



# AIHC Current Issues in PH & Emerg Preparedness Response Minutes

American Indian Health Commission  
4/17/2025 8:30 AMPDT

## **Attendance**

### **Present:**

Members: Kathryn Akeah, Amber Arndt, Liz Henry, Heather Holzer, Steve Kutz, Vicki Lowe, Maria Ness, Jen Olson, Andrew Shogren, Tia Skerbeck, Wendy Stevens, Faith Turk, Candice Wilson

Guests: Terra Horton (she/her), Nancy Bennett, Kelly Bower, Heidi Brown, Tom Calderon, Charlotte Debolt, Nakia DeMiero, Jill Edgin, Tao Kwan Gett, Barbara Hoffman, Frank James, Michaela Marschall, Sharon Point, Tara Purdy, Jennifer Reppen, Dana Roberts, Mary Szfranski, Rosalinda Five Killer Turk, Christy Tweed, Dean Valencourt, Nate Weed, Desiree White

### **Absent:**

Members: Emily Arnesen, Allison Ball, Quintina Bowen, Caytee Cline, Cyndi Coma, Karyn Cross, Kay Culbertson, Steve De Los Angeles, Jessica Dolge, Dylan Dressler, Britni Duncan, Hilary Edwards, Heather Erb, Kara Frizzell, Zepporah Fuller, Cindy Gamble, Emily Gardner, Dylan Gonzales, Andrew Guillen, Marci Halverson, Summer Hammons, Lucy Hill, Terra Horton (she/her), Kym Huston, Maureen Kinley, Ryan Kippes, Laura Kluever, Denese LaClair, Linda Lauch, Ashley Lowe-Thaens, Esther Lucero, Jill Malone, Marsha Matte, Jessica McKee, Matthew McKnight, Jeremy Pangelinan, Nicola Patina, Pam Priest, Sephora Privat, Mythili Ramachandran, Lorinda Robideau, Jovan Salazar, Katherine Saluskin, Cheryl Sanders, Marilyn Scott, Nathan SiJohn, Stephanie Sijohn, Aaron Soto, Shad St Paul, Jolene Sullivan, Sarah Sullivan, Andrea Thomas, Lisa Rey Thomas, David Tonemah, Dana Ward, JanMarie Ward, Michael Watkins, Lisa Wells, Jolene Williams, Jolene Winger

#### I. Welcome and Introductions (Presenters: Faith Turk)

Description: A meeting series designed to connect Tribes with the state and one another around public health and emergency preparedness topics.

Notes: Slides and meeting recordings are available here [Final Presentation PDFs](#)

If you have suggestions for topics, guests, or trainings please let me know!

#### II. HVAC Filter Donation (Presenters: Jessica Wilkinson )

DOH Medical Logistics Staff shared about an opportunity to receive HVAC filters that were donated to DOH. They will be arriving sometime Monday, Tuesday. Faith has the slide of the approximate numbers that we'll receive. They don't have exact numbers yet. They will be coming up with an ordering form, to try to streamline and make it a lot simpler for folks to be able to reach out to us. There will be 52 pallets

or two truckloads. These are just the filters, several different sizes. Can be used in an air system or put over a box fan. More information soon.

III. FPHS and Emergency Preparedness Updates (Presenters: Faith Turk)

 [AIHC Public Health Updates 04-17-25 \(1\).pdf](#)

IV. Tribal Immunization Update and Highlights (Presenters: Wendy Stevens)

V. WTOF Community Response Priorities

DOH has brought presenters to help work on the Community Response Priorities

A. Emergency Response- (Presenters: Nate Weed, Chief of Resilience, DOH)

Nate share about the Office of Resilience. 8 million people that live in Washington; all deserve the emergency response to a public health threat. That they should have regardless of where they are in the state. This is tough, right? Because we know that in our state There are disparities between communities. There are disparities in how we fund the public health system across the state. There are gaps in where we have capability to respond to emergencies And there are places where we have a lot of resources in order to respond. The Office of Resilience's role is smoothing out some of those gaps. We used to kind of refer to this as like a quilt. We have a quilt of preparedness capabilities across the state.

Before Jessica went on maternity leave, she and I were having a conversation about resurfacing like the tribal mutual aid agreements and kind of thinking about what needs to maybe be updated or changed in some of those agreements. That's an example of kind of how different jurisdictions can share resources during an emergency.

I'm going to talk about some federal changes which might make some of this more kind of more pertinent than maybe it has been previously.

Washington State is fourth on the list of the most FEMA activated Stafford Act disaster.

Washington is really actually a very disaster prone state. We have a lot of floods. We have a lot of fires. We have plenty of disease outbreaks.

We're a primary agency for three additional emergency support functions, as well as a supporting agency in another six. We actually play a key role in almost all of the emergency support functions, whether that's engineering through drinking water, whether that's health and medical, whether it's supporting human services through other mechanisms, whether it's communications. Public information and warning we play a role in all of these. In that, we also then work a lot with many of your tribal emergency managers, tribal emergency response coordinators, local emergency response coordinators.

B. High Dose Naloxone Use

Dr. Kwan Gett shared that DOH is still recommending the standard dose of naloxone for an overdose. He share two important handouts about naloxone use. Naloxone is a medication that you can give to somebody who's suffering from an overdose if they're breathing If they've lost consciousness and their heart rate has slowed and their breathing has slowed. They could die of that opioid overdose unless they're given a medication like naloxone that can reverse the symptoms. Naloxone comes in two different forms. It comes in an injectable form that can be given in a large muscle like the thigh muscles. Or it also comes in a nasal spray, which can be squirted in the nose to somebody who's unconscious from an overdose. Both of these forms of naloxone are very effective at reversing the symptoms of an overdose and saving lives. Fentanyl is a very potent opioid and sometimes it takes more than one dose of naloxone to reverse the

effects of an overdose from fentanyl. After giving a dose, a person might not be responding to the dose. And so it needs to be repeated after three to five minutes. Oftentimes by then naloxone will work or if not, then hopefully as soon as you've noticed that a person is at risk of dying from an overdose, you've called 911 and naloxone can buy you some time until the medics arrive with

<https://doh.wa.gov/you-and-your-family/drug-user-health/overdose-education-naloxone-distribution>

<https://doh.wa.gov/sites/default/files/2024-11/150298-WADOH-HighDoseNaloxoneStatementNov2024.pdf>