

**OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE**  
**2009 TRIBAL CONSULTATION REPORT**  
November 25, 2009

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**SECTION IV: HHS DIVISIONS – ASPR**

**HIGHLIGHTS OF DIVISION SPECIFIC ACCOMPLISHMENTS/ACTIVITIES**

**Regional Public Health Preparedness Project for Special Populations**

*Corresponds to Tribal Priority # 10 (Disaster Response and Emergency Preparedness), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

The Region 1 (New England) Office of Public Health and Science (OPHS) and the Assistant Secretary for Preparedness and Response (ASPR) of the Department of Health and Human Services (HHS) have initiated a regional public health preparedness project to identify, prioritize, and plan for the needs of at-risk populations. With State and Tribal Nation partners, OPHS and ASPR will identify and address priorities in emergency preparedness for medically fragile, vulnerable, and other populations with functional needs. Recognizing that significant work has been done to address these issues in individual jurisdictions within the Region during recent years, the Region's goal is to collaborate with regional partners in the States and Tribal Nations to establish priorities for preparedness on a multi-jurisdictional, regional basis. To accomplish this in a meaningful way, States and Tribal Nations were asked to participate in an orientation Web conference and subsequent questionnaire to review where we, the participants, are, where we are going, and how we can get there. This situational assessment will assist OPHS and ASPR in providing Region 1 partners with the support they may need from Federal agencies, as well as to promote information sharing and planning at the regional level. Web conferences were held in July, and the questionnaire submission deadline was August 7, 2009. Questionnaire results will be evaluated by the Region and HHS/ASPR and a regional Web meeting will be held in Fall 2009 to consider next steps for Region 1.

### **ASPR Region 9 Participation in NAAEP Meetings on Building Surge Capacity**

*Corresponds to Tribal Priority # 10 (Disaster Response and Emergency Preparedness), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

In June 2009, the Native American Alliance for Emergency Preparedness (NAAEP) held a series of meetings in California on *Building Surge Capacity for Emergencies or Disasters for California Indian Health Clinics, Tribes, Emergency Responders, and Public Health Departments*. Meetings were held on June 22-23 in San Diego for the Southern California Region, June 25-26 in Solvang for the Central California Region, and June 29-30 in Arcata for the Northern California Region. An ASPR Regional Emergency Coordinator from Region 9 attended all three meetings and presented on the National Response Framework, types of Federal emergency/disaster declarations, Federal health and medical capabilities, and the national strategy for pandemic influenza preparedness and response.

### **ASPR Region 10 Participation in NPAIHB Emergency Preparedness Conference**

*Corresponds to Tribal Priority # 10 (Disaster Response and Emergency Preparedness), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

The Northwest Portland Area Indian Health Board (NPAIHB) 6th Annual Emergency Preparedness Conference was held at the Tulalip Resort and Casino on July 28-29, 2009. On the first day of the conference, an ASPR Regional Emergency Coordinator from Region 10 gave a presentation on the Federal Medical Station, an HHS asset that may be deployed to assist States and Tribes when there is a request for assistance for housing and caring for special medical needs individuals, patient collection points during patient movements, or possible quarantine situations. The ASPR Regional Emergency Coordinator also participated in the *Tribal/State/County/LHJ: H1N1 After Action Review Session* panel discussion of experiences participants had with the recent H1N1 outbreak and current plans for the upcoming influenza season.

### **ASPR Participation in FEMA Preparedness Grants Stakeholder Conference**

*Corresponds to Tribal Priority # 10 (Disaster Response and Emergency Preparedness), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

On July 28-29, 2009, ASPR's State and Local Initiatives Team attended FEMA's Preparedness Grants Stakeholder Conference. The purpose of this conference was to solicit State, Local, Tribal, port personnel, and other stakeholder input and feedback on the overall Fiscal Year (FY) 2009 grant process and to outline suggestions and considerations for FY 2010 and beyond. Seven Tribal Nations and one Tribal consortium attended the conference. FEMA's Tribal Liaison invited ASPR's State and Local Initiatives Team to coordinate and work with FEMA on integrating Tribal preparedness activities into national preparedness.

### **ASPR Hosted Disaster Behavioral Health Regional Response Coordination Workshop**

*Corresponds to Tribal Priority # 10 (Disaster Response and Emergency Preparedness), Secretary's Priority "Preparedness," and ICNAA Priority # 4 (Emergency Preparedness).*

On September 15-16, 2009, the ASPR Office for At-Risk Individuals, Behavioral Health, and Human Services Coordination hosted a workshop in Boston, MA on the integration of disaster behavioral health into public health preparedness and H1N1 influenza

activities. Region 1 Tribal Nations were invited and a FEMA Tribal Liaison was in attendance.

### **ASPR Held Second Annual Seminar on “Tribes Living Prepared”**

*Corresponds to Tribal Priority # 10 (Disaster Response and Emergency Preparedness), Secretary’s Priority “Preparedness,” and ICNAA Priority # 4 (Emergency Preparedness).*

As part of the National American Indian and Alaska Native Heritage Month 2009, ASPR coordinated a seminar on November 16, 2009 on “Tribes Living Prepared.” CAPT Christine Benally moderated, RADM Nicole Lurie provided welcome remarks, and CDR Darrell LaRoche and Ms. Michelle Begay shared their experiences with the Indian Health Services (IHS) emergency services programs and lessons learned in preparedness and collaboration.

### **ASPR HPP Funds Available to Tribal Healthcare Facilities**

*Corresponds to Tribal Priority # 10 (Disaster Response and Emergency Preparedness), 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 from the State awardees of 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 29, 2009.

### **ASPR EWIDS Funds Available to Tribes for Epidemiology-Related Activities**

*Corresponds to Tribal Priority # 10 (Disaster Response and Emergency Preparedness), 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, HHS/ASPR has made available approximately \$34.9 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 infectious disease outbreaks 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 those 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 or Native American organizations in bioterrorism surveillance activities. Specifically, border Tribal

jurisdictions are eligible to receive EWIDS supplement funding under the PHEP cooperative agreements with 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.

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ACRONYM LIST

ASPR	Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control and Prevention
EWIDS	Early Warning Infectious Disease Surveillance
FEMA	Federal Emergency Management Agency
FY	Fiscal Year
HPP	Hospital Preparedness Program
IHS	Indian Health Service
NAAEP	Native American Alliance for Emergency Preparedness
NPAIHB	Northwest Portland Area Indian Health Board
OPHS	Office of Public Health and Science
PHEP	Public Health Emergency Preparedness