



Self-Governance Communication & Education Tribal Consortium

October 9, 2020

Sent electronically to consultation@hhs.gov

The Honorable Alex Azar
Secretary of Health and Human Services
Department of Health and Human Services
200 Independence Ave SW
Washington DC, 20201

Re: COVID-19 Vaccination Planning for Indian Country

Dear Secretary Azar:

On behalf of the Self-Governance Communication and Education Tribal Consortium (SGCETC), a non-profit Tribal Consortium that serves as a resource to assist all Tribal Nations to achieve their goals of Self-Determination and Self-Governance, we submit the following comments in response to the COVID-19 Vaccination Planning for Indian Country Tribal Consultation.

During the 2009 H1N1 pandemic, American Indian and Alaska Native people had death rates four times higher than the nation. Despite the profound impact H1N1 had on Tribal Nations— access to and/or a distribution plan for vaccines were afforded last, if at all, to these vulnerable communities. In addition, the H1N1 vaccinations that were intended for Indian Country were distributed to state governments, which undermined the sovereignty and self-determination of Tribal Nations, and resulted in an insufficient number of vaccinations for Tribal communities. Given the lessons learned from the H1N1 pandemic, **we urge HHS to: (1) prioritize Indian Country for Phase 1 vaccine distribution; (2) provide Tribal Nations the option to have direct access to the vaccine supply intended for Indian Country; and, (3) honor Tribal allocation plans.**

Prioritize Indian Country

Vulnerable populations, to include Indian Country, should be targeted first for the COVID-19 vaccine. CDC data shows that COVID-19 pandemic also has a disproportionate impact for American Indian and Alaska Native people, with incidence of COVID-19 cases at 3.5 times that of non-Hispanic whites. The Federal government has unique trust and treaty obligations to Tribal Nations and their citizens, including the obligation to provide health care, and we urge the Administration to prioritize Tribal Nations and their citizens for Phase 1 of vaccine distribution. Further, we urge HHS to work with Tribal governments to obtain information on the population served by the Tribal government. Tribal governments are the only reliable source of information for this data. Further, Tribal epidemiology centers must be able to access information and data surrounding those who are vaccinated.

Direct Access to the Vaccine

Tribal governments need the option to have direct access to the vaccine supply designated for Indian Country. We understand that the Administration intends to provide two options to Tribal governments—receive a vaccine supply through a state government or through the Indian Health Service (IHS). We strongly disagree that these should be the only available options. We believe Tribal governments must have a third distribution option and have access to receive the vaccine directly from the Federal government. State governments have proven themselves to be, at best, unreliable in distributing federal supplies or pass-through dollars to neighboring Tribal jurisdictions. Tribal governments had to contend with multiple layers of bureaucracy to access personal protective equipment through IHS, resulting in significant delays receiving these critical supplies. Tribal Nations should not have to rely upon State governments or contend with multiple layers of government bureaucracy to access vaccines. Tribal Nations need an additional option through the Federal government—direct access to the vaccine supply designated for Indian Country.

Honor Tribal Allocation Plans

Each Tribal Nation has the sovereign authority to provide for the welfare of its people and, must have the authority to determine service populations, priority groups, and dispensing strategies. No other unit of government should make this choice. While we welcome the development of a model Tribal vaccine allocation plan, in consultation with Tribal Nations, Tribal governments should not be required to utilize any particular allocation plan or guideline. Only Tribal governments can determine how best to utilize a limited supply of vaccine or therapeutic within their communities.

Thank you for the opportunity to provide comments and recommendations. Please contact Jay Spaan, Executive Director, SGCETC at 918-370-4258 or jays@tribalseg.gov if you have any questions or to discuss the comments.

Sincerely,



W. Ron Allen, Tribal Chairman/CEO
Jamestown S'Klallam Tribe
Chairman of the Board, SGCETC