August 3, 2020

Dear Tribal and Urban Indian Organization Leaders:

For the past couple of weeks I have been participating with other Indian Health Service and Department of Health and Human Services leadership in virtual HHS Regional Tribal Consultation sessions. Thank you for the feedback you have provided on ways we can work to improve tribal outreach and coordination activities. These sessions focus on regional specific issues and also discuss programmatic and policy issues and concerns with HHS leadership on a national level. Across HHS and IHS, we remain committed to engaging in meaningful tribal consultation with tribal leaders, and conferring with urban Indian organization leaders. I encourage you to join these sessions.

On July 28, the Centers for Medicare and Medicaid Services released its first monthly update of data that provides a snapshot of the impact of COVID-19 on the Medicare population. For the first time, the snapshot includes data for American Indian and Alaska Native Medicare beneficiaries. The new data indicates that American Indian and Alaska Native beneficiaries have the second highest rate of hospitalization for COVID-19 among racial/ethnic groups after Blacks. Previously, the number of hospitalizations of American Indian and Alaska Native beneficiaries was too low to be reported.

On July 27, the Department of Health and Human Services announced a Phase 3 clinical trial designed to evaluate if an investigational vaccine can prevent symptomatic COVID-19 in adults has begun. The vaccine, known as mRNA-1273, was co-developed by the biotechnology company Moderna, Inc., and the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health. The trial, which will be conducted at U.S. clinical research sites, is expected to enroll approximately 30,000 adult volunteers who do not have COVID-19. The clinical trials will take place across 89 health centers nationwide, with half of the population receiving the actual vaccine (mRNA-1273) and the other half receiving a placebo. The data suggests the Moderna vaccine is safe and that patients who received two immunizations produced high levels of neutralizing antibody activity against the coronavirus above the average levels observed in serum taken from people with confirmed COVID-19 infection.

We know rural healthcare faces unique challenges in the fight against COVID-19. The federal Healthcare Resilience Working Group developed the Rural Health Surge Readiness web portal, a collection of essential rural healthcare resources, tools, and trainings that healthcare workers and organizations – including EMS and 9-1-1, inpatient and hospital care, ambulatory care, and long-term care – can utilize to prepare for and respond to a patient surge. This one-stop shop for rural healthcare lets users quickly find the information they need to prepare for or respond to COVID-19, navigate financial challenges related to the pandemic, and can enhance their capacity and capability to provide lifesaving care to Americans who live in rural areas across the country.

Before I close, I want to provide you a few IHS updates. On July 30, the IHS Office of Tribal Self-Governance announced the Tribal Self-Governance Planning and Negotiation Cooperative Agreements. These cooperative agreements support tribes and tribal organizations seeking participation in the Tribal Self-Governance Program and to tribes and tribal organizations currently participating in Self-Governance and looking to assume additional or expand current programs, services, functions, and activities. The deadline for applications is October 28, 2020.

On July 22, I testified before the House Subcommittee for Indigenous Peoples of the United States on the: 1) Proper and Reimbursed Care for Native Veteran's Act to amend the Indian Health Care Improvement Act to clarify the requirement of the Department of Veterans Affairs and the Department of Defense to reimburse the IHS for certain healthcare services, 2) the Coverage for Urban Indian Health Providers Act to deem an urban Indian organization and employees thereof to be a part of the Public Health Service for the purposes of certain claims for personal injury, and for other purposes, and 3) the Alaska Native Tribal Health Consortium Land Transfer Act of 2020 to convey land in Anchorage, Alaska to the ANTHC, and for other purposes. I communicated to the subcommittee, the IHS' firm commitment to improving the quality, safety, and access to health care for American Indians and Alaska Natives, and that we appreciate all of their efforts in helping us do so.

I want to acknowledge a significant legislative milestone that served as the foundation for establishing the IHS 65 years ago. On August 5, 1954, President Eisenhower signed Public Law 83-568, which identified the formal transfer on July 1, 1955 of "all functions, responsibilities, authorities, and duties…relating to the maintenance and operation of hospital and health facilities for Indians, and the conservation of Indian health," from the Department of the Interior, Bureau of Indian Affairs to the Department of Health Education and Welfare, formally establishing the Division of Indian Health within the Bureau of Medical Services. I am proud of

the accomplishments made by the IHS since 1955.

And finally, I want to thank the Presidential Task Force on Protecting Native American Children in the Indian Health System. The task force released its report, which complements ongoing work by the HHS Office Inspector General, examining the sufficiency and implementation of IHS patient protection policies and procedures. Together the reports will be used to continue to make improvements to protect patients and prevent harm. The IHS has taken aggressive action to ensure patient protection, however, we recognize there is always room for improvement and we will continue to make this one of our highest priorities. The IHS also recently launched a new website to provide information to patients and IHS employees on our efforts in patient safety and preventing discrimination, harassment, and sexual abuse. The IHS remains committed to ensuring a culture of quality, leadership, and accountability. We appreciate feedback provided by the Task Force and welcome any opportunity to continue to improve and sustain the culture of care throughout the agency.

I look forward to future engagements with you and encourage you to continue checking our IHS Coronavirus webpage for the most up to date information on our COVID-19 response activities.

Respectfully,

Michael

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Director, Indian Health Service

Below is general information on various topics that could be of interest to you and your community. Web links are included where you can find more information on each topic.

Testing/Supplies/Contact Tracing Resources:

- CDC Updated FAQs on Antibody (Serology) Testing for COVID-19
- CDC Updated Tools for Healthcare Professionals and Facilities
- CDC Updated Contact Tracing Guidance
- CDC Updated Guidance for Rural Communities
- CDC Updated Guidance on Living in Shared Housing
- CDC Updated Guidance on Disinfecting a Facility
- CDC Updated Guidance for Businesses and workplaces

- CDC Updated Guidance on HIV and COVID-19
- CDC Updated its List of underlying medical conditions that put individuals at increased risk for severe illness from COVID-19