



June 8, 2020

Dear Tribal and Urban Indian Organization Leaders:

As we focus on the COVID-19 efforts, I feel it is important to also address other challenges across our country. Like many of you, I am outraged by the senseless killing of George Floyd. American Indian and Alaska Native people understand oppression, hostility, aggression, and other forms of adversity. I believe as a nation we can and will heal, but we have to take the time to hear the voices. There is no better time than now to have an open dialogue in our homes, communities, and across the nation. At the Indian Health Service, we will continue to foster an environment of acceptance and equality.

Weekly COVID-19 update:

As we progress into the recovery phase of our COVID-19 response efforts, we are committed to working closely with our federal partners, tribes, tribal organizations, and urban Indian organizations to support phased reopening of workplaces and restarting the American economy.

The IHS plan for resuming operations is based on the Department of Health and Human Service's Implementation Guidance for a Phased Return to Normal Operations, which describes a three-phased approach that places the health and safety of our employees and their families at the center of our decision making. Before proceeding to phase one, we will ensure we meet the [national gating criteria](#) in a state, county or tribal jurisdiction. This gating criteria includes a downward trend for 14 days of illness and COVID-19 cases, evaluating the local hospital capacity to treat patients, and a robust testing program for at-risk healthcare workers. Timing will be assessed continually and we will keep everyone updated on developments.

As the country begins to reopen, access to clear and accurate data is essential for making decisions critical to a phased reopening. Recently, HHS announced [new guidance](#) that specifies additional data that must be reported to HHS laboratories along with COVID-19 test results. This additional data ensures that all groups have equitable access to testing and includes demographics, like race, ethnicity, age, and sex. These requirements are a welcome

change that will enable us to better understand the impact of COVID-19 on our American Indian and Alaska Native communities.

Testing continues to be a major priority at the IHS. Across the Indian health system, our testing rate is 8% or 80 per 1,000 test completed. This compares favorably and exceeds the overall U.S. rate of 57 per 1,000 or 5.7%. During this public health emergency, a total of \$2.4 billion in new resources have been allocated to the IHS in support of the IHS, tribal, and urban Indian health system. We recently announced funds from the Paycheck Protection Program and Health Care Enhancement Act, which includes \$100 million for purchasing tests, test kits, testing supplies, and related personal protective equipment through the [IHS National Supply Service Center](#). These resources will provide critical supplies that can be distributed at no cost to IHS, tribal, and urban Indian health programs.

Last week, we announced that we established a [Critical Care Response Team](#) of expert physicians, nurses, and other health care professionals who are available on an as needed basis, and that can be mobilized and at a patient's bedside within 24-48 hours. This team can provide urgent lifesaving medical care to COVID-19 patients admitted to IHS or tribal hospitals. They can also provide hands-on clinical education while treating patients to help train our frontline health care professionals on the most current information to manage COVID-19 patients and other critically ill patients. This team will further enhance patient care throughout our Indian health system.

I encourage you to participate in the [2020 Administration for Children and Families Virtual Tribal Consultation](#) happening this week on [June 10](#) and [June 11](#). They are seeking your input on a variety of topics, including: Tribal Early Childhood Initiatives, [Administration for Native Americans](#) Policies, COVID-19, Missing and Murdered Native Americans, Child Support Enforcement, and more.

Finally, I want to remind you that responses are due by June 15 for the letter we issued on [May 22](#) requesting your assistance with identifying priority health professions for inclusion into categories eligible for the [IHS Scholarship Program for the 2021-2022 academic year](#) and for the [IHS Loan Repayment Program for the 2021 fiscal year](#). Your input helps us to determine the approved disciplines for the upcoming academic and fiscal year.

While our Indian health system is large and complex, we realize that preventing, detecting, treating, and recovering from COVID-19 requires local expertise. We continue to participate in conference calls with tribal and urban Indian organization leaders frequently to answer your questions and hear your concerns. Information for these calls are posted on our [IHS calendar](#). I

encourage you to continue checking our [IHS Coronavirus webpage](#) for the most up to date information on our COVID-19 response activities.

Respectfully,

Michael

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Director, Indian Health Service

Below is general information on various topics that could be of interest to you and your community. Web links are included where you can find more information on each topic.

Funding Opportunities and Technical Assistance:

- [ACF Office on Trafficking in Persons Letter to Grantees](#)
- [ACF Office on Trafficking in Persons COVID-19 FAQs - Part I](#)
- [ACF Office on Trafficking in Persons COVID-19 FAQs - Part II](#)
- [ACF announces \\$750 million more for Head Start Program](#)

Testing/Supplies/Contact Tracing Resources

- NEW: [Opening Up America Again Testing Blueprint Addendum](#)
- NEW: [CDC Self-Isolation and Self-Quarantine Home Assessment Checklist](#)
- NEW: [CDC Daily Temperature Log](#)
- [CDC Contact Tracing Communications Toolkit for Health Departments](#)
- [CDC Communication toolkit](#)
- [CDC Resuming Business Toolkit](#)
- [CDC Information on Identifying the Primary Components of Contact Tracing](#)
- [CDC Health Department Checklist: Developing a Case Investigation and Contact Tracing Plan](#)
- [CDC Information on Using Antibody Testing for COVID-19](#)
- [CDC Fact Sheet on Keeping Workplaces, Homes, Schools or Commercial Establishments Safe](#)
- [CDC Guidance for Employers with Workers at High Risk.](#)
- [CDC FAQs for K-12 Schools and Child Care Programs](#)
- [CDC Guidance for people at higher risk for severe illness](#) – UPDATED
- [CDC Interim guidance for clinicians](#) – UPDATED
- [CDC Guidance on How COVID-19 Spreads](#) – UPDATED
- [FDA Testing Supply Substitution Strategies](#)
- [FDA Resources on Coronavirus Disease 2019 \(COVID-19\) for Health Professionals](#)
- [ASPR Guidance on Healthcare System Preparedness for Secondary Disasters during COVID-19](#)

- [ASPR Resource on Rural Health and COVID-19](#)
- [FEMA Coronavirus Pandemic Response: Preparedness in a Pandemic Exercise Starter Kit](#)