

The Power of Partnerships

Washington State Tribal COVID-19 After Action Review

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aihc

The American Indian Health Commission was created in 1994 by Washington's federally recognized tribes, urban Indian health organizations, and other Indian organizations to address tribal-state health issues. AIHC's mission is to improve the health status of American Indian and Alaska Native (AI/AN) people through tribal-state collaboration on health policies and programs. The Commission's work is directed by the 29 federally-recognized Tribes and 2 urban Indian health organizations in Washington. Delegates are officially appointed by tribal councils and urban Indian health organization boards to represent each individual Tribe and urban Indian health organization.

2009 H1N1 Influenza Pandemic & the Failure to Deliver Medical Countermeasures to Some WA Tribes

- Prior to 2009, no planning for distribution of medical countermeasures (MCM) to Tribes
- CDC recommended prioritizing vaccines for ages 19 and younger
- Tribal leaders looked to their culture and how the disease was affecting their communities to determine prioritization. Some Tribal Health Jurisdictions (THJs) made plans to vaccinate elders first
- Department of Health (DOH) distributed: DOH → Local Health Jurisdictions(LHJs) → THJs
- Some LHJs responsible for distributing THJs' vaccines did not distribute the Tribes' allocated MCMs to the THJs because it differed from CDC recommendations

Gaps that Contributed to H1N1 Failures

No joint planning efforts on MCM distribution between Tribal, state and local health jurisdictions

Lack of understanding by state and local health jurisdictions of tribal sovereignty and the legal authority of Tribal Health Jurisdictions

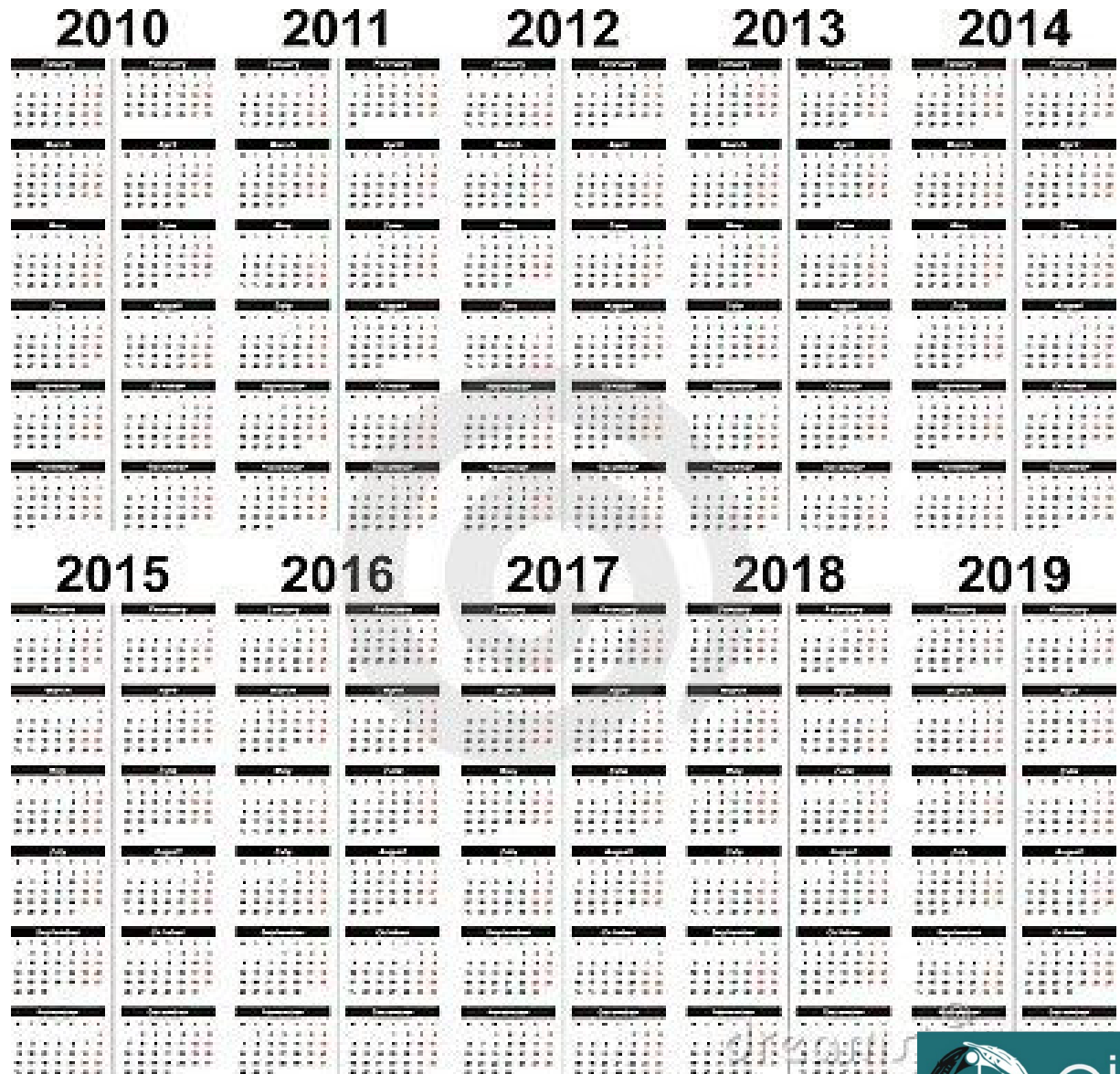
No written state policy regarding MCM distribution to Tribes

No language in local health jurisdictions' plans regarding their role in distributing MCM to Tribes

PREPARE



Trust and
Relationships
Take Time and
Commitment



A stack of several white surgical masks with elastic ear loops is positioned in the upper left. In the lower right, there is a clear plastic bottle of hand sanitizer with a white cap. The entire scene is set against a plain white background.

2020 COVID-19 Pandemic

AIHC Tribal Comprehensive COVID-19 Report for WA State

Purpose: Provide Washington State Tribal and Urban Indian Health Program (UIHP) recommendations for improving coordination and collaboration with Tribes and UIHPs in pandemic preparedness and response.



AAR Process

- 44 webinar style hotwashes and after-action reports with individual Tribes and UIHPs
 - each two hours in length
 - November 2021 to March 2023
 - Tribes and UIHPs identified over 70 recommendations for federal, state, and local health jurisdictions to improve preparedness for the next public health emergency.



After Action Report:

13 Topic Areas

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Health Information and Warning
5. Information Sharing
6. Medical Countermeasures Dispensing and Administration
7. Medical Materiel Management and Distribution
8. Medical Surge
9. Nonpharmaceutical Interventions
10. Public Health Laboratory Testing
11. Responder Safety and Health
12. Volunteer Management
13. Cross Jurisdictional Collaboration

4 Key Insights from Tribal/UIHP Recommendations



Respecting Tribes' Sovereign Rights in Vaccine Dispensing



Establishing Vaccine and PPE Set-Asides for Tribes and UIHPs



Funding for Public Health Staffing at Tribal Health Jurisdictions and UIHPs



Maintaining Cross-Jurisdictional Collaboration Efforts

In their Own Words - Tribes:

- “WA state is one the most unique states as far as working relationship with tribes. Centennial accord. Goes along way as far as working together.” - Tribal Leader
- “You should not be meeting them at a table during the pandemic. You need to have that relationship beforehand and know your strength and weaknesses.” - Tribal Public Health Officer
- “We did a lot to engage in coordinating with other Tribes, state, feds, and locals. It was mostly participating in meetings and having a voice and saying where at. I do feel like for us, we were recognized as a jurisdiction.” – Tribal rep.
- “What is important is to make these relationships continue.” - Tribal rep.
- “Building the relationships ahead of time has made a large difference. Distribution location practice in those meetings helped build relationships during the pandemic.” -Tribal rep.
- “We had good relationship with county, state, and AIHC, and NPAIHB. All these relationships were beneficial to getting our supplies.” -Tribal Rep.

In their Own Words - LHJs:

- “early on in pandemic it was really important that we had the previous relationships that had already been built with tribal nations, That can’t be underscored enough. When things started to unfold – we knew who did what, had trust, that was extremely important. You had attended meetings with them, had a history.”
- “A lot of what we accomplished was based on preexisting relationships”-LHJ Rep.
- “Relationships is part of maintenance. Need to pay close attention when we get new people into the mix.” – LHJ Rep.
- “Developing the relationships is key. We couldn’t have done the work we have done without the Tribal counterparts. They have the relationships, and they did the contact tracing.” -LHJ Rep.

Strategies for Maintaining Cross Jurisdictional Collaboration

The **weekly AIHC facilitated calls**, hosting the state, IHS, Tribal health jurisdictions and urban Indian health programs were key in providing up-to-date information in an easy to access and reliable format. These calls allowed Tribal health jurisdictions and urban Indian health programs to receive and request resources and information from the federal and state government, as well as one another.

The **AIHC Tribal Liaison position** mobilized by DOH was cited as an extremely valuable position within IMT and was requested by many to be formally added to DOH emergency response plans.



EXAMPLES of COVID-19 Pandemic THJ- LHJ Collaboration

- THJs shared staff and helped LHJs conduct case investigations and contact tracing
- LHJs received and stored (in ULT freezer) vaccines for Tribes
- LHJs and THJs conducted joint testing clinics
- THJs vaccinated school district staff and students

September 3, 2020

WA DOH Secretary Weisman Adopts New Policy on Vaccination Distribution to Tribal Health Jurisdictions

“For each incident, the Tribe, not the local health jurisdiction or Washington State, shall determine the Tribe's service population. Each Tribe will coordinate with the State on the specific allocation of MCM to be distributed to the Tribe.”

“For each incident, the Tribe, not the local health jurisdiction nor Washington State, shall determine the population the Tribe will serve to provide MCM, and each Tribe will coordinate with the State on the specific allocation of MCM to be distributed to the tribe.”



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • 711 Washington State Relay

September 3, 2020

Steve Kutz, Chairman
American Indian Health Commission
808 North 5th Avenue
Sequim, Washington 98382

Dear Chairman Kutz:

SUBJECT: Medical Countermeasures Tribal-State-LHJ Coordination Plan

On August 12, 2020, the Department of Health (DOH) hosted a consultation with the AIHC, tribal nations, and other Indian health organizations to be prepared for the eventual distribution of medical countermeasures related to the COVID-19 pandemic. The recommendations were shared with consultation partners and a comment period was held open on them through August 31, 2020. During that period, there was a single comment submitted to DOH from AIHC. It was incorporated into the final actions I have now approved, which are as follows:

1. Starting September 1, 2020, DOH staff from both the Emergency Preparedness and Response Division and the Prevention and Community Health Division/Office of Immunization and Child Profile will work together with tribal and local health jurisdiction (LHJ) leaders and representatives to support successful tribal-state-local health partnerships for the distribution of medical countermeasures, including vaccines.
2. By October 1, 2020, the Tribal-State-LHJ Medical Countermeasures Guide will be finalized to include this language on page 1, paragraph 2, under the Tribal Sovereign Authority Regarding Medical Countermeasures: **For each incident, the Tribe, not the local health jurisdiction or Washington State, shall determine the Tribe's service population. Each Tribe will coordinate with the State on the specific allocation of MCM to be distributed to the Tribe.**
3. By October 1, 2020, DOH will incorporate the following language into Annex 9, page 6, first item under the Tribal Sovereign Authority Regarding Medical Countermeasures: **For each incident, the Tribe, not the local health jurisdiction nor Washington State, shall determine the population the Tribe will serve to provide MCM, and each Tribe will coordinate with the State on the specific allocation of MCM to be distributed to the tribe.**



CDC adopted WA DOH Model on MCM Distribution to Tribal Health Jurisdictions

See [COVID-19 Vaccination Program Jurisdiction Operations Interim Operational Guidance, Centers for Disease Control and Prevention \(CDC\) October 29, 2020 Version 2.0.](#)

Tribes' Sovereign Rights in Vaccine Dispensing

- Most Tribes reported that the new policy of recognizing the sovereign right of Tribes to receive vaccine and determine their own service and priority populations was the strongest factor for Tribes getting shots in arms.
- This policy benefited not only Tribal nations but also their surrounding communities. **Tribes ordered over half a million vaccine from the State of WA.**
- While the vaccine distribution was largely successful, issues arose in federal and state agencies consistently implementing federal and state policy regarding Tribal determination of service populations and priority groups.



Tribal Vaccine Set Aside

Tribal Health Jurisdiction and UIHP Set Asides for Vaccine and Personal Protective Equipment (PPE) Are Critical to Ensuring Equitable Access. In general, most Tribal health jurisdictions and Indian health care providers reported that the State was quicker and more responsive in sending the amount of vaccine requested than Indian Health Service. The state set aside of 5% of vaccine allocation was key in ensuring access. Future planning must account for ahead of time Tribal and UIHP vaccine and PPE allocations in consultation with Tribes and confer with UIHPs.

"Equity is the transfer of power and resources. The right thing is to give the resources and get out the way."

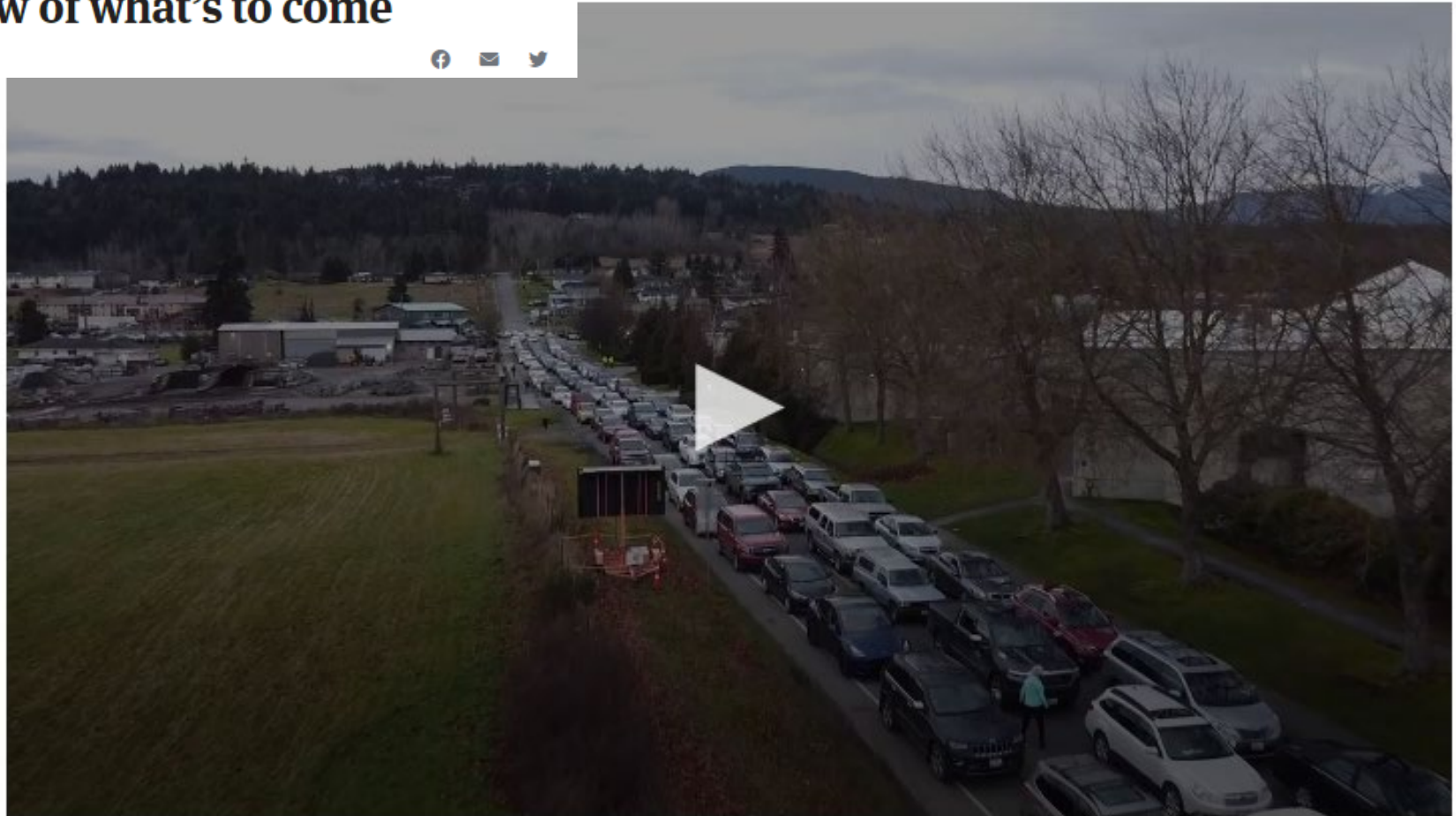
-Washington Indian healthcare provider

Huge response to a mass COVID-19 vaccination site in Sequim is likely preview of what's to come

Jan. 14, 2021 at 6:54 pm | Updated Jan. 19, 2021 at 10:32 am



“The clinic vaccinated about **500** people in four hours....”



Hundreds of Sequim residents waited for a drive-through clinic operated by the Jamestown S'Klallam Tribe. Clallum County is starting to vaccinate residents who are 70 and older ahead of the state's vaccination schedule. (Courtesy of James Castell)

<https://www.seattletimes.com/seattle-news/health/huge-response-to-a-mass-covid-19-vaccination-site-in-sequim-is-likely-preview-of-whats-to-come/>

Education | Education Lab | Health

Teachers crying tears of gratitude as Washington tribes help speed COVID-19 vaccines to them

March 18, 2021 at 6:00 am | Updated March 18, 2021 at 9:39 am

The Seattle Times

<https://www.seattletimes.com/education-lab/tribal-governments-in-washington-help-speed-teacher-vaccination-effort/>



How a Native American COVID-19 vaccine rollout is a model for community-centered approaches

Feb. 1, 2021 at 6:00 am | Updated Feb. 1, 2021 at 7:04 pm



The Seattle Times

<https://www.seattletimes.com/seattle-news/health/we-take-it-for-our-community-how-a-native-american-survey-and-vaccine-rollout-models-a-community-centered-approach/>

Native American tribe takes trailblazing steps to fight Covid-19 outbreak

Lummi nation will open a pioneering field hospital to treat patients in wave of strong public health measures

**THE
GUARDIAN**

““The Lummi want to help. Dr Lane said: ‘The Lummi believe in controlling our own destiny. We don’t count on help reaching us, but the hospital is something we can do to help the community.’”

Dr. Dakotah Lane, Lummi Nation Health Director

SOURCE: <https://www.theguardian.com/us-news/2020/mar/18/covidcoronavirus-native-american-lummi-nation-trailblazing-steps>

COMPARISON

Tribal Communities' Access to MCM During Pandemics

H1N1 – 2010	COVID-19 – 2021
Delayed access for Tribes to vaccines and antivirals	Some Tribes were among jurisdictions to receive vaccines from first doses distributed by federal government
Some Tribes never received vaccines and antivirals	3 sets of regional LHJ – THJ cross-jurisdictional collaboration meetings held during pandemic
No documented examples of THJ-LHJ collaboration	Numerous documented examples of THJ-LHJ collaborations

Different Outcomes Thanks To

- Tribal leadership
- Tribal staff
- DOH staff
- DOH leadership
- LHJ staff
- Local Health Officers and Directors/Administrators

