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 Member 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 the publics' 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.

KEY POINTS

- **Provide Tribes direct access** to Public Health Emergency Preparedness (PHEP) Cooperative Agreement funds and associated supplemental funds via the Centers for Disease Control and Prevention (CDC).
- Allow 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). **Tribes are not currently eligible to apply** for these funds, and the criteria is stringent.
- Support the **Kay Hagan Tick Reauthorization Act** (H.R.4348) to protect the public health from tick-borne diseases.

BACKGROUND

In Arizona, the impact of vector-borne diseases, particularly tick and mosquito-borne diseases, differentially impacts Tribal members resulting in deaths. Rocky Mountain spotted fever (RMSF) has been an ongoing public health threat on Tribal Lands in Arizona since its discovery in 2003. RMSF in Arizona almost exclusively impacts Tribal lands, with approximately 567 cases reported for American Indians from 2003-2026, and 14 of those cases were reported within the last two years. All 28 of the deaths from RMSF in Arizona have been American Indians.

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Key Points

- Providing Tribes direct access to Public Health Emergency Preparedness (PHEP) Cooperative Agreement funds and associated supplemental funds via the Centers for Disease Control and Prevention (CDC). PHEP funds are directly available to states, local governments or the bona fide agents in four major metropolitan areas, and United States (US) territories and freely associated states, but not all Tribes.
- Passing CDC PHEP funds through the states' to Tribes is not an efficient method to address Tribal public health emergencies and prevent deaths.
- 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 for these funds, and the criteria is stringent. Additional funds can be provided via ELC to Tribes to work to meet the criteria by building local public health infrastructure where needed to address this gap in protecting the public health.
- Include RMSF prevention and mitigation veterinary strategies (i.e., spay/neuter, tick surveillance, canine tick prevention medicine) within the Veterinary Services to Improve Public Health in Rural Communities Act (119th Congress).
- Supporting the Kay Hagan Tick Reauthorization Act (H.R. 4348) to protect the public health from tick-borne diseases, including Tribal Health Departments and Tribal organizations (included in the original TICK Act Bill S.1657 passed by 116th Congress).

Background

In Arizona, the impact of vector-borne diseases, particularly tick and mosquito-borne diseases, differentially impacts Tribal members resulting in deaths. Rocky Mountain spotted fever (RMSF) has been an ongoing public health threat on Arizona Tribal Lands since its discovery in 2003. RMSF is a tick borne disease that is often fatal if untreated, particularly among children. RMSF in Arizona almost exclusively impacts Tribal lands, with approximately 567 cases reported for American Indians from 2003-2026, and 14 of those cases were reported within the last two years. All 28 of the deaths from RMSF in Arizona have been American Indians. Tribes and Tribal organizations should receive funding for needed veterinary care for RMSF prevention by adding RMSF to the Veterinary Services to Improve Public Health in Rural Communities Act. The RMSF outbreak persists on Arizona Tribal Lands today, and Tribes should be eligible to apply directly to CDC PHEP, ELC funding, and any future funding via the Kay Hagan Tick Reauthorization Act.