

**OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)  
2008 TRIBAL CONSULTATION REPORT**

November 28, 2008

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**SECTION IV: HHS DIVISIONS – ASPR**

**HIGHLIGHTS OF DIVISION SPECIFIC ACCOMPLISHMENTS/ACTIVITIES**

**ASPR met with IHS Division of Emergency Management in Nashville, TN**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

On February 27, 2008 ASPR Regional Emergency Coordinator (REC) staff met with the Division of Emergency Management of the Nashville Area Indian Health Service (IHS) Office regarding disaster preparedness and response activities for the Tribes in Region IV. Intent was to explore opportunities where the HHS/ASPR Region IV Office could better integrate and serve the needs of the Tribes in Region IV. It was determined direct intervention with Tribal emergency management elements, on the part of ASPR, would be disruptive to the developed relationships already established in the event of a disaster event. Nashville Area IHS Office staff expressed a high level of confidence regarding the collaborative partnerships they have with the emergency management offices of the Tribes in Region IV and introducing ASPR/REC staff in that mix would create an element of confusion as to whom Tribes should call for assistance in an emergency or disaster. As a result of the meeting, the HHS/ASPR Region IV Office agreed to partner with the Division of Emergency Management for the Nashville Area and they would serve as the interface between ASPR and the Tribes in Region IV. We agreed to bring the Nashville Area IHS, Division of Emergency Management, into the Region IV Emergency Support Function (ESF) Unified Planning Coalition as a first step towards collaborative efforts between the Region IV State ESF-8 leads and the Tribes, facilitated through the Nashville Area IHS Office.

**Minnesota Emergency Readiness Education and Training (MERET), an ASPR BTCDP awardee, held the Annual Tribal Preparedness Conference in Hinkley, MN**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), on April 17, 2008, MERET held the Annual Tribal Preparedness Conference in Hinkley, MN on the Mille Lacs Reservation for 51 participants, representing 10 of the 11 Minnesota Tribal communities and one Wisconsin Tribal community. The conference focused on Emergency Planning for Special Populations. This event was co-sponsored by the University of Minnesota, Center for Public Health Preparedness and the Minnesota Department of Health, Office of Emergency Preparedness. Tribal faculty for the event included Margaret Moss, with the UMN School of Nursing; Michelle Nelson, CNP, with the

Prairie Island Indian Community; Mary Fairbanks, IHS, Director of Nursing, Cass Lake Hospital; and Robert Gill, Medical Transportation, Upper Sioux Community. The discussion-based program addressed a range of emergency planning considerations based on specific needs in communication, medical situation, independence, supervision and transportation (C-MIST). Resources for Tribal representatives in emergency planning for these special needs individuals and groups were provided and/or made accessible to attendees.

**Critical Response & Emergency Systems Training (CREST), an ASPR BTCDP awardee, sponsored presentations, exercises, and courses at University of Arizona**  
*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), the University of Arizona's Department of Emergency Medicine CREST Program sponsored and co-sponsored six events to which Tribal representatives were invited or attended during the months of April and May, 2008:

- April 18, 2008: Tribes were invited to (but did not attend) a presentation by Dr. Frank Walter on the CHEMPACK program and how to use cached antidote injectors to bioterrorism agents.
- April 18, 2008: Tribes were invited to and attended a presentation by Dr. Roberto Dansie on Cultural Wisdom and Vulnerable Populations.
- April 24, 2008: Tribes were invited to and attended a Nursing Symposium presentation on Issues in Special Populations / Rural Disaster Management.
- April 30, 2008: Three members from the Native American Community Health Center in Phoenix attended the CHC/COPS Mass Surge Workshop and Table Top Exercise.
- May 31, 2008: In Show Low, AZ, local IHS representatives attended Answering the Call Arizona, a free 4-hour basic awareness level course that provides a broad overview of local emergency response and preparedness. The course serves as the core information for all health and emergency response professionals within Arizona and is a mixture of didactic lecture and audience discussion activities which can be presented together as a 4-hour course, separately as 1-hour modules, or a combination of one or more modules.

**ASPR HPP funds available to Tribal healthcare facilities**

*Corresponds to Tribal Priorities # 6 (Increased Access to HHS Resources) and # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priorities # 4 (Emergency Preparedness) and # 6 (Increase Access to HHS Programs and Grants: Improve Technical Assistance).*

Tribal healthcare facilities are eligible to receive funding through the state awardees through the Hospital Preparedness Program (HPP) Cooperative Agreement. The most recent funding opportunity announcement was posted to [www.grants.gov](http://www.grants.gov) on May 19, 2008.

**Dr. Elizabeth Boyd selected to serve on the NBSB Disaster Mental Health Subcommittee**

*Corresponds to Tribal Priorities # 2 (Behavioral Health) and # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

Dr. Elizabeth Boyd was selected as one of twelve Invited Experts to the Disaster Mental Health Subcommittee of the National Biodefense Science Board (NBSB). The Subcommittee was mandated by Homeland Security Presidential Directive 21. It was convened in June and will submit advice and guidance to the NBSB for protecting, preserving, and restoring individual and community mental health in catastrophic health event settings, including pre-event, intra-event, and post-event education, messaging, and interventions. Dr. Boyd is an Associate Professor in the Department of Psychology at the University of South Dakota and a member of the University's Disaster Mental Health Institute. Dr. Boyd's clinical and research interests include: work with children and families within a developmental/systemic framework, trauma and mental health in Native American communities, development of ethnic identity, trans-racial adoption, and childhood depression. She is an enrolled member of the Seneca Nation of Indians.

**Minnesota Emergency Readiness Education and Training (MERET), an ASPR BTCDP awardee, held the Care of Native American Mothers and Infants during Disasters workshop in Walker, MN**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), on August 5, 2008, MERET held the Care of Native American Mothers and Infants during Disasters workshop at the Northern Lights Casino in Walker, Minnesota. There were 65 participants, primarily from Tribes, the Indian Health Service, county public health departments, hospitals, and healthcare service agencies in Northwest Minnesota and North Dakota. Six of the eleven Minnesota Tribal communities were represented. The workshop was co-sponsored by the Minnesota Department of Health and was designed to assist communities in developing a process and a workforce to provide safe care for birthing women and their infants in situations when hospitals are not accessible or in situations (such as pandemic influenza) when the hospitals are not safe for pregnant or birthing women and newborn infants.

**Montana Bioterrorism Training and Education Project, an ASPR BTCDP awardee, provided training, education, and exercise programs on emergency preparedness**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), this program in Montana provides training, education, and exercise programs for Indian Health Service and Native American sites regarding emergency preparedness, Incident Command Structure, and casualty triaging. From June through September this program held trainings on IS-100, IS-

200, and IS-700 at nine different sites (see table below). (IS refers to the course number of the Federal Emergency Management Agency's [FEMA] National Incident Management System [NIMS] Emergency Management Institute [EMI] course list.) Participants have included senior leadership personnel (such as clinic directors and Tribal health directors) and have also been from multiple community agencies such as health centers, fish and game departments, law enforcement, public works, fire services, public health, facilities maintenance, and a variety of disciplines/positions from within hospitals.

<b>Location</b>	<b>IS-100</b>	<b>IS-200</b>	<b>IS-700</b>
Ft. Belknap	60	23	64
Ft. Peck	8	8	8
Crow Agency	15	15	16
CSKT (Flathead)	6	9	9
Browning (Blackfeet)	9	8	0
Rocky Boy	11	13	14
N. Cheyenne	5	7	8
Billings	14	13	15
Wind River	14	20	58
<b>TOTAL</b>	<b>142</b>	<b>116</b>	<b>192</b>

**ASPR held seminar on the Impact of Hurricanes on Tribes**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

As part of the National American Indian and Alaska Native Heritage Month 2008, ASPR coordinated a seminar on November 17, 2008 on the Impact of Hurricanes on Tribes. CAPT Christine Benally moderated, RADM Craig Vanderwagen provided welcome remarks, CAPT Bruce Molloy discussed Tribal capabilities and IHS assets in emergency response, and CAPT Nancy Bill shared her experiences with deployment during several hurricanes.

**ASPR EWIDS funds available to Tribes for epidemiology-related activities**

*Corresponds to Tribal Priorities # 6 (Increased Access to HHS Resources) and # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priorities # 4 (Emergency Preparedness) and # 6 (Increase Access to HHS Programs and Grants: Improve Technical Assistance).*

Since Fiscal Year 2003, the Department of Health and Human Services-Assistant Secretary for Preparedness and Response (HHS-ASPR) has made available approximately \$30.6 million to the 20 U.S. Border States along the northern and southern international borders with Canada and Mexico as a supplement for Early Warning Infectious Disease Surveillance (EWIDS), via the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement program. EWIDS funds are intended strictly for the support of cross-border surveillance and epidemiology-related activities to address bioterrorism and other outbreaks of infectious diseases with the potential for catastrophic consequences (including pandemic influenza).

In general, HHS explicitly requires all jurisdictions to include Indian Tribes in the development, implementation, and evaluation of their bioterrorism work-plans. Particularly, under the U.S. Border States EWIDS supplement, resources are provided to the Border States to support and coordinate public health efforts, including among Tribal jurisdictions straddling the international borders. Resources are used to continue to engage federally recognized Tribes along the international border in those states for cross-border infectious disease surveillance activities through mutual aid compacts, memoranda of understanding, and/or agreements.

EWIDS guidance to the Border States also encourages, where appropriate, the inclusion of local bi-national health councils and/or Indian Tribes/Native American organizations in bioterrorism surveillance activities. Specifically, border Tribal jurisdictions are eligible to receive EWIDS supplement funding under the PHEP cooperative agreement, through the Border States awardees, to jointly participate in all-hazards planning meetings, exchange health alert messages and epidemiological data, provide mutual aid, and conduct collaborative drills and exercises.

**ASPR in communication with New Mexico State Public Health on Tribal preparedness planning**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

In New Mexico, State Public Health has formed a group with Tribal representatives to do preparedness planning and hold meetings. This group reports these activities to ASPR Regional Emergency Coordinators during regional conference calls.

**Center for Bioterrorism and All-Hazards Preparedness (CBAP), an ASPR BTCDP awardee, held all-hazards preparedness training in Florida**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), CBAP is located at Nova Southeastern University College of Osteopathic Medicine in South Florida. For the past four years CBAP has been involved in a statewide training initiative with school nurses and other school officials. Two-day programs were held throughout Florida focusing on all-hazards preparedness training for school nurses and school administrators, safety officers, teachers, and school board members involved in all hazards preparedness. At the Fort Myers, FL program, the Seminole Tribe sent school nurses and administrators to the training. As a result, this training program is ongoing in the Immokalee, FL area where a large number of Seminole Tribal members reside. The Area Health Education Center at the University works closely with CBAP and also has excellent relationships and ongoing programs with the Seminole Tribes in South Florida.

## **TRIBAL DELEGATION MEETINGS**

### **ASPR met with representatives from the Seneca Nation, Tuscarora Nation, and St. Regis-Mohawk Nation in Buffalo, NY**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

RADM Craig Vanderwagen visited and met with representatives from the Seneca Nation and the Tuscarora Nation just outside of Buffalo, NY, on Wednesday, March 12, 2008, to discuss general public health issues as well as healthcare emergency management issues. On March 13, 2008, at the Crossing Borders Emergency Preparedness Conference in Buffalo, NY, RADM Vanderwagen met with representatives from the St. Regis-Mohawk Nation to do the same.

### **ASPR participated in the Region VIII Tribal Consultation in Denver, CO**

*Corresponds to Tribal Priority # 11 (Tribal Consultation/Intergovernmental Relations), Secretary's Priority "Preparedness," and ICNAA Priority # 8 (Tribal Consultation).*

ASPR Region VIII participated in the Regional Tribal Consultation held in Denver on March 19-21, 2008. ASPR Region VIII provided an overview of ASPR and Regional Emergency Coordinators' (REC) roles using the recent CA wildfire experience as a case study. The Field Supervisor has an REC to specifically coordinate Tribal activities/communications with first steps being to generate a solid contact list for Tribal Emergency Managers and Health Authorities responsible for disaster/preparedness activities.

### **ASPR participated in the Region VII Tribal Consultation in Lawrence, KS**

*Corresponds to Tribal Priority # 11 (Tribal Consultation/Intergovernmental Relations), Secretary's Priority "Preparedness," and ICNAA Priority # 8 (Tribal Consultation).*

A Region VII Regional Emergency Coordinator presented on behalf of ASPR at the Region VII Tribal Consultation on March 26th, 2008 in Lawrence, Kansas. Tribes represented were the Iowa Tribe of Kansas and Nebraska, the Kicapoo Tribe of Nebraska, the Ponca Tribe, the Omaha Tribe of Nebraska, the Prairie Band Potawatomi Band Nation, Winnebago Tribe of Nebraska, Sac & Fox Nation of Missouri, and the Sac & Fox Nation of Mississippi. Also in attendance was RADM Craig Vanderwagen; he presented briefly as well.

### **ASPR a member of the California Partnership & Collaboration for Emergency Preparedness Committee which met in Santa Rosa, CA**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

An ASPR Regional Emergency Coordinator for Region IX is a member of the California Partnership and Collaboration for Emergency Preparedness Committee. Membership of this group includes Tribal healthcare and emergency managers from California's 109 Tribes and is further divided into three regions within the state. The group works on plans, evaluation, information sharing, exercises, etc. The group met on April 7-8, 2008 in Santa Rosa and completed two table-top exercises.

**ASPR met with Executive Director of the NW Portland Area Indian Health Board**  
*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security),  
Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

On April 8, 2008, RADM Craig Vanderwagen met with Joe Finkbonner, Northwest Portland Area Indian Health Board Executive Director, and other Tribal representatives to discuss emergency preparedness issues. RADM Vanderwagen agreed to return in July to attend the Pacific NW Tribal Emergency Preparedness Conference in Oregon.

**ASPR attended the Pacific Northwest Tribal Emergency Preparedness Conference in Pendleton, OR**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security),  
Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

An ASPR Regional Emergency Coordinator attended the Pacific Northwest Tribal Emergency Preparedness Conference in Pendleton, Oregon at the Umatilla Reservation on July 23-24. RADM Vanderwagen gave the keynote address.

## **TRIBAL SUMMITS**

**ASPR participated in Region 1 RISC meeting**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security),  
Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

One regularly-occurring opportunity to interact with Tribes is the quarterly Regional Interagency Steering Committee (RISC) meeting, led by the Federal Emergency Management Agency's (FEMA) regional offices, that concerns a variety of all-hazards prevention, preparedness, response, and recovery issues. The Region I Tribes are RISC members and are usually represented at RISC meetings. There was a Region I RISC meeting held on March 19, 2008 in Hyannis, MA.

**ASPR participated in Tribal HHS Region X Resource Conference in Seattle, WA**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security),  
Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

On May 28-29, 2008 in Seattle, WA, Regional Emergency Coordinators participated in the Tribal HHS Region X Resource Conference, answering emergency preparedness questions and providing technical assistance as requested.

**ASPR participated in HHS Regional Tribal Emergency Preparedness Initiative meetings hosted by IGA**

*Corresponds to Tribal Priority # 9 (Emergency Preparedness/Homeland Security),  
Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

ASPR Regional Emergency Coordinators gave presentations and offered technical assistance at the HHS Regional Tribal Emergency Preparedness Initiative meetings in Reno, Nevada on September 8; in Bangor, Maine on October 9; and in Florence, Oregon on November 12.

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ACRONYM LIST

ASPR	Assistant Secretary for Preparedness and Response
BTCDP	Bioterrorism Training and Curriculum Development Program
CBAP	Center for Bioterrorism and All-Hazards Preparedness
CDC	Centers for Disease Control and Prevention
CREST	Critical Response & Emergency Systems Training
EMI	Emergency Management Institute
ESF	Emergency Support Function
EWIDS	Early Warning Infectious Disease Surveillance
FEMA	Federal Emergency Management Agency
HPP	Hospital Preparedness Program
IHS	Indian Health Service
MERET	Minnesota Emergency Readiness Education and Training
NBSB	National Biodefense Science Board
NIMS	National Incident Management System
PHEP	Public Health Emergency Preparedness
REC	Regional Emergency Coordinator
RISC	Regional Interagency Steering Committee