

2022 Tribal Public Health Emergency Preparedness Conference
DRAFT AGENDA as of 3/14/22– subject to change

G0191: Emergency Operations Center/Incident Command System Interface and Table Top Exercise

May 9th & 10th, 2022

Course Location: Tulalip Conference Center

Instructors: Scott Koehler, Lianne Martinez, Ernie Schnabler and Steve North

Day 1 – 08:00 AM to 5:00 PM

Unit	Description	Contact Hours	Time	Instructor (s)	Room
					ORCA 2
1	Course Introduction (Introduction into MS Teams, agenda, student/ instructor introduction, pretest)	0.5 hr			
2	NIMS Review	1 hr			
3	ICS/ EOC Interface activity 3.1	1 hr			
4	NIMS Coordination review	1 hr			
	Lunch	1.5 hrs			
5	ICS/ EOC relationships	1 hr			
6	ICS/ EOC Interface activity 6.1	1.0 hr			
7	ICS/ EOC action planning	1 hr			
8	Course summary and test	0.5 hr			

Day 2 – 08:00 AM to 4:00 PM

Unit	Description	Contact Hours	Time	Instructor (s)	Rooms Chinook 1&2 & Chinook 3&4
	Table Top Exercise—Part 1	3.5 hrs			
	Lunch	1.5 hrs			
	Table Top Exercise—Part 2	3 hrs			

4:00 – 5:30 Main Conference Registration – Registration Table, outside of Orca 1

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CONFERENCE – DAY 1

Wednesday, May 11, 2022

7:00-8:30	Breakfast Orca 3		
	Orca 1		
General	Welcome		
8:30 – 8:45	<i>Celeste Davis</i>		
8:45-9:45	Key Note Speaker		
	<i>Rochelle Lubbers - Tulalip Chief Admin Officer</i>		
General	Guest speaker		
9:45-10:45	<i>Gordon James - President, Native Strategies</i>		
Break	15-minute Break Orca 3		
10:45 – 11:00			
Session 1	Health as a Sovereign Right: Delivery of Healthcare Services and COVID19 Response to Native Communities Along the Columbia River		
11:00 – 12:30	<i>Faron Scissons, Buck Jones, Rachelle Begay - Columbia River Inter-Tribal Fish Commission</i>		
90 minutes	<i>Iona Frank, Rosey Suppah - One Community Health</i>		
Lunch	Lunch Orca 3		
12:30 – 1:30			
	Orca 2	Chinook 3&4	Orca 1
Session 2a	Oregon Tribal Caucus	Idaho Tribal Caucus	Washington Tribal Caucus
1:30 – 2:00			
30 minutes			
Session 2b	Oregon Tribal/State Breakout Session	Idaho Tribal/State Breakout Session	Tribal-State Public Health Preparedness (PHEP) Funding Roundtable
2:00 – 3:30	<i>Carey Palm, OHA available for discussion</i>	<i>Joel Price, MCM Resource Management and Logistics Supervisor Available for discussion</i>	<i>Tamara Fife, Nathan Weed, Karen Kenneson; Washington State Department of Health</i>
90 minutes			

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Break/Reception Start

Orca 3

Fireside Chat

3:30 – 5:00

Facilitated by Celeste Davis, NPAIHB

90 minutes

Guest Panel:

Patrick Allen, Director Oregon Health Authority;

Dr. Umair A. Shah, Washington State Secretary of Health; Nathan Weed, Washington State DOH;

Dr. Christine Hahn, Medical Director, Idaho Division of Public Health;

Nickolaus Lewis, Chairman, NPAIHB; Laura Platero, Executive Director, NPAIHB

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Succession Planning: How to Avoid an Emergency When Key People Leave

Robert Thorn, Pinnacle Healthcare Consulting

CONFERENCE – DAY 2

Thursday, May 12, 2022

7:30-8:45	Breakfast Orca 3		
	Orca 1		
Session 3 8:45 – 10:15 90 minutes	Outbreak Investigation <i>Celeste Davis, NPAIHB; Richard Leman, OHA-HSPR</i> <i>(plus additional presenters)</i>		
10:15 –10:30	15-minute break Orca 3		
Session 4 10:30 – 11:10 40 minutes	Orca 2	Chinook 1&2	Chinook 3&4
	Expanding Tribal Public Health Foundational Capacity Through Experiences Learned from the COVID Pandemic <i>Tia Skerbeck, Keri Ellis, Emma Bankson, Glen Roggenbuck, Stormy Howell - Lower Elwha Klallam Tribe</i>	Succession Planning: How to Avoid an Emergency When Key People Leave <i>Robert Thorn - Pinnacle Healthcare Consulting</i>	Emergency Management Training - Documentation for recovery and FEMA assistance. <i>Jeff Choke, Jonette DeLaCruz, Mary Leitka - Nisqually Indian Tribe</i>
Session 5 11:15 – 11:55 40 minutes	Pivots in Community Health: Addressing an Unanticipated Health Emergency <i>Ashley Schmidt - Tulalip Tribes Community Health</i>	Wildfire Smoke Public Health Response in Washington State <i>Kaitlyn Kelly, Cory Portner - Washington State Department of Health</i>	Columbia River Inter-Tribal Fish Commission's EOC Response to COVID <i>Rob Lothrop, Julie Carter, Aja DeCoteau - CRITFC</i>
12:00 – 1:00	Orca 3 Lunch		

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CONFERENCE – DAY 2, continued

Thursday, May 12, 2022

Session 6 1:00 – 2:30 90 minutes	Orca 2	Chinook 1&2	Chinook 3&4
	Warm Springs Water Crisis and Covid-19 Issues <i>Daniel Martinez - Confederated Tribes of Warm Springs</i>	Priorities in Your Tribal Community to Improve Healthcare Access Following Natural Hazards <i>Jamie Donatuto - Swinomish Indian Tribal Community; Nicole Errett - University of WA</i>	Tribal Data Sovereignty and the Critical Role of Data in Public Health Governance <i>Heather Erb, Lou Schmitz - AIHC</i>
2:30 – 2:45	15-minute break Orca 3		
Session 7 2:45 – 3:25 40 minutes	The challenges of enforcing public health laws during a public health crisis <i>Shannon O’Fallon - Oregon Department of Justice</i>	Wildfire Smoke, Extreme Heat and Safety Factors Indoors <i>Gillian Mittelstaedt, Aileen Gagney - Tribal Healthy Homes Network; Erin McTigue - EPA Region X</i>	Handling Traditional Incident Command Training in medical emergency situations- CRITFC Enforcement and Fishing Site Maintenance support during COVID-19 Pandemic <i>Rob Lothrop, Mitch Hicks, Michael Broncheau, Charlieann Herkshan - CRITFC</i>
Session 8 3:30 – 5:00 60-90 minutes	Orca 2	Chinook 1&2	Chinook 3&4
	Leadership for Remote Teams (60 mins) <i>Shaan Rais - Omni Consulting Solutions</i>	COVID-19 Health Burden in Indian Country: How do we work together to decrease it? <i>Victoria Warren-Mears - EpiCenter Director, NPAIHB; Rose James - Urban Indian Health Institute; Richard Leman - Oregon Public Health Division; Jay Miller - Washington Department of Health, CDC; Fauna Larkin - Operations Director, Coquille Tribe</i>	The Power of Partnerships - How Building Relationships Improved Distribution of Vaccines and Therapeutics to Tribes During the COVID-19 Pandemic (90 mins) <i>Lou Schmitz, Heather Erb - AIHC (plus additional presenters tbd)</i>

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CONFERENCE – DAY 3
Friday, May 13, 2022

7:30-9:00	Breakfast Orca 3
	Orca 1
Session 9 9:00 – 10:30 90 minutes	Tribal Stories - Lessons Learned During the COVID-19 Pandemic About Planning and Preparedness (+ 6 more individuals 2 from each state tbd) <i>Lou Schmitz - American Indian Health Commission</i>
10:30 –10:45	15-minute break Orca 3
Session 10 10:45 –11:45 60 minutes	Environmental Health Hazards and Disasters <i>Celeste Davis & Ryan Sealy - NPAIHB</i>
11:45– 12:15 30 minutes	Wrap-up Session <i>Celeste Davis</i>



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Key Note Speaker:

- *Rochelle Lubbers; Tulalip Chief Admin Officer*

Guest Speaker:

- *Gordon James, President, Native Strategies*

Session 1:

- Health as a Sovereign Right: Delivery of Healthcare Services and COVID19 Response to Native Communities Along the Columbia River - *Faron Scissons, Buck Jones, Rachele Begay; Columbia River Inter-Tribal Fish Commission; Iona Frank, Rosey Suppah - One Community Health*
- Providing culturally appropriate healthcare services for Native People living along the Columbia River Gorge has never been accomplished before. There are 32 different Native communities along the river that include Celilo Village, 5 In-Lieu and 26 Treaty Fishing Access Sites. With a peak population of approximately 1,200 people during the height of the salmon fishing season, many people travel from Nez Perce, Confederated Tribes of the Umatilla Indian Reservation, Confederated Tribes of the Warm Springs Reservation of Oregon, and Confederated Tribes and Bands of the Yakama Nation to engage in fishing activities. This region along the river is especially important from a health care and emergency preparedness standpoint because these communities are quite far from many Indian Health Service (IHS) facilities. This vulnerability created by lack of access to tribal healthcare is also increased by the fact that many of these sites are without potable water, electricity, transportation, or access to food. To address the needs of people along the river, One Community Health (OCH) and the Columbia River Inter-Tribal Fish Commission (CRITFC) partnered to respond to the public health emergency. The focus of OCH and CRITFC collaboration is mobile COVID-19 testing, vaccinations, education, health insurance enrollment, behavioral health services, chronic disease health screenings, basic medical care, oral health, and distribution of masks, hand- sanitizer, cleaning supplies, wrap around support, food, personal hygiene products, and clothing to Native People along the Columbia River. We have organized several special events throughout the COVID19 pandemic to bring together community partners and provide health services and resources to Native People along the river. Our long-term vision is to create care coordination relationships with IHS clinics and provide local to medical, dental, and behavioral health care, that is coordinated with the CRITFC member tribes' health clinics.

Session 2a: Individual Tribal Caucus for each state



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Session 2b: Individual Tribal / State breakout sessions

Oregon

- **Carey Palm** · Tribal Liaison / GIS Coordinator at State of Oregon Public Health Emergency Preparedness Program - available for discussion

Idaho

- **Joel Price MCM**, Resource Management and Logistics Supervisor for the Public Health Preparedness & Response program, available for discussion

Washington


- Tribal-State Public Health Preparedness (PHEP) Funding Roundtable
Tribal-state roundtable to review funding resources and concepts for future collaboration for tribal-state public health preparedness projects. The audience for this session will be Washington State tribal leaders and/or representatives- **Tamera Fife, Nathan Weed, Karen Kenneson**; *Washington State Department of Health*

Session 3:

- Outbreak Investigation - *Celeste Davis, NPAIHB; Richard Leman, OHA-HSPR*
 - It's 4:30 pm on a Friday, and your phone rings... Unfortunately, in our modern era, outbreaks are frequent and can involve diseases from Hantavirus to vibriosis or even a novel coronavirus. This course will outline the basic principles and essential steps to take in determining if you have an outbreak on your hands, the science and epidemiology behind the disease, who should be involved in the investigation, and how to communicate your findings to the public

Session 4:

- Expanding Tribal Public Health Foundational Capacity Through Experiences Learned from the COVID Pandemic - *Tia Skerbeck, Keri Ellis, Emma Bankson, Glen Roggenbuck, Stormy Howell*; *Lower Elwha Klallam Tribe*
 - In this session you will learn ways to assist with the development or expansion of your Tribal public health foundational areas that are scalable for the size and needs of your Tribal community. The methods shared are lessons the Lower Elwha Klallam Tribe has learned from the COVID-19 pandemic response. Bring your




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organizational chart, community needs, knowledge of current programs and funding sources, and begin to map your inter-collaborative approach to Tribal public health.

- **Succession Planning: How to Avoid an Emergency When Key People Leave - *Robert Thorn, Pinnacle Healthcare Consulting***
 - Emergencies come in all shapes and sizes. Regardless of nature, one fact is certain: Key people are essential for getting through an emergency. However, key people sometimes leave organizations, including tribal healthcare organizations, for a variety of reasons. Sudden or planned departures can occur as a result of new opportunities, differences of opinion about the organization's direction, power struggles, or personal issues. While there is never a "good" time for key people to leave an organization, having a solid succession plan in place helps an organization avoid getting caught off guard and making matters worse. Scrambling to recover from an unplanned vacancy is never a best practice; rather, having and actively maintaining a succession plan is the best way to prevent a key staffing vacancy from contributing to an emergency, or worse, becoming a full-blown emergency on its own. According to studies, 76% of respondents indicated there is not an internal successor identified for their role; and, 60% said their organizations have no succession plan at all. Of those that do, history shows that fewer than 17% of identified successors are truly ready for their new role. This lack of planning and poor execution can weaken morale, undermine leaders and cause key people to leave unnecessarily. In this session, we will dive into five primary reasons for absent or poorly executed succession planning processes, and identify ways in which to best address them. By doing so, an organization is prepared to take changes in stride, both in good times and, as we have recently seen, during pandemics and other emergencies. It is often said the best way to prepare for an emergency is to prevent one from happening; or, when one does occur, to prevent it from getting worse. Succession planning is an organization's best insurance for emergency preparedness.

- **Emergency Management Training - Documentation for recovery and FEMA assistance - *Jeff Choke, Jonette DeLaCruz, Mary Leitka, Nisqually Indian Tribe***
 - Jeff Choke, Presenter
 - Training the emergency staff for response during any type of emergency is important to be organized. On Line: ICS100, ICS200, ICS700
 - Course on site: CERT, L0580, L0581 training announcements from tribes, counties or FEMA
 - These courses are FEMA certified and you will receive a certificate from FEMA.




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- Nisqually has certified 10 staff through L0581 because the L0582 is for the incident commanders.
- Emmitsburg Maryland and Alabama is FEMA training areas. Alabama is basically for the Native American tribes.
- Nisqually had trainings for ICS100-ICS200- CERT- L0580 and the instructors are certified so courses will be certified. Emergency management applies for the mission statement through JBLM to receive a number to be in compliance with FEMA. During the training students receive a handbook and CERT training will receive an Emergency Backpack.
- Hazard Materiel education are very important to our tribes and there is currently four of the staff that received training through the State of Washington and Alabama training center. There is one that is qualified completely and that is Jeff Choke.
- Jonette DeLaCruz- Presenter:
 - CEMP- Emergency Action Plans for departments- Declaration State of Emergency -Tribal These plans and resolutions are very important not only to the tribe but also for FEMA.
 - Recovery - The Pre-Disaster Recovery Planning Guide for Tribal Governments was published by FEMA in 2019.
- Ken Choke and Mary Leitka submitted the opinions on documents and the importance of supporting documents. Also forms that can be used during an incident and then used as supporting documents for assistance from FEMA.
 - FEMA applications for assistance and maintaining records not only during the disaster but also retaining records for audits.

Session 5:

- Pivots in Community Health: Addressing an Unanticipated Health Emergency - *Ashley Schmidt, Tulalip Tribes Community Health*
 - Tulalip Community Health was at the frontlines of the COVID-19 pandemic as it moved through the Tulalip tribal community. We were involved with covid case tracking, symptom education & management, community outreach, vaccination efforts and overall public education surrounding the pandemic. This presentation will review the successes and challenges our team encountered as we addressed this global unanticipated health




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emergency. I will discuss the learning curves we navigated, as well as the unanticipated challenges our team faced while working with a tribal community during a health pandemic that disproportionately targeted indigenous, rural and minority communities.

- Wildfire Smoke Public Health Response in Washington State - *Kaitlyn Kelly, Cory Porter; Washington State Department of Health*
 - Wildfires and resulting wildfire smoke are an increasingly important public health issue, as climate change has extended regional fire seasons and is increasing the frequency and intensity of wildfire events. Breathing in wildfire smoke can lead to health impacts that range from minor irritation to more serious, like exacerbations of pre-existing conditions and even increased risk of mortality. Washington State Department of Health develops health guidance and resources to local jurisdictions and responding agencies in decisions and action to protect their communities. Increases in wildfire smoke have led to a greater need for statewide preparedness, communication resources, and consistency in public health actions and health messages. This presentation provides an overview of health impacts of wildfire smoke exposure, the role of public health in response, available resources, and evolving best practices for intervention and risk communication strategies.


- Columbia River Inter-Tribal Fish Commission's EOC Response to COVID - *Rob Lothrop, Julie Carter, Aja DeCoteau,*
 - When it became apparent that responsibilities for providing COVID response to tribal communities along the Columbia River could be aided by the resources of the Columbia River Inter-Tribal Fish Commission, CRITFC drew upon its long-standing relationships with its member tribes governments and established an Emergency Operations Center and Incident Command structure patterned after FEMA's guidance and adapted to CRITFC's operating environment. For more than 24 months, CRITFC EOC for COVID Response along the Columbia River continues to meet weekly to assess the status of COVID infection rates in the nine counties along the Columbia River where federally managed tribal fishing sites are located, operated and maintained. The CRITFC EOC draws together resources from the CRITFC's member tribes, IHS, NPAIHB, local health care providers to coordinate safe fishery practices to protect the treaty fishing rights of CRITFC's member tribes. We greatly appreciate the participation and contributions in the CRITFC EOC, by CRITFC's member tribes, BIA, IHS, and others.

Session 6:



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- Warm Springs Water Crisis and Covid-19 Issues - *Daniel Martinez, Confederated Tribes of Warm Springs*
 - Since 2017, when Emergency Management first opened up its water distribution as a response to the damaged water pipes, roughly 3 million gallons of water was handed out to the community. The distribution primarily focused on giving out cases of water, 1-gallon jugs of water, exchanging empty 5-gallon jugs, as well as make deliveries to various departments and to other nearby agencies when necessary. While the method in which water distribution operated under changed over time, the most drastic changes occurred as a result of the Covid-19 outbreak. Due to Covid-19 and the dangers it brought to the community, water distribution adapted to include protective measures to handle the crisis, as well as included new methods to serve those affected by the virus. Individuals who come in to pick up water are now needed to stay within their vehicles during open hours to reduce the risk of exposure. Also due to covid-19, emergency management has also began preparing food boxes and PPE for quarantined families to limit the need to leave their homes. All of these activities consume a varying number of supplies which is consistently replaced to maintain an inventory able to last roughly 30 days. While a purchase may be required to replenish the stored supplies, a sizable portion of supplies handed to the community are received through donations from individuals, as well as other organizations.
- **What are your Tribe's Priorities to Improve Healthcare Access Following Natural Hazards? Guiding Research to Support Tribes** - *Jamie Donatuto, Swinomish Indian Tribal Community*
 - Cascadia CoPes Hub researchers would like to hear from you - tribal representatives and community leaders - about your tribal community priorities to improve healthcare access in disasters caused by natural hazards. The Cascadia Coastlines and Peoples Hazards Research Hub, or Cascadia CoPes Hub, is a multi-institutional team funded by the National Science Foundation (NSF) to advance scientific knowledge about hazards facing coastal communities and approaches to increase their resilience. The Hub seeks to work with Pacific Northwest tribal communities across Northern California, Oregon, and Washington to increase communities' adaptive capacity and ability to mitigate impacts from hazards like earthquakes, tsunamis, and climate change induced coastal change. During this session, CoPes Hub researchers will listen to your information needs to better understand healthcare access impacts on Cascadia coastal communities following disasters resulting from natural hazards. Findings from this session will be used to inform a research agenda of how to improve healthcare access following major disasters resulting from natural hazards in coastal and tribal communities. Through this work, CoPes researchers hope to establish and strengthen relationships with tribal coastal communities to collaborate on projects that




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tribes identify and prioritize. To learn more about the CoPes Hub, please visit the website <https://cascadiacopeshub.org/>

- Tribal Data Sovereignty and the Critical Role of Data in Public Health Governance - *Heather Erb, Lou Schmitz; AIHC*
 - Indigenous data sovereignty is the right of a nation to govern the collection, ownership, and application of its own data. Prior to COVID-19, Tribes in Washington State did not have access to public health data held in Washington State Department of Health (DOH) databases about Tribal citizens and Tribal communities. In response to advocacy by the American Indian Health Commission for Washington State (AIHC), the Washington State Department of Health allowed access to Tribal staff to information essential for Tribes to exercise their sovereign authority in conducting case investigations and contact tracing. Tribes partnered with neighboring local health jurisdictions to develop their own processes for sharing COVID-19 information needed to protect the health of their communities. AIHC is working with DOH to develop a data sharing agreement that respects key principles of Tribal data sovereignty. The session will include a broad overview of the draft Agreement.

Session 7:

- The challenges of enforcing public health laws during a public health crisis - *Shannon O'Fallon, Oregon Department of Justice*
 - The COVID-19 pandemic has presented many challenges for tribal, local, and state public health officials. One of these challenges has been deciding whether to impose requirements to protect the public's health, like requiring masks, physical distancing, vaccinations, and limitations on gathering size. If a decision is made to impose such requirements, how can these requirements be enforced and by whom? Do the enforcement tools that tribal, local, and state authorities have, work and are they effective? Does enforcement of requirements matter? If there is enforcement, will it be equitable? This session will explore these questions and issues, using real life examples if possible, and attempt to engage the audience in the discussion.
- Wildfire Smoke, Extreme Heat and Safety Factors Indoors - *Gillian Mittelstaedt, Aileen Gagney, Tribal Healthy Homes Network; Erin McTigue, EPA Region X*
 - Climate events are harmful in their own right, but they also drive people to spend more time indoors. Yet researchers have demonstrated that indoor air is frequently more harmful than outdoor air and can reach hazardous pollutant levels during wildfire smoke events. Smoke events introduce particles and gases into our




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indoor environments, while high heat events can increase the indoor levels of Ozone, a respiratory irritant. In this session, we will summarize the current science on climate events and the indoor environment, discuss the respiratory and cardiac health risks associated with these events, and describe effective and low-cost interventions shown to reduce exposure and protect residents. We will also provide community notification and outreach tools that Tribes can use during these events. An example of successful outreach efforts from a 2021 Tulalip wildfire-smoke readiness campaign will be highlighted.

- Handling Traditional Incident Command Training in medical emergency situations - CRITFC Enforcement and Fishing Site Maintenance support during COVID-19 Pandemic - *Rob Lothrop, Mitch Hicks, Michael Broncheau, Charlieann Herkshan: CRITFC*
 - Columbia River Inter-Tribal Fish Commission's Fishing Site Maintenance and Police departments were on the front lines of COVID response along the Columbia River. Funding for their efforts fell outside of the BIA, FEMA and the other typical federal emergency response programs, despite the many tribal members residing along the Columbia River and affected by the pandemic. Both departments are trained in emergency response protocols, primarily related to catastrophic events such as fires, oils spills and capsized vessels. The COVID pandemic presented new challenges to CRITFC's field presence, such as how to address shelter and sanitation needs for fishing families occupying campsites along the Columbia River. Their training in emergency services and incident command facilitated CRITFC's emergency response capabilities. Integrating health care systems into emergency response was a learning process for the CRITFC staff providing field services daily as well as their capabilities.

Session 8:

- Leadership for Remote Teams - *Shaan Rais, Omni Consulting Solutions*
 - Remote teams need remote leadership. Remote leadership requires a different skillset. Gone are the days of compliance, fear, and uncertainty. With the rise of virtual employment opportunities employees are feeling more entrepreneurial than before. How do we improve remote retention? AI and IT have made the human workforce replaceable. For positions that require human presence, relationship building is what's needed. Soft skills such as empathy, coaching, active listening, and compassion are the skills in demand. Hence, the emergence of "The Innovative Leader."



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- COVID-19 Health Burden in Indian Country: How do we work together to decrease it? - *Victoria Warren-Mears, EpiCenter Director, NPAIHB; Rose James, Urban Indian Health Institute; Richard Leman, Oregon Public Health Division; Jay Miller, Washington Department of Health, CDC; Fauna Larkin, Operations Director, Coquille Tribe*
 - The session will begin with a brief presentation of findings from a national study showing increased risk of COVID-19 hospitalization and mortality among Indian communities, as well as data on COVID-19 vaccine uptake in these communities. This will be followed by a brief discussion of the possible types of strategies (improved access to medications or vaccines, culturally responsive outreach programs to increase acceptance of medications/vaccines, systems that promote early use of treatment in appropriate patients, and improved access to and uptake of COVID-19 testing) that would be specific to controlling COVID-19, and other strategies (development to increase employment opportunities, infrastructure investment to improve access to timely health care, less crowded housing) that would have broader benefits for AI/AN health. The balance of the session would involve participants identifying potential strategies that states, Tribes, Urban Indian health programs, and Tribal epidemiology centers could pursue to lessen the impact of COVID-19 in Indian Country and improve resilience of AI/AN communities during future public health emergencies. Facilitators will capture these ideas in writing and subsequently share them more broadly with Tribal health directors, Tribal emergency managers, state public health colleagues, and other relevant partners.
- The Power of Partnerships - How Building Relationships Improved Distribution of Vaccines and Therapeutics to Tribes During the COVID-19 Pandemic - *Lou Schmitz, Heather Erb - AIHC (plus additional presenters tbd)*
 - Prior to 2012, there was little to no planning for the distribution of medical countermeasures to Tribes during public health emergencies. During the 2009-2010 H1N1 pandemic, catastrophic failures resulted in some Washington Tribes not receiving their jurisdictions' allocations of vaccines and antivirals. At Tribal leaders' direction, the American Indian Health Commission for Washington State (AIHC) established cross-jurisdictional collaboration meetings, engaging the Tribes, local health jurisdictions and Washington State Department of Health staff to build strategic relationships for public health emergency preparedness and response. These meetings built friendships; increased understanding about each jurisdiction's capabilities and challenges; produced policy guidance for Tribes, local health jurisdictions, Washington State, and the federal government; and ultimately resulted in very different outcomes for Tribal communities in Washington, compared to the H1N1 pandemic.



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Session 9:

- Tribal Stories - Lessons Learned During the COVID-19 Pandemic About Planning and Preparedness - *Lou Schmitz; American Indian Health Commission (plus 6 more presenters tbd, 2 from each state)*
 - This session will provide lessons learned from Tribes in each state. Emergency preparedness is a cycle that includes: planning, doing, learning and acting; or, as often stated: preparing, responding, recovering, and mitigating. Panel presenters will share examples of preparedness planning efforts their Tribe:
 - worked on prior to the COVID-19 pandemic that paid off and resulted in good outcomes
 - had in place, but missed the mark (did not fit with the needs during the COVID-19 pandemic)
 - had not worked on prior to the COVID-19 response, and they wished had been in place
 - now has on the “to-do” list to prepare for the next public health emergency

Session 10:

- Environmental Health Hazards and Disasters - *Celeste Davis, Ryan Sealy - NPAIHB*
 - Environmental health professionals play critical roles in emergency preparedness, response, and recovery. Emergencies and disasters can occur anywhere, and due to climate change, disasters occur at a greater frequency with more devastating results. These disasters affect human health, people’s lives, and the infrastructure built to support them. Health risks in emergencies can arise from a disaster’s effect on the physical, biological and social environment, including contamination or destruction of water, sanitation and waste-management systems, and shelter. During a natural disaster or other emergency, the primary role of any environmental health system is to provide services essential for protecting and ensuring the well-being of the people in affected areas, with an emphasis on prevention and control of disease and injury. The lack of public health infrastructure in our tribes creates a need for strengthening capacity to respond to, recover from, and mitigate environmental health hazards and related impacts resulting from, or exacerbated by, disasters or emergencies. This session will provide an overview of the myriad of environmental health hazards that can arise from a disaster, how to identify and mitigate environmental



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health hazards, and how to blend western science and traditional ecological knowledge to design the appropriate tribal interventions to mitigate future impacts from disasters.