

## June 22, 2020

Dear Tribal and Urban Indian Organization Leaders:

Over the past several months, the IHS has worked closely with our tribal and urban Indian organization partners, state and local public health officials, and our fellow federal agencies to coordinate a comprehensive public health response to the COVID-19 pandemic. While our COVID-19 response efforts continue, I remain committed to continuing these messages through the duration of the pandemic. You will now receive these email updates on a bi-weekly basis. We have received great feedback that these regular communications are valuable and provide a great compendium of information and resources from the entire HHS. Thank you for your input.

As more communities and businesses begin reopening, the Centers for Disease Control and Prevention released guidance on ways to resume some daily activities as safely as possible and to understand potential risks and how to adopt different types of prevention measures to protect yourself and to help reduce the spread of COVID-19. As a reminder, it is important to stay home if you have COVID-19, symptoms consistent with COVID-19, or have been in close contact with someone who has COVID-19.

Earlier this month the <u>IHS National Supply Service Center</u> began distributing non-contact infrared thermometers provided by the Federal Emergency Management Agency. These thermometers are being used as one important part of an assessment symptom screening process for preparing workplaces for identifying potentially ill individuals including patients, employees, customers, vendors, or other visitors. Tribes, tribal organizations, and urban Indian organizations should contact their respective <u>IHS Area Emergency Management Point of Contact</u> to get thermometers.

The IHS continues to detect COVID-19 through screening and state-of-the art lab testing. Through White House-led initiatives, the IHS is in the process of distributing additional Abbott ID NOW rapid point-of-care test analyzers, bringing our total to 470. We are also continuing to procure testing supplies for various testing platforms and personal protective equipment. Through these efforts, the overall IHS testing rate exceeds the overall U.S. rate with

approximately 117 tests per 1,000 patients completed, or 11.7%, compared to the U.S. rate of 71 tests per 1,000, or 7.1%. Our emphasis on testing capacity and reporting will continue to aid the timely tracking of COVID-19 impacts on our patients. I am proud of the great job the entire Indian Health System is doing with testing in our tribal and urban Indian communities.

And just last week our <u>Critical Care Response Team</u> of expert physicians, registered nurses, and other health care professionals deployed to Choctaw Health Center in Choctaw, Mississippi, to provide urgent medical care to COVID-19 patients served by the Mississippi Band of Choctaw Indians. The team will further enhance the care at the Choctaw Health Center by supporting frontline healthcare workers through hands-on clinical education and training, while treating patients and expanding capacity. We are committed to strengthening our partnerships and working collectively to respond to and recover from COVID-19 in Indian Country.

On June 18, the Health Resources and Services Administration sent a letter to tribal and urban Indian organization leaders seeking assistance on gathering feedback regarding issues that may affect health care services in Indian Country. One is a request for information on the <u>Health Professional Shortage Area Scoring Criteria</u>. HRSA is seeking public input and feedback to inform policy considerations related to changes in scoring criteria for Health Professional Shortage Areas. HRSA is also seeking input to inform policy considerations related to the establishment of criteria for <u>Maternity Care Health Professional Target Areas</u>.

On June 16, the Administration for Native Americans Commissioner, Jeannie Hovland, wrote an Op-Ed in Fortune Magazine on Missing and Murdered Native Americans. Despite the challenges imposed by a national pandemic, work continues on this critical issue and we must all do our part to fight this crises in our communities. In May, I joined Commissioner Hovland during a joint <a href="Public Service Announcement">Public Service Announcement</a> on this critical topic. The Commissioner has been a vital advocate on this important issue.

On June 15, CDC released a Dear Tribal Leader Letter announcing a <u>federal register notice</u> for proposed changes to the National Diabetes Prevention Program. The IHS <u>Special Diabetes</u> <u>Program for Indians</u> builds on the National DPP model, and just recently we were pleased to <u>announce</u> the first reported decrease in the prevalence of diagnosed diabetes in American Indian and Alaska Native adults. The CDC wants to build on this success by expanding the reach of the National DPP to more tribal communities.

On June 11, I provided testimony to the House Appropriations Committee Interior Subcommittee on <a href="IHS COVID-19">IHS COVID-19</a> response activities. I am grateful to Congress for supporting our efforts by providing additional resources, authorities, and flexibilities that have permitted

IHS to allocate nearly \$2 billion dollars to IHS, tribal, and urban Indian health programs. These resources have helped us expand our testing efforts, public health surveillance, and health care services.

On June 10, the U.S. Department of Health and Human Services released a Dear Tribal Leader Letter announcing that the 2020 HHS Annual Regional Tribal Consultations will be held virtually due to COVID-19. These sessions provide tribal leaders with the opportunity to discuss programmatic and policy issues and concerns, and address how HHS can improve tribal outreach and coordination efforts. If tribes are unable to participate in the regional consultations, written testimony can be submitted to <a href="mailto:consultation@hhs.gov">consultation@hhs.gov</a> by September 4. A schedule of the regional tribal consultation sessions is available on the <a href="mailto:registrationwebsite">registration website</a>.

Also on June 10, the IHS released <u>episode 4 of I am IHS</u>, a multi-part video series featuring employee stories of service, dedication, and discovery. This episode features Tanya Tohtsoni, an inpatient discharge planner at the <u>Northern Navajo Medical Center</u> in Shiprock, New Mexico, part of our <u>Navajo Area IHS</u>. This release also includes a <u>recruitment video</u>. I appreciate the hard work and dedication of Tanya and the entire team throughout the Indian health system of care who are working to respond to the COVID-19 pandemic.

We are delivering crucial services under extraordinary circumstances and I am extremely fortunate to work alongside a truly talented and dedicated workforce.

I look forward to future engagements with you and encourage you to continue checking our <a href="HS">IHS</a>
<a href="Coronavirus webpage">Coronavirus webpage</a> for the most up to date information on our COVID-19 response activities.

Respectfully,

Michael

RADM Michael D. Weahkee, MBA, MHSA Assistant Surgeon General, U.S. Public Health Service 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.

## **Recent IHS News:**

- Pine Ridge IHS Hospital has earned The Joint Commission's Gold Seal of Approval® for Hospital Accreditation
- <u>Northern Navajo Medical Center</u> Emergency Department earned designation of Level 4
   Trauma Center from the state of New Mexico
- IHS supports the inclusion of sexual orientation and gender identity in electronic health records

## **Funding Opportunities and Technical Assistance:**

ACL Updated COVID-19 resources page

## **Testing/Supplies/Contact Tracing Resources:**

- CDC Updated Guidance for Nursing Homes and Long-Term Care Facilities
- CDC Updated Guidance for Contact Tracing
- CDC Updated FAQ's on COVID-19 and Children
- CDC Updated Guidance on investigating COVID-19 cases
- CDC Updated COVID-19 Contact Tracing Communications Toolkit
- CDC Updated Guidance for Viral Testing, Specimen Collection, and Reporting
- CDC Updated Guidance for Critical infrastructure Workers
- CDC Resources for Businesses and Workplaces on Reopening after COVID-19
- CDC Considerations for Casino and Gaming Operators
- CDC Consolidated Recommendations for COVID-19 Testing
- CDC Resources on Coping with Stress during the COVID-19
- FDA Updated FAQs on Testing for COVID-19