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September 3, 2020

Steve Kutz, Chairman
American Indian Health Commission
808 North 5th Avenue
Sequim, Washington 98382

Dear Chairman Kutz:

SUBJECT: Medical Countermeasures Tribal-State-LHJ Coordination Plan

On August 12, 2020, the Department of Health (DOH) hosted a consultation with the AIHC, tribal nations, and other Indian health organizations to be prepared for the eventual distribution of medical countermeasures related to the COVID-19 pandemic. The recommendations were shared with consultation partners and a comment period was held open on them through August 31, 2020. During that period, there was a single comment submitted to DOH from AIHC. It was incorporated into the final actions I have now approved, which are as follows:

1. Starting September 1, 2020, DOH staff from both the Emergency Preparedness and Response Division and the Prevention and Community Health Division/Office of Immunization and Child Profile will work together with tribal and local health jurisdiction (LHJ) leaders and representatives to support successful tribal-state-local health partnerships for the distribution of medical countermeasures, including vaccines.

2. By October 1, 2020, the Tribal-State-LHJ Medical Countermeasures Guide will be finalized to include this language on page 1, paragraph 2, under the Tribal Sovereign Authority Regarding Medical Countermeasures: **For each incident, the Tribe, not the local health jurisdiction or Washington State, shall determine the Tribe's service population. Each Tribe will coordinate with the State on the specific allocation of MCM to be distributed to the Tribe.**

3. By October 1, 2020, DOH will incorporate the following language into Annex 9, page 6, first item under the Tribal Sovereign Authority Regarding Medical Countermeasures: **For each incident, the Tribe, not the local health jurisdiction nor Washington State, shall determine the population the Tribe will serve to provide MCM, and each Tribe will coordinate with the State on the specific allocation of MCM to be distributed to the tribe.**

4. By November 2, 2020, the DOH Emergency Preparedness and Response team will begin training for tribal-state-LHJ partners on the revised Annex 9.

Chairman Kutz, we thank your Executive Committee for their leadership and your staff for their work on these important issues. We appreciate the strong and positive public health partnership we have to do this work together—work that supports the health of all Washingtonians.

Respectfully,

John Wiesman, DrPH, MPH
Secretary of Health

cc: Tamara Fife, Department of Health
Erika Henry, Department of Health

ANNEX 9: MEDICAL COUNTERMEASURES

INTRODUCTION
I.

A. Purpose
The purpose of this annex is to define Washington State Department of Health's (DOH) Medical Countermeasures (MCM) capacity to support local health jurisdictions (LHJs), military installations, and tribal governments and describe the Washington State Secretary of Health's decision making around the use of MCM modality in Washington State.

B. Scope
The scope of this plan is large scale, multi-jurisdictional and tribal MCM dispensing.

C. Policies
The Secretary of Health, the Executive Team, and any other advisors the Secretary deems necessary, will determine the involvement of DOH and state resources to support the dispensing of MCM. Additionally, if specific countermeasures are in short supply the Secretary of Health will determine the specific allocations and the need for requesting federal resources.

Any activation of the MCM Strike Team or the Receiving, Staging, and Storage (RSS) Task Force will be at the direction of the DOH Incident Management Team (IMT) on behalf of the Secretary of Health.

II. SITUATION AND ASSUMPTIONS

A. Situation
This plan applies to an event that requires extensive emergency MCM distribution to the public in order to control disease. The incident could range from an isolated incident managed by a single local or tribal jurisdiction, to a large-scale incident affecting multiple jurisdictions. DOH becomes involved in these events when the scope and magnitude of the incident exceeds the resources of the local jurisdictions, military installations, or Tribes.

B. Planning Assumptions

- One or more local jurisdiction, tribal government, or military installation has requested MCM or medical resource support for their response to a public health emergency or disaster.
- **Responsibility for Distributing and Dispensing Medical Countermeasures to Tribes.** The state and local health jurisdictions are responsible for distributing and dispensing MCM to tribal nations in accordance with the National Response Framework and Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness

Version 11.

- **MCM Distribution Options for Tribal Governments**. Tribal governments may choose to receive MCM directly from the state in which they are located, or a local jurisdiction. In some circumstances, a Tribe may choose to receive MCM directly from a federal agency. In most emergencies, the federal government will delegate responsibility of MCM distribution to the state in which the tribal nation is located. Attachment 3 provides detailed steps for coordination of MCM distribution among tribal, state, and local health jurisdictions (LHJs).

III. CONCEPT OF OPERATIONS

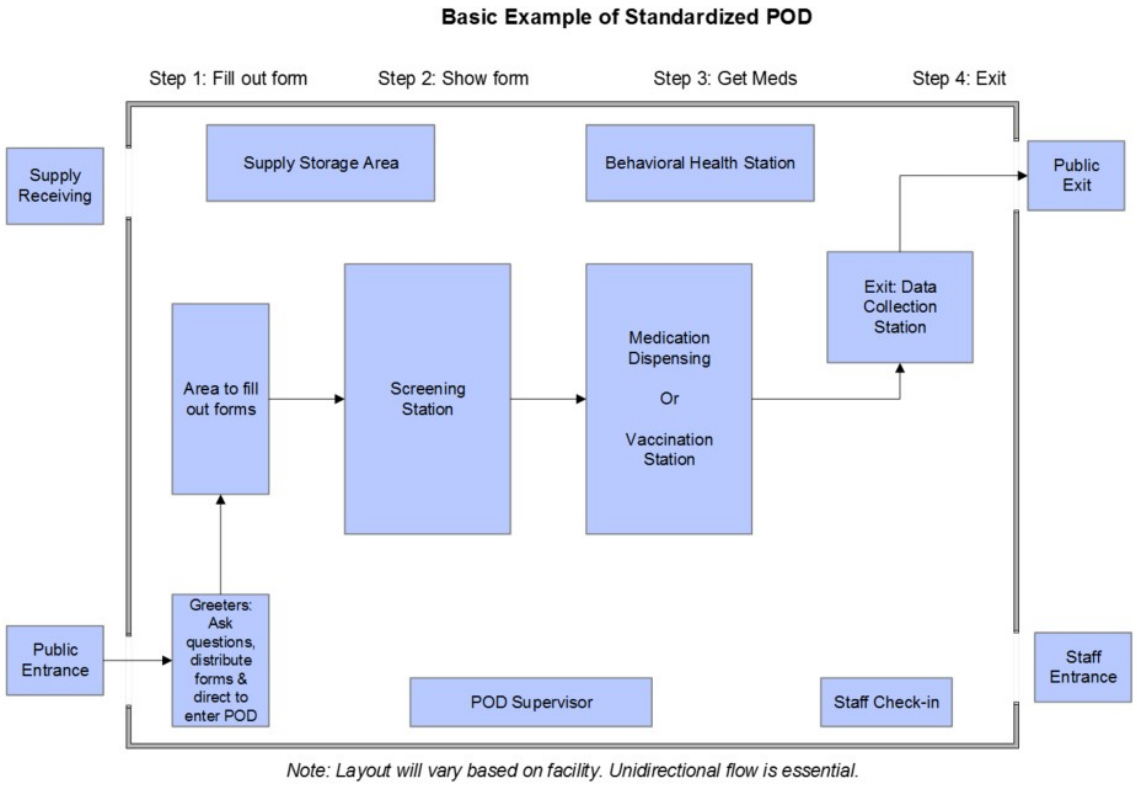
A. General

The responsibility for dispensing MCM requires a Whole Community approach. This approach includes pharmacies, healthcare organizations, closed PODs, and PODs open to the public. Using state resources, DOH will support LHJ and tribal government requests for assistance.

B. Tribal Coordination

To ensure that citizens living on tribal lands will receive MCM, it is vital that state and local jurisdictions coordinate with Tribes. This is done through joint planning efforts, engaging Tribes in exercises to test plans, mutual aid agreements (MAAs), memorandums of agreement (MOAs), memorandums of understanding (MOUs), and other efforts that strengthen all jurisdictions' capabilities and clarify roles, responsibilities and authorities.

Fig. 1 POD Diagram



Note: Layout will vary based on facility. Unidirectional flow is essential.

C. Organization and Assignment of Responsibilities

1. Executive Team

The DOH Executive Team is comprised of the Secretary of Health, Chief of Staff, Center for Public Affairs Director, Policy & Legislative Relations Director, Executive Assistant, and State Health/Chief Science Officer. The Secretary of Health may call upon the Executive Team to collaborate on decisions regarding activation of the IMT, allocation of scarce resources, and the need for requesting federal resources.

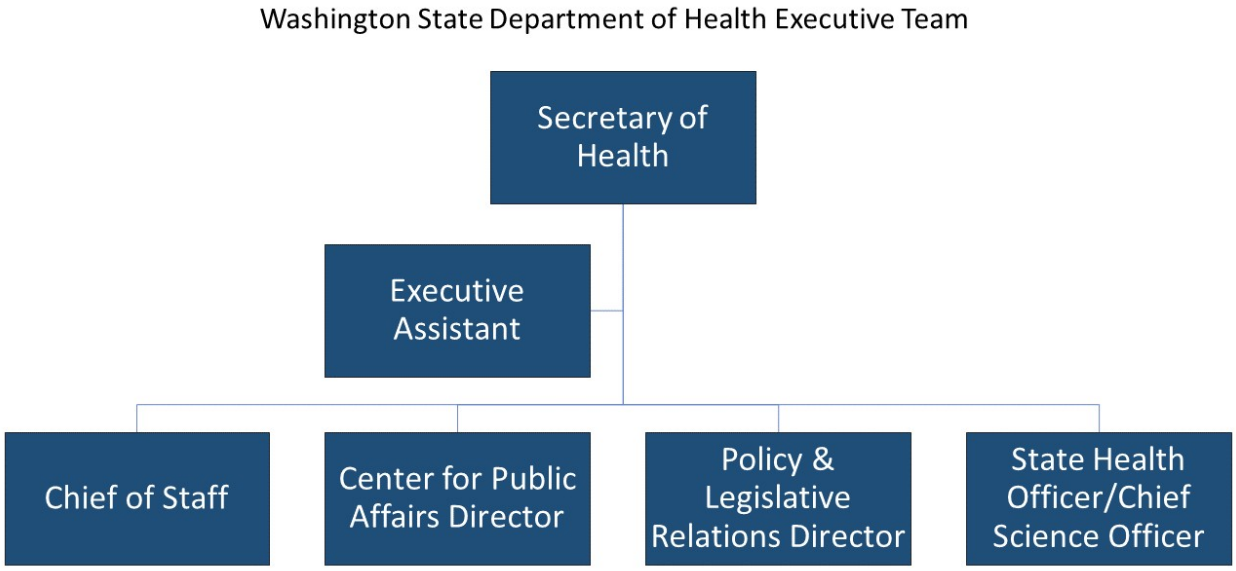


Fig. 2 Executive Team

2. MCM Strike Team

DOH maintains a team that can provide technical support to LHJs, military installations, and tribal governments to support MCM operations.

The staffing of this team includes six members, with three full teams for backup and 24-hour operations. The MCM Strike Team may be supplemented by private agencies through a contract or MOU.

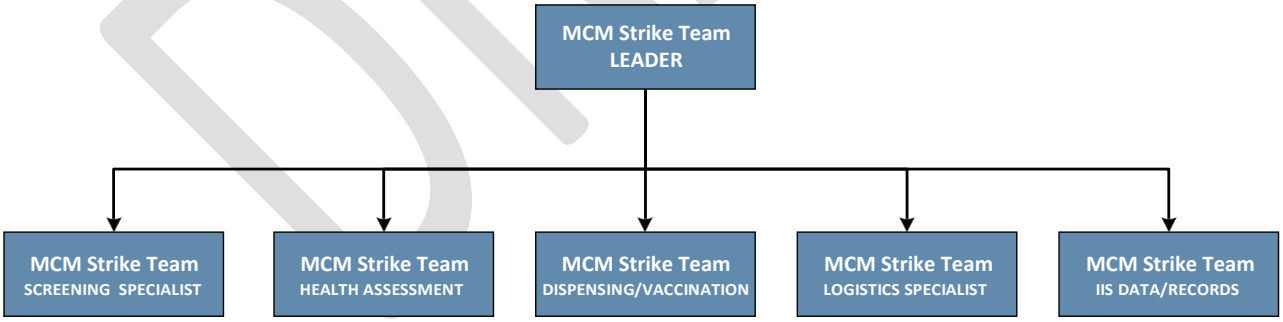


Fig. 3 MCM Strike Team

3. Response Team Activation and Deployment

The DOH IMT will activate the MCM Strike Team or RSS Task Force as necessary to support MCM missions.

Tribal Medical Countermeasure Activation and Distribution Options:

In the State of Washington, Tribes have four primary options for the delivery of medical countermeasures to their tribal nations:

- Option #1: The Tribe can choose to coordinate with the Washington State Department of Health (DOH) and have tribal representatives travel to DOH's distribution hub and pick up the Tribe's supply of medical countermeasures.
- Option #2: The Tribe can choose to coordinate with the Washington State Department of Health and have DOH deliver medical countermeasures directly to the Tribe.
- Option #3: The Tribe can choose to have the Washington State Department of Health deliver the Tribe's allocation of medical countermeasures to a local health jurisdiction. The Tribe will then coordinate with the local health jurisdiction for the delivery of medical countermeasures to the Tribe.
- Option #4: The Tribe can choose to coordinate with the federal Strategic National Stockpile for the distribution of medical countermeasures to the Tribe.

Tribal Considerations for LHJs:

- Recognition of Tribal Sovereignty. Local health jurisdictions (LHJs) recognize the sovereignty of Tribes. This plan does not supplant Tribes' emergency plans and processes for distributing and dispensing emergency medications and vaccines to their Tribal members, employees, and others.
- Responsibility for Distribution and Dispensing of Tribal Medical Countermeasures. The State and local health jurisdictions are responsible for distributing and dispensing MCM to tribal nations in accordance with the National Response Framework and Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness Version 11.

4. Authorities and Limitations

The State and local health jurisdictions do not possess legal authority over how a Tribe receives MCM or dispenses MCM.

Tribal Sovereign Authority Regarding Medical Countermeasures. Each tribal nation has the sovereign authority to provide for the welfare of its people and, therefore, has the authority to:

- Determine the population it chooses to serve. For each incident, the Tribe, not the local health jurisdiction nor the State, shall determine the population the Tribe will serve to provide MCM, and each Tribe will coordinate with the State on the specific allocation of MCM to be distributed to the Tribe;
- Choose how medical countermeasures are distributed to its community; and
- Establish priority groups when there are not enough resources to provide mass dispensing to 100% of the tribal nation's service population. State and local jurisdictions do not possess legal authority over tribal nations directly dispensing MCM to their service populations. Issues regarding a tribal nation dispensing MCM shall be addressed by the tribal nation and the federal agency responsible for the MCM.

All response requires both the responsibility to act and the authority to act. The key state authorities that govern public health emergency response are summarized in the ESF 8 Annex and are cited in the DOH Basic Plan.

D. Information Collection, Analysis, and Dissemination

Successful operations depend on information to ensure that appropriate resources are delivered to the requesting state agencies, LHJs, military installations, and Tribes in a timely manner.

E. Whole Community Involvement and Non-Discrimination

This plan is committed to communicating with the Whole Community as needed during emergency response and disaster recovery operations. The Whole Community includes populations with Limited English Proficiency (LEP), individuals with disabilities, and Access and Functional Needs (AFN). Any agency or organization that receives federal funding is required to have a plan or policy for addressing the needs of individuals with LEP, pursuant to title VI, the Civil Rights Act. The Washington State Department of Health expects all entities to comply with federal law. For more information on how each entity complies with federal law, please contact the individual entity.

IV. PLAN DEVELOPMENT AND MAINTENANCE

A. Training

All DOH planning documents will be introduced to appropriate DOH response teams, partnering agencies, LHJs and Tribes through seminars. DOH staff required to complete this training consists of emergency response team members and DOH Leadership. Training regarding this Emergency Response Plan and implementing documents will be performed with these response staff.

B. Drills and Exercises

This plan and its components will be tested using a progressive exercise cycle. The content and timing of the exercise will be based on improvement plans from previous exercises and real incidents. All public health related exercises conducted at DOH will conform to the Homeland Security Exercise Evaluation Program (HSEEP) guidelines.

C. Periodic Reviews and Updates

This plan will be reviewed and updated based on peer-reviewed literature, after action improvement items, and improvements identified through the corrective action program as needed and at least every five years. The Office of Emergency Preparedness and Response will notify all partners of any significant updates in writing.

D. Plan Approval

The DOH Chief of Emergency Preparedness and Response approves this annex and attachments for DOH use in responding to public health and all-hazards emergencies that affect public health. This annex and its attachments are vetted with response partners representing local public health, Tribes, the Washington Society for Independent Living, other state agencies, and healthcare sector partners. The review process includes input from all DOH Assistant Secretaries and key executive staff.

Figures

Figure 1 – POD Diagram
Figure 2 – Executive Team Organizational Chart Figure 3 – MCM Strike Team Organizational Chart

Attachments

Attachment 1 – Medical Countermeasures (MCM) Operating Procedures (TBD)
Attachment 2 – Medical Countermeasures (MCM) Field Operations Guide (FOG) (TBD)
Attachment 3 – Tribal-State-LHJ Medical Countermeasures (MCM) Coordination Guide

Tribal-State-LHJ Medical Countermeasures Coordination Guide

Planning Assumptions

Responsibility for Distribution and Dispensing of Tribal Medical Countermeasures: The State and Local Health Jurisdictions are responsible for distributing and dispensing MCM to tribal nations in accordance with the National Response Framework and Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness Version 11.

Tribal Sovereign Authority Regarding Medical Countermeasures: Each tribal nation has the sovereign authority to provide for the welfare of its people and, therefore, has the authority to (1) determine the population it chooses to serve; (2) choose how medical countermeasures are distributed to its community; and (3) establish priority groups when there are not enough resources to provide mass dispensing to 100% of the tribal nation's service population. State and local jurisdictions do not possess legal authority over tribal nations directly dispensing MCM to their service populations. For each incident, the Tribe, not the local health jurisdiction or Washington State, shall determine the Tribe's service population. Each Tribe will coordinate with the State on the specific allocation of MCM to be distributed to the Tribe. Issues regarding a tribal nation's dispensing of MCM shall be addressed by the tribal nation and the federal agency responsible for the MCM.

Tribal Medical Countermeasures Distribution Options

DISTRIBUTION OPTION	TRIBE	STATE	LHJ
1. TRIBE ⟺ STATE COORDINATION **Tribe picks up MCM from State** Tribal representatives travel to the State's Receive, Stage and Store (RSS) location and pick up the Tribe's supply of MCM	• Tribe contacts DOH to request MCM • Tribe provides DOH information on the Tribe's service population and other relevant community-specific data • Tribe sends tribal representatives to RSS location	• State reports to Tribe the amount and type of MCM available • State provides instructions to Tribe on requesting MCM • State provides Tribe vehicle and transporting requirements • State provides Tribe regular updates regarding MCM availability timelines • State provides Tribe information regarding documentation, dispensing, return of non-consumable materials, etc. • State releases MCM to Tribe	
2. TRIBE ⟺ STATE COORDINATION **DOH delivers directly to Tribe** Tribe coordinates with DOH to have DOH deliver MCM directly to a location identified by the Tribe	• Tribe contacts DOH to request MCM • Tribe provides DOH information on the Tribe's service population and other relevant community-specific data • Tribe provides DOH information on the desired MCM delivery location	• State reports to Tribe the amount and type of MCM available • State provides instructions to Tribe on requesting MCM • State provides Tribe information regarding delivery location requirements • State provides Tribe regular updates regarding MCM availability timelines • State provides Tribe information regarding documentation, dispensing, return of non-consumable materials, etc. • State releases MCM to Tribe	

DISTRIBUTION OPTION	Tribe	State	LHJ
3. TRIBE ⇔ LHJ ⇔ STATE COORDINATION **Tribe Coordinates with Local Health Jurisdiction (LHJ)** Tribe requests DOH to deliver Tribe's MCM allocation to a LHJ Tribe coordinates with LHJ to arrange delivery or pickup of MCM	• Tribe engages with LHJ in pre-incident planning on how they will coordinate efforts during a response • Tribe contacts LHJ to confirm and coordinate process for delivery or pickup of MCM • Tribe contacts DOH to request MCM • Tribe provides DOH information on the Tribe's service population and other relevant community-specific data • Tribe provides DOH information on the desired MCM delivery location (Actual process may vary, depending on the incident)	• State reports to Tribe the amount and type of MCM available • State provides instructions to Tribe on requesting MCM • State provides Tribe information regarding delivery location requirements • State provides Tribe regular updates regarding MCM availability timelines • State provides Tribe information regarding documentation, dispensing, return of non-consumable materials, etc. • State delivers Tribe's MCM to LHJ at requested location	• LHJ engages with Tribe in pre-incident planning on how they will coordinate efforts during a response • LHJ distributes and releases the Tribe's MCM allocation based on the Tribe's requested approach which could include: the LHJ delivering the MCM to a tribal location, the Tribe picking up the MCM from the LHJ's location, the Tribe and LHJ managing a joint point of dispensing (POD), or other tribally-determined process
4. TRIBE ⇔ FEDERAL COORDINATION **Tribe Coordinates with Federal Government**	• Tribe contacts federal government (CDC and/or ASPR)	• State may be called upon by the federal government to assist, depending on the facts and circumstances of the incident	

Tribal Medical Countermeasures Dispensing Options

Each tribal nation has the sovereign authority to provide for the welfare of its people and, therefore, has the authority to choose among various options to dispense MCM and to establish priority groups when there are not enough resources to provide mass dispensing to 100% of the tribal nation's service population. Issues regarding a tribal nation's dispensing of MCM shall be addressed by the tribal nation and the federal agency responsible for the MCM. State and local jurisdictions do not possess legal authority over tribal nations' direct dispensing MCM to their service population. Notwithstanding this paragraph, state and local jurisdictions are responsible for dispensing MCM to a tribal nation's community members if requested by the tribe.

EXAMPLE 1: Tribe Activates and Operates a Tribal Medication Dispensing Center (POD)

EXAMPLE 2: Tribe Operates a Joint Medication Dispensing Center (POD) with a LHJ

EXAMPLE 3: Tribe Coordinates with LHJ for LHJ to Manage a Medication Dispensing Center (POD) for the Tribe