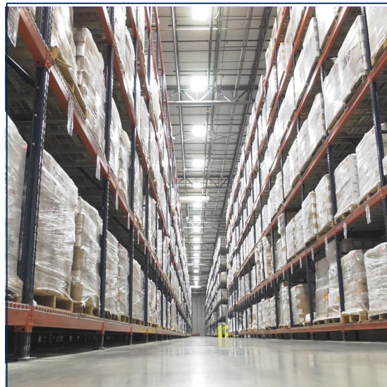
U.S. Department of Health & Human Services
Office of the Assistant Secretary for Preparedness & Response

Strategic National Stockpile (SNS):

Strategy for Improving Access to Federal Resources During a Public Health Emergency Response for Federally Recognized Tribal Governments, Indian Health Service Health Care Providers, Tribal Health Authorities, and Urban Indian Organizations

March 2024



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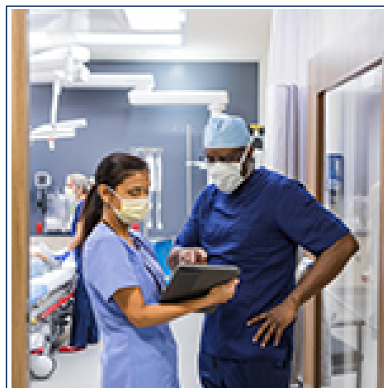

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Contents

Introduction 1

The SNS role within the Administration for Strategic Preparedness and Response (ASPR) mission 1

E.O. 14001, “A Sustainable Public Health Supply Chain” 2

Pathways for Tribal Nation/UIO Requests for SNS or other Federal Public Health Response Resources 3

Recommended Pathways for Tribal Nation Requests 3

Illustrated Pathways for Tribal Nation Requests for SNS Support 5

Coordination of Federal Resource Support to Tribal Nations 5

Technical Assistance Resources Available to Tribal Nations 5

Recommended Pathways for Urban Indian Organization Requests 6

Illustrated Pathways for UIO Requests for SNS Support 7

Implementation of the Proposed Strategy 8

Background 8

Developing the Plan of Action 9

Conducting the Analysis 9

Summary of Analysis and Recommendations 10

Summary of Findings from the 2021 Tribal Consultation and Urban Confer Sessions 11

Summary of Feedback Received from Tribal and UIO leaders During the Zoom Listening Sessions . 11

Written Feedback Received from Tribal Nations in Response to Dear Tribal Leader Letter 13

Specific Comments from UIO Leaders from the Urban Confer Sessions 14

Acronyms and Abbreviations 17

Introduction

The analysis contained in this document outlines current request processes for federally recognized tribes and Urban Indian Organizations (UIOs) to access Strategic National Stockpile (SNS) and other federal public health response supplies under a variety of legal instruments and emergency response authorities. It also describes the factors driving both the request processes themselves and the methods through which SNS deploys emergency medical countermeasures (MCMs) during a response. From that analysis, this document recommends pathways through which tribal nations and UIOs can directly access lifesaving federal public health emergency response supplies when needed during a public health emergency to support native communities, prevent supply shortages, and reduce health disparities.

The SNS role within the Administration for Strategic Preparedness and Response (ASPR) mission

ASPR leads the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. ASPR collaborates with state, local, tribal, and territorial (SLTT) governments and other partners across the country to improve readiness and response capabilities. ASPR also serves as the principal advisor to the Secretary of the U.S. Department of Health and Human Services (HHS) on all matters related to federal public health and medical preparedness and response, and oversees the Secretary's Operations Center (SOC) as the central hub for health emergency response operations.

The SNS was established in 1999 as the National Pharmaceutical Stockpile. Since then, the SNS has evolved into a $13.5 billion dollar repository of emergency MCMs, including large quantities of pharmaceuticals, vaccines, and other medical supplies and equipment. These countermeasures are held to guard against an array of biological threats and serve as a backstop to commercial and governmental capabilities in large-scale emergencies such as pandemic response. In 2018, the SNS transferred from the Centers for Disease Control and Prevention (CDC) to ASPR and has since been a key element in ASPR's health security mission.

To ensure that it meets the nation's medical and public health needs before, during, and after a disaster or public health emergency, ASPR is focusing on four key areas: Preparedness, Response, Partnerships, and Workforce Readiness.

1. **Preparedness: Prepare for public health emergencies and disasters.** ASPR must be prepared to execute public health and medical missions in response to a wide variety of threats and hazards. This process involves a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action to ensure an effective response.
2. **Response: Manage the federal response to and recovery from public health emergencies and disasters.** As the federal medical and public health lead, ASPR works to equip the health care delivery system for response and recovery, provide surge and behavioral health support, and public health supplies needed for patient care during disasters, especially for persons with disabilities, older adults, children, underserved communities, and institutional settings. ASPR also supports the distribution of critical MCMs and other public health supplies to mitigate threats.

3. **Partnerships: Improve and leverage partnerships with health care and public health stakeholders.** A successful public health emergency or disaster response is contingent on strong partnerships with key stakeholders. This includes partners at the federal, state, local, Tribal, and territorial levels, including other government agencies; community-based, non-profit, private sector organizations; and global partners.

4. **Workforce Readiness: Ensure workforce readiness through development of innovative workplace practices.** ASPR's success is due to the dedication of the public servants who work for it. ASPR will invest in a workforce model that attracts and retains top talent. This workforce must be agile and responsive.

E.O. 14001, "A Sustainable Public Health Supply Chain"

The Tribal Access Working Group was convened to develop, expand, and refine processes for the Indian Health Service (IHS), tribal, and UIO health care providers to request federal assistance to locate critical medical supplies.

The source of the Tribal Access Working Group's charge is Executive Order (EO) 14001, "A Sustainable Public Health Supply Chain:"

- Shortly after taking office in January 2021, President Biden issued EO 14001 to direct various multiple actions to secure supplies necessary to respond to the COVID-19 pandemic as well as future large-scale public health emergencies.
- The overall goal of EO 14001 is to "ensure critical medical supplies are available to public health authorities when local supplies or commercial sources are overwhelmed."

The Tribal Access Working Group was specifically convened to address section 5 of the EO, "access to Strategic National Stockpile," which directed HHS to "consult with Tribal authorities and take [appropriate] steps . . . to facilitate access to the SNS for federally recognized Tribal governments, Indian Health Service health care providers, Tribal health authorities, and Urban Indian Organizations."

The EO includes specific direction to ensure tribal and UIO access to federal public health emergency supplies deemed necessary for several reasons:

- During public health emergencies, the SNS and other federal and military stockpiles serve as an essential supply chain buffer to meet state and local demand for medical supplies and equipment when commercial supply is strained or insufficient.
- The COVID-19 pandemic revealed vulnerabilities in the global supply chain for MCMs, personal protective equipment (PPE), and other supplies.
- These supply chain vulnerabilities, and the shortages and delays that resulted, uniquely impacted tribes and UIOs during the COVID-19 response.

The commission of the Tribal Access Working Group — to develop, expand, and refine processes for IHS, tribal and UIO providers to access SNS and other federal medical supplies during a public health emergency — fits squarely within ASPR's mission focus to emerge stronger from the COVID-19 pandemic, restore and enhance mission capabilities, and prepare for future public health emergencies.

Pathways for Tribal Nation/UIO Requests for SNS or other Federal Public Health Response Resources

The following section outlines the Tribal Access Working Group's analysis of the current request processes for federally recognized tribes and UIOs to access SNS and other federal response supplies during a public health emergency. From that analysis, the working group recommends pathways through which a tribal nation or UIO may request from SNS or other federal entities any public health and medical resources needed to address a resource shortfall during a public health emergency. This section summarizes the recommended pathways, with an understanding that there will likely be distinct nuances in any future public health emergency.

Recommended Pathways for Tribal Nation Requests

Under current authorities, tribal nations may request federal resources through coordination with the states in which they are located; through the Indian Health Service; through clinical consultation with CDC; and/or directly through the ASPR regional administrator or Federal Emergency Management Agency (FEMA) regional administrator (particularly in cases where there is a Stafford Act declaration) for the region in which they are located.

- **Requests Coordinated Through IHS**

  Tribal nations may request access to SNS assets and other federal public health response resources through IHS.

  - During a public health emergency, tribal health care programs can initiate requests to receive SNS and other federal response supplies through the Emergency Management Point of Contact (EMPOC) for their IHS Area Office.
  - The IHS National Supply Service Center (NSSC) coordinates and manages the purchase and distribution of pharmaceuticals, medical, and other health care related supply items to support IHS and tribal health care facilities and programs nationwide.
  - When IHS receives a request for SNS assets from a tribal nation, IHS will work internally to determine if the IHS NSSC can fulfill the request, or whether it should be elevated as a request to SNS via the HHS Secretary’s Operation Center (SOC).
  - Once a request initiated by an IHS or tribal health care facility has been elevated, the request will flow from IHS through the HHS SOC to ASPR/SNS.

- **Requests Initiated Through Clinical Consultation With CDC**

  Tribal nations may request access to SNS assets or other federal public health response resources through clinical consultation with CDC.

  - A tribal nation or tribal health practitioner can seek guidance on a clinical or public health issue through direct consultation with CDC subject matter experts.
  - Tribal nation consultation with CDC may be held during a public health emergency for a range of needs, from small outbreaks to environmental health needs and to more complicated responses.

- As the result of the clinical consultation, the tribal nation or tribal health practitioner may request access to SNS assets and other federal public health resources needed to respond to the public health emergency.
- Once initiated as the result of a consultation between a tribal nation and CDC, the request flows from the CDC Emergency Operations Center (EOC) through the HHS SOC to ASPR/SNS.

- **Direct Requests Through Federal Regional Administrators (ASPR and FEMA)**

  Tribal nations may request access to SNS assets or other federal public health response resources directly from the federal government.

  - Under principles of tribal sovereignty, federally recognized tribes are entitled to seek direct nation-to-nation assistance from the federal government because of their special relationship with the United States.
  - The recommended primary federal coordination point for tribal nations seeking nation-to-nation assistance in larger scale public health responses (for example, when the scope of response needs approach or exceed the threshold for a Stafford Act declaration) is their region's ASPR regional administrator's office or FEMA regional administrator's office.
    - ASPR and FEMA regional office staff have a coordination role and contacts for handling event escalation.
    - Coordination of tribal requests through the ASPR or FEMA regional offices provides consistency between Stafford Act guidance and events that do not meet that threshold.
    - Consistent with FEMA regional administrators as tribal nation contact
  - IHS Area emergency management point of contact (EMPOC) should be in the coordination loop with the tribal nation and the ASPR or FEMA regional office to deconflict and reduce duplication of effort with IHS actions to resolve support requirements.
  - Once initiated by the tribal nation, the request will flow from the ASPR or FEMA regional office through the HHS SOC to ASPR/SNS or to other appropriate federal resource providers.

- **Requests Coordinated Through States**

  Tribal nations may choose to use existing relationships with states to request access to SNS assets and other federal public health response resources.

  - As an adjunct to capability building under the CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement, working relationships have been established between state public health departments and tribal nations within each state's borders to support tribal preparedness for public health emergencies.
  - During a public health emergency, a tribal nation requiring SNS or other federal support can choose to leverage that working relationship to request federal support through their state's public health and/or emergency management authorities.

- Once initiated by the tribal nation, the request will flow from the state through federal public health response channels to ASPR/SNS.

Illustrated Pathways for Tribal Nation Requests for SNS Support

The graphic below shows the pathways that a tribal nation could use to request SNS resources to support a public health response. This is a simplified representation of complicated processes, and is not intended to illustrate in detail every possible coordination nuance in each request pathway:

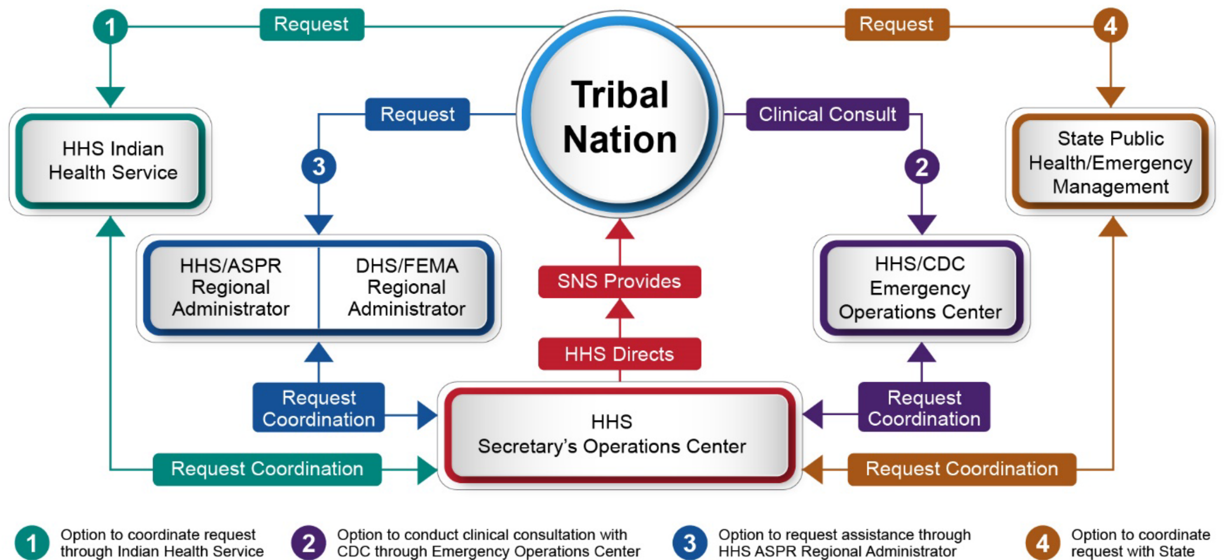

Figure 1 – Recommended Pathways for Tribal Nation Requests for SNS Support

Coordination of Federal Resource Support to Tribal Nations

Tribal nation access to SNS or other federal assets could potentially follow more than one of the pathways described above. Tribal nation requests for and receipt of resources through states could occur concurrently with requests through IHS for SNS assets, as well as with direct nation-to-nation requests through the FEMA or ASPR regional administrators. For example, a tribal nation might request PPE for individuals through the state. For the same response, an IHS facility supporting that same tribal nation might request ventilators directly through the HHS SOC rather than through the state, while tribal leadership might request public health and medical staffing support through a direct request submitted to the ASPR regional administrator. These requests from tribal leadership should be deconflicted with coordination among the IHS EMPOC, the FEMA regional tribal liaisons, and the ASPR regional administrator's office.

Technical Assistance Resources Available to Tribal Nations

For technical assistance in pre-planning, or if there is an emergent situation that does not meet the threshold for either a formal major disaster declaration, or a public health emergency declaration, a tribal nation may still seek assistance or support from the:

- State governor or state agencies
- ASPR regional administrator or regional emergency coordinator (REC)
- IHS regional representatives including the EMPOC
- CDC EOC (consultations or MCM for individual patients, as an example)
- SNS Operations Center
- HHS SOC

Recommended Pathways for Urban Indian Organization Requests

An Urban Indian Organization is a nonprofit corporate body that provides health care and referral services for urban Indian beneficiaries residing within the urban center in which such organization is situated. Under current authorities, UIOs may request federal resources only through coordination with the states and/or through IHS. UIO clinicians can confer conduct clinical consultation with CDC, but cannot use the CDC confer process to initiate a federal resource request. UIOs are not able to request federal assistance through direct interaction with FEMA or HHS ASPR regional administrators.

- **Requests Coordinated Through IHS**

  UIOs also have the option to request access to SNS assets and other federal public health response resources through IHS.

  - During a public health emergency, UIO health care programs can initiate requests to receive SNS and other federal response supplies through the EMPOC for their IHS Area Office.
  - The IHS NSSC coordinates and manages pharmaceutical, medical, and other related supply support for UIO-run health care facilities and programs nationwide.
  - When IHS receives a request for SNS assets from a UIO, IHS will work internally to determine if the IHS NSSC can fulfill the request, or whether it should be elevated as a request to SNS via the HHS SOC.
  - Once a request initiated by a UIO is elevated, the request will flow from IHS through the HHS SOC to ASPR/SNS.

- **Requests Coordinated Through States**

  UIOs should ordinarily use existing relationships with states to request federal pandemic resources and access SNS assets.

  - Urban Indian populations can include members from many tribes who reside outside the borders of their respective tribal lands, and who are routinely counted in the population of the state in which they live.
  - During a public health emergency, a UIO can request SNS or other federal support on behalf of the beneficiary population it serves from the state's public health and/or emergency management authorities.
  - Once initiated by the UIO, the request will flow from the state to the HHS SOC to ASPR/SNS.

- **Option to Conduct Clinical Consultation with CDC**

UIO clinicians may conduct direct clinical consultation with CDC; however, the statutory relationship is different for UIOs and does not allow the UIO to request SNS assets via this process.

- UIO clinicians can seek guidance on a clinical or public health issue through direct consultation with CDC subject matter experts.
- As non-profit corporate entities, UIOs are not able to make direct requests for federal public health response resources through CDC.
- UIO requests for SNS or other federal public health response resources must be referred for coordination through their state's public health and/or emergency management authorities or for initiation through the IHS.

- **No Direct Requests Through Federal Regional Administrators**

  Unlike Tribal nations, UIOs are not separate sovereign entities, and are not empowered to make direct requests for nation-to-nation assistance from their FEMA or HHS ASPR regional administrator's office.

Illustrated Pathways for UIO Requests for SNS Support

UIOs have some of the same pathways available to them for requesting support as do tribal nations. The graphic below illustrates those pathways and identifies some of the limitations for UIOs due to the distinction that they are nonprofit corporate bodies and not sovereign entities:

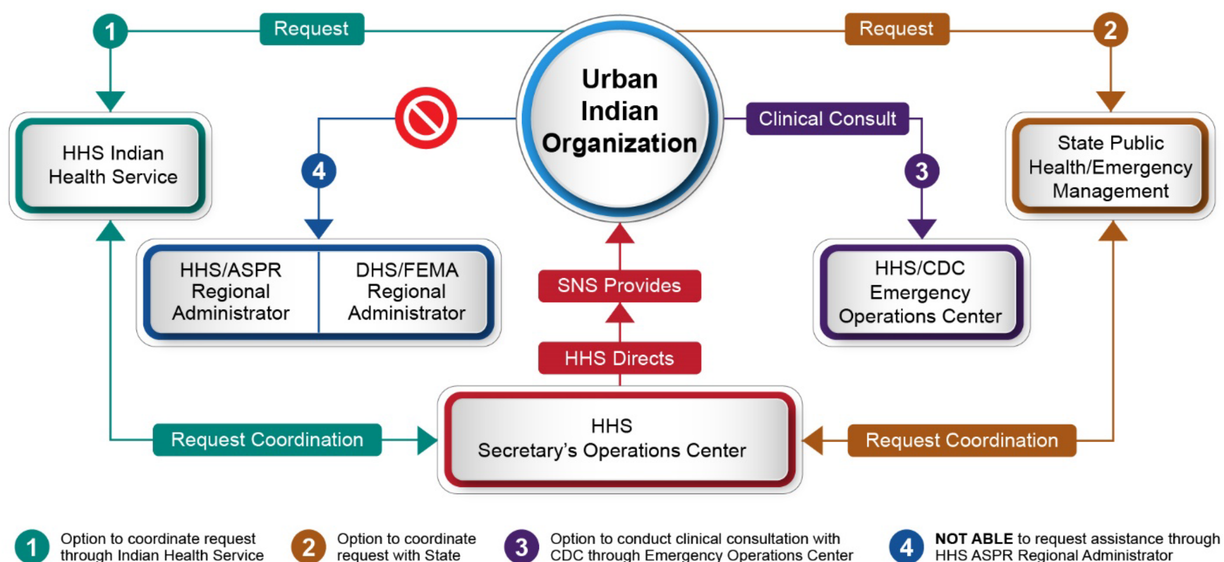

Figure 2 – Recommended Pathways for UIO Requests for SNS Support

Implementation of the Proposed Strategy

The working group is currently developing a proposed strategy for communicating the revised request processes for federally recognized tribal governments and UIOs to access federal public health emergency response resources.

Additionally, the working group will continue coordination with internal federal partners to ensure proper implementation of the revised request processes. This will include facilitating coordination among IHS EMPOC staff, ASPR regional administrators and RECs, FEMA regional tribal liaison staff, and other appropriate staff from HHS, ASPR, CDC, and IHS.

The working group will also develop guidance and technical assistance for state public health authorities/agencies to assist them in supporting tribal nations and UIOs within the state's borders.

Background

Organization of the Tribal Access Working Group

The Tribal Access Working Group was organized under SNS leadership, with collaboration from other HHS entities including:

- IHS
- CDC
- HHS Administration for Community Living
- HHS Office of the Chief Information Officer

During initial planning meetings, the original working group recognized that additional subject matter expertise was needed in providing technical assistance, training, and exercise support to SLTT partners. The members recognized that enhanced SNS support to tribal nations and UIOs would have PHEP funding and oversight implications. Consequently, subject matter experts (SMEs) from the CDC Division of State and Local Readiness were engaged to assist. To facilitate outreach to tribes and UIOs, the working group also added SMEs from the HHS Office of Intergovernmental and External Affairs and IHS Office of Urban Indian Health Programs with extensive experience in coordinating formal tribal consultations and urban confer sessions.

Over time, the working group has continued to incorporate additional stakeholders with relevant subject matter expertise, including from the CDC National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, Office of Tribal Affairs and Strategic Alliances for potential assistance with communications and technical assistance outreach to the tribes and UIOs, and from the FEMA Tribal Liaison Office for potential assistance with providing detail and context on current tribal and UIO request processes under different declaration authorities. Through its outreach efforts, the working group has assembled an array of federal stakeholders from 10 different offices and agencies and two different departments.

Developing the Plan of Action

With those observations in mind, the working group set out to build the work plan and associated milestones:

- The working group focused effort around PHEP capabilities for MCM dispensing and administration and for medical material management and distribution.
- The working group also concentrated on developing communications and technical assistance plans to support the tribes' and UIOs capability to access federal resources.

Based on these discussions, the working group developed a four-prong work plan focused on four associated milestones:

- Review current processes for tribal nations to request/access federal pandemic response materiel from SNS, IHS, FEMA, and other federal support entities.

  The working group purposely chose not to limit the inquiry solely to resources available from the SNS. Early on, it became clear that tribes and UIOs were looking to, and receiving support from, the IHS NSSC, FEMA, and other avenues in addition to the SNS.

- Develop tiered, coordinated request processes to facilitate tribal and UIO access to available federal medical supplies and materiel resources. This presentation focuses on the proposed processes for the requests from tribal nations and UIOs to the federal entities.
- Develop a plan to communicate the revised and approved request processes for federally recognized tribal governments and UIO entities to access federal public health emergency response resources.
- Develop guidance and technical assistance to state public health authorities to assist them in supporting tribal nations and UIOs within the state's borders.

Conducting the Analysis

Executing the first milestone required the working group to identify the known issues with tribal and UIO access to federal resources during the COVID-19 response. The working group needed a mechanism to obtain comprehensive feedback and recommendations from tribal leaders and UIO leaders on their experiences during the COVID-19 response. The solution was to initiate tribal consultation and urban confer and conduct formal national listening sessions with tribal and UIO leaders and health care providers to gather comments and observations from a broad range of tribal entities of all sizes and shapes from across the country.

The working group conducted three 90-minute national listening sessions via Zoom — two tribal consultations with tribal leaders and one urban confer session with UIO leaders — led by the Deputy Assistant Secretary/SNS Director and featuring a panel of SMEs from SNS and IHS. Introductory "Dear Tribal Leader" and "Dear UIO Leader" letters outlined the focus of the sessions and presented three actions that the sessions would address:

- To identify the gaps in the processes used by tribal and UIO providers to request federal assistance for medical supplies during the COVID-19 pandemic

- To develop recommendations on how to close those specific gaps
- And, more generally, to develop recommendations to improve the request processes for federal assistance to access supplies held in the SNS and other federal stockpiles

The three listening sessions drew more than 280 participants from tribal entities and UIOs from across the country, including self-identified leaders from 32 tribes. Participants provided verbal observations and recommendations during the Zoom meetings and submitted written comments via the associated chat function and in separate memos. From the three sessions, the working group compiled more than 170 pages of transcribed comments from tribal and UIO leaders, and SNS planners distilled them into a five-page summary. The working group then scrubbed the comments further to synthesize them into the process analysis required, combining like comments together by subject matter area, and grouping and prioritizing them by their effect on potential SNS pandemic response support.

The working group identified five primary themes in the tribal and UIO leaders' comments specific to COVID-19 response medical supply support from SNS or other federal entities (FEMA, etc.):

- Comments reflecting the inscrutability and changeability of the various request processes the tribes and UIOs had to follow, and how they affected the costs the tribes and UIOs incurred
- Comments and questions on the timing and mechanics of requests
- Suggestions for visibility on what is available in the stockpile
- Comments reflecting on the accuracy of items received
- Comments on the tribes' ability to access ASPR RECs for assistance

Based on the insights gleaned from the three listening sessions, the working group completed its review of current processes through which the tribes and UIOs could request pandemic response materiel from SNS, IHS, FEMA, and other federal support entities in December 2021.

Summary of Analysis and Recommendations

The analysis and recommendations contained in this document outline current request processes for federally recognized tribes and UIOs to access SNS and other federal public health response supplies under the following authorities:

- The Stafford Act (through FEMA),
- A declared Public Health Emergency (through HHS), or
- Other emergency response authorities

Additionally, the analysis and recommendations contained in this document provide guidance for facilitating the ability of tribes and UIOs to directly access federal public health emergency response supplies.

It is important to note that the SNS request process varies depending on the threat and number of people affected. These factors also result in SNS using a variety of distribution methods:

- In some cases, the SNS is the only repository of certain medications used to treat rare conditions (e.g., adverse reactions or exposures to smallpox vaccine). In such cases, the SNS may deploy MCMs to treat a single person.
- For large-scale incidents, the SNS may distribute materiel in containerized or palletized configurations, or by using its rapid purchasing power.
- For other events, the SNS may be the only source of large quantities of required materiel or may be the only source able to move materiel rapidly enough to meet the needs of the jurisdiction and affected population.
- Because of the need for immediate administration, some MCMs (e.g., antidotes to chemical agents or CHEMPACK) are pre-positioned in states and localities to allow for immediate use following an incident in which local supplies are depleted or do not exist.

Summary of Findings from the 2021 Tribal Consultation and Urban Confer Sessions

From the more than 170 pages of verbal and written comments from tribal and UIO leaders compiled as the result of the three national listening sessions conducted via Zoom in October 2021, the Tribal Access Working Group distilled a five-page summary, combining like comments together by subject matter area and grouping and prioritizing them by their effect on potential SNS pandemic response support.

Summary of Feedback Received from Tribal and UIO leaders During the Zoom Listening Sessions

- **Identified gaps for support from ASPR or SNS:**
  - (ASPR/SNS) Lack of awareness of request process and understanding authority for requests.
  - (ASPR/SNS) Question about allocation and planning numbers for tribal access to countermeasures.
  - (ASPR/SNS) Need for better communication of changes in process for requests (my question – is it partly that there were different processes for different commodities? Drugs / Ventilators / PPE / Vaccine / …).
  - (ASPR/SNS) Tribal distribution times should be considered for SNS resource allocation planning.
  - (ASPR/SNS) Requests for SNS assistance when tribal supplies are nearly exhausted. Tribes should be able to order with more lead time.
  - (ASPR/SNS) Tribal access to consultation with RECs was limited for some tribes
  - (ASPR/SNS) Need for listing or catalog of what is available (online) and what is coming to tribe with tracking for follow-up

  - (ASPR/SNS) Received items (gowns, gloves) that were not requested and concern for taking away what others might have needed.

- **Identified gaps related to COVID-19 vaccine:**
  - (Vaccine) Tribes were forced to choose one source for the vaccine (through state or direct from federal government) and their experience was variable. Some who went through state did not receive enough to meet tribal needs. There was also a reluctance to go through the state due to issues in H1N1 response.
  - (Vaccine) HHS/CDC established priority groups do not match ability of tribes to establish their own priority groups, which challenged "ordering" countermeasures by priority group.

- **Identified gaps related to contract and procurement capabilities:**
  - (Contracting/procurement) Tribal entities would like access to medical supplies on existing agreements and contracts

- **Identified gaps related to COVID-19 testing and diagnostics:**
  - (Testing and diagnostics) Issue with considering purchasing a type of testing device (Cepheid) and then receiving Abbot ID now (with delays and limited supply)

- **Broader issues and some proposed solutions/strategies:**
  - IHS was treated as a health jurisdiction and distributed/allocated resources that came through Congress.
  - Navajo set up a joint structure (unified command) with FEMA/IHS/AZ
  - Proposal to have IHS representative in the HHS SOC and at other key locations to serve as advocate for tribal entities.
  - (Medical staffing) Tribes would prefer access to staffing contracts for temporary medical personnel at reasonable contract rates
  - (Exercise) Recommendation to include tribal nations in national level exercises
  - (Federal deployers) Several federal agencies deployed to tribal reservations were not aware of tribal sovereignty (Training gap for federal responders / FEMA IS / NDMS Training / SNS Training)
  - (Infrastructure) Peripheral issues such as access to air conditioning and water in California tribes

Written Feedback Received from Tribal Nations in Response to Dear Tribal Leader Letter

- **Identified gaps:**
    - (SNS) Currently, tribes can request supplies from SNS through either state health officials or IHS officials. While it may seem helpful to have two avenues to request supplies, both options add an extra level of cumbersome red tape, which is extremely detrimental in times of emergency. When SNS works through states or IHS, rather than with tribes directly, we are not getting the information we need.
    - (SNS) The tribe took over the Winnebago Hospital from IHS because IHS was failing. We know we can provide more timely and efficient care to our tribal members. We need the tools and access to be able to do that. As sovereign nations, we are not to be made subservient to states. Tribes should be able to make SNS requests directly.
    - (Overarching) Data sharing
    - (Overarching) Transportation support to reach remote tribal areas
    - (Testing and diagnostics) We received supplies not knowing where they came from and addressed to the wrong department. For example, pharmacy was given viral transport media (VTM) that could have been used by the laboratory. The VTM media went unused for several months because no one knew what it was or who could use it.
    - (Vaccine) Tribes that opted to receive their supply from IHS often received significantly less vaccine than tribes who selected the state for vaccines. Some states were able to meet or exceed the vaccine needs of the tribes within their jurisdiction, while other states were not able to distribute at least 100 vaccines each week for tribes.
    - (Vaccine) Additionally, the Biden Administration had announced the retail pharmacy program for COVID-19 vaccinations based on selections of pharmacies by states and territories. This program excluded tribal pharmacies and excluded many American Indian Alaska Native peoples from participating because they live up to 90 minutes from the closest pharmacy chain that was administering the vaccines.
    - (Overarching) Too often, we are overlooked when it comes to supply chain distribution for supplies and MCMs. With respect to tribal requests for National Disaster Medical Systems (NDMS) assistance, often our requests are unnecessarily being routed through the state. Moreover, our requests for Disaster Medical Assistance Teams usually go through the RECs, but tribes usually do not have direct access to the RECs. Tribal governments should have direct access to SNS, ASPR, NDMS, and all federal resources.
- **Broader issues and some proposed solutions/strategies:**
    - Allow dual access to federal and state supply chains.
    - HHS should also consider including the topic of access to the public health supply chain in the annual HHS regional consultations held with tribes.

- Every regional ASPR office should have a tribal liaison. In addition to access to the SNS, the federal government needs to notify tribes of policies and the process to request supplies and ensure that tribes have technical assistance to secure access.
- SNS needs to establish a federal tribal working group to address tribal issues and come up with solutions to problems. Tribal communities are particularly hard hit by the COVID-19 pandemic, and the effects of "long COVID" are still unknown. Having an active working group can help tribes respond to the unknown that remains to be seen.
- The Administration needs to change any guidance that ASPR and the SNS have received that directs them to work with states that would then be required to account for tribal interests. Such guidance is inconsistent with the federal trust responsibility and the United States' treaty obligations. The guidance should direct ASPR and SNS to work with tribes and tribal health programs directly.
- Relatedly, pursuant to HHS responsibilities to monitor the availability of national supply levels, HHS must be more proactive in engaging with tribes by collecting data on their current levels of resources. This will better illustrate for HHS the extent of tribal needs, the barriers to acquisition caused by the state pass-through process, and the delay between requests and order fulfillment.
- Additionally, along the lines of the aforementioned, and considering many tribe locations being remote and rural (like ours), tribal governments should also be included in all talks about how to get supplies distributed in our communities. We know the lay of our lands. Thus, we can help with logistical work of effective distribution and storage of items.
- Additionally, a September 2020 Government Accountability Office report noted that ASPR officials were seeking new legal authority to enter into joint acquisition agreements with states to enable greater supply acquisition coordination. ASPR should also seek new legal authority to enter such agreements directly with tribes. (GAO-20-701, p. 19)
- There is no national public health emergency plan to clearly support tribal sovereignty. Develop a national public health emergency plan incorporating tribal sovereignty. Allocate federal resources and funding to develop a national plan for Indian Country.
- Federal, state, and local agencies should work together to address tribal needs. During this pandemic it was evident that communication across all levels of government was a problem.
- Federal agencies should revise the public health emergency plans to address issues and gaps reported by tribal nations. Is there a different public health emergency model that bridges HHS and FEMA as well as inclusion of tribal perspectives?
- Establish regional stockpiles on tribal land with tribal consent.

Specific Comments from UIO Leaders from the Urban Confer Sessions

- Topic/issue areas are identified in parenthesis and any reply provided by IHS or HHS during the urban confer session is shown with indent.

- (Tracking System) Before having access to the SNS, it would have been helpful to know what supplies were available. As a matter of follow up, a tracking system to notify UIOs how long it would take for the requests to be addressed and for updates should have been implemented. In the midst of the programs coordinating to assist, multiple attempts to reach out for guidance were made from the UIOs. This was not an optimal approach because not knowing how much PPE the UIOs were eligible to receive took away from other UIOs that may have needed it more during this process with no communication. For this reason, having a POC updated annually is important in order better coordinate for functionality purposes not only for a pandemic but for other issues such as imminent natural weather disasters. Communication becomes a barrier when UIOs do not know the IHS POC.
- (Unnecessary Supplies) As an outreach referral site, there was concern about receiving unnecessary supplies such as gowns or gloves from the area office and the National Supply Service Center (NSSC). Understanding what types of services the UIOs provide would have been appropriate to better equip them with the necessary supplies so that there was no deprivation of the same supplies at another UIO site.
  - [Response from] IHS **–** The IHS will keep this recommendation in mind in terms of what facility IHS is working with, whether it is an ambulatory, limited ambulatory, residential treatment center, or outreach and referral site. Different scopes of services mean different supplies.
- (Unnecessary Supplies) Receiving random supplies that were not needed versus what was requested became an issue. Receiving supplies through the state of Washington was fluid and there was a tracking system involved with receiving their supplies. The weekly IHS communication provided support, which was helpful but what was the determination factor in priority when it came to requests for supplies or equipment such as an Abbott BinaxNOW machine?
  - [Response from] HHS **-** These decisions were made with IHS. It involved many people where products were quickly pushed out rather than relying on requests. All the relevant departments were involved, and decisions were often based on the user population.
- (Communication) Accolades to Captain Hayes for the effort in providing supplies. When NSSC had supplies, they accommodated. But when they were out of stock, there was no feedback or response from them regarding requests.
  - [Response from] HHS - We were not prepared for this pandemic. It was challenging. The infrastructure communication was challenging. To push notifications at industry standard to contact individuals to let them know their products were coming was difficult. But we had success in working with people at the area office that were intimate with the UIOs.
- (Effective Strategies Future Preparedness) UIOs could not access federal supplies, but IHS secured equitable resources. During the pandemic, the UIOs experienced receiving unnecessary medical supplies and improper PPE not consistent with specific needs. No proper assessments and no data were evident, because there was no proper distribution. No direct access to the SNS meant receiving random shipments of PPE not aligned with current needs, which left the UIOs

with an abundance of supplies. The UIOs then self-shared or distributed supplies to support one another. The distribution implementation needed to be addressed especially during heightened demand in the global medical supply chain. There were delays in receiving testing equipment and the UIOs were unable to maintain use of supplies, which caused an offset to their finances. All federal agencies engaged in emergency responses should have an established operational order regarding where to access the necessary equipment to ensure maximum protection. Finally, the UIOs must be recognized as community level first responders and have equitable access to all appropriate stockpiles.

Acronyms and Abbreviations

AI/AN	American Indian and Alaska Native
ASPR	Administration for Strategic Preparedness and Response
CDC	Centers for Disease Control and Prevention
EM	Emergency Management
EMPOC	Emergency Management Point of Contact
EO	Executive Order
FEMA	Federal Emergency Management Agency
GAO	Government Accountability Office
HHS	U.S. Department of Health and Human Services
IHS	Indian Health Service
MCM	Medical Countermeasure
NDMS	National Disaster Medical System
NSSC	National Supply Service Center
PPE	Personal Protective Equipment
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOC	Secretary's Operations Center
UIO	Urban Indian Organization
VTM	Viral Transport Media