CDC/ATSDR Tribal Advisory Committee (TAC) Meeting

October 15–16, 1:00–6:00 pm (EST)
Virtual Zoom Meeting

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) hosted a Tribal Advisory Committee (TAC) Meeting on October 15–16, 2020. The meeting was open to the public.

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TAC Member Attendees

President Alicia Andrew
Native Village of Karluk
Alaska Area Delegate

Legislator Connie Barker
The Chickasaw Nation
Tribes At-Large Delegate

Trinidad Krystall
Torres Martinez Desert Cahuilla Indians
Tribes At-Large Delegate

Councilman Stephen Kutz, RN, BSN, MPH
Cowlitz Indian Tribe
Portland Area Delegate

Byron Larson, MHA
Northern Cheyenne Nation
Billings Area Delegate

Lisa Pivec
Cherokee Nation
Tribes At-Large Authorized Representative

Sharon Stanphill, MD
Cow Creek Band of Umpqua Tribe of Indians
Portland Area Authorized Representative

Representative Robert TwoBears (TAC Chair)
Ho-Chunk Nation of Wisconsin
Bemidji Area Delegate

Deputy Principal Chief Bryan Warner
Cherokee Nation
Oklahoma Area Delegate

Absent

***Affiliation*/Tribal Area**	**Name**	**Title**
*Ute Mountain Ute Tribe/*Albuquerque Area	Selwyn Whiteskunk	Tribal Councilman
*Eastern Band of Cherokee Indians/*Tribes At-Large	Richard Sneed	Principal Chief (TAC Co-Chair)
The Navajo Nation/ Navajo Area	Myron Lizer	Vice President
Inupiat Community of the Arctic Slope/ Tribes At-Large	Doreen Fogg-Leavitt	Secretary

CDC Attendees

Romanadvoratrelunder (Romana) Allison, MPH
Public Health Advisor, Office of the Director (OD), Center for State, Tribal, Local, and Territorial Support (CSTLTS)

Kayla Anderson, PhD
Epidemiologist, Morbidity and Behavioral Surveillance Team, Surveillance Branch, Division of Violence Prevention (DVP), National Center for Injury Prevention and Control (NCIPC)

Danielle Arellano, MPH
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Theresa Armstead, PhD
Evaluation Team Lead, Performance Development, Evaluation and Training Branch (PDETB), Division of Performance Improvement and Field Services (DPIFS), CSTLTS

Coretta Bailey
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Shimere Ballou, MPH
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Senior IT Specialist, OD, CSTLTS

Sherri Berger, MSPH
Chief Operating Officer, OD, OCOO

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Breanna Branche
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Amy Branum, PhD
Statistician, OD, National Center for Health Statistics

Patrick Breysse, PhD
Director, OD, National Center for Environmental Health (NCEH)

Sharunda Buchanan, PhD
Director, OD, NCEH, DDNID

Rebecca Bunnell, PhD, MEd, ScD
Director, OD, Office of Science (OS), Deputy Director for Public Health Science and Surveillance (DDPHSS)

Ashley Busacker, PhD
Field Assignee, Field Support Branch (FSB), Division of Reproductive Health (DRH), NCCDPHP

CDR Renee Calanan, PhD
USPHS, OD, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

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Christa Capozzola
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Sarah David Carrigan, MPH (CTR)
Health Communication Specialist, OD, DRH, NCCDPHP

Thomas Clark, MD
Deputy Director, OD, Division of Viral Diseases, National Center for Immunization and Respiratory Disease (NCIRD), Deputy Director for Infectious Diseases (DDID)

Captain Carmen Clelland, PharmD, MPA, MPH
United States Public Health Service (USPHS), Director, Office of Tribal Affairs and Strategic Alliances (OTASA), CSTLTS

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Andrea Young, PhD
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Andrea Zekis
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Nonfederal Attendees

Sherrie Aazami
Rhonda Beaver
Bridget Canniff
Desiree Coyote
Vanesscia Cresci
Christine Crossland
Devin Delrow
Julia Dreyer
Mary Evens
Kimberly Fowler
Leanne Guy
Karrie Joseph
Sujata Joshi
Ciara Kohr
Mark LeBeau
Keely Linton
Nina Martin
Beth Michel
Theda New Breast
Sunny Stevenson
Rachel Tenorio
Lisa Thompson
Victoria Warren-Mears
Tiana Woodward
Sara Zdunek

Thursday, October 15, 2020

1:00 PM–Opening Blessing, Welcome, and Introductions

- **Deputy Principal Chief Bryan Warner** provided the opening blessing.
- **Dr. José Montero, Director, CSTLTS, CDC,** welcomed everyone to the 20th Biannual CDC/ATSDR TAC Meeting and introduced the new TAC members, nonfederal partner guests, and CDC leadership attendees.

- **Commander Jenna Meyer, Deputy Director, OTASA, CSTLTS, CDC,** conducted the roll call. A quorum was present to conduct necessary business.

1:20 PM–TAC Business

Facilitator

- **Representative Robert TwoBears** (Ho-Chunk Nation): Legislative Representative, Ho-Chunk Nation, Chair, TAC

Nominations for TAC Chair and Co-Chair

- Representative TwoBears asked TAC members for nominations for new TAC chair and co-chairs.
- Byron Larson made the motion to re-nominate the current TAC chair, Representative TwoBears. TAC members unanimously approved this motion.
- For co-chair nominations, Mr. Larson asked about re-nominating someone who was not on the call, such as re-nominating Principal Chief Richard Sneed. Councilman Stephen Kutz made the motion to hold the nomination for a later meeting, where Principal Chief Sneed can be present. President Alicia Andrew seconded the motion, and the TAC members unanimously approved this motion.

Proposed Dates for Winter 2021 TAC Meeting

- For the next TAC Meeting (Winter 2021 TAC Meeting), Councilman Kutz made the motion to hold the meeting during the first week of February, and Deputy Principal Chief Warner seconded the motion. The motion was passed to hold it in the first week of February 2021. This meeting will be conducted virtually due to the COVID-19 pandemic.

Roster

- Representative TwoBears opened the discussion to the TAC to discuss the roster, membership, recruitment, and bylaws.

TAC Roster Discussion

Question from Captain Clelland:

- Captain Clelland asked TAC members for input on the TAC bylaws, roster, and recruitment.

Discussion (input from multiple TAC members):

- Mr. Larson discussed the 1994 Federalist Act. This particular legislation piece identified tribal organizations as voting representatives on the committee.
- A sub-group of the committee unanimously voted to have the 1994 Federalist Act of the Bureau of Indian Affairs be the defining act that highlighted tribal organizations' role as voting representatives on the committee. Mr. Larson explained that the CDC/ATSDR TAC felt the list of tribal nations from the Federalist Act of 1994 was an important list for TAC members to be pulled from.
- Mr. Larson identified that the TAC felt the necessity for elected officials, or a tribe, to have ability to appoint another elected official to ensure that the TAC had equitable coverage across the country.
- Deputy Principal Chief Warner echoed Mr. Larson's response. Deputy Principal Chief Warner also stated that the committee came to a consensus that they follow guidelines put forth by the 1994 Federalist Act.

Response from Captain Clelland:

- Thank you for this feedback. For CDC to have an Unfunded Mandates Reform Act (UMRA) exemption, the TAC must be represented by an elected tribal official or their designated representative.

Charter

- Captain Clelland opened the floor for TAC members to comment on the proposed TAC Charter draft. OTASA first received the draft TAC Charter in February 2019 and updated the Charter per TAC and internal CDC comments. OTASA provided the edited version of the draft to the TAC in February and March 2020.
- Councilman Kutz proposed to review a crosswalk between new draft charter and the 2013 charter at another time. TAC members unanimously approved this motion.
- A crosswalk will be developed by CDC and provided to the TAC to show the edits between the original 2013 charter, the 2020 draft charter, and the TAC charter revisions received from the TAC. The charter discussion will be tabled for a later time when the crosswalk can be reviewed.

January and March TAC Letters

- Captain Clelland highlighted the TAC's request for a workgroup to support the TAC. Captain Clelland noted that CDC is aware of the request from the TAC to have a workgroup and the agency is supportive of this. CDC staff are currently working with a national partner to make sure that the workgroup is identified.
- The CDC received two letters from the TAC that highlighted areas of concern. Some of the main concerns outlined in the letter included lack of funding, consultation sessions, and engagement efforts between CDC and tribal nations. Based on these concerns, CDC has increased its engagement efforts with the TAC and Indian Country. Some examples include CDC's Tribal Consultation efforts with all 10 US Department of Health and Human Services (HHS) regions to highlight the National Diabetes Prevention Program accomplishments and prospected changes.
- CDC also provided direct engagement with tribes during the COVID-19 pandemic through participation in vaccine planning sessions, response efforts, and listening sessions.
- CDC has helped to develop the Star Books and provided feedback to best promote healthy practices among children.

TAC Letters Discussion

Comment from Representative TwoBears:

- I am aware and understand that, at times, CDC's responses to the letters can take time. However, sometimes I fear that our requests and concerns are not taken into consideration and responses from the CDC are not being provided in a timely manner.

Question from Mr. Larson:

- Thank you, Captain, for including the letters in the packet today. I think that letters are indicative of where we were. I think the biggest issue is that our workgroup is not commissioned. Has it been suspended? When, if at this point, are we going to get the workgroup back, funded, and staffed?

Response from Captain Clelland:

- CDC is supportive of a workgroup and is working toward making sure that it is adequately set up and staffed. The workgroup is in the works for the near future.

Comment from Mr. Larson:

- In terms of the TAC and the workgroup, I just want to make it clear that the National Indian Health Board are not elected officials, so the TAC should be the one who decides how the TAC workgroup seats people. There has been a lot of discussion about the tribes not being involved in those discussions and populating that committee.

3:00 PM–CDC Budget Update

Presenters

- **Alison Kelly,** Director, Office of Appropriations, OFR, CDC

Opening Remarks

- Ms. Kelly, Director for the Office of Appropriations, OFR, CDC, provided updates on CDC's budget. She was also joined by Christa Capozzola, Chief Financial Officer, OFR, CDC, and Sherri Berger, Chief Operating Officer, OCOO, CDC.
- For fiscal year (FY) 2020, CDC ended with an enacted appropriation of $7.969 billion, which is about a $6.45 million dollar increase from 2019.
- In FY20, the Good Health and Wellness in Indian Country (GHWIC) received an increase of $72,000. CDC is continuing to show support for this important initiative in Congress.
- For FY21, there is a recommended 9% reduction from the FY20 enacted amount $7.969 billion. The Drug Free Communities program has also been proposed to move to CDC for FY 2021.
- Ms. Kelly added that CDC is operating under a continuing resolution until December 11, 2020.

TAC Budget Discussion

Comments from Councilman Kutz:

- I would like to discuss funding for public health infrastructure in Indian Country. Tribal nations do not acquire funding for infrastructure from the Indian Health Service (IHS); however, it is critical to prioritize infrastructure. Some tribal nations may have additional funding, but this is not the case for all tribal nations. The TAC is requesting for CDC to have conversations about future budgets so that issues are addressed in the future.
- Tribes receive funding due to events, but when there is a resolution, the funding for infrastructure depletes. CDC and the TAC need to work together for more longevity in infrastructure funding.

Response from Ms. Kelly:

- Thank you for this information on prioritizing infrastructure. CDC recognizes the challenge that comes with lack of funding for comprehensive public health infrastructure. Most funding is directed to a specific disease or a risk factor.
- During the COVID-19 pandemic, Congress has recognized the need for direct funding and created a direct funding opportunity to address COVID-19. This direct funding opportunity allows CDC to make a case moving forward that investing in infrastructure is a path toward a high-quality public health system. This is something to build on, and CDC looks forward to having more of those conversations with the TAC going forward.
- I want to echo the insights that Councilman Kutz provided on the supplemental funding. As we move from emergency to emergency and receive supplemental funding to handle the emergency, it creates a fiscal cliff, making it hard to manage a public health workforce. That is the kind of strategic thinking CDC trying to do now in the face of having received resources for COVID-19. The agency needs to look at how to make this sustainable in the long term.

Comment from Mr. Larson:

- Developing infrastructure for the tribes is important. Tribes are sovereign entities and should have resources to do long-term work in public health, not just during a response. The spikes in COVID-19 cases in Indian Country are due to a lack of infrastructure. Once the COVID-19 funding goes away, the work on infrastructure will go away, too.
- How much funding did the CDC Foundation receive that was geared towards American Indians and Alaskan Natives (AI/ANs)?

Response from Ms. Kelly:

- I am not familiar with the CDC Foundation funding information at this time, but I will investigate this question.

Follow-up Comment from Mr. Larson:

- I am aware there are CDC Foundation resources for each individual area. I have heard that there are roughly five CDC Foundation employees who have gone into the field through the Tribal Epidemiology Center (TEC). How much does it cost to fund one of these employees?

Response from Ms. Kelly:

- I will investigate this and get back to you through Captain Clelland or Dr. Montero. CDC and the TAC need to figure out how to make this sustainable. Educating and informing Congress about how the appropriations have been used would help. The direct funding offers a great opportunity to talk about the work the funding has enabled, and the need for that kind of work to be sustained in the long term.

Comment from Mr. Larson:

- CDC could take immediate steps to allocate funds through the 1802 cooperative agreement. The scopes of work currently listed are items that tribes or TECs could complete. The cooperative agreement is an opportunity for direct funding.

Comment from Captain Clelland:

- We will follow-up with the Emergency Operations Center (EOC) regarding your question on the CDC Foundation as the initiative was through the EOC. We will reach out and follow up with you.

Comment from Chairman TwoBears:

- Why has CDC not asked tribal nations directly about the success of programs? It seems that there is limited consultation on successful programs that are working in Indian Country. For example, the CDC funding that goes to the TECs and Great Lakes Inter-Tribal Council, Inc. (GLITC). The programs through the TECs and GLITC have not always been successful.
- In the past, tribal nations have seen CDC reduce funding on programs that we see as a success. The TAC would like to see CDC consult them for guidance on successful programs or justifications on the budget that is presented before Congress.

Comment from Captain Clelland:

- Thank you Chairman TwoBears for those comments on the issue of the TECs and their lack of support for your area, but also on identifying how the efforts from CDC to engage on successful programs does not appear to be reflected in budgets, presentations, and the information we present to the TAC. CDC will take this information back and look to see how we can identify strategies to address this.
- CDC is seeking input from the TAC on Trial Practices for the Wellness in Indian Country cooperative agreement that will be coming up next year. We would like to receive input on how the cooperative agreement can be improved. Advice and recommendations from the TAC will be incorporated. We will make sure that we start to improve the conversation between CDC and the TAC on activities that are successful within Indian Country.

Comment from Mr. Larson:

- There appears to be excessive travel and trainings on behalf of individuals in the TECs. I believe there needs to be a level of monitoring on behalf of CDC of the TECs to ensure that the travel is appropriate.

Comment from Chairman TwoBears:

- For a closing comment, I would like to request that CDC set aside funding for tribes in their annual budget justification.

Comment from Councilman Kutz:

- I believe Mr. Larson started a conversation that we may want to explore later. We discussed concern at the Tribal Caucus this morning on how effectively TECs were representing the tribes they are serving in certain areas. Although we are currently in a budget discussion, TECs are represented in the budget, and some of the tribes feel there is a disconnect that's happening between the tribe and the TEC. I would like CDC to find a place in the conversation this week for a discussion on this topic.

3:30 PM–Listening Session on COVID-19 Funding

Presenters

- **Stacey M. Jenkins**, MPH, CHES, Director, DPPS, CSTLTS, CDC
- **Jim Crockett**, MPA, Deputy Director, DPPS, CSTLTS, CDC
- **Teresa Daub**, MPH, Public Health Advisor, HDPB, DPPS, CSTLTS, CDC

Opening Remarks

- Ms. Jenkins opened the discussion by highlighting CDC's COVID-19 funding streams and awards. As of September 30, 2020, the CDC COVID-19 funding for Indian Country totaled more than 208 million.
- Three funding mechanisms managed by CSTLTS have been focused on identifying COVID-19 activities and providing funds to address surveillance, epidemiology laboratory capacity, infection control, and mitigation. CDC is committed to using the funds to address COVID-19.
- There is still $14 million available for AI/ANs to address the pandemic. CDC is seeking recommendations from the TAC on how best to utilize these funds.

TAC Questions and Discussion

Comment from Captain Clelland:

- CDC is seeking out suggestions and recommendations from TAC members on how they prefer the $14 million to be spent to support Indian Country.

Question from Ms. Krystall:

- Is the $14 million through direct funding or through grants? What can the funding be allocated towards?

Response from Ms. Jenkins:

- The funding is from the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act and can distributed through grants or cooperative agreements. The funds can be used for, but are not specifically limited to, epidemiology work, surveillance, and lab capacity building. The funds exclude direct clinical services and favor public health activities.

Question from Representative TwoBears:

- Is guidance being issued around what the money can be used for?

Response from Ms. Jenkins:

- We can send you a quick summary of what's allowable.

Comment from Deputy Principal Chief Warner:

- Funding tribes directly can help capacity building for future public health concerns that may affect tribes in remote areas. Additionally, one of the things that would be useful right now is to use part of that $14 million to have CDC staff go directly to the field and provide support for tribes.

Deputy Principal Chief Warner ceded his chair to Lisa Pivec.

Comment from Ms. Pivec:

- One of the things that we're trying to explore, and haven't found dollars to explore yet, is cross-sector development in public health, healthcare delivery, social services, and infrastructure development. This is going to take some time, but we're already exploring it. We would like to reexamine what public health means to tribes and how that is executed in Tribal Country.

Ms. Pivec ceded her chair back to Deputy Chief Warner.

Comment from Councilman Kutz:

- There seems to be a concern between the funding that goes back and forth between tribes and TECs. Perhaps IHS and CDC do not have visibility on this disconnect.

Councilman Kutz ceded his chair to Ms. Warren-Mears.

Comment from Ms. Warren-Mears:

- I would like to clarify the work on the TECs. The TECs are organized differently across nations, but the common denominator is the various funding streams, one of which is the TEC Public Health Infrastructure funding received from CDC. We receive additional funding for TECs through IHS.
- Beyond the requirements of those two awards, TECs have been directed by tribes in their regions to address items at their request. It is unfortunate that tribes do not feel supported by their TECs. When approaching activities in our region, we work to first identify if tribes do not have their own infrastructure to do the work.
- In terms of awards, we are receiving the money under a resolution of approval from tribes and distributing the funds back to tribes. Greater than half of the funding received goes directly to tribes. Our region feels completely supported and is grateful for the support of our tribes.

Ms. Warren-Mears ceded her chair back to Councilman Kutz.

Comment from Councilman Kutz:

- Further conversation is warranted with CDC to ensure TECs are in alignment to support tribes.

Comment from Mr. Larson:

- The IHS has a subcommittee to discuss concerns Indian Country faces between AI/AN organizations regarding funding mechanisms. It would be beneficial for CDC to develop a committee with tribes and national organizations to help address some of the concerns the TAC has identified.
- Given that there are 574 tribes, it can be difficult to allocate funding to tribes equally, given the limited amount of funding and extensive resources needs. A committee can help voice how to allocate funding and address tribes' needs.
- A committee can also help foster a trust relationship between the TAC and other organizations.

Comment from Ms. Jenkins:

- CDC's cooperative agreements go through an objective review panel, and we would like your feedback on this review process.

Comment from Mr. Larson:

- I think dispersing the funds through cooperative agreements is a good idea, but the practicality of all tribes having a cooperative agreement may be difficult to do. Several of the tribes are anticipating having the funds dispersed through the 1803 cooperative agreement. I would like to see the OT18-1803 cooperative agreement expanded to many nations.

Comment from Captain Clelland:

- If TAC members have further input, please provide it in writing to CDC within a week from the TAC Meeting so we may get the funding out to Indian Country as needed.

TAC members can submit comments/recommendations pertaining to the funding by October 23, 2020, to the tribalsupport@cdc.gov.

4:10 PM–Violence Prevention Convening Session

Presenters

- **Nina Martin**, National Indian Health Board
- **Theda New Breast**, Native Wellness Institute

Opening Remarks

- Ms. Martin provided an overview of the Violence Prevention Project. The project began a year ago to get a better understanding of the effect of violence in tribal communities, as well as a deeper exploration of barriers, protective factors, and preventive strategies that are either currently employed or could be employed to reduce violence.

- Short videos were recorded from some of the participants of the program so that they could share their voices. There is importance in storytelling and generational sharing. The program emphasizes that bringing back language helps create a connection to culture. Healing through stories are preventive strategies that have not only prevented violence but also healed trauma.
- Engaging the men of the community is critical to reducing violence. Men can be allies to help improve strategies to reduce violence.

Violence Prevention Convening Session Discussion

Question from Representative Robert TwoBears:

- I had a question about the sustainability of the program. Are most of the funding sources from CDC? Are the tribes co-funding some of these projects?

Answer from Nina Martin:

- From our end, this is very early in the process, so all our funding predominantly came from CDC, but this is the beginning. Eventually we do hope to see an opportunity where there could be prolonged and sustained engagement with tribes on work with this.

Answer from Theda New Breast:

- Several of those involved in the program have gotten very skilled at bringing in four or five different types of funding resources from the Substance Abuse and Mental Health Services Administration, from Department of Justice, from other Department of Health and Human Services branches, but this is where the funding trauma came from. They were branching out, trying to get all these of these sources of funding, when they would rather just have one source of funding. They were spending much more of their energy trying to get different streams of funding.

Comment from Councilman Kutz:

- I want to thank you for this presentation because this is some of the hardest work that we need to do in our community, and we need all the resources we can develop as well as expertise to help us do it. I really look forward to how we can develop best practices together on dealing with this in our communities. It is important to document that indigenous knowledge is considered best practices, because what works in our community is not always viewed as a best practice by SAMHSA for reimbursement.

Comment from Captain Clelland:

- Thank you for that presentation. It is really enlightening, and some aspects are groundbreaking. We certainly want to acknowledge the effort and the time spent on this and the fact that it can create change in Indian Country. I wanted to make some remarks about our former TAC chair. This was part of his vision when he worked to help establish the Tribal Behavioral Health agenda and the continuation of that work through the TAC, not only with this, but with the missing and murdered Native Americans and the adverse childhood experiences presentation which will be see tomorrow. And then the efforts of CDC's National Center for Injury Prevention and Control stepping up to help provide funding to many of these areas of impact in Indian Country.

5:20 PM–Tribal Practices for Wellness in Indian Country

Presenters

- **LCDR Shannon Saltclah, PharmD, CPH (Navajo Tribe),** USPHS; Healthy Tribes Program, NCCDPHP, CDC
- **David Espey, MD,** Director, Healthy Tribes Program, NCCDPHP, CDC

Opening Remarks

- Dr. Espey summarized the Healthy Tribes Program's three cooperative agreements. These agreements include Tribal Epidemiology Center Public Health Infrastructure, which supports data, health

surveillance, other core public health services; GHWIC, which aims to prevent obesity, diabetes, heart disease, and stroke; and Tribal Practices for Wellness in Indian Country (TPWIC). The TPWIC cooperative agreement will be the focus of the conversation today.

- Dr. Saltclah showed the seven strategies that have been used in TPWIC. The TPWIC program came about through three different meetings that were held between CDC and cultural advisors to help shape future CDC opportunities for supporting tribal practices. Specific language was crafted, including seven strategies with cultural elements: Family & Community, Seasonal Practices, Social & Cultural Activities, Tribal Collaborations, Intergenerational Learning, Traditional Healthy Foods, and Physical Activities. Some activities in the TPWIC program included teaching traditional ways of life and learning about healthy food options through fish camps, drum-making classes, and other classes that target younger tribal members to pass down traditional ways of life. Through some of these activities, tribal members are also learning their language and connecting with their community and their culture.
- Dr. Saltclah asked for input on this cooperative agreement and the seven strategies prior to writing the second round of the cooperative agreement. CDC heard from the TAC recommendations that one of the strategies address sustainability.

Tribal Practices for Wellness in Indian Country Discussion

Comment from Representative TwoBears:

- In reference to the seven strategies, has it always been just seven, or were there other categories that were proposed before?

Answer from Captain Clelland:

- As mentioned earlier, the convenings were held over three separate meetings, with each of those meetings adding significant portions to the development of the seven strategies. During the second meeting, many themes were suggested. During the third meeting, these themes were put into areas that had commonality, and from there, the seven strategies were decided.

Comment from Mr. Larson:

- I would consider adding something around sustainability, such as linking to production through the US Department of Agriculture Farm Bill.

5:50 PM–Day 1 Meeting Summary

Presenters

- **Captain Clelland, PharmD, MPA, MPH** (*Cheyenne and Arapaho Tribes),* USPHS; Director, OTASA, CSTLTS, CDC
- **Dr. Montero, MD, MHCDS,** Director, CSTLTS, CDC
- **Representative TwoBears** (*Ho-Chunk Nation of Wisconsin)*, Legislative Representative District V, Ho-Chunk Nation of Wisconsin; Chair, TAC

Closing Remarks

- Dr. Montero provided summary highlights of the meeting and, on behalf of CDC, thanked everyone for attending and participating throughout the meeting. Dr. Montero also mentioned a future meeting to include the TAC Charter and funding.
- Representative TwoBears thanked the TAC for participating and providing input and closed the meeting.

Friday, October 16, 2020

1:00 PM–Opening Blessing, Welcome, and Introductions

- Commander Meyer conducted the roll call. A quorum was present to conduct necessary business.

1:30 PM–COVID-19 Vaccination Discussion

Presenters

- **Melinda Wharton, MD,** Director, Immunization Services Division, NCIRD, CDC
- **Molly Evans, MD, MPH,** USPHS, Medical Officer, HIV Care and Treatment Branch, Division of Global HIV and TB, CGH, CDC

Opening Remarks

- Dr. Wharton provided an overview of current COVID-19 vaccine planning assumptions, the vaccination program interim playbook, and potential COVID-19 vaccine distribution scenarios for tribal nations.
- The proposed distribution model identified that tribal nations are to decide their preference for vaccine allocation and distribution. The options include receiving the vaccine at the facility level through a state/local immunization program or through IHS. Written feedback was received from two separate regional consultation calls on September 24 and September 28 and is currently under review.
- CDC received input regarding the importance of understanding tribal sovereignty and how it relates to the vaccine distribution. This includes considering direct delivery to the tribal nation and identifying that tribes have sovereignty to allocate the vaccine as they best see fit.

TAC Questions and Discussion

Question from Councilman Kutz:

- Is the plan to have the vaccine distribution through McKesson nationally?

Response from Dr. Evans:

- We have been looking at the existing mechanisms in place. The state and IHS programs already exist and have been efficient for delivery mechanisms of vaccines. We are still reviewing everything and looking at all the possible options.

Question from Councilman Kutz:

- I have received vaccinations directly in the past from the federal warehouse, McKesson, IHS, and through local and state public health departments. McKesson does not understand the separation between the state and tribes and that tribes are a separate sovereign entity. We need for CDC to explain that to McKesson.

Response from Dr. Evans:

- It would be helpful to set up a phone call to discuss these details that would be specific to your tribal nation and go through the different reporting requirements that are necessary. Thank you for alerting us to those concerns regarding McKesson.

Comment from Councilman Kutz:

- Idaho does not particularly work well with tribes. I want to make sure that if the decision is to work with McKesson, that CDC explains that McKesson needs to return our calls and talk with tribes as sovereign entities.

Response from Dr. Evans:

- I wanted to point out that the vaccines will be shipped directly to the site, but the ordering will be done with CDC. So, it might be helpful for CDC to set up that call with you to discuss the ordering process because I don't know if McKesson will be able to take calls.

Question from Representative TwoBears:

- Do we know when we will have the vaccine plans available to view?

Response from Dr. Evans:

- IHS will consider the feedback from the tribes before sending CDC their plan. We have our tribal team reviewing the state plans to ensure that documented conversations with tribes from the states are there. Their plan is posted on the IHS site.

Question from Legislator Connie Barker:

- At what point does a clinic or tribe need to purchase the cold storage?

Response from Dr. Evans:

- The reason we are not asking states or tribes to purchase storage equipment is because the vaccine will be shipped using dry ice, and the storage container it is being distributed through should keep the vaccine cold for up to 10 days. IHS and states are also assessing storage capacity.

Question from Councilman Kutz:

- Will you prohibit tribes from helping each other?

Response from Dr. Evans:

- Tribes have sovereignty to allocate the COVID-19 vaccine as they best see fit. If tribes decide to share with other tribes, there would not be restriction on that once vaccines have been distributed.

Comment from Councilman Kutz:

- You should note the ability for tribal nations to share resources if necessary, in the plan specifically, so tribes are aware.

Deputy Principal Chief Warner ceded his seat to Ms. Pivec, Oklahoma Area Authorized Representative, for the remainder of the day.

Captain Clelland noted that as with other presentations, TAC members can submit comments/recommendations pertaining to COVID-19 vaccination planning by October 23, 2020, to tribalsupport@cdc.gov.

2:30 PM–Star Collection Book Review

Presenters

- **Rachel Kossover-Smith, MPH, RD,** Public Health Advisor, Division of Injury Prevention, NCIPC, CDC
- **Laura M. Mercer Kollar, PhD,** Behavioral Scientist, Division of Violence Prevention, NCIPC, CDC

Opening Remarks

- Dr. Kollar summarized the history of adverse childhood experiences (ACEs), and Ms. Kossover-Smith addressed the purpose behind the Star Collection books. They reviewed some of the different Star Collection books viewing options and engagement opportunities through social media.
    - These collections highlight cultural protective factors like community, connectedness, and language. They focus on how to be a good friend and aim to emphasize strengths-based messaging and the resiliency present in AI/AN communities.
- Ms. Kossover-Smith provided details about the specific books, “Friendship Makers” and “Stars Who Connect Us.” She emphasized that it is important to promote protective factors that can reduce the risk of violence.
- The “Stars Who Connect Us” focuses on specific cultural protective factors, such as community, which build on the connection to tribal leaders’ language, participation, tribal ceremonies, and spirituality. The “Stars that Connect Us,” and additional materials, should be available by September 2021. “Friendship Makers,” another book in the Star Collection, focuses on the qualities of a good friend and seeking help from elders in the community for advice.

- Each book contains an educator guide for teachers, community center staff, and parents. The collection also includes coloring pages and other activities for children.

Ms. Kossover-Smith provided the Stars Collection website link: www.cdc.gov/injury/tribal/starcollection/.

TAC Questions and Discussion

Comment from Councilman Kutz:

- Can CDC send out an email link to the Star Collection books website?

Answer from Commander Meyer:

- We will send that out.

Comment from Captain Clelland:

- I would like to extend my thanks to everyone, not only for book development, but for some of the storytelling as well. The book is in its final form as we aim to help support tribal communities and the prevention of ACEs and development of healthy behaviors.

3:00 PM–CDC Director/ATSDR Administrator Updates

Presenter

- **Robert Redfield, MD,** CDC Director/ATSDR Administrator, CDC

Opening Remarks

- Dr. Redfield discussed CDC's response to the COVID-19 pandemic and highlighted CDC's efforts to support TECs and Indian Country.
- There are long-standing systemic health and social inequities that put some racial groups, ethnic groups, and minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.
- CDC is conducting multiple activities to support tribal nations during the COVID-19 pandemic:
    - The EOC has a dedicated Tribal Support Section that provides case investigation and contract tracing, community mitigation, surge staff, epidemiology surveillance, mapping support, data analysis, infection prevention, water control, sanitation, hygiene support, health risk communication support, and response planning protocol policy guidance.
    - CDC currently has 18 teams deployed for on-site technical assistance, with 18 more in the process of being deployed. CDC has consulted with more than 215 tribes to date.
    - CDC has developed tribal-specific guidance documents and shared COVID-19 data with TECs every two weeks.
    - CDC has reached out to the individual tribal nations as well as hosting National Tribal and Urban Indian listening sessions and HHS regional tribal consultation sessions.
    - To improve data collection, CDC has provided extensive COVID-19 case data to TECs. This includes access to the National Notifiable Disease Surveillance System data set and regular updates on COVID-19 cases to all TECs.
    - CDC continues to ensure that TECs can access data on more than 120 other diseases and conditions.
    - CDC remains committed to improving tribal health. This year, CDC provided more than $208 million in funding to tribes and tribal organizations supported through supplemental appropriations, including the CARES Act. This investment during their response to COVID-19 builds on an increase in funding to tribes in recent years that has doubled from $34.8 million in 2016 to $66.2 million in FY 2019.

- The COVID-19 Incident Management Structure has also designated a Chief Health Equity Officer to ensure the response identifies and addresses health disparities uncovered during the COVID-19 response.

TAC Questions and Discussion

Question from Ms. Krystall:

- I would like to know, in addition to the COVID-19 funding increases CDC has given to tribes, if CDC still plans on continuing the funding for the regular programs such as GHWIC.

Answer from Dr. Redfield:

- CDC has continuing resolutions right now through December 11, 2020, and it is our intent, based on Congress, to continue to fund these programs.

Comment from Councilman Kutz:

- The ongoing relationship with the tribes and senior leaders is important. Working with CDC and IHS to ensure that travel programs have public health infrastructure in their communities to deal adequately public health concerns is beneficial to tribes, and many tribal programs lack these infrastructures. We would like to have conversations with you on how we can get such initiatives in the budget and work with CDC, Congress, and governors to make this happen.

Comment from Dr. Redfield:

- I appreciate all of your comments. This is a complex process. I am hopeful that we will get some traction to that request in 2021.

3:40 PM—Senior Leadership Roundtable Discussion

Presenters

- **Christa Capozzola,** Chief Financial Officer, OFR Director
- **Robin Ikeda,** Associate Director for Policy and Strategy
- **Laurie Ishak,** Associate Deputy Director, OADPS
- **Celeste Philip,** Deputy Director for Non-Infectious Diseases
- **Ellen Wan,** Associate Deputy Director, DDNID
- **Michael Iademarco,** Director, CSELS
- **John Dreyzehner,** Director, CPR
- **Mark Davis,** Branch Chief, DSLR CPR
- **David Hunter,** Branch Chief, CBB, CPR
- **Karen Remley,** Director, NCBDDD
- **Karen Hacker,** Director, NCCDPHP
- **Craig Thomas,** Director, DPH, NCCDPHP
- **Patrick Breysse,** Director, NCEH
- **Jonathan Mermin,** Director, NCHHSTP
- **Jennifer Madans,** Acting Deputy Director, NCHS
- **Debra Houry,** Director, NCIPC
- **Thomas Clark,** Deputy Director, Division of Viral Diseases, NCIRD
- **Nathaniel Smith**, Deputy Director for Public Health Service and Implementation Science
- **Katherine Lyon Daniel,** Associate Deputy Director, DDPHSIS
- **Amy Branum**, Acting Associate Director of Science, NCHS
- **Rebecca Bunnell,** Director, OS
- **Renee Calanan**, Health Equity Coordinator, NCEZID

Opening Remarks

- CDC senior leaders provided important highlights and updates pertaining to CDC tribal programs and activities. Updates included information related to capacity building, program development, data integrity, and funding.
- CDC leaders emphasized the importance of evaluating programs and presenting the successes and impacts of these programs.

TAC Questions and Discussion

Question from Representative TwoBears:

- CDC has talked about GHWIC historically being cut from the President's budget. I want to know how the TAC can work with CIOs to strengthen programs and how the director can advocate on those budgets.

Response from Ms. Capozzola:

- There is various input from multiple partners and political factors when developing CDC's budget. The opportunity to clearly present how additional funding can make an impact should be outlined through data. Congress is making important decisions and tradeoffs between different types of programs that can be funded. The more information there is about the success of a program, the better the chance of securing funding for these programs to maximize opportunities.

Comment from Dr. Bunnell:

- Some tribes have done excellent work in documenting the impact of programs from funding streams. Evaluation of programs can help demonstrate their value and convince stakeholders that the investment is worth the funding.

Comment from Dr. Breysse:

- We can talk to Congress about what we're doing, but it's on us to develop programs that have an impact. We must showcase the impact by having awardees speak about success stories to help build momentum for continued funding.

Question from Dr. Philip:

- Are there examples related to any activities around COVID-19 where you could highlight how funding or programs were able to impact tribal nations? That might be a way of making the case to build on what CDC has been able to do through the supplemental funding.

Question from Ms. Krystall:

- There have been many fires recently in California, and a lot of them are in tribal areas. Can a division do follow-up on the citizens who live in those areas to help mitigate smoke-related health issues?

Response from Dr. Breysse:

- Yes, please follow-up with me by email, and we can discuss technical assistance on wildfires and smoke-related issues.

Comment from Councilman Kutz:

- It is difficult for me to understand population health in a diverse Indian community, where our tribal members are scattered across the United States. I am interested in having some conversations around how we might be able to data-mine the Indian health system to take a look at a broader patient population that is not a consolidated community.
- I was also thinking about the work with the Navajo community on their water systems and the importance of sharing this work with other areas in need, like Alaska. Typically, in region 10, there are villages in Alaska that do not have adequate water or sewage systems. How do we build that same public health capacity within smaller tribes?

Response from Dr. Breysse:

- I will have our program that works with water think about possible options and follow up with you.

Comment from Dr. Calanan:

- The Arctic Investigations Program (AIP) focuses on documenting the health consequences of households that lack in-home sanitation services along with the state of Alaska Division of Health. AIP continues to work with tribal, state, and federal partners to promote improvements in water and sanitation services to the nearly 20% of rural Alaskans and circumpolar populations who lack in home services.
- AIP recently published a report showing that residents without water service appear to be using soda and other sweetened beverages as substitutes for drinking water. This can cause potential negative consequences to oral health, body mass, and chronic conditions.
- In 55 communities throughout southwest Alaska, depending on the types of water sanitation service they had (fully piped water, sewer, small vehicle haul systems, and communities that self-haul water), we found that higher levels of water service coverage were associated with lower incidence rates of visits for several infectious disease categories.

Comment from Dr. Montero:

- Please share the sanitation data report so CDC can share this information through OTASA's weekly newsletter.

4:50 PM—Tribal Testimony

Testimony from Ms. Pivec:

- This virtual meeting provides a way forward in making future in-person meetings more interactive and effective.
- There needs to be cross-sector collaboration for public health delivery and improving infrastructure. How do we take that cross-collaboration model in tribal communities? Understanding how many dollars a tribe invests in that over time and looking at that as seed money to where we are at in investing on our own. We need a plan on funding for TECs as they can help become great resources for governance. We need to hold those TECs accountable for building that infrastructure as well. We need to figure out a way to put together a workgroup to better challenge CDC. A neutral third party would be helpful for this. We as TAC members need to be more engaged in planning the TAC Meetings.

Testimony from Ms. Krystall:

- Direct funding to tribes needs to be a priority for CDC. The primary focus of CDC should always be the tribes.

Testimony from President Andrews:

- There was a surge in COVID-19 cases yesterday in one of the villages, and we are very concerned. COVID-19 has caused a large concern with economics in our area as well. A lot of businesses have been depleted due to COVID-19. In the Delta area of Alaska, there's been a surge in cases, and we are pretty concerned about them. In the Kodiak area, nothing has been shut down, but we have not heard about anyone in the area dying from COVID-19. The deaths we do hear about, we are unsure if they are dying from COVID-19 or something else. There are concerns about the regular flu as well.

Testimony from Councilman Kutz:

- There are individuals from CDC making sure tribes are being represented, and we are thankful that those people are there. We would have like broader representation, but it's so hard to pull people together with so much going on right now.

Testimony from Ms. Krystal

- *Ms. Krystal ceded her seat to Mark LeBeau with for tribal testimony.*

Testimony from Mr. LeBeau

- I am the Chief Executive Officer of the California World Indian Health Court, and we have the honor and responsibility of working closely with 59 federally recognized tribes throughout the state. This includes down in the desert area of central California and the rural and frontier regions of northern California.

- There is a need for additional support through CDC to ensure that the state of California has been adequately supplied with enough COVID-19 vaccines for all tribes and tribal healthcare systems.
- Due to the long-term efforts of tribes working in partnership with IHS and CDC, as well as other agencies, there are existing tribal clinic healthcare infrastructure services that are in position to assist with vaccination. They just need prioritization.
- There are existing tribal infrastructure services that are positioned to assist with vaccination distribution in California and they need to be prioritized. I don't think the state of California has done a good job of engaging tribes in required government-to-government consultations session and the development of state vaccine plans they are planning to send to CDC.
- There are about 40 tribes seeking to be re-recognized as this population tends to be high risk and over age 65. This should be taken into consideration regarding vaccine planning and prioritization when serving Indian Country.

5:50 PM—Summary, Closing Prayer, and Adjournment

Presenters

- **Captain Clelland, PharmD, MPA, MPH** (*Cheyenne and Arapaho Tribes),* USPHS; Director, OTASA, CSTLTS, CDC
- **Dr. Montero, MD, MHCDS,** Director, CSTLTS, CDC
- **Representative TwoBears** (*Ho-Chunk Nation of Wisconsin)*, Legislative Representative District V, Ho-Chunk Nation of Wisconsin; Chair, TAC

Closing Remarks

- Dr. Montero provided summary highlights of the meeting and thanked everyone for attending and participating throughout the meeting. Dr. Montero also mentioned that the next TAC planning meeting will be virtual due to the COVID-19 pandemic.
- Representative TwoBears expressed thanks to the TAC for participating and providing input during the meeting.
- Captain Clelland closed the meeting with prayer.

Appendices

Appendix A: Acronym List

ACEs	Adverse Childhood Experiences
AI/AN	American Indian/Alaska Native
AIP	Arctic Investigations Program
ATSDR	Agency for Toxic Substances and Disease Registry
CARES Act	The Coronavirus Aid, Relief, and Economic Security Act
CDC	Centers for Disease Control and Prevention
CGH	Center for Global Health
COVID-19	2019 Novel Coronavirus Disease
CPR	Center for Preparedness and Response
CSELS	Center for Surveillance, Epidemiology, and Laboratory Services
CSTLTS	Center for State, Tribal, Local, and Territorial Support
DCPC	Division of Cancer Prevention and Control
DDID	Deputy Director for Infectious Diseases
DDPHSIS	Deputy Director for Public Health Service and Implementation Science
DIP	Division of Injury Prevention
DPH	Division of Population Health
DPIFS	Division of Performance Improvement and Field Services
DPPS	Division of Program and Partner Services
DRH	Division of Reproductive Health
DSLR	Division of State and Local Readiness
DVBD	Division of Vector-Borne Diseases
DVP	Division of Violence Prevention
EOC	Emergency Operations Center
FSB	Field Support Branch
FY	Fiscal Year
GHWIC	Good Health and Wellness in Indian Country
GLITC	Great Lakes Inter-Tribal Council, Inc.
HDPB	Health Department Program Branch
HHS	Health and Human Services
IHS	Indian Health Service
NCBDDD	National Center on Birth Defects and Developmental Disabilities
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEH	National Center for Environmental Health
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
NCIPC	National Center for Injury Prevention and Control
NCIRD	National Center for Immunization and Respiratory Diseases
OADPS	Office of the Associate Director for Policy and Strategy
OCOO	Office of the Chief Operating Officer
OD	Office of the Director
ORISE	Oak Ridge Institute for Science and Education
OS	Office of Science
OTASA	Office of Tribal Affairs and Strategic Alliances
PDETB	Performance Development, Evaluation and Training Branch
PIB	Program Implementation Branch
PIEB	Program Implementation and Evaluation Branch

RZB	Rickettsial Zoonoses Branch
SLTST	State, Local & Tribal Support Team
TAC	Tribal Advisory Committee
TEC	Tribal Epidemiology Center
TPWIC	Tribal Practices for Wellness in Indian Country
UMRA	Unfunded Mandates Reform Act
USPHS	United States Public Health Service

Appendix B: TAC Roster

Area Office	Delegate	Authorized Representative
Alaska Area Term Expires: February 28, 2021	**Alicia L. Andrew** President, Karluk IRA Tribal Council *Native Village of Karluk*	**VACANT**
Albuquerque Area Term Expires: August 31, 2021	**Selwyn Whiteskunk** Tribal Councilman *Ute Mountain Ute Tribe*	**Alston Turtle** Council Delegate *Ute Mountain Ute Tribe*
Bemidji Area Term Expires: August 31, 2020	**Robert TwoBears (TAC Chair)** Legislative District V Representative *Ho-Chunk Nation of Wisconsin*	**Wally Apland** Director of Finance, The Ho-Chunk Nation Department of Health *Ho-Chunk Nation of Wisconsin*
Billings Area Term Expires: August 31, 2021	**Byron Larson** Rocky Mountain Tribal Leaders Council *Northern Cheyenne Nation*	**VACANT**
California Area	**VACANT**	**VACANT**
Great Plains Area	**VACANT**	**VACANT**
Nashville Area Term Expires: August 31, 2019	**Richard Sneed (TAC Co-Chair)** Principal Chief *Eastern Band of Cherokee Indians*	**VACANT**
Navajo Area Term Expires: August 31, 2021	**Myron Lizer** Vice President *The Navajo Nation*	**Jill Jim, PhD, MHA/MPH** Executive Director, Navajo Department of Health *The Navajo Nation*
Oklahoma Area Term Expires: October 31, 2021	**Bryan Warner** Deputy Chief *Cherokee Nation*	**Lisa Pivec** Senior Director, Public Health, Cherokee Nation Health Services *Cherokee Nation*
Phoenix Area Term Expires: February 28, 2022	**VACANT**	**VACANT**

Portland Area Term Expires: August 31, 2021	**Stephen Kutz, RN, BSN, MPH** Tribal Council Member Executive Director, Health and Human Services *Cowlitz Indian Tribe*	**Sharon Stanphill, MD** Chief Health Officer *Cow Creek Band of Umpqua Tribe of Indians*
Tucson Area	**VACANT**	**VACANT**
Tribes At-Large Term Expires: August 31, 2021	**Doreen Fogg-Leavitt** Secretary, Inupiat Community of the Arctic Slope Council *Inupiat Community of the Arctic Slope*	**VACANT**
Tribes At-Large Term Expires: August 31, 2021	**Connie Barker** Tribal Legislator *The Chickasaw Nation*	**Darcy Morrow** Board of Directors Member *Sault Ste. Marie Tribe of Chippewa Indians*
Tribes At-Large Term Expires: August 31, 2022	**Trinidad Krystall** Riverside San Bernardino County Indian Health Clinic Inc. *Torres Martinez Desert Cahuilla Indians*	**VACANT**
Tribes At-Large	**VACANT**	**VACANT**