalized almost to the point where some of our victims don't recognize that they are in fact, victims [of sexual violence]".* Tribes and tribal serving organizations also commented on data sovereignty and questions of data use and data ownership. Tribes and tribal serving organizations recommended that CDC recognize that data on sexual violence may be incomplete and inconsistent.

1b. Summary of Response to Data Limitations

CDC/NCIPC recognizes tribes and tribal serving organizations' concerns about data limitations hindering the ability to measure the impact of sexual violence. CDC/NCIPC acknowledges limitations, including, but not limited to: lack of access to data from various sources, how data are collected and organized from different sources, underreporting, and impacts of stigma, biases, and normalization of violence within tribal communities.

CDC/NCIPC recognizes the importance of respecting tribal nations' data sovereignty and ownership and that tribes and tribal epidemiology centers (TEC) are public health authorities with legal rights to data. CDC continues to work to improve collaboration with tribes and tribal serving organizations regarding relevant data collection, analysis, data use procedures, and use of data sharing agreements. For example, the National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing survey that collects the most current and comprehensive national- and state-level data on intimate partner violence, sexual violence and stalking victimization in the United States. CDC/NCIPC developed NISVS to collect data on these important public health problems and enhance violence prevention efforts. CDC/NCIPC is working to address data limitations by moving towards an AI/AN oversample in NISVS, however, this work is contingent on available funds. CDC will be collecting AI/AN data as part of the general population data collection and will work to ensure that data on sexual violence is collected and used meaningfully and respectfully. Moreover, CDC/NCIPC can assist Tribes to identify data sources through training and technical assistance.

CDC/NCIPC appreciates the recommendations and will continue to work to improve data collection methods and address data limitations to better understand the impact of sexual violence on tribal communities. CDC/NCIPC values partnership with tribal communities and is committed to preventing sexual violence.

2) Lack of Accessible Services

2a. Summary of Recommendations on Lack of Accessible Services

Tribes and tribal serving organizations commented on a lack of accessible violence prevention services and services for survivors of sexual violence. Testimony indicated that infrastructure concerns are often prioritized over conducting programmatic work because immediate needs

(e.g., road maintenance, mold remediation in schools) must be prioritized. Another issue is the limited access to quality and culturally appropriate sexual assault clinical services, including availability and certification of Sexual Assault Nurse Examiners.

Testimony indicated that distance was a barrier to accessing services when those services were outside of their communities. For example, tribes and tribal serving organizations mentioned that in Navajo Nation, it is 500-600 miles to a medical facility. When services are available within a community, they are often limited. Tribes and tribal serving organizations stated that in one community, there is an Indian Health Center. Still, it does not operate at all hours. Hence, instances of sexual violence outside of business hours require the victim to be transported up to 100 miles away to a different clinic. Tribal partners mentioned that services provided outside of tribal communities are not always culturally sensitive or culturally tailored.

2b. Summary of Response to Lack of Accessible Programs

CDC/NCIPC understands the issues that may occur when infrastructure needs are prioritized over conducting programmatic work and that there is a shortage of Sexual Assault Nurse Examiners. CDC/NCIPC is dedicated to collaborating closely with our tribes and tribal serving organizations to overcome barriers and strengthen access to sexual violence (SV) prevention. CDC supports SV prevention through the RPE program which will release a new four-year funding opportunity available to sexual assault coalitions, including tribal sexual assault coalitions.

CDC/NCIPC recognizes that when prevention efforts are available within a community, they are often limited and not always culturally sensitive or tailored. As part of our commitment to respecting cultural values and indigenous knowledge, we will work to ensure that activities funded through CDC's RPE program are culturally appropriate and sensitive.

3) Support for Programs

3a. Summary of Recommendations on Support for Programs

Tribes and tribal serving organizations discussed the need for technical assistance and programmatic support. Testimony mentioned a desire to work on violence prevention and response. However, it is essential to ensure accountability and implement violence prevention programs appropriately. Tribes and tribal serving organizations stated there is a strong need for technical assistance at the local level. They indicated that Tribal Epidemiology Centers provide technical assistance but cannot meet every need, and that support for program planning, implementation, and maintenance is necessary.

3b. Summary of Response to Support for Programs

CDC/NCIPC is committed to working with tribal partners to identify and address the barriers to accessing violence prevention services and technical assistance. CDC/NCIPC understands that prevention efforts and survivor support within tribal communities are often limited and not always culturally sensitive. CDC/NCIPC also recognizes the need for technical assistance and

programmatic support at the local level and will support program planning, implementation, and maintenance to ensure accountability.

In accordance with the Violence Against Women Act Reauthorization of 2022, CDC/NCIPC aims to address the needs of tribal communities by authorizing funding to state and tribal sexual assault coalitions to respond to sexual violence. Through coalition funding opportunities, tribal coalitions can develop and implement programs that help prevent and respond to sexual violence in their communities.

4) **Acknowledging the Needs of Urban Populations and Providers**

4a. Summary of Recommendations on Acknowledging the Needs of Urban Populations and Providers

Tribes and tribal serving organizations discussed the unique needs of AI/AN people that live in urban settings. Their testimony recommended that CDC recognize the tribal serving organizations serving the many American Indian and Alaska Native persons living in urban areas. In addition, their testimony indicated that service providers in urban areas would like to be involved in violence prevention in AI/AN communities.

4b. Summary of Response to Acknowledging the Needs of Urban Populations and Providers

CDC/NCIPC acknowledges the importance of addressing violence prevention among AI/AN persons living in urban communities. It is taking steps to do so through the one-year grant for state and tribal sexual assault coalitions that was awarded in FY 2023. Specifically, CDC/NCIPC has worked closely with several urban Indian organizations, including, but not limited to, the National Council on Urban Indian Health, the Urban Indian Health Institute, and the Northwest Portland Area Indian Area Health Board. In the future, CDC will continue to strengthen partnerships with all urban Indian health organizations and collaborations with federal partners, such as the Indian Health Service, who already have strong relationships with urban AI/AN communities. Additionally, state and tribal sexual assault coalitions in urban areas interested in violence prevention in their respective urban communities are eligible to apply for the four-year coalition grant that will be released in the Spring of 2024.

Responses to Tribes and Tribal Serving Organizations' Other Recommendations

Whereas the previous section focused on recommendations that were specific to the four questions that CDC/NCIPC asked on sexual violence prevention (see Introduction), this section addresses additional recommendations by federally recognized tribes, tribal partners, and tribal serving organizations at the CDC/NCIPC Tribal Consultation beyond those questions. . CDC/NCIPC appreciates these recommendations. CDC/NCIPC reviewed and summarized these comments under the following themes:

1) **Ensuring Flexibility**

1a. Summary of Recommendations on Ensuring Flexibility

Tribes and tribal serving organizations recommended that the funding announcement be flexible enough to accommodate the diversity of programming offered by tribes. Tribes and tribal serving organizations commented that violence prevention programs may take different forms from tribe to tribe. Their testimony pointed to the following programs as positive programming examples: Good Health and Wellness in Indian Country, the Healthy Tribes program, and the Tribal Epidemiology Centers Public Health Infrastructure program.

1b. Summary of Response to Ensuring Flexibility

CDC/NCIPC recognizes the need to be flexible with funds to accommodate the diversity of tribal needs and will incorporate lessons learned from other key tribal-related CDC funding opportunities (e.g., Good Health and Wellness in Indian Country). The CDC/NCIPC shared risk and protective factors approach includes many strengths-based approaches that reflect tribal communities cultural traditions and practices and their role in community building and connectedness. In support of the recent Indigenous Knowledge Guidance for Federal Agencies released by the White House in December 2022, CDC/NCIPC recognizes and affirms the role of indigenous knowledge in supporting public health efforts.

2) Partnering with Organizations that serve AI/AN populations that do not live on land held in trust for federally recognized tribes

2a. Summary of Recommendations related to Partnering with Organizations that serve AI/AN populations that do not live on land held in trust for federally recognized tribes

Tribes and tribal serving organizations discussed the importance of partnerships with communities and organizations that serve AI/AN populations that do not live on land held in trust for federally recognized tribes. Because many AI/AN persons don't live on land held in trust for federally recognized tribes which could include, urban areas, suburban areas, and rural areas, building relationships with service providers that support community members is critical. For example, testimony stated, "I'm also working with our communities to ensure that our tribal members receive the same level of care off reservations and that our on reservation folks have access to those services as well". Their testimony also mentioned that this is vital to ensure continuity of care for victims of sexual violence and their families. Partnerships include housing and homeless service providers, health care centers, schools, and health departments.

2b. Summary of Response to Partnering with Organizations that serve AI/AN populations that do not live on land held in trust for federally recognized tribes

There are 574 federally recognized Indian tribes and 324 federally recognized American Indian reservations. Based on a CDC-published Morbidity and Mortality Weekly Report (*MMWR*), approximately 75% of AI/AN people live outside reservations in urban, suburban, and rural settings. In addition, tribes are sovereign nations with distinct political communities, each with diverse histories and cultures, and territorial boundaries. CDC is committed to strengthening our partnerships with tribes, urban AI/AN organizations, and other tribal serving organizations and partners.

CDC/NCIPC recognizes the need to partner with organizations that serve AI/AN populations that do not live on land held in trust for federally recognized tribes. CDC/NCIPC has several existing programs that have served these populations. These programs include Domestic Violence Prevention Enhancement and Leadership Through Alliance (DELTA) Impact, RPE, and Preventing Violence Affecting Young Lives (PREYAVL).

Through DELTA Impact, Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) worked with the Alaska Native community to implement the Boys Run I toowú klatseen (BRITK) afterschool program. This 10-week program helps boys in 3rd-5th grade gain the skills they need to build healthy relationships using Southeast Alaska traditional tribal values to promote respect and equitable gender norms, and to break down unhealthy masculinity norms. In partnership with local intimate partner violence prevention programs in Sitka and Juneau, Alaska, ANDVSA reached more than 500 boys and men through BRITK.

South Dakota's RPE program is partnering with seven Boys and Girls Club locations that will be trained in both My Journey and Shifting Boundaries curriculum. Through partnership with Lutheran Social Services, the South Dakota Health Department will also offer training on the My Journey curriculum. This curriculum was developed with AI/AN youth in mind and promotes healthy, balanced decision making around sexual health. My Journey is currently working to be adopted and utilized as an RPE curriculum by adding lessons on sexual and intimate partner violence prevention, sex trafficking, adverse childhood experiences, and intergenerational trauma. All seven sites interact with AI/AN persons within their clubs, including McLaughlin Club on the Standing Rock Indian Reservation. Additionally, the South Dakota Health Department is working with an elder from the Oglala Lakota Sioux Tribe. They have created a curriculum, based on storytelling and Lakota Culture, aimed at educating and increasing awareness for Lakota youth.

The Multnomah County Health Department, one of the PREVAYL recipients, is addressing youth violence, teen dating violence, adverse childhood experiences, and conditions that put communities at greater risk for violence. One strategy is Crime Prevention Through Environment Design (CPTED) which is an approach that focuses on improving the design of the built environment to help reduce opportunities for disputes and violence and promote positive behavior. The other strategy is Pride Peace and Prevention which cultivates racial identity and inspires leadership and community engagement to promote youth violence prevention. These programs are inclusive of urban AI/AN youth in two middle schools and two high schools for the CPTED strategy and 100 youths, 16-24 years of age in Pride, Peace, and Prevention strategy.

3) Sovereignty as a Strength

3a. Summary of Recommendations on Sovereignty as a Strength

Tribes and tribal serving organizations mentioned that in some areas, tribal sovereignty allows violence prevention work to occur in ways it cannot in other parts of a state. For example, their testimony noted that in one state, certain violence prevention programming is not currently feasible. Alternatively, sovereign Tribes can engage in sexual violence prevention efforts, such as implementing culturally tailored curricula in schools.

3b. Summary of Response on Sovereignty as a Strength

CDC recognizes tribal nation status and sovereignty. Tribes possess community and cultural assets and, because of their sovereignty, may engage in many other approaches that strengthen AI/AN communities and aid in violence prevention efforts.

Next Steps

This report and accompanying Dear Tribal Leader Letters conclude the Tribal Consultation Process.

For the next steps, CDC/NCIPC will work to incorporate the recommendations and input into developing the Notice of Funding Opportunity (NOFO) for new funding for the Rape Prevention and Education (RPE) program. CDC/NCIPC will use these recommendations as a resource to ensure that the voices of tribal nations are heard and incorporated into comprehensive public health solutions.

Appendix A: Consultation: Oral and Written

CDC/NCIPC's Tribal Consultation on the Rape Prevention and Education Program

Consultation Transcript (Oral and Chat Box Testimony)

July 12, 2023

Dr. Jones: All right. I think we will go ahead and get started. Appreciate the flexibility, and good afternoon. Good morning. Depending on your time zone in which you're in. I'm Chris Jones. I'm the Director of the National Center for Injury Prevention and Control at CDC. And it's an honor to speak with you today.

Chat Message: Good morning - Jamie Ritchey PhD MPH Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center

Chat Message: Hello, and thank you to everyone for joining the Tribal Consultation today. Please note the chat feature is reserved for Tribal Leadership and elected officials only**.**

Chat Message: For closed captioning during the meeting, please use the following URL: https://www.streamtext.net/player?event=13737RPETribalConsultationSession Event ID is: 13737

Chat Message: Please include your tribal position and tribe in your displayed name. How to Change Your Zoom Display Name:• Go to the top right corner of your Zoom displayed box• Click on the ellipses (three dots)• Select 'Rename'• Enter a new screen name (name, tribal position, tribe)• Select 'OK'• Done OR• Click on name in "Participant's List"• Select 'More' or the ellipses (three dots)• Select 'Rename'• Enter a new screen name (name, tribal position, tribe)• Select 'OK'• Done

Dr. Jones: We want to welcome you to the CDC/ATSDR Tribal Consultation on the RPE Program. As you saw in the chat, we're providing close captioning for today's listening session, and the link can be found in the zoom chat. Dr. Deb Houry CDC's Deputy Director for Program and Science and Chief Medical Officer was unable to make it to the consultation today. But we did want to play a special video of her welcoming remarks. So I'll ask our organizers to play that video.

Dr. Houry Recorded Video: Good Afternoon. I'm Dr. Deb Houry, CDC's Deputy Director for Program and Science and the Chief Medical Officer. I'm sorry I couldn't be with you in person today but I am delighted to welcome you to the RPE Tribal Consultation.

I want to acknowledge the Muscogee and Cherokee Nations, the traditional landowners of the land where CDC's Atlanta campus now sits. CDC has been working to prevent violence for over 40 years, and CDC is committed to working with tribal governments and tribal organizations to improve the health and safety of American Indians and Alaska Native people.

I also want to recognize the importance of this consultation and appreciate the opportunity this creates for information exchange, mutual understanding, and informed decision-making on behalf of tribes and the federal government.

The purpose of this consultation is to gain insight from your experiences, learn from your ideas and hear more about how we can be a partner in addressing the impacts of sexual violence. Your input will inform CDC's Rape Prevention and Education (RPE) program, which focuses on the primary prevention of sexual violence.

We also want to let everyone know that CDC will be planning to release a new RPE notice of funding agreement in FY24 to fund state, territorial, and tribal health departments and coalitions alike.

Thank you for this opportunity to speak with you and hear your guidance. CDC looks forward to hearing your input, as well as any recommendations or concerns you may have regarding the RPE program.

Dr. Jones: Now, I'd like to extend a welcome to our tribal facilitator, Chester Antone. It looks like it looks like he may be frozen on Zoom at the moment.

Mr. Antone: Hello. My name is Chester Antone. (Inaudible)

Dr. Jones: Sir. We're having a little trouble hearing you. If you turn off your camera, it might help with bandwidth.

Mr. Antone: Can you hear me now?

Dr. Jones: Much better. Yes.

Mr. Antone: Okay. Let me repeat. Oh and by the way, I apologize for getting on late. But my name is Chester Antone. I'm a former member (inaudible) of the Legislative Council. Current adjunct facility of Tohono O'Odham Community College (inaudible) programming. I wanted to (inaudible) start with a prayer this morning. This morning we had rain here, we are in the desert. This is the first rain I've been in since I don't know when to (inaudible) us here in the desert; that is a blessing. So I want to say a short prayer for that. I'm gonna say it in my language.

(Mr. Antone provides opening prayer in native language, parts of prayer are inaudible due to technical difficulties)

Mr. Antone: I believe today we're going to be hearing (inaudible) consultation for the Rape Prevention and Education program there at CDC. (inaudible) leaders and a lot of it comes from our relationship with the U.S. Government. It's a parameter relationship, and we have programs or agencies that times when we, we put on a formal meeting which this is, we have a Federal agency that we're meeting with as the representative of the U.S. Government. So today we are having this meeting with people that are online and let me tell you the order of business here.

We'll go down the line as follows: We have the tribal leaders speak first and then we, we move on the (inaudible) the governors and President speak first. After they have finished, we go to the Vice Chairpersons, Vice Presidents, Lieutenant Governors, and after they speak, then we go to people who are the council people of tribal nations. Tribal council members, legislative members, and then we go to the assigned persons or the persons that have been designated to speak on behalf of the tribe. And so we, we do it in that order as a matter of respect for your positions, and your tribes and that you should have this opportunity given for you to relay whatever the testimony you will give. And so we have begin.

We have, we have this consultation and it has the CDC's Injury Prevention division has put forth some questions that they want to have each of you to speak to. In this way it is really good that they do because then we speak to those questions that are being asked to from CDC to Tribal leaders, and it becomes more focused, this Consultation becomes more focused and more meaningful.

If we do not have any questions then, I'm sure you've been through a lot of consultations where we, where we have kind of a free for all and it kinda gets really long and sometimes out of hand. But you know, just the fact that these questions were posed it's really, it's really good as I said so before.

And so, we uh, we ask when you speak to please let us know who you are. Who you're representing, your name, your title, your tribe and we would like to have that so that we have a record of it of what you're um speaking to. And what the concerns are from your, your tribal nation to the CDC, with regard to the RPE program. And we will start going into the questions unless there is any other comments that needs to be made by Mr. Jones or any of his staff.

Dr. Jones: Yeah, thank you very much. Before we get into the questions, I just wanted to cover a couple of things, so I know a few people were admitted late, and your phone was coming in and out just a little bit, but really appreciate your partnerships sir today uh in this consultation, and just wanted to reinforce a couple of things before we get started.

Um, First, uh, as was mentioned previously, this is really an opportunity for us to hear your lived experiences, needs, ideas related to preventing sexual violence in your communities.

As you can see on the screen, here there is an order for providing consultation, and according to the CDC/ATSDR Policy, we'll follow this order here: Tribal President, Chairperson, Governor; Tribal Vice President, Vice Chairperson, Lieutenant Governor; elected or appointed tribal official and designated tribal official, and we also want to let you know that this is being recorded. Um. And so for the record. When you begin to speak, please announce your name, title, and tribal nation you are representing. Uh, I also want to let you know that your participation is voluntary, but we do hope you feel comfortable sharing your thoughts and experiences with us. Um, certainly, if at any time you don't want to provide feedback that is also fine. You're also free in your participation in the consultation at any time.

And as I mentioned, the zoom meeting is being recorded for record keeping purposes only. If you do not wish to be recorded, please disconnect now. Members of the public should keep their video camera off and may not speak during meeting proceedings. And as a reminder, if you're not a tribal leader or designated tribal official, you will be in listen-only mode for the duration of the consultation.

If you have any technical challenges, please note that in the chat so our staff can assist you by working through those challenges. And before we get to the questions, I did want to turn over quickly to Gayle Holmes, who works in our Division of Violence Prevention and oversees our Rape Prevention and Education or RPE program. Just to provide a little bit of context about the program. How we got to where we are, that, I think will be important for the consultation today. So, Gayle, let me turn it over to you.

Dr. Holmes: Thank you Chris. Hello everyone. As mentioned, the purpose of this tribal consultation is to gain insight from your experiences, to learn from your ideas and hear more about how we can partner and be a partner to address the impacts of sexual violence.

Your feedback will inform the RPE program which focuses on preventing sexual violence before it happens.

Historically, RPE has worked to prevent sexual violence by providing funding to state and territorial health departments in all 50 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

The RPE program encourages the development of comprehensive prevention strategies using the public health approach and the social ecological model as guiding frameworks. Some state health departments have worked with tribal communities for many years to implement sexual violence prevention strategies.

The reauthorization of the Violence Against Women Act 2022 requires that CDC allocate a portion of RPE funding to tribal sexual assault coalitions.

In compliance with this legislative requirement, earlier this year CDC released a notice of funding opportunity for tribal sexual assault coalitions. This program started a couple of weeks ago on July first, and is the first time CDC is directly funding tribal sexual assault coalitions providing an opportunity to expand sexual violence prevention work in Indian country.

As mentioned in Dr. Houry's opening remarks, we will release a new five-year RPE notice of funding opportunity or NOFO in fiscal year, 2024 in which tribal sexual assault coalitions will also be eligible.

More information will be available this fall 2023. And now I'll turn the meeting back over to Chester Atone to facilitate the discussion. Thank you.

Mr. Antone: Thank you. Just to repeat the order of how the testimony will be given has, has been put on the screen, and you saw it earlier again. Again, it's uh Chairman, Presidents, Vice Chairman, Lieutenant Governors, tribal council people, and a designated person's like, authorized to speak on behalf of the tribal nations. And again, when you begin to speak, or when you when you get on to speak, please say your name, your tribe, and the tribe you're representing.

So the um CDC has some focused questions and guided questions that uh they like in, (inaudible), and it will be coming on the screen shortly. As you can see, the Division of Violence Prevention at CDC, is asking specific input on four guiding questions regarding sexual violence prevention to inform the rape prevention and education program. This is the input, when they receive that they will take that into consideration.

As far as uh, what is happening in Indian country, and how they can assist tribes to somehow make an impact on that. And the questions are as you can see: how does sexual violence impact your community?; what our strengths and barriers to prevent sexual violence in your community?; How can CDC improve our efforts, communicate and support programming that impacts prevention of violence in tribal nations; What are important partnerships for preventing sexual violence in your communities and how can we help strengthen existing partnerships, and or help establish new partnerships?

And this will be the uh questions that we'll speak to, and we will take each question one at a time. Then, when we're done with that particular question, then we'll move on to question two, and so forth. And so we at this time we are going to be going ahead, and now ask the tribal leaders, if they, if anyone wants to go If any tribal chairman or presidents, or governors would like to provide testimony on question one: How does sexual violence impact your community?

Do we have any tribal leaders?

Are we having any technical difficulties with the uh tribal leaders?

Dr. Jones: I'm not seeing any technical difficulties. People may still be just formulating their questions.

Mr. Antone: Okay

Mr. Antone: Are there? Do we have some people on the call though? Technical advisors. Do you have people on the call?

Dr. Jones: Yeah, there are about 70 participants. Some of those are CDC folks, but not all of them.

Mr. Antone: Okay. The tribal chairman's, presidents, governors it is your time now to provide testimony.

Mr. Antone: To the first question on the screen there: How does sexual violence impact your community? Do you have? Do you have the…are you familiar with the raise your hand app on the Zoom screen? Participants, it's on the upper right corner, there's some dots up there that you, you touch then give you a listing and one of them is raise your hand and you just press on that one that'll let the people monitoring the phones and uh the screen will let them know there is someone that wishes to speak also on your phone.

Dr. Jones: It may be that they there may not be comment on this first question. I wonder if maybe we can go back to the full set of questions, sir, and you could go through sort of the rank order of the rank order of individuals, and maybe they could respond if they have comments on any of the questions that might be a more efficient way to do it. Just given um that appeared that folks did not have feedback on the first question.

Mr. Antone: Okay. Well let me go down the order just in case. Do we have any uh, Vice Chairman's, Vice presidents, Lieutenant Governors that have want to address the question. Question one do we have any (inaudible)? Tribal council members that would like to address question one? Do we have any people that are designated by their tribes to speak on their behalf? Would anyone like to address question one?

If not, we'll go down to a question two: what are strengths and barriers to prevent sexual violence in your community. And again we'll call for the uh, the order.

Are there any tribal chairmans wanting to address question two? Vice Presidents, Vice Chairmans, Lieutenant Governors? Do we have any tribal council representatives that will come like to speak to question two? And lastly, do we have any folks that are designated by their tribe to speak on their behalf?

Let's go down to question number three: How can CDC improve our efforts to communicate and support programming that impacts prevention of violence in tribal nations? Do we have any tribal leaders that wish to speak to that? To provide testimony for question three?

For question four: What are important partnerships for preventing sexual violence in your communities. And how can we help strengthen existing partnerships and or help establish new partnerships? I'll call again for the for testimony from the uh tribal leaders.

So we, we have gone through the order of testimony that that we usually go through, and we, we go through the consultations. It's pretty much standard, and I know that some of our tribal leaders that are

on the Zoom have participated in some of these, perhaps, and do know that order. But what happens when we, when we're done speaking to the questions here after the tribal leaders have done their testimony, and shared what they wish to share on each question… then we move in to the folks who are on the line who may not be any of the persons there… are any in any of the positions that are listed on the, on the order of testimony. We give them an opportunity to speak to this question, and we're going to. We'll start over with question one.

Is there anyone on the line that, that would like to speak to that? And this and we're opening up the floor for the uh attendees who, who do not have, or who are not in these positions that we went over earlier. It's your time now to respond, or to address question one.

If you can, or if you could,

Dr. Jones: Uh it looks like, uh Jamie Ritchie has just raised her hand.

Mr. Antone: Okay, go ahead.

Jaime Ritchey: Hi, good morning. I don't have board approval to speak um formerly, um, but um, as the Tribal Epidemiology Center Director of Intertribal Council of Arizona, um good morning, Lieutenant Governor Antone. Um, thank you for your prayer. I haven't gotten rain here in Phoenix yet, but we're hoping for it. Right now, I really can't um quantify the magnitude of the impact of sexual violence in our communities, mostly because the way that data is collected. So I would request from CDC to be mindful of that. When I'm looking at injury data within hospital discharge, for instance, the best I can get are things like struck by and against um very vague information about any type of sexual assault or assault in general. I don't have access to police information um due to some ways that BIA organize data and information. Sometimes we can't put that information in an electronic format to capture. So I would say, when you're developing your programs, be really mindful that our communities may not know the full impact. And then, of course, around this issue there's a lot of shame that comes along with it for men and for women um for both genders. So it may go unreported. So any data or information that you have is likely underreported. So I would just say, when you're designing your program evaluation, and you're designing your metrics and you're designing your measures for a program such as this, just be really mindful that the data is going to be very scams and very limited. Thank you.

Mr. Antone: Thank you, Jamie. I do hope that uh CDC has heard what she has had to say, because that's one of the issues that many tribes do have, as far as a knowing the data and how much data is there, or is there any? If you could be mindful of that any (inaudible) you do a pretty good job of suicide issues. This issue in particular is troublesome.

Mr. Antone: Do we have another person who would wish to speak to question one.

Dr. Jones: Uh Tanya, Your hand is up.

Tonya Grassel-Krietlow: Hi. My name is Tanya Krietlow. I'm a member of the Lower Brule Sioux Tribe, and I am authorized by our chairman, Clyde Estes, to speak on behalf of the Lower Brule Sioux Tribe today. Um, I echo what my colleague before me stated about data. The Lower Brule Sioux Tribe does not use NCIC and so the database we use does not talk with NCIC, so when extracting data, it's there's vital information missing.

There is also the issue of data sovereignty that South Dakota tribes are really struggling with on once we do release the data who it belongs to and what is it used for?

Um. But the actual sexual violence, what we're seeing is, we have some implicit biases when it comes to law enforcement, recognizing the victims in these crimes as being victims and not perpetrators of another crime.

We're seeing a a lack of understanding with a definition of the word consent, and what that means to the victims as opposed to what that means to those that prosecute sexual violence cases.

And we're um also struggling when with lack of services when it comes to either, um, SANE nurses or access to eSANE, the Lower Brule Sioux tribe has a I.H.S. clinic that is only open 8-4:30 Monday through Friday and so any sexual assault that happens outside of those hours are referred to local hospitals, so our victims are transported up to one hundred miles, for services that may or may not be, um, have cultural considerations when dealing with our, um, tribal victims. And so all of those issues come into play when reporting our data or discussing the number of sexual violence cases that we have.

Of course the impact is great because sometimes our victims, it's become normalized almost to the point where some of our victims don't recognize that they are in fact, victims of a sexual violence.

So that's what I have from the Lower Brule and I also work with Crow Creek right across the river but I do not have the ability to speak for the Crow Creek Sioux Tribe.

Mr. Antone: Thank you, Tanya

For question one, is there anyone else that wishes to speak to question one?

Samantha Enos: Hi. This is Samantha, I'm an ORISE Fellow with the CDC, um, Healthy Tribes Program.

Um, so um, I just wanted to say a couple of words um, from, I guess some experience. Um ah, Navajo Nation and am Diné and so enrolled tribal member. Um, but I guess speaking on the impacts of sexual violence also, I guess to, in addition, the issue to add is domestic violence or intimate partner violence happening on a reservation, um, and then you know some of the issues to that are a burden slash a barrier to possibly, you know, um, I guess, speaking on intervention, I know the topic here is talking about prevention, but intervention, there is like jurisdictional issues, like boundaries between the tribal, the State, and who, you know, can assess an event, a violent event that happens especially, it makes things difficult for the bordering towns that are boarding the reservations.

So speaking on that it really goes down to almost, which I guess, regardless of like law enforcement, you know, almost using that as an excuse to not provide any intervention services here at all slash, um, because of that jurisdictions that's put in place.

But that's just one of the issues, I think I wanted to share slash highlight within my own tribe, Navajo Nation.

Chat Message: Please announce your name, title, and tribal nation you are representing

Mr. Antone: Thank you. Thank you very much.

Do we have any? Do we have any other persons.

I want to. Maybe before we go to question two, I just wanted to uh, say a few things about what has been stated already. One of the issues in Indian Country, it's distance. There are long distances like you just heard earlier about a hundred miles. I know in Navajo it's five hundred, maybe six hundred mile to travel to go to a medical facility.

Um, here on the Tohono O'Odham Nation we have facilities here, but we have one hospital that is twenty-four hours. That's all but we have a large land base so we have a lot of issues with the law enforcement sometimes.

And I think that if you, when you, when CDC sits down and takes a look at the testimony that has been provided, no matter where you will start seeing to see some common themes coming out, and I think those are the themes that we, uh, we need to take consideration of, because we, within there, lies some of the ability, or you can get the ability to do certain things with a tribal nation. For instance, statistics, how are you going to collect it? You know, I know that it's also very standardized with CDC. But I think there has to be some leeway given somewhere in order to do a good, the best possible job that you can.

And those, over and over in tribal consultations. That is one of the issues that we, uh, a couple of the issues that we face out here. Jurisdictions for instance so, yeah, just wanted to say a few things that I haven't really seen too much of change lately but we also realize that some of the things that CDC that is very helpful, very helpful.

So we'll go down to question number two. Is there anyone else that wishes to speak to question two?

Chat Message: If you want to provide us additional feedback you can email us using the subject line: RPE Tribal Consultation Feedback to violenceprevention@cdc.gov. The written testimony deadline is 5:00pm EDT July 24, 2023

Chat Message: If you would like to speak, we ask that your raise your hand using that feature in Zoom. If you are on the phone, press *6 to unmute. We request that you please start by sharing your name, title, and the tribal nation you are representing.

Dr. Jones: Looks like Jaime has raised her hand.

Chester Antone: Okay, go ahead Jamie.

Jaime Ritchey: Hi, good afternoon or good morning again. Um, so strengths and barriers to prevent sexual violence within our communities. Currently, I'm working with communities in Utah, Nevada, and in Arizona so the distance piece is really important. And so that is definitely a strong barrier, but also just even a lack of services within those areas. I know that our behavioral health folks that are largely (inaudible) from Indian Health Service do want to work on these topics. They have asked to purchase things like rape exam kits and tables, and they do want to build these programs within their communities to get over a travel distance barrier or going to a place where someone wouldn't be as comfortable going to a place outside of their tribe, um, to have that type of exam done, but would still want to make sure that they have a thorough investigation done that would be admissible in court.

So they have asked for some of those types of purchases and things at some of our tribal hospitals. So I know there is a want for this, but I think that even just getting started to implement something of this nature to make sure that tribal staff are able to do this, and in a good way, um, but also in a way that,

um, can, there can be accountability is very important. And um, so that's based on some of my conversations that I've had with some of my colleagues within our 48 tribal communities. Thank you.

Mr. Antone: Thank you, Jaime.

Are there anyone, is there anyone else raising their hand?

Dr. Jones: Uh, Tanya

Mr. Antone: Go ahead

Tanya Grassel-Krietlow: Hi Tanya, again from Lower Brule. I just wanted to say, bizarrely, one of the strengths that we're finding in South Dakota among our tribes is that our political climate on the state level is very problematic when it comes to discussing sexual violence of any kind. Um, and so we have been fortunate that our tribes have stepped up and allowed us to really, ah, utilize the curriculums, um adaptive curriculums to a more cultural, um, slant, and that our partner with the Department of Health, has allowed us to use a lot of traditional, um, programs, with our youth to implement, to really teach about boundaries, um, and move ahead of what the rest of the State is allowed to do now in schools, and with a lot of the prevention efforts that they had historically been allowed to do. So, our sovereignty is a big strength right now when it comes to, um, implementing a lot of these programs.

The barriers outside of travel, that has been mentioned, lack of services, that has been mentioned, um, also include, the um, horrific issues with infrastructure that really jump ahead of what's important to our community members. When you absolutely have to pay for roads, where you absolutely have to take care of mold in schools, where you absolutely have to buy another trailer for students. A lot of times those infrastructure issues become barriers to doing the programmatic work that we need to do with our community members.

Thanks for letting me speak again and thanks for having me.

Chat Message: If you would like to speak, we ask that you raise your hand using that feature in Zoom. If you are on the phone, press *6 to unmute. We request that you please start by sharing your name, title, and the tribal nation you are representing

Mr. Antone: Thank you, Tanya

Do we have anyone else? So it appears that we can move on to question number three.

How can CDC improve our efforts to communicate and support programming that impacts tribal prevention of violence in tribal nations?

Question three, do we have anyone that wishes to speak to that?

It's so the uh,

Chat Message: If you want to provide us additional feedback you can email us using the subject line: RPE Tribal Consultation Feedback to violenceprevention@cdc.gov. The written testimony deadline is 5:00pm EDT July 24, 2023.

Dr. Jones: It looks like Jamie's hand is up

Mr. Antone: Okay

Jamie Ritchey: Good morning, This is Dr. Jaime Ritchey. I'm with the InterTribal Council of Arizona Tribal Epidemiology Center. I think that, um, improving efforts to communicate and support programming that impacts prevention of violence and travel communities is really complex. However, I do think there is a strong need for technical assistance at the local level. That's one thing that the tribal epidemiology center does, but we can't do everything, and we're very small.

So, of course, support for programming is crucial in particular in this area, not just for data, but for program planning implementation and for program support at all levels. It's going to be extremely important.

Also, you know, just keeping in mind that a violence prevention program may look really different from tribe to tribe. It may not look the same. Um, the impact information that is received for each community, it may look very different from community to community. So that's important to keep in mind. And please make sure that this type of funding announcement would be very, very flexible in being able to do that.

Um, the Good Health and Wellness in Indian Country, healthy tribes programming, the tribal epidemiology center, public health capacity building programs are all really good examples of programming, um, within tribal communities.

And then I would also, you know, urge the CDC to remember, um, the UIHI tribal epi center that serves our urban populations. So please please do not leave the urban populations out. They provide support to approximately seventy-five percent of our urban membership, um, potentially more. Um, so that's going to be really important. Um, particularly in urban areas where, um, support may be lower. Um, but we do have, um, support providers in our urban areas as well that I know would like to work on preventing violence in American Indian communities there too.

Thank you.

Chat Message: To unmute, if you have any testimony, please click on the microphone to speak.

Mr. Antone: Thank you, Jamie.

Do we have anyone else wanting to speak to question three?

If there is no one else, we'll go down to question four.

What are important partnerships for preventing sexual violence in your communities and how can we help strengthen existing partnerships and/or help establish new partnerships?

Chat Message: If you would like to speak, we ask that you raise your hand using that feature in Zoom. If you are on the phone, press *6 to unmute. We request that you please start by sharing your name, title, and the tribal national you are representing.

Dr. Jones: Tanya, go for it.

Tanya Grassel-Krietlow: Hi, um again, Tanya Krietlow here from the Lower Brule Sioux tribe. Um, I have, I also work under a different grant. Um, that works with the tribe, and that one is all about um creating partnerships for preventing sexual violence in our communities partnering with our neighboring

communities off reservation. I mean, over seventy percent of us now live off reservation and are urban Indians, and so we must partner with our urban Indian health, if we have them or our agencies that serve a high population of Native Americans.

And so, in tandem with Rape Prevention and Education on the reservation, I'm also working with our communities to ensure that our tribal members receive the same level of care off reservations and that our on reservation folks have access to those services as well, if it's necessary, because we can't support their needs within the reservation. And so those partnerships have been critical, and the transfer of our victims, if the issues in Lower Brule are greater than what Lower Brule can handle, we transfer them to Pierre, which is all South Dakota by the way. There's a fluid, and there's a partnership in place, so that the continuity of care exists for our victims and their families, and the same with establishing a safe place to live after, or establishing what they may need to support their treatment, progress, or road of recovery after. And so those partnerships are with shelters, health care centers, schools, um, the homeless coalitions, and with the Department of Health.

Thanks.

Mr. Antone: Thank you. Thank you, Tanya.

Do we have anyone now, anyone else?

And so since we have, since we do have time, if anyone wants to speak to any one of these questions, it is time now to do that.

Are there any folks that wish to speak to any of the four questions.

So um, I appreciate the, um, testimony or the response from Jamie and, uh, Tanya, and Sam. When you have the floor, you need to capture the floor and you all did that. It's a good thing It's really a good thing, because the, uh, subject matter.

But if I may, maybe you generate some more, of what I think, what I would like to ask the participants. Do you have any, um, do you have any problems dealing with the States? State governments or county governments in your area when it comes to prevention of sexual violence.

I don't know if, uh, if you've seen the literature that exists on, uh, the CDC websites. I think that, um, previously, I believe it's been a while where CDC has interacted with the states mostly, but with the new notice of funding opportunity that CDC is talking about, the funding opportunity that goes for five years. I think that offers a lot of planning time or time to build up what works. I believe that tribes will benefit greatly from that.

And I believe the CDC is offered, I believe this is the first tribal consultation that they've had on this Rape Prevention Education, with tribes or given that opportunity, to have tribes speak to them with regard to some of the lack of services that exist within our communities. And that was the reason why I brought that up, because there seems to be some sort of loosening of what was very rigid before. Which was only through States, through States, and a lot of the Federal agencies have to say the, I won't say attitude, and I don't want to make it, I don't want to make it something really negative, but it has just worked that way over the years and maybe because we were probably silent. A lot of the issues that were affecting us and that there was support or means available at the State level, or even at the county

level that we we did, we didn't pursue in such a way, where is to bring up our needs and so that's why I, um, I brought that up today.

We are beginning to see a bit of a difference, as um, I believe it was Tanya who mentioned, some of the programs that came from CDC. It was the Good Health and Wellness in Indian Country. There were some other ones that one of them mentioned. But, uh, when you see that happening, it really gives and it shows, give us some of where things are going, and when is when it's looking positive for us. I think we need to get on that boat, or get on that wavelength, and see how far we can go. And that's why I brought that up. Hoping to maybe have anybody, if anyone has something to say about that, anyone.

So there's not um, there aren't any more respondents, and we have about um, maybe twenty minutes, so I would just maybe at this time defer, um, to Mr. Jones.

Chat message: If you would like to provide us additional feedback you can email us using the subject line: RPE Tribal Consultation Feedback to violenceprevention@cdc.gov. The written testimony deadline is 5:00pm EDT July 24, 2023.

Chat message: If you would like to speak, we would ask that you raise your hand using that feature in Zoom. If you are on the phone, press *6 to unmute. We request that you please start by sharing your name, title, and the tribal nation you are representing.

Dr. Jones: Great, I think that, thanks very much, and thanks for helping to co-facilitate and for those who shared. I just wanted to cover a couple of high-level summary themes that we'll, we'll take back here at CDC as we continue to think about this work and approach this work, and greatly appreciate the feedback that's been received.

So first was the issue of data. There are questions of data sovereignty who owns that data? Um, what types of biases might be going into, how data are collected, how things are defined, but also recognizing that because our limitations in data, communities, tribal populations, may not fully comprehend or be able to measure the full impact of sexual violence among tribal populations and so as we're thinking about programmatic prevention work thinking through the data component of that to help and so help communities understand why this is an important topic, but also to measure the impact will be particularly important.

There's stigma, other biases involved with people coming forward to report incidents of sexual violence, as well as how law enforcement, prosecutors, others might view sexual violence versus those who have experienced, um, sexual violence.

Other themes around issues of rurality or transportation and geography, the availability of, uh, services in particular communities. Um, there may be long distances that individuals have to travel to get services, and that even when services, and that even when services are available, they may not be culturally tailored or culturally competent. And as we think about prevention within tribal communities, it's important to build in flexibility to building cultural competence into those efforts.

There was a theme around technical assistance, which is very much needed, but also needed at the local level to support programmatic planning implementation support at all levels.

And a theme that, you know, this will look and feel different in different tribal populations. So again, the theme of flexibility as well, as certain CDC programs were brought up as examples where flexibility has been built into those programmatic efforts.

I think those were the main themes from those who spoke and provided testimony. Again, greatly appreciate the feedback. This will be tremendously helpful, as we continue to embark on this work with tribal communities. And I did want to say that for those who did not feel compelled to speak up today, or didn't want to speak up for a variety of reasons, or have thoughts that might occur to them afterwards. You can always submit written comments to us at violenceprevention@cdc.gov

We would ask that comments be submitted by 5pm on July 24th, and again, violenceprevention@cdc.gov is the email to provide comments.

So again, thank you very much. Let me turn it back to Chester for some final closing thoughts and a closing prayer.

Chat Message: If you want to provide us additional feedback you can email us using the subject line: RPE Tribal Consultation Feedback to violenceprevention@cdc.gov. The written testimony deadline is 5:00pm EDT testimony deadline is 5:00pm EDT July 24, 2023.

Mr. Antone: Thank you. Thank you, Mr. Jones. That was a very nice summary. I mean, I think you captured basically what was being discussed here.

There other thing, maybe, is that Um, as I stated earlier, we we probably have basically the same thing's happening with tribal communities across the United States in much the same way [inaudible]. But in general, there's kind of a something there that we should take into consideration, technical assistance, has the jurisdictions. A lot of times, because it's not coming from a recognize source like CDC, when a tribe comes forward with their data that becomes a problem at different times. When you go to a different direction, or a different jurisdiction, or otherwise, would not honor that because it's not from a source that they work with or are familiar with, so that's another obstacle that we have to cross over.

There's many instances I know of, were at CDC, with people, uh, being uh, written down as being Hispanic or another or another nationality, when they were Native, at that time when they passed. That they would, that happens a lot in the march where it's funeral directors, so we really don't know how many people have gone because we, it's within a place that has operated in the same way for years. Those things are very hard to change, but the longer you go at it, things are possible.

Like they say, um, the rocks are very hard, very heavy, but the rain can smooth them by rolling them down the mountain. So the thing there is, things are possible. Things happen, and I think that those are the the times where we, we, as many people need to take that walk.

It may be something we might be uncomfortable with taking a walk with someone such as CDC, such as NIH, TOCC, but I think we'll find that when we do, we get somewhere, so, um, just wanted to leave you with those thoughts because it's been almost twenty years since I had been involved in the political arena here, in the nation, the United States, and we've heard many things coming form consultations such as this.

Believe me, this and this isn't as far as how many people spoke, it has happened before. Then there are times when not everybody has a chance to speak because there are so many people. So it goes both ways.

But, um, I want to thank everyone for it, at least being on the line and getting to hear what is being relayed to CDC and vice versa.

Now, hopefully we'll continue to have these discussion in the future. And so, uh, I'm going to go ahead and say a closing prayer. As it is in Indian Country, we always, we always begin with a prayer and end with a prayer.

(Mr. Antone provides closing prayer in native language)

Thank you all. Do we have anything else, Mr. Jones?

Dr. Jones: I'll just say thanks again, Mr. Antone for co-facilitating, um, for closing us out.

As a reminder you can submit written comments to CDC by 5pm on the 24th to violenceprevention@cdc.gov

Again, thank you for your time, both speakers and audience members, and we will consider this consultation session adjourned.

Chat Message: If you want to provide us additional feedback you can email us using the subject line: RPE Tribal Consultation Feedback to violenceprevention@cdc.gov. The written testimony deadline is 5:00pm EDT July 24, 2023.

Mr. Antone: Thank you.

Dr. Jones: Thank you.

Written Testimony

Written comments were accepted until 5:00pm (EST) on July 24, 2023. CDC/NCIPC did not receive written comments during this time frame.

Appendix B: List of Participants – July 12, 2023, Tribal Consultation

One tribal nation responded to the government-to-government testimony, specifically Tanya Grassel-Kreitlow with the Lower Brule Sioux Tribe. Other tribal affiliations listed in the table were self-disclosed at registration and are included in the tribal affiliation column below. These individuals did not provide testimony on behalf of their tribes. In addition to the participants identified below, one person called in and did not identify themselves; for protection of their privacy, we have listed only the area code and not the entire phone number: 1- 435-XXX-XXX.

First Name	Last Name	Agency	Tribal Affiliation
Chester	Antone	Tribal Co-Facilitator	O'odham Elder, Tohono O'odham Nation
Gayle	Holmes	CDC	
Debra	Houry	CDC (Opening Remarks video)	
Christopher	Jones	CDC	
Pamela	Brown	CDC	
Anna	Hargett	CDC/Contractor Closed Captioning Service	
Calla	Jamison	CDC	
Christiana	Lancaster	CDC	
Samantha	McKeithan	CDC	
Cristina	Spear	CDC	
LaTonya	Tripp-Dinkins	CDC	
Tanya	Grassel-Kreitlow	Official designee of Lower Brule Sioux Tribe, The South Dakota Network Against Family Violence and Sexual Assault	
Annabelle	Allison	CDC	
Liris Stephanie	Berra	CDC	
Tristi	Bond	CDC	
Anna Fox	Burnette	CDC	
Lucynda	Dahozy	IHS	Navajo
Allayna	DeHond	CDC	
Dora	Ducak	CDC	
Sam	Enos	CDC	Dine' (Navajo)

Norah	Friar	CDC	
Kellie	Gilchrist	CDC	
Candace	Girod	CDC	
Melinda	Golub	HHS OIG	
Brittany	Grear	CDC	
Grace	Hazlett	CDC	
Roberto	Henry	CDC	
Ceiara	Hyde	CDC	
Kayla	Johnson	CDC	
Kathryn	Jones	CDC	
Reshma	Mahendra	CDC	
Samantha	Mandel	CDC	
Victoria	McBee	CDC	
Jim	Mercy	CDC	
Marilyn	Metzler	CDC Contractor/TJFACT	
Khiya	Mullins	CDC	
Skyler	Nimmons	CDC	
Ishaka	Oche	CDC	
Kristy	Orisma	CDC	
Phyllis	Ottley	CDC	
Amy	Peeples	CDC	
Elizabeth	Reimels	CDC	
Sarah	Roby	CDC	
Joann Wu	Shortt	CDC	
Tom	Simon	CDC	
Sally	Thigpen	CDC	
Sarah	Treves-Kagan	CDC	
Brianna	Williams	CDC	
Phillip	Williams	CDC	
Other Agencies			
Ariel	Atkins	Seekhaven Family Crisis & Resource Center	
Starlyn	Bigrope	East Mountain Resource Center	Mescalero Apache
Bjorn	Blomquist	Nevada State Immunization Program	
Cass	Burson	Wyoming Coalition Against Domestic Violence and Sexual Assault	Eastern Shoshone
Rachel	Carr-Shunk	Uniting Three Fires Against Violence	Sault Ste. Marie Tribe of Chippewa Indians
Lisa	Ivey	Cherokee Indian Hospital Authority, SAFE Nurse Program	Eastern Band of Cherokee Indians

Kathleen	Jack	California Rural Indian Health Board Inc.	Shoshone Pauite of the Duck Vallye Indian Reservation
Andrea	Jones	Glouchester County Health Department	
Ashely	Linschoten	TriCounty Health Department	
Stacey	Martin	Louisiana Department of Health	
Julie	McFarlane	Oregon Public Health Department	
Karen	McGloughlin	Delaware Health and Social Services	
Sage	Mcmickell	TriCounty Health Department	
Amy	Mikkelson	Utah Department of Health and Human Services	
Alexis	Mitchell	Sexual Assault Services Organization	Sac and Fox Nation, Miami Tribe of Oklahoma
Jim	Nowicki	Booz Allen	
Dori	Pynnonen Hopkins	Michigan Public Health Institute	
Kim	Ranger	Montana Coalition Against Domestic and Sexual Violence	
Jamie	Ritchey	Inter Tribal Council of Arizona Tribal Epidemiology Center	
Mollie	Rosier	Alaska Deparmtent of Health & Social Services	
Jody	Sanborn	Wyoming Coalition Against Domestic Violence and Sexual Assault	
Abigail	Taylor	Seekhaven Family Cristis & Resource Center	
Jamie	Thongphet	North Dakota Department of Health	Three Affiliated Tribes
Heather	Tsosie	Sexual Assault Services of Northwest New Mexico	Navajo

Danielle	Tuft	Colorado Department of Public Health & Environment	Navajo
Kelly	Walling	Pathways to Healing	
Allison	Wiedrich	CAWS North Dakota	
Rachel	Wilson	New York State Department of Health	
1-435-XXX-XXXX			

Appendix C: Dear Tribal Leader Letters for CDC/NCIPC July 12, 2023, Tribal Consultation

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

05/12/2023

Dear Tribal Leader:

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announce an upcoming consultation that will convene leaders from tribal nations, CDC, and ATSDR:

CDC Rape Prevention and Education Program Tribal Consultation

July 12, 2023 2:00–3:30 pm (EDT)

The consultation will occur virtually via Zoom. To register, please use this registration link. The agenda will be available on May 12, 2023 at the CDC Tribal Health website www.cdc.gov/tribal.

This tribal consultation will provide opportunities for leaders from tribal nations, CDC, and ATSDR to have a government-to-government discussion to ensure that the Notice of Funding Opportunity (NOFO) for new funding from the Rape Prevention and Education (RPE) program is sensitive to the needs and concerns of tribal communities, and that the funding opportunity is as effective as possible in preventing sexual violence. CDC/ATSDR wants to hear how to best support tribes and tribal communities on RPE efforts and addressing injury prevention-related health inequities.

Your input is very important to us as we work to improve CDC/ ATSDR public health capacity, programs, and services and to strengthen partnerships with tribes and American Indian and Alaska Native community organizations. CDC/ATSDR remains committed to respecting tribal sovereignty while working together to leverage capacity, expertise, and resources to achieve the greatest impact to prevent sexual violence.

Elected tribal officials are encouraged to submit written tribal testimony by **5:00 pm (EDT) on July 24, 2023**, by email to CDC's Tribal Support mailbox, tribalsupport@cdc.gov, or by mail at the following address:

Office of Tribal Affairs and Strategic Alliances

Center for State, Tribal, Local, and Territorial Support

1600 Clifton Road, N.E., Mailstop V18-4

Atlanta, GA 30329-4027

Telephone: (404) 498-0300

We look forward to the consultation and hope you will be able to participate.

Sincerely,

Christopher M. Jones, PharmD, DrPH, MPH

Director, National Center for Injury Prevention and Control (NCIPC)

Centers for Disease Control and Prevention

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

July 26, 2023

Dear Tribal Leader:

The Centers for Disease Control and Prevention (CDC), the Agency for Toxic Substances and Disease Registry (ATSDR), and American Indian and Alaskan Native (AI/AN) federally recognized tribes share the goal of establishing clear policies to further the government-to- government relationship between the United States Government and federally recognized AI/AN tribes. Effective consultation results in information exchange, mutual understanding, and informed decision-making.

Thank you for your recommendations to improve our policies and practices to better engage with AI/AN federally recognized tribes. CDC/ATSDR recognizes our unique relationship with AI/AN federally recognized tribes and are committed to fulfilling our critical role in promoting the health and safety of AI/AN people.

We will review and incorporate your feedback from the July 12 Tribal Consultation on the Rape Prevention Education (RPE) Program to inform the new five-year Rape Prevention Education: Enhancing Capacity for Sexual Violence Prevention Across State, Territories, and Tribal Coalitions Through a Health Equity Lens (NOFO). We understand the importance of providing timely and clear responses to AI/AN federally recognized tribes, and we remain committed to holding open and meaningful engagement on programs that have significant implications for tribes.

We will provide you with a report summarizing the feedback and next steps by October 20, 2023.

Sincerely,

Christopher M. Jones, PharmD, DrPH, MPH
Director, National Center for Injury Prevention and Control (NCIPC)
Centers for Disease Control and Prevention

Appendix D: Federal Register Notice for CDC/NCIPC July 12, 2023, Tribal Consultation for Rape Prevention and Education Program

Federal Register Notice for CDC/NCIPC July 12, 2023, Tribal Consultation for Rape Prevention and Education Program

Appendix E: RPE Tribal Listening Session

Rape Prevention and Education Program
Tribal Listening Session Announcement

Please join us for a virtual 90-minute Zoom listening session to share your lived experience, needs, and ideas related to preventing sexual violence in your community on **Thursday, December 8, 2:00-3:30 PM EST. Click here for Registration Link**

The Centers for Disease Control and Prevention (CDC) would like to hear from American Indian and Alaska Native tribes, as well as urban Indian communities, about ways to prevent sexual violence in their communities.

CDC will be hosting a listening session on December 8, 2022, to gain insight from your experiences, learn from your ideas and hear more about how we can be a partner in addressing the impacts of sexual violence. Your inputs will inform the Rape Prevention and Education (RPE) program, which focuses on the primary prevention of sexual violence.

If you are an urban Indian leader or community member, urban Indian and tribal sexual assault coalition, or someone who has been impacted by sexual violence in Indian Country, we welcome your attendance.

Specifically, we are interested to hear your thoughts on:

- How and why sexual violence impacts your community
- Strengths and barriers to prevent sexual violence in your community
- How your community partners with tribal sexual assault coalitions
- Your ideas on how we can strengthen our partnership and what the most effective solutions are to addressing the challenges associated with sexual violence