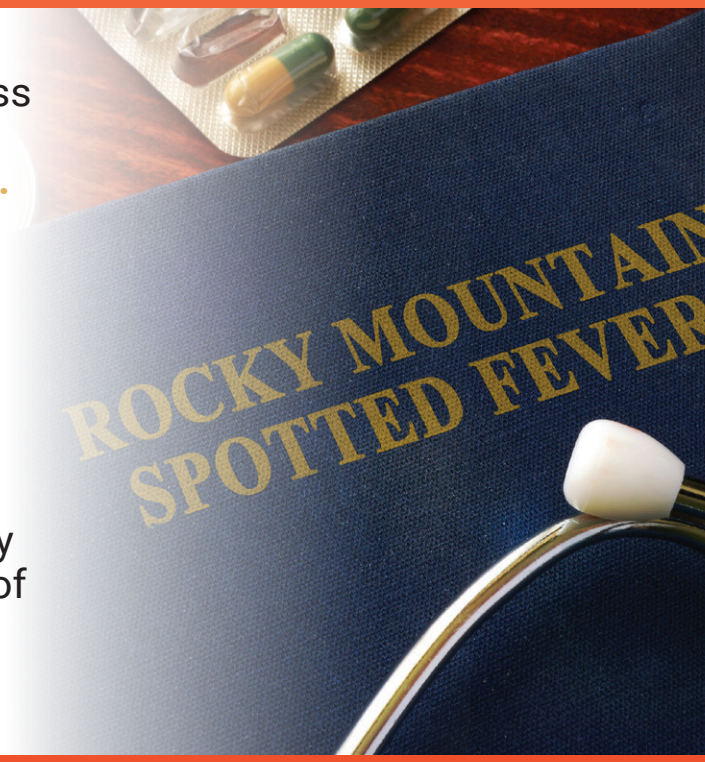
LEGISLATION TO DEVELOP DEDICATED AND SUSTAINED FUNDING STREAMS FOR TRIBAL PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAMS INCLUDING PREVENTION AND CONTROL OF VECTOR-BORNE DISEASES

POSITION STATEMENT

The 21 Tribes of the Inter Tribal Association of Arizona (ITAA) strongly request that public health preparedness emergency funding and other resources that support vector-borne disease surveillance, prevention, and control, be made explicitly and directly available to Tribes in order to protect public health.

KEY POINTS

- Public Health Emergency Preparedness (PHEP) Cooperative Agreement funds via CDC are **not available to all Tribes.**
- Passing CDC PHEP through states to Tribes is **not an efficient method** to address Tribal public health emergencies and prevent deaths.
- Allowing flexibility in the criteria for Epidemiology and Laboratory Capacity (ELC) grants from the CDC's Division of Vector-Borne Diseases (DVBD) could **help achieve health equity**.



BACKGROUND

In Arizona, the impact of vector-borne diseases, particularly tick and mosquito-borne diseases, differentially impacts Tribal members resulting in deaths. For ELC, Tribes are ineligible to apply, and often do not have the laboratory and epidemiologic infrastructure to meet the program goals that focus on strengthening epidemiologic capacity, enhancing laboratory practice, and improving information systems including developing and maintaining an information exchange.

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Position Statement

The 21 Tribes of the Inter Tribal Association of Arizona (ITAA) strongly request that public health preparedness emergency funding and other resources that support vector-borne disease surveillance, prevention, and control, be made explicitly and directly available to Tribes in order to protect public health. Tribes should have equal opportunity to enhance public health infrastructure by bolstering local vector control programs in both emergency and non-emergency situations, in the same manner as States, counties, cities, and territories. Tribes have made a fairly consistent request for at least a decade. These goals could be accomplished, in part, by:

Key Points

- Specific funding was made available for Rocky Mountain spotted fever (RMSF) response by Centers for Disease Control and Prevention (CDC) in 2021 for 6 Tribes. By only providing funding to previously impacted Tribes, this leaves 16 Tribes in Arizona (some of which are adjacent to areas with confirmed RMSF cases) without response support to prevent further cases by leaving large geographical gaps in coverage. Additional funding needs to be supplied to RMSF response funds, and made available for all AZ Tribes to be able to prevent and respond to RMSF and infectious diseases.

- Providing Tribes direct access to Public Health Emergency Preparedness (PHEP) Cooperative Agreement funds and associated supplemental funds via the CDC is of critical importance to ensure continuity of local response activities and prevention of death and disability. PHEP funds are directly available to states, and these funds were recently expanded in 2022 to include additional cities and counties based on 2019 United States Census data. However, the 2022 award did not expand PHEP funding for Federally-recognized Tribes (or their bona fide agents), and still required a Tribal service population of 50,000 or more.

- Passing CDC PHEP funds through the states' to Tribes is not an efficient method to address Tribal public health emergencies and prevent deaths as demonstrated by the Rocky Mountain spotted fever epidemic, coronavirus pandemic, and the congenital syphilis epidemic in Arizona.

- Allowing for flexibility in the laboratory and epidemiologic criteria for Epidemiology and Laboratory Capacity (ELC) grants from the CDC's Division of Vector-Borne Diseases (DVBD). At the moment, Tribes are not eligible to apply and the criteria is stringent. In order to meet the federal trust responsibilities, it should be considered to provide additional funds via ELC to Tribes to work to meet the criteria by building local public health infrastructure where needed.

Background

In Arizona, the impact of vector-borne diseases, particularly tick and mosquito-borne diseases, have had differential impacts Tribal members resulting in long-term disability and disproportionate death compared to the general population. RMSF has been an ongoing public health threat on Tribal lands in Arizona since its discovery in 2003. RMSF, a tick borne disease that is often fatal

if untreated, almost exclusively impacts Tribal lands, with at least 536 confirmed and probable cases reported in Tribal members from 2003-2022. In the most heavily impacted areas, the average annual incidence is over 150 times the national average. All 27 of the deaths from RMSF in Arizona have been American Indians.

Inclusion of Tribes in direct access to emergency funding for vector control and establishing sustained non-discretionary funding mechanisms for Tribal vector control programs under the Public Health Service Act is required under the federal government's trust responsibilities. In 2017, emergency funding for Zika response was distributed through the ELC and the PHEP programs for Tribes not receiving direct funding. Since 2000, the CDC has addressed the threat of vector-borne diseases in the US through the ELC grant program and, since 2002, public health emergencies have been addressed through the PHEP grant program. The ELC program gives grants to all 50 states and 6 large cities to implement vector control programs. For ELC, Tribes are ineligible to apply, and often do not have the laboratory and epidemiologic infrastructure to meet the program goals that focus on strengthening epidemiologic capacity, enhancing laboratory practice, and improving information systems including developing and maintaining an information exchange; allowing flexibility in this criteria, like working with an outside partner laboratory would be useful. Further, Tribes do have the capacity to meet the fourth goal, developing and implementing prevention and control programs if funding is available, but Tribes are outside the jurisdiction of state funded vector control programs. Tribes should not be disqualified from ELC due to lack of capacity, they should be provided additional funding in to build the necessary public health infrastructure.