

**RESOLUTION
ADOPTION OF COMMUNICABLE DISEASE CODE AND APPOINTMENT OF TRIBAL
HEALTH OFFICER**

RESOLUTION NO. _____

THE
_____ TRIBE

)
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)

WHEREAS, the _____ Tribe entered into the _____ with the United States of America on _____, reserving sovereign and aboriginal rights in perpetuity; and

WHEREAS, Article __, § __ of the Tribal Constitution provides the Tribal Council is empowered to promote and protect the health and welfare of the members of the Tribe; and

Commented [A1]: If your tribal constitution does not have similar language, you may replace with alternative language such as “based on the inherent sovereignty of the tribe, the Tribal Council...”

WHEREAS, the worldwide outbreak of COVID-19 and the effects of its extreme risk of person-to-person transmission throughout the United States and the _____ Tribal Reservation significantly impacts the life and health of our people, as well as the economy of the _____ Tribe, and is a public disaster that affects life, health, property and the public peace; and

WHEREAS, on March __, 2020, the _____ [TRIBE] declared a public health emergency; and

WHEREAS, the Tribe has identified the need for a Tribal Communicable Disease Code in order to respond to this public health emergency. This model code provides the processes and actions for the _____ [TRIBE] to exercise its sovereign authority to prevent and control communicable diseases without unwanted encroachment of state and local authorities on tribal land; and

WHEREAS, the Tribe, in the protection of tribal sovereignty and to avoid the encroachment of unwanted state and local interference, has identified the need for a Tribal Public Health Officer to oversee the response to COVID-19 and to coordinate with local, state, and federal partners according to the sovereign powers of the tribe to respond to a public health emergency.

NOW, THEREFORE, BE IT RESOLVED, _____ Tribe, adopts the attached Communicable Disease Code. **[TRIBE MAY INSERT LANGUAGE HERE ADOPTING THE CODE ON A TEMPORARY BASIS].**

BE IT FURTHER RESOLVED, that the _____ Tribe appoints _____ **[Job Title or Name]** to serve as the Tribal Public Health Officer and grants authority to the Tribal Public Health Officer to (1) take necessary actions to protect the public health in accordance with the attached Tribal Communicable Disease Code; and (5) adopt and implement communicable disease emergency response plans.

CERTIFICATION

WE HEREBY CERTIFY that on this date there was a regular meeting held of the _____ Tribal Council on the _____ Reservation, at which time a quorum was present;

WE FURTHER CERTIFY, that the above numbered resolution, was at said meeting, introduced, evaluated, and was passed by a vote of _____ FOR, _____ AGAINST, _____ ABSTAIN dated this ___ day of _____, 2020.

Chairperson

Attest:
Council Member

ATTACHMENTS:

_____ *Tribal Communicable Disease Code*