

October 22, 2021

Dear Tribal Leaders, Public Health Officials, and Indian Country Professionals:

We hope to see you next week on October 27th & 28th at the [Nation-to-Nation Dialogue on COVID-19 with Indian Country](#). Please join the White House, HHS, VA, DHS, DOI, and many other federal agencies on the White House Council on Native American Affairs (WHCNAA) for a special two-day virtual Dialogue where you can share your input, recommendations, and perspective on how federal resources and assistance can best support the ongoing COVID-19 response but also potential future Public Health Emergencies.

The event will focus on four primary discussion topics: infrastructure (workforce, telehealth, water & sanitation, housing), testing & supplies (public health supply chain, mitigation measures), vaccine outreach (improving outreach & engagement, vaccinating our youth, increasing tribal access to data, increasing native enrollment in research), and tribal economies (workforce development, mitigation measures, infection control).

Nation-to-Nation Dialogue dates, times, and virtual platforms are listed below. You may also submit written comments by Friday, **November 5** to consultation@hhs.gov.

Wednesday, October 27@ 2:00 – 4:00 PM ET

[Zoom Link Here](#)

Telephone: 833 568 8864 US Toll-free

Meeting ID: 161 505 3809

Thursday, October 28@ 2:00 – 4:00 PM ET

[Zoom Link Here](#)

Telephone: 833 568 8864 US Toll-free

Meeting ID: 160 452 7474

HHS Tribal Consultation Updates

Assistant Secretary for Planning and Evaluation (ASPE): Please see the attached Dear Tribal Leader Letter seeking comment on the HHS draft Strategic Plan for Fiscal Years (FY) 2022-2026. On behalf of HHS, I am writing to initiate tribal consultation and invite your input on the draft *HHS Strategic Plan FY 2022 – 2026*.

Every four years, HHS updates its strategic plan, which describes our work to address complex, multifaceted, and evolving health and human services issues, as well as strategic priorities for our Secretary, Xavier Becerra. On October 7, 2021, HHS published a notice in the [Federal Register](#) to request for comments on the draft *HHS Strategic Plan FY 2022 – 2026*, as required by the Government Performance and Results Modernization Act of 2010 (P.L. 111-352), to enable stakeholders to provide input.

Written Comments are due **November 22**. The draft Strategic Plan can be viewed online at: <https://www.hhs.gov/about/draft-strategic-plan/index.html>. Comments can be e-mailed to us at consultation@hhs.gov

Assistant Secretary for Preparedness and Response (ASPR): On September 20, 2021, HHS Assistant Secretary for Preparedness and Response (ASPR), Dawn O’Connell announced Tribal Consultation on recommendations to facilitate Tribal access to medical countermeasures and supplies that may be needed in public health emergencies. This consultation's focus is to identify gaps in the request process for Indian Health Service (IHS), tribal health programs (THP), and urban Indian organizations (UIO) health care providers, and recommendations on how to close such gaps to meet the ongoing needs of the current COVID-19 response as well as future public health emergencies. As part of this consultation, input is welcome on the following questions:

1. What gaps or issues did your facility encounter when requesting federal assistance for medical supplies needed during the COVID-19 pandemic?
2. What recommendations do you have to improve and address the gaps or issues?
3. What recommendations do you have to improve the request process for federal assistance to access supplies held in the Strategic National Stockpile and other federal and military stockpiles?

DEADLINE EXTENDED: Please send your written comments and recommendations to us at consultation@hhs.gov by Friday, **October 29**.

Office of Minority Health (OMH): OMH invites Tribal leaders to a Listening Session to receive updates on the establishment of the Center for Indigenous Innovation and Health Equity (CIIE) on Wednesday, October 27 from 1:00 – 2:00 PM ET. The purpose of the Listening is to:

- Announce the CIIE awardees
- Summarize CIIE-related feedback from the 2021 HHS Regional Tribal Consultations and other correspondence
- Provide an update on CIIE Tribal Advisory Committee development.

You can send your written correspondence to Damion.killsback@hhs.gov. You can register for the Listening session [here](#).

Administration for Children and Families (ACF) Office of Head Start (OHS): The OHS has scheduled three Tribal Consultation sessions. These one-day sessions will be held between HHS, ACF, and OHS leadership and the leadership of tribal governments operating Head Start and Early Head Start programs. The purpose of these consultation sessions is to discuss ways to better meet the needs of American Indian and Alaska Native (AIAN) children and their families, taking into consideration funding allocations, distribution formulas, and other issues affecting

the delivery of Head Start services in their geographic locations. The dates of the virtual sessions are included below:

- National: Monday, November 15, 1:00 – 4:00 PM ET

Additional information can be found on the [ELCKC website](#). To register, [click here](#).

Departmental Updates

Renewal of Determination That A Public Health Emergency Exists: On October 15, as a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic, Secretary Becerra [renewed, effective October 18, 2021, that a public health emergency exists](#). This is a renewal of the January 31, 2020 public health emergency determination by former Secretary Alex Azar, that he previously renewed on April 21, 2020, July 23, 2020, October 2, 2020, and January 7, 2021, and that Secretary Becerra renewed on April 15, 2021 and July 19, 2021, that a public health emergency exists and has existed since January 27, 2020, nationwide.

COVID-19 Health Equity Task Force: The final COVID-19 Health Equity Task Force Meeting will be live streamed on October 28 from 1:00 – 4:00 PM ET. If you wish to provide a public comment during the meeting, please send an e-mail with your name and affiliation to: COVID19HETF@hhs.gov. Chair, Dr. Marcella Nunez-Smith will present the COVID-19 Health Equity Task Force final report. The report holds the specific recommendations the Task Force has generated throughout many months – recommendations intended to disrupt the predictability of who is harmed first, and harmed worst in times of national crises. Remarks and reflections on the final report will be given by all Task Force members. To learn more about the Task Force, visit [Health Equity Task Force - The Office of Minority Health \(hhs.gov\)](#).

Indian Health Service (IHS) Update: To date, IHS administered over 1.6 million vaccines across Indian Country, with over 52 percent of American Indian and Alaska Native adult patients fully vaccinated.

The [IHS awarded grants totaling \\$7.7 million](#) over two years to 10 tribes and tribal organizations to support the expansion of the Community Health Aide Program (CHAP) to the contiguous 48 states. The CHAP provides for the education and training of tribal behavioral, community, and dental health mid-level providers who work as part of a team with other health professionals to provide increased access to quality health care, health promotion, and disease prevention services.

Upcoming events:

- [Virtual Urban Confer Session: Improving Access to Federal Medical Supplies](#) – October 25, 2021 – 2:30 – 4:30PM (ET).
- [2021 Indian Health Service Virtual Partnership Conference – Quality Through Teamwork, Innovation, and Excellence](#) – October 25-28. This four day event provides valuable

information for Federal, Tribal and Urban healthcare administrators, managers and front-line staff who work in the areas of Information Technology (IT), Health IT, Business Office, Financial Management, Purchased/Referred Care Programs and Health Information Management Departments.

- [American Indian/Alaska Native Virtual Healthcare Workforce Development Summit](#) – October 25-26. Join national organizations, community and institutional leaders as we explore the development of regional networks to increase the representation of American Indian and Alaska Native communities in the health professions.
- [IHS Director's Advisory Workgroup on Tribal Consultation](#) – November 2– 3:00– 5:00 PM (ET). The Consultation Workgroup is charged with conducting a comprehensive review of the IHS Tribal Consultation policy and developing recommendations on improving the Tribal Consultation process.
- [IHS Contract Support Costs Advisory Group](#) – November 3– 11:00 AM – 12:30 PM (ET). The Contract Support Costs Advisory Group provides recommendations for a uniform and equitable system of determining, paying, and reconciling Contract Support Costs funds for new, expanded, and ongoing Indian Self-Determination and Education Assistance Act contracts and compacts.

Office of Minority Health (OMH) Update: OMH is recruiting primary and alternate delegates for the Center for Indigenous Innovation and Health Equity Tribal Advisory Committee (CIIHE TAC), in alignment with the 12 geographic areas served by the Indian Health Service. Information about CIIHE TAC membership can be found here: [American Indian/Alaska Native - The Office of Minority Health \(hhs.gov\)](#), including eligibility requirements, selection criteria, and nomination procedures. The notice for solicitation of CIIHE TAC nominees will also be published in the *Federal Register*. We encourage you to submit your nomination letter no later than Friday, **October 29**.

If you have questions about the nomination process for delegates, please contact Violet Woo, Designated Federal Official, at Violet.Woo@hhs.gov. For all other questions related to Tribal Affairs, please contact CAPT Damion Killsback, OMH Senior Advisor for Tribal Affairs, at Damion.Killsback@hhs.gov.

Vaccine Updates

FDA Takes Additional Actions on the Use of a Booster Vaccine: Yesterday, the FDA [took action to expand the use of a booster dose for COVID-19 vaccines in eligible populations](#). The agency is amending the emergency use authorizations (EUA) for COVID-19 vaccines to allow for the use of a single booster dose in several scenarios.

- The use of a single booster dose of the Moderna COVID-19 Vaccine that may be administered at least 6 months after completion of the primary series to

individuals: 65 years of age and older; 18 through 64 years of age at high risk of severe COVID-19; and, 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2

- The use of a single booster dose of the Janssen (Johnson and Johnson) COVID-19 Vaccine may be administered at least 2 months after completion of the single-dose primary regimen to individuals 18 years of age and older.
- The use of each of the available COVID-19 vaccines as a heterologous (or “mix and match”) booster dose in eligible individuals following completion of primary vaccination with a different available COVID-19 vaccine.
- To clarify that a single booster dose of the Pfizer-BioNTech COVID-19 Vaccine may be administered at least 6 months after completion of the primary series to individuals 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2.

Biden Administration Announces Update on Operational Planning for COVID-19 Vaccinations for Kids Ages 5-11: In anticipation of the FDA’s independent advisory committee meeting on October 26 and the CDC’s independent advisory committee meeting on November 2-3, yesterday the Biden Administration [announced a plan to ensure that, if a vaccine is authorized for children ages 5-11](#), it is quickly distributed and made conveniently and equitably available to families across the country. The start of a vaccination program for children ages 5-11 will depend on the independent FDA and CDC process and timeline, but planning efforts mean that the administration will be ready to begin getting shots in arms in the days following a final CDC recommendation.

Tribal Communities and COVID-19 Vaccines: CDC [updated their information for tribal communities on the COVID-19 vaccines](#). The CDC added information on the different types of available vaccines, getting a different type of vaccine if you have an allergic reaction, and information on not altering vaccination cards.

Moderna and Pfizer-BioNTech COVID-19 Vaccines: CDC updated the information on both the [Moderna vaccine](#) and [Pfizer-BioNTech vaccine](#). Specifically, CDC included that cases of myocarditis and pericarditis in adolescents and young adults have been reported more often after getting the second dose than after the first dose of one of the two mRNA COVID-19 vaccines, Pfizer-BioNTech or Moderna. These reports are rare and the known and potential benefits of COVID-19 vaccination outweigh the known and potential risks, including the [possible risk of myocarditis or pericarditis](#).

Guidance for Fully Vaccinated People: CDC [updated their guidance for fully vaccinated people](#). Specifically, CDC recommends fully vaccinated people get tested 5-7 days after close contact with a person with suspected or confirmed COVID-19. The previous guidance had been 3-5 days. CDC also provided additional information describing what vaccines qualify people as fully vaccinated and how to interpret vaccine records. These changes are reflected in the CDC’s webpage, [“When You’ve Been Fully Vaccinated,”](#) as well.

Testing, Tracing, and Treatment

FDA to Hold Advisory Committee Meeting to Discuss Merck and Ridgeback's EUA Application for COVID-19 Oral Treatment : Today, the FDA [announced an upcoming meeting of its Antimicrobial Drugs Advisory Committee \(AMDAC\)](#) to discuss Merck and Ridgeback's request for an emergency use authorization (EUA) for molnupiravir , an investigational antiviral drug to treat COVID-19. On November 30, the advisory committee will meet to discuss the available data supporting the use of molnupiravir to treat mild-to-moderate coronavirus disease 2019 (COVID-19) in adults who have tested positive for COVID-19, and who are at high risk for progression to severe COVID-19, including hospitalization or death.

Emergency Considerations for PPE: CDC [updated their guidance on emergency considerations for PPE](#) . Specifically, CDC made the following changes: deleted the strategy of reprocessing and reuse of medical masks; deleted the use of face shield only as an emergency strategy when no medical masks are available; added language to the section on extended use of gowns; deleted the reuse strategy of dedicating a supply of goggles/face shields to an isolation area when supplies are limited; deleted the strategy of reprocessing and reuse of filtering facepiece respirators (FFR); and, added the use of potential respirator alternatives when no N95, FFP2, P2 or equivalent standard particulate respirator available.

Funding

Biden-Harris Administration Provides Nearly \$1 Billion in ARP Funds to Modernize Health Centers and Support Underserved Communities: On Tuesday, the U.S. Department of Health and Human Services (HHS) [awarded nearly \\$1 billion in American Rescue Plan funding](#) to nearly 1,300 Health Resources and Services Administration (HRSA) Health Center Program-funded health centers in all 50 states, the District of Columbia, and the U.S. territories to support major health care construction and renovation projects. These awards will strengthen our primary health care infrastructure and advance health equity and health outcomes in medically underserved communities, including through projects that support COVID-19 testing, treatment, and vaccination. The awards were made through the Health Resources and Services Administration.

SAMHSA Awards \$835 Million in Grants to Strengthen Community Health Centers: Following up on its commitment to invest \$825 million in Community Mental Health Centers (CMHCs), the Substance Abuse and Mental Health Services Administration (SAMHSA) is [announcing the distribution of funds to 231 CMHCs across the country](#) . The funding, which comes from the Consolidated Appropriations Act (CAA) of 2021 and the Coronavirus Response and Relief Supplement (CRRS) Act of 2021, reflects the Biden-Harris Administration's commitment to supporting and expanding access to mental health and behavioral support as Americans continue to confront the impact of the COVID-19 pandemic.

OASH Awards \$2 Million for Establishment of Center for Indigenous Innovation and Health Equity: On September 30th, the U.S. Department of Health and Human Services (HHS) Office of

Minority Health (OMH) [announced](#) nearly \$2 million in awards to the University of Hawaii and the Oklahoma State University Center for Health Sciences for a new initiative to establish the Center for Indigenous Innovation and Health Equity (the Center). The Center will support efforts including education, service and policy development, and research related to advancing sustainable solutions to address health disparities and advance health equity among American Indian and Alaska Native (AI/AN) and Native Hawaiian and Pacific Islander (NHPI) populations.

Research

NCI Study Highlights the Pandemic’s Disproportionate Impact on Black, American Indian/Alaska Native, and Latino Adults: The National Cancer Society (NCI), part of NIH, [found that the global COVID-19 pandemic has taken a disproportionate toll on Black, American Indian/Alaska Native, and Latino individuals](#) in the United States, causing more deaths by population size, both directly and indirectly, in these groups compared with white or Asian individuals. Roughly 2.9 million people died in the United States between March 1, 2020, and December 31, 2020. Compared with the same period in 2019, there were 477,200 excess deaths, with 74% of them due to COVID-19. The scientists found that, after adjusting for age, the number of excess deaths by population size among Black, American Indian/Alaska Native, and Latino men and women were more than double those in white and Asian men and women.

Effectiveness of Pfizer-BioNTech mRNA Vaccination Against COVID-19 Hospitalization: CDC released an *MMWR* on the [effectiveness of Pfizer-BioNTech mRNA vaccination against COVID-19 hospitalization](#) among persons aged 12-18 years between June – September 2021. This report was released as an *MMWR Early Release* on October 19. Persons aged 12–18 years are eligible to receive the COVID-19 vaccine. Currently, data are lacking on real-world vaccine effectiveness against COVID-19 hospitalization in adolescents. Among hospitalized U.S. patients aged 12–18 years, vaccine effectiveness of 2 doses of Pfizer-BioNTech vaccine against COVID-19 hospitalization during June–September 2021, was 93% (95% confidence interval = 83%–97%). This evaluation demonstrated that 2 doses of Pfizer-BioNTech vaccine were highly effective in preventing COVID-19 hospitalization among persons aged 12–18 years. Findings reinforce the importance of vaccination to protect U.S. youths against severe COVID-19.

COVID-19 Vaccines Protect the Family, Too: NIH Director Dr. Francis Collins [posted on the NIH Director’s Blog about the importance of vaccination to protect family members](#). Dr. Collins noted a Swedish study that shows that people without any immunity against COVID-19 were at considerably lower risk of infection and hospitalization when other members of their family had immunity, either from a natural infection or vaccination. In fact, the protective effect on family members went up as the number of immune family members increased.

Other Resources

Recommendations for Tribal Ceremonies and Gatherings: CDC [updated their recommendations for tribal ceremonies and gatherings](#). Specifically, CDC included information on COVID-19 and funerals within tribal communities.

Evidence for Conditions that Increase Risk of Severe Illness: CDC [updated its list of underlying medical conditions](#) that put adults of any age at higher risk for severe illness from the virus that causes COVID-19; these updates are based on evidence from published reports, scientific articles in press, unreviewed pre-prints, and internal data. Updates to the following conditions were completed based on evidence from the date range below: Chronic lung disease (including bronchiectasis, bronchopulmonary dysplasia, interstitial lung disease, pulmonary hypertension, pulmonary embolism, tuberculosis) and chronic liver disease (including cirrhosis, non-alcoholic fatty liver disease, alcoholic liver disease, and autoimmune hepatitis) were added in September based on evidence published between December 1, 2019 and August 31, 2021 using the updated review methods outlined below. Mental health disorders (such as mood disorders including depression, and schizophrenia spectrum disorders) were added in September based on evidence published between December 1, 2019 and August 31, 2021. No conditions were removed from the previous underlying medical conditions list.

Child and Adolescent Mental Health During COVID-19: The Assistant Secretary for Planning and Evaluation (ASPE) [released considerations for schools and early childhood providers on child and adolescent mental health during COVID-19](#). ASPE highlighted the following findings: children and adolescents had high likelihood of having a mental health condition after a COVID-19 diagnosis, negative COVID-19 test or COVID-19 like symptoms only; the likelihood of mental health diagnosis after a COVID-19 related event increased with age; the type of mental health condition among diagnosed children who also experienced a COVID-19 related event varied by age, with different patterns of diagnosis for children age 0-5, age 6-11, and adolescents age 12-17; the odds of developing a mental health condition following COVID-19 related event were higher among children with adverse childhood experiences (ACEs); children with an Intellectual Disability/Developmental Disability (ID/DD) had high odds of having new or recurring mental health condition after a COVID-19 related event; and, early childhood education (ECE) providers and schools are essential resources to meet the post COVID mental health needs of students returning to educational settings.

Please don't hesitate to contact us if you have any questions!

Tribal Affairs Team

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