American Indian Health Commission for Washington State
"Improving Indian Health through Tribal-State Collaboration"

March 15, 2019

Dr. Robert Kadlec
Assistant Secretary for Preparedness and Response
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 636G
Washington, D.C. 20201

Dr. Robert Redfield
Director of the Centers for Disease Control

IN RE: AIHC Recommended Changes to Version 11

Dear Dr. Kadlec:

On March 15, 2018, the American Indian Health Commission for Washington State (AIHC) held a webinar with the Centers for Disease Control and Prevention (CDC) and the Washington Department of Health (DOH) to gain clarity on the process for distributing and dispensing medical countermeasures (MCM) to tribes. In addition to attendees from each of the twenty-nine tribes in Washington and DOH staff, CDC participants included Mark A. Davis, Chief, Program Services Branch; Jaime Jones-Wormley, Medical Countermeasures Specialist, and Claudia Miron, Medical Countermeasures Specialist. Based on information provided during this webinar and feedback from representatives of tribes, local health jurisdictions, state, and other partners, the AIHC is requesting the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC) incorporate the attached proposed revisions to "Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness" and any other federal guidance addressing distribution and dispensing of MCM. These revisions will significantly improve our ability to protect all Americans, including American Indians and Alaska Natives residing on tribal lands, in the event of a public health emergency.

Background. The 2009 H1N1 influenza pandemic demonstrated the critical need for clearer federal guidance to states, local jurisdictions, and tribal governments regarding distributing and dispensing medical countermeasures (MCM) to tribes. The absence of clear federal guidance regarding authority and jurisdiction over MCM resulted in some tribal governments not receiving MCM to protect their populations. Based on how H1N1 was affecting their citizens, a small number of Washington tribes made plans to immunize elders first. Some local health jurisdictions (LHJs) responsible for coordinating delivery of vaccines and antivirals to tribes argued this approach conflicted with CDC recommendations and withheld MCM from tribes. Shortly after this occurred, CDC Director Thomas Frieden issued a letter informing state health officers that American Indians and Alaska Natives should receive the vaccine on a

priority basis regardless of age (see attached). By the time the letter was issued, the problem had become too entrenched and many tribes never received the vaccines needed to protect their citizens.

Proposed Revisions. The proposed revisions are based on recommendations from tribal, state and local partners. These changes seek to provide (1) a process for tribes when they choose to contact the federal government directly to request MCM; (2) clarity on the roles and responsibilities of state and local jurisdictions in distributing and dispensing MCM to tribes; (3) understanding of the sovereign status of tribal governments and the lack of authority of state and local jurisdictions over tribal governments; and (4) clear information to tribal governments regarding their options for accessing distribution of MCM so they may effectively create or revise existing MCM plans.

We recommend ASPR and CDC hold a consultation with tribes to discuss the proposed changes. We look forward to continuing our work with ASPR and CDC in improving coordination and collaboration among states, local jurisdictions, and tribal governments on the efficient distribution and dispensing of MCMs. Please contact Vicki Lowe, AIHC Executive Director, at vicki.lowe.aihc@outlook.com with your response.

Sincerely,

Stephen Kutz, RN, BSN, MPH
Chairman
American Indian Health Commission for Washington State

Attachment: Recommended Changes to the Centers for Disease Control Guidance, "Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness, Version 11"

cc:

CDC Tribal Advisory Committee (TAC)
Mark A. Davis, Chief, Program Services Branch, CDC
Jaime Jones-Wormley, Medical Countermeasures Specialist, CDC
Claudia Miron, Medical Countermeasures Specialist, CDC
John Wiesman, Secretary of Health, Washington State
Michael Loehr, Chief of Emergency Preparedness and Response, Washington State Department of Health
Joe Finkbonner, Executive Director, Northwest Portland Area Indian Health Board
Laura Platero, Government Affairs/Policy Director, Northwest Portland Area Indian Health Board
Sarah Sullivan, Health Policy Analyst, Northwest Portland Area Indian Health Board

American Indian Health Commission for Washington State
Recommended Changes to the Centers for Disease Control Guidance, "Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness, Version 11"

The AIHC recommends the following changes be incorporated into the next version of "Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness."

Chapter 2: Developing a Medical Countermeasures Response Plan
Determining Planning Jurisdictions

Identify Unique Planning Jurisdictions, p. 5 (PDF, p. 38)
For state and local jurisdictions that include military installations, tribal nations, and federal agencies, a unique set of challenges can arise for coordinating the receipt, distribution, and dispensing of MCMs. While planners sometimes mistakenly believe that these unique jurisdictions are autonomous or will be covered by federal agencies during an emergency, state and local jurisdictions are responsible for distributing MCM to these entities. They are also responsible for dispensing MCM to the members of these entities if requested. Another population segment, those with functional needs (e.g., those who have difficulty communicating or have mobility challenges), can be difficult to reach, especially during an emergency. Therefore, plans should provide specific details for addressing these additional segments of the population and planners should work with appropriate contacts within these unique jurisdictions to coordinate planning efforts.

Tribal Nations
Distribution. 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. Tribal governments who wish to deal directly with the [CDC OR ASPR] in distribution of medical countermeasures should contact [CDC or ASPR representative] at [contact method and information].

In most emergencies, the federal government will delegate responsibility of MCM distribution to the state in which the tribal nation is located. The state and local jurisdictions are responsible for developing MCM distribution systems that include tribal nations. To ensure that citizens living on tribal lands will receive MCM, it is vital that state and local jurisdictions coordinate with American Indian and Alaska Native (AI/AN) tribes 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.

For each distinct public health emergency, tribal governments determine the population they choose to serve. Upon determination of the service population, tribal governments should coordinate with state and local jurisdictions to assure the appropriate type and quantity of MCM are allocated.

Dispensing. Each tribal nation has the sovereign authority to provide for the welfare of its people and, therefore, has the authority to dispense MCM. Also, each tribal nation has the sovereign authority to establish priority groups when there are not enough resources to provide mass dispensing to 100% of the tribal nation's service population. Tribal governments, and not state or local jurisdictions, determine priority populations in dispensing of medical countermeasures to their tribal communities. Issues regarding a tribal nation's dispensing of MCM shall be addressed by the tribal nation and the federal agency responsible for the MCM. While state and local jurisdictions are responsible for distributing MCM to tribal nations, state and local jurisdictions do not possess legal authority over tribal nations' direct dispensing of 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.