

National Indian Health Board



Coronavirus (COVID-19) Live Virtual Listening Session w/ Dr. Jay C. Butler, Deputy Director for Infectious Diseases, Centers for Disease Control and Prevention

Tuesday, March 17, 2020

5:00 - 6:30 PM Eastern Time

Panelists:

Stacy A. Bohlen, CEO, National Indian Health Board

Dr. Jay Butler, Deputy Director for Infectious Diseases, Centers for Disease Control and Prevention

RADM Michael Weahkee, Principal Deputy Director, Indian Health Service

Dr. Michael Toedt, Chief Medical Officer, Indian Health Service

Jillian Curtis, Director, Office of Finance and Accounting, Indian Health Service

Stacey Ecoffey, Principal Advisor for Tribal Affairs, Office of Intergovernmental Affairs, US Department of Health and Human Services

Devin Delrow, Associate Director for Tribal Affairs, Office of Intergovernmental Affairs, US Department of Health and Human Services

Shervin Aazami, Director of Congressional Relations, National Indian Health Board

William Smith, Vice Chairperson and Alaska Area Representative, NIHB; Chief, Valdez Native Tribe

Welcome and Introduction of Panelists – Stacy A. Bohlen

BACKGROUND – Dr. Jay Butler

- In December, there was a cluster of pneumonias in Wuhan, China.
 - Many were of older individuals in a sea food market. Market closed. Concern that there was a new virus being transmitted through the food in the market
 - Started to transmit person to person
- In December, WHO and CDC were notified of the virus
- Novel coronavirus
 - 7th coronavirus to infect people. Others infect people
 - It's a new virus that's adapted to infect humans
- 3 weeks ago – shift such that there were more people being diagnosed outside China than inside
 - Further increases in transmission in Europe, US, Africa
- Today, 4600+ cases in the US. WV is the only state that doesn't have a reported case. NY, MA, FL, WA, CA have the highest numbers
 - Long term care facility patients are the most affected
 - Small proportion of people become seriously ill and can potentially die
 - Can eventually spread to other people

- Highest risk of infection are the elders (particularly over 80 years old and those with heart, lung, kidney disease or diabetes)
- Children seem to be minimally impacted – some are affected enough to be hospitalized. No child deaths so far
- No FDA approved drugs for treatment right now.
 - No vaccine as well. Would be about a year until a protective vaccine is available
- Preventative techniques to limit spread of COVID-19
 - Respiratory etiquette (coughing, sneezing properly) – virus is most likely predominantly spread through air droplets.
 - With respiratory symptoms, it is advised you stay home rather than try to “tough it out”
 - Social distancing – physically distancing ourselves from one another. NOT the same as social isolation.
 - Important for elders. Don’t want to infect them, but we want to be sure that we are still able to communicate with them while not physically being there (e.g., through the use of Facetime, calling, etc.)
 - Isolation of those who are infected
 - Vast majority of those infected do not need to be hospitalized but should be isolated
- People may be infectious hours or a day before they show symptoms
- GOAL: Spread the impact of the pandemic for as long of a period as possible to maintain social and healthcare systems
 - Don’t want to overwhelm systems. Do this by limiting effect over a long period of time

RADM. Weahkee Comments

- IHS facilities are all able to test patients for COVID-19.
- Looking to expand testing to commercial labs in the next week.
- Pushing IHS supply centers to regional centers
- Weekly telephone calls with Tribes to answer questions and give info.

Questions from Tribal Leaders and others:

First question

- Denise Smith – Executive Director for National Association of Comm. Health Workers - Having difficulties in identifying educational, information, live webinars. What is there for community health workers?
- Community health workers should reference CDC website
 - Specialists have their own targeted information from CDC
 - CDC website includes information regarding personal health habits and tailored health guidance
- IHS is working to adapt advice from CDC and reformat it through a Tribal lens
- CDC guidance is the primary source of information

Second question

- Tom Bert, in-patient chemical dependence system, Red Lake Nation, Works - How to prepare if a case of COVID-19 arrives at facility?
- CDC recommendation for health care facilities applies here. Keep in mind visitation policies and adjust in consideration of CDC guidelines. Perhaps limit visitation to immediate family members and those without resp. symptoms.

Third question

- Funding source/funding assistance. Grants.gov or Tribal reps? What is the funding channel? What are the PPE and medical supplies needed for staff?
- Supplemental Appropriation from Congress is giving direct funding (\$40M) to Tribes and Tribal organizations. Unique situation so CDC is working on how to make delivery of funds to Tribes happen. Anticipating that the funds will be delivered through grants or contracts. Funds meant for public health use.
- Other funding sources Tribes can access:
 - Director's Emergency Fund – For Tribes and Tribal organizations. Area directors can submit requests on Tribe's behalf.
 - Urban Emergency Fund – For urban Indian organizations
 - Strategic National Stockpile – Tribes can reach out to get medical supplies

Fourth question

- Christina from Mohave Health Center - Renewal of pharmacy prescriptions for 3 month supply for IHS patients?
- Depends on patient's clinical condition and physician's judgement
- "Thinning of the clinics" – trying to keep clinics free for those who are more urgent cases.

Fifth question

- Donald Wyatt - Can COVID-19 be transmitted to pets and animals?
- So far, no evidence that pets and animals can transmit virus, but keep in mind that this is a novel virus
- Transmission of COVID so far appears to be through person-to-person contact

Sixth question

- Is the Gallup drive-thru testing center testing for the flu or COVID?
- Drive-thru testing center is specific for COVID.
- There are changes in the availability of the test since it is a new disease. At least 4 commercial labs marketing COVID-19 labs

Seventh question

- Joe Valandra - Are their contingency plans to add Army Corps or otherwise for IHS hospital bed space?
- Not all IHS patients are cared for in IHS beds.
- Many IHS facilities are developing contingency plans for pt transport to other facilities and greater access to beds
- Optional: use of medical shelters like gyms or medical tents (in times of great need)

Eighth question

- Why is COVID-19 hard to cure and how does it compare with previous coronaviruses? Medications available to combat it?
- COVID apparently is not hard to kill. Deactivated easily by bleach solutions, alcohol cleaners, household cleaners, etc.
- SARS and MERS were other coronaviruses that infected humans
- COVID-19 isn't as deadly as SARS or MERS.
 - 0.5-1% projected mortality rate
 - Remdesivir (antiviral drug being studied but limited info right now about efficacy/safety)

Ninth question

- Sarah Sullivan/Northwest Portland Area Indian Health Board: What is the best process for Tribal clinics to access PPE?

- Look at local/state resources
- Consult IHS area director for needing supplies
- Chris Jones (IHS) Lead Liaison at Secretary's Operations Center - 301 443 1771 – An individual to reach out to acquire PPE.
- IHS – National Supply Service Director

Tenth question

- Red Fox Sanchez, Mandan Hidatsa Nation - How to get supplies to Great Plains Area and what is the turnaround time from the moment of request?
- Depends on what you're ordering. E.g., N95 may take longer than gloves.
- Check with Area Director. Can help identify local resources
- Best to look local first like regional stockpiles. Delivery will be closer

Eleventh question

- Sorab Boga, Site Manager of Miccosukee Tribe of Florida: Are we accounting and monitoring a possible mutation for virus and its impacts? Therapeutics and vaccines are great if we are still treating the same virus they were made for. Trying to be forward thinking and be prepared for a longer duration of epidemic. Factors that could be effected by a potential mutation could include mode of transmission and mortality rates.
- Some coverage in media talked about mutation, but it was a minor one
 - Virus is behaving relatively the same genetically and infectiously
 - Main concern: resistance mutations, but no sign yet

Twelfth question

- Two epi centers have been closed. Shouldn't all epi centers be open? Tribe tried to contact epi center, but it was hard to establish contact.
- What is the direction that IHS is giving IHS epi centers?
- IHS is following advice to do telework to reduce spread. Epi centers have a strong role, but no direct management has been given to the centers
- If it's possible to work remotely and physically being at work is not necessary, then it is advised to stay at home

Thirteenth question

- Environmental Director. Any recommendations to encourage people who are not taking social distancing recommendations seriously to follow the advice?
- Focus on educational efforts.
- Follow by example e.g., with Tribal leaders

Fourteenth question

- Payroll credit for required sick leave. How will IHS recoup tax credit if it has to let employees off on FMLA?
- Answer in development.

Fifteenth question

- Nicholet Deschine Parkhurst, Standing Rock Sioux, policy analyst on Tribal emergency preparedness contractor: In this strategic national stockpile, what is available, how much is there, and where can Tribes get info about this stockpile?
- Exact numbers are not public knowledge.
- To get access, consult area director or contact Chris Jones.

Closing comments

- Will most likely see an increase in cases and deaths in the coming weeks. Important to know what we're dealing with and to share perspectives

NIHB Legislative update – Shervin Aazami, NIHB

- Potential third COVID package
 - Five priorities and recommendations for this package
 - Provide 200M in funding for IHS Facilities Account (for hospital capacity, beds, mobile testing units, triage units, temp. housing for health providers and members)
 - Provide 1.1B in funding for IHS Services Account (to Hospitals and Health Clinics, Community Health Reps)
 - 964M for purchased/referred care
 - Authorize Medicaid reimbursements of qualified Indian health providers
 - Fix the “four walls” 3rd party reimbursement issues so that Tribes can maximize reimbursements outside the “four walls” of a hospital/clinic (expand to home or mobile triage)

Questions from the Chat Box not answered on the Webinar:

- Nicole Redvers: There was an email set out this morning: Urban Indian Organizations and Communities Reeling from Coronavirus Funding Delay. When is funding expected to filter through?
- Amber Arndt: RADM Michael Weahkee- which Tribe did you just say has just implemented phone healthcare/prescriptions?
- Tasha Peltier: Where will the culturally appropriate info be posted once it is finished?
- William VanLente, MBA, PsyD, CEO of Shoshone-Paiute Tribes: Can you offer insight on Tribal authority to restrict access to a reservation as a way of preventing introduction of the virus from outside vendors, other travelers from outside the reservation. Continue to be interested in strategies to limit contact from outside our reservation where we do not have any certified cases based on positive conclusive tests for coronavirus. Regarding federal support for time off from work by Tribal employees - what about tax credit for forced quarantine, and hes, if we do not have taxes to deduct. What information or resource links are available to begin accessing Federal financial resources under the bill being approved for financial assistance? What will be the process for releasing and obtaining those funds? Can you offer insight into restricting access to the reservation by individual from outside areas? As an example, someone trying to peddle supplies that may be running short in the community.
- Peg Bad Warrior at Great Plains Tribal Chairman's Health Board: With regard to the Great Plains Epi Center, in February we asked RADM Weahkee to detail the Area Medical Epidemiologist to the Epi Center, which would help us immensely with our regional COVID-19 response. She is currently detailed to the Area Office over the objection of the Tribes. We have not received a response regarding this request. Does IHS intend to restore the Medical Epidemiologist to the Great Plains Epi Center and if so how soon can you do that?
- Setu Vora, MD Chief Medical Officer from Mashantucket Pequot: Should we presume COVID19 is widespread and be in mitigation phase? Do IHS/Tribal HS Clinics need N95, if mode is droplet and not airborne?
- Justice Beard, Navajo Tribe: How will IHS-638 receive additional supplies to southwest 638 facilities? Question regarding stock pile. Would this include testing kits?

- Joe Valandra: Are there targets for the set-aside contemplated in the legislation?
- Melanie Fourkiller, Choctaw Nation: I know a concern has been IHS/Tribal access to emergency funding that is being appropriated as well as timely and streamlined means of getting it out to Tribes and the field. Can you all give an update of where we are on this?
- Laura Caswell: We are out of solution used for fit testing. Can we manually fit test? We are also running extremely low on gowns. Are there resources or guidelines?
- Charles Stack: I'm in the Tucson, AZ region, and we have several Tribal casino operations (Tohono O'odham, etc.) How will these casinos be impacted, considering CDC recommendations for distancing and crowd size limitation? Thank you.
- Sarah Ryan: Please discuss how N95 masks are helpful for the general public, if at all
- **COMMENT:** Kevin English: Hello, I am the Director of the Albuquerque Area Southwest Tribal Epidemiology Center. All TECs are continuing to work during the COVID-19 outbreak. It is possible that some staff may be teleworking at the guidance of tribal leadership in their respective tribal organizations. We are all working diligently to provide technical support to the tribes and urban AI/AN population throughout the country. If anyone is not able to get in touch with the TEC in their region, please contact me directly, Kevin English, 505-962-2602. Thank you.
- **COMMENT:** Francesca Murnan and Rose James: Would like to update folks that Seattle Indian Health Board and the Urban Indian Health Institute (Tribal Epidemiology Center) is open for business. I would also like to updates folks that UIHI is hosting a COVID-19 call specifically for homelessness providers this Friday at 11:00am PST. Check out our website www.uihi.org, and social media outlets. All are welcome.

Total Phone Line count of 872; 388 Participants on Webinar