

Submitted via e-mail

October 23, 2020

Robert R. Redfield, M.D.,
Director, Centers for Disease Control and Prevention
1600 Clifton Road,
Atlanta, Georgia, 30329

RE: TRIBAL TESTIMONY FOLLOWING OCTOBER 2020 CDC/ATSDR TAC MEETING

Dear Dr. Redfield,

On behalf of the Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) Tribal Advisory Committee (TAC), we write in follow-up to the October 15-16, 2020, TAC virtual convening. This letter lays out the TAC's responses to the two questions on which CDC requested the TAC comment. The questions posed by CDC to the TAC were:

1. How should CDC allocate funds for the \$14 million (remaining of their total \$208 million dedicated for Tribes) to support Tribal COVID-19 epidemiology, surveillance, laboratory capacity, or other infrastructure?
2. What comments does the TAC have on the current Tribal Practices for Wellness in Indian Country (TPWIC) cooperative agreement? These comments will inform the next TPWIC cooperative agreement, since the current one expires soon.

We thank the CDC for soliciting feedback from the TAC on these important funding items. It is essential that CDC engage in more frequent and timely communication with the TAC to ensure that Tribal recommendations and priorities are directly informing CDC decision-making on Tribally-specific funds and programs. The TAC has produced recommendations in response to the two CDC questions outlined above; however, we would like to note that the CDC must afford the TAC additional time in the future to submit such recommendations. We appreciate that CDC reached out to the TAC for guidance on how to allocate the \$14 million in unobligated COVID-19 funds, but feedback from the TAC should not be a substitute for CDC conducting direct government to government consultation with federally-recognized Tribal Nations.

The TAC also notes that given the amount of vacancies currently on the TAC, this Committee does not fully represent the diverse voices of all 574 federally-recognized sovereign Tribal governments. In the interest of urgency and need for distribution of these COVID-19 funds to Indian Country, we have provided the comments below. However, we strongly encourage CDC to engage in government to government consultation with Tribes prior to making final decisions on distribution of the \$14 million in unobligated COVID-19 funds, and for all future Tribally-specific programs.

Response to Question 1

We again thank the CDC for soliciting feedback from the TAC on the \$14 million in unobligated COVID-19 funds. The TAC was concerned to discover that \$14 million – or roughly 7 percent - of the \$208 million in total Tribally-specific, COVID-19 response funds appropriated to CDC remains unobligated. Not even in CDC’s September 2020 letter to the TAC did CDC inform the TAC that roughly \$14 million remains unobligated and available for allocation and expenditure. Congress appropriated these funds *seven months ago*, at the onset of the pandemic, to provide immediate assistance to the Tribes for a crisis that has disproportionately impacted American Indian and Alaska Native (AI/AN) people. The TAC asserts that CDC did not have to wait until the formal quarterly convening in October to solicit TAC input on how these COVID-19 funds should be distributed; instead, CDC could have easily connected with the TAC during any of the monthly calls held since April to garner feedback and recommendations.

Moreover, we are disappointed that CDC has not held a national listening session to solicit recommendations from elected Tribal leaders or their designated officials on how Tribally-directed COVID-19 funds should be expended. It is inappropriate for CDC to claim it has done its due diligence in soliciting direct Tribal input, as the agency stated in its September 2020 letter to the TAC, by virtue of agency officials attending “...*all IHS, White House, National Indian Health Board and National Council of Urban Indian Health*” calls. While we are pleased that CDC officials attended these calls, attendance is not the same as active facilitation and participation. CDC is its own separate federal agency, and it retains a separate and distinct responsibility to fulfill treaty obligations to the Tribes for public health. Moreover, CDC has its own distinct obligation to directly engage with Tribal leaders and the TAC for guidance, recommendations and input. We urge the CDC to heed this requirement for direct engagement with the Tribes through CDC-led listening and consultation sessions, in addition to attending Tribal calls held by other federal entities and Tribal-serving organizations.

Again - we patiently remind CDC that engagement with the TAC is not a replacement for direct government to government consultation with elected Tribal leaders and/or their designees. Any engagement with the TAC is meant to supplement – not supplant – true and meaningful Tribal consultation.

The TAC also requests further engagement with the CDC to develop methodologies for any future funding distributions to the Tribes, in direct consultation with federally-recognized Tribal governments and engagement with the TAC. This will ensure that the broad and diverse voices of all 574 federally-recognized sovereign Tribal governments are guiding and informing CDC decision-making.

TAC Recommendations on \$14 million in Unspent Tribal COVID-19 Funds

As specified under Title VIII of the CARES Act, under “CDC-Wide Activities and Program Support”, Congress appropriated relief dollars to the CDC “...*to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.*” As the TAC has discussed at length with the CDC, there is no one-size-fits-all approach to Tribal public health. Each Tribal Nation has its own degree of public health capacity and infrastructure. Within this context, the TAC submits the following recommendations to CDC on how the remaining \$14 million in Tribally-directed, COVID-19 response funds should be disseminated:

- 1. Tribal Nations should be afforded maximum flexibility in how these COVID-19 funds are expended, in accordance with the law, so that Tribes may design programs and response efforts that are best tailored to the local needs of their Tribal community. Additionally, we urge CDC to ensure these funds are distributed expeditiously.**
 - All of the permitted activities outlined in Title VIII of the CARES Act for “CDC-Wide Activities and Program Support” help to build Tribal public health capacity to respond to COVID-19.
 - Thus, Tribes should be permitted to submit applications to use these Tribally-directed CARES Act funds for *any* or *all* of the activities permitted under law.
 - Tribal awardees should be able to utilize these funds to ensure their infrastructure is set up for COVID-19 vaccine distribution. Similar to state and local governments, Tribal governments will need to develop plans, make adjustments to their infrastructure capabilities, and develop communication plans for the vaccine – among other priorities.
 - Maximum flexibility honors inherent Tribal sovereignty, and ensures that each Tribe can design programs that best meet their community needs.
- 2. The CDC should prioritize allocation of the \$14 million directly to federally-recognized Tribal governments using a non-competitive and formula-based allocation methodology that is developed in direct consultation with federally-recognized Tribal governments.**
 - We remind CDC that Tribal organizations – including Tribal Epidemiology Centers – are not Tribal governments. While many Tribes work very closely and collaboratively with Tribal organizations, they are not a substitute for Tribal governments.
 - CDC must also ensure that funding applications are non-competitive so that no Tribal Nation is left behind if they submit an application.
 - The TAC strongly encourages CDC to add these remaining funds to existing Tribal COVID-19 awardees so that Tribes do not have to submit new applications for funding.
- 3. CDC should minimize all application and reporting requirements to ensure expeditious delivery of funds, and to reduce burdensome administrative requirements that take personnel time and energy away from program operations and delivery of public health services**
 - Many Tribes have had to furlough non-essential staff, or lack dedicated grant writers altogether. Due to capacity constraints, many Tribal healthcare providers are forced to perform multiple roles within the health system, including writing grant applications. This has detracted from patient care, and created other challenges.
 - As such, we urge the CDC to streamline and minimize application and reporting requirements

Response to Question 2

The TAC appreciates the efforts of programs such as TPWIC and Good Health and Wellness in Indian Country (GHWIC) to support practice-based knowledge and Indigenous wisdom. The TPWIC program has assisted many Tribes in revitalizing Tribal practices, teachings and

knowledge to inform and improve Tribal public health practice. Tribal practices promote resilience and community connection, which have become especially important during COVID-19. The TAC offers the following recommendations to ensure dedicated support for such strategies, including continuing funding and robust technical assistance.

TAC Recommendations to Question 2

- 1. Recommend that CDC create a sustainability plan to continue to fund this important program beyond the 3-year funding cycle. This includes working with Congress to ensure long-term sustainability and funding, expanding to a 5-year cycle, and including more Tribal Nation recipients. *The CDC should distribute funds through non-competitive awards to ensure that all Tribes that submit an application can receive funding.***
- 2. Recommend that CDC allow funds to be spent toward sustaining and growing the program at the local level.**
 - a. Recommend that CDC provide technical assistance (TA) toward this end. Possible TA activities and topics could include partnership development, grant writing, presenting program impact, evaluation, program integration, program self-efficacy, capacity building.
- 3. Recommend that any evaluations are relevant and realistic to funded programs' activities and objectives. Where possible, the burden of evaluation should be minimized to allow for maximum focus on program activities.**
- 4. CDC should enhance its efforts to highlight the value of funding traditional and cultural practices for wellness and their impact on program outcomes. Other than funding amounts and recipient names, the CDC webpages for this program contain no additional information. The same recommendation also applies to the GHWIC program.**
- 5. Recommend that CDC conduct outreach with CDC Centers, Institutes, and Offices as well as outside federal agencies within HHS to increase awareness of traditional and cultural practices for wellness, practice-based evidence, wise practices, etc. We recommend that CDC provide technical assistance, support and platforms for telling the stories of recipients to raise awareness of traditional and cultural practices' impact on wellness.**
- 6. Recommend that CDC maintain the potential to expand strategies beyond the seven identified. This could be solicited through meetings of the TAC and the regular data presentations from existing TPWIC programs to the TAC (see earlier recommendation).**
- 7. Encourage diversity in programs to encompass both long-standing programs and those that are new or pilot programs.**
- 8. Recommend that any evaluation of the TPWIC program also include assessment of impact on behavioral/mental health and well-being. TPWIC strategies may impact not only physical health and clinical outcomes, but have strong ties to identity, community cohesion, and belonging.**

Conclusion

Thank you for considering the TAC's recommendations on the remaining \$14 million in Tribal COVID-19 response funds, and on the next cooperative agreements for the Tribal Practices for

Wellness in Indian Country program. We look forward to closely working with you to achieve the goals outlined in this letter, and the broader goals of advancing Tribal public health. Please contact the full TAC if you have any questions or comments regarding the requests outlined in this letter. We look forward to hearing a response from the CDC as soon as possible, but no later than during the next scheduled monthly TAC phone meeting.

Sincerely,

Robert TwoBears,
Representative, Legislative District V, *Ho-Chunk
Nation of Wisconsin*
Chairman
Bemidji Area Delegate

Alicia L. Andrew,
President, Karluk IRA Tribal Council, *Native Village
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Alaska Area Delegate

Selwyn Whiteskunk
Tribal Councilman, *Ute Mountain Ute Tribe*
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Byron Larson
Rocky Mountain Tribal Leaders Council, *Northern
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