



***WA Pandemic After Action Review
Task Force Meeting #7
August 25, 2022***

Announcements/Reminders

- Update from focus area working groups: Kerstyn
- Focus area working groups B and C request for input: Tristan
- Equity discussion group will be meeting on August 29 from 12:00 - 1:00



Our Agenda for Today

- Welcome & Announcements
- Presentations: **COVID Response: Food Insecurity**
- Q&A/Discussion



BREAK

- Panel & Discussion: **COVID Response: Tribal Experience**
- September Preview & Closing

Key Prompts for Today's Presentations

1. How were your organizations and communities able to respond throughout the pandemic? What key lessons were learned? What partnerships were formed?
2. What key recommendations do you have for the state?



Food Insecurity & Pandemic Response

- Carmen Mendez & Christina Wong



- Katie Rains



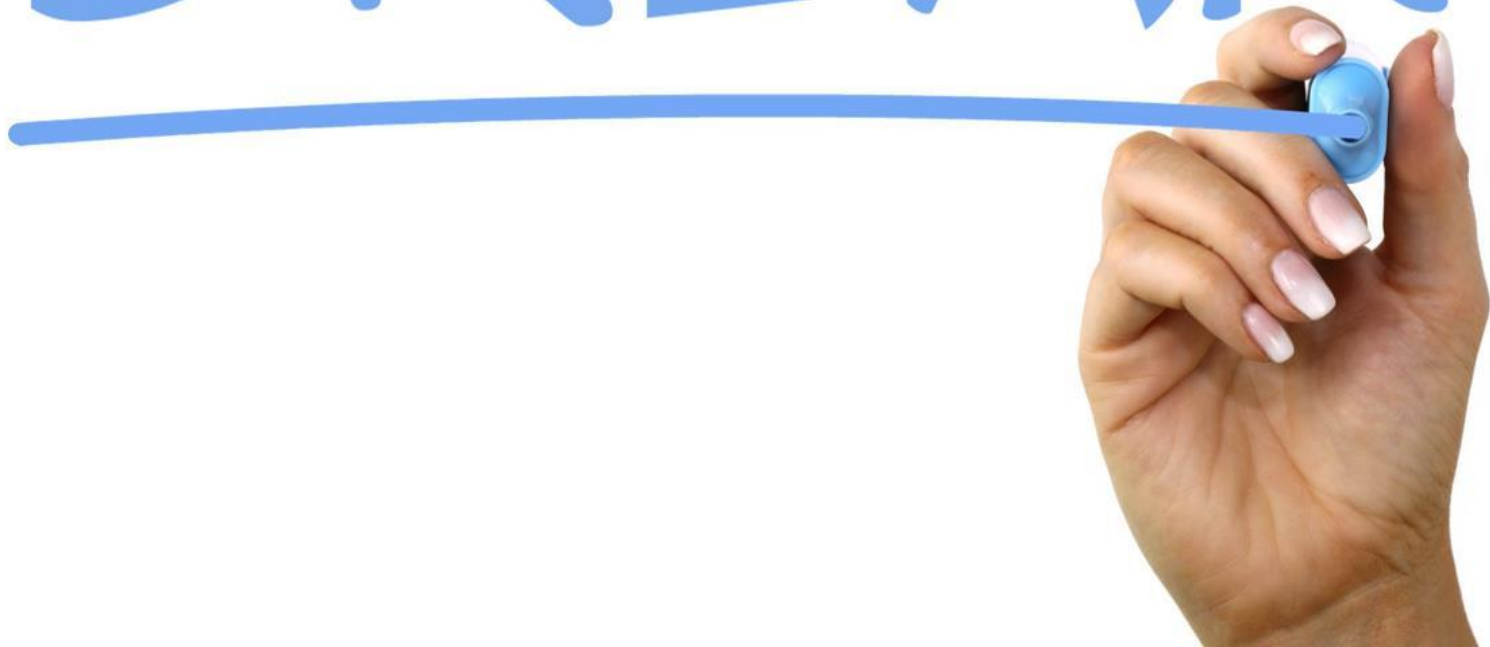
Washington
State Department of
Agriculture

- Leanne Eko



- Stephanie & Marlando Sparks

BREAK



Tribal Pandemic Experience

Nisqually Indian Tribe:

- Amber Arndt/Health Planner
- Mary Szafranski/Public Health Officer

Muckleshoot Tribe Health and Wellness Center

- Jeremy Pangelinan/Patient Services Director

Suquamish Tribe

- Cherrie May/Emergency Management Manager

Seattle Indian Health Board

- Ashley Balletto/Clinical Manager

American Indian Health Commission for WA State

- Vicki Lowe/Executive Director
- Heather Erb/Legal Consultant

Tribal Experience: Q&A/Discussion Points

- Elder lack of trust with vaccines - Elders on Council got vaccines, others saw older elders getting vaccinated and shared publicly.
- Value of regular meetings between tribes, DOH - suggest making regular; don't want to lose momentum.
 - Latest updates from IHS and DOH re: funding, urgent supplies, ease of coordination.
- Need for anti-racism to be part of planning/responses - Nisqually isolation & quarantine center experience scary, driven by racist/violent rhetoric. Keep anti-racism active and central in responses.
- Society-level racism. Partner with other BIPOC?
 - Native Project/Spokane: response included partnering with CBOs/Spokane (NAACP, Latinos in Spokane, Asian/Pacific Islander Assoc). Each tribe approached in their own ways.
 - Military-style efforts (eg, tents) not trusted by BIPOC communities. Instead did Saturday events, feel like their own community convenings.
 - Seattle Indian Health Board - opened services to other communities.
 - Joint events: ensure that culture integral, including music, food, other cultural components.
- AIHC have 5 'hot washes' to cover tribes in different regions, spur what needs to happen, what happened
 - One on one meetings with each tribe and Indian Urban Health Assoc.
 - Best practices, recommendations at local/state/federal levels to improve PH & Emerg Responses in the future
 - Each tribe will have their own private AAR; comprehensive report will compile relevant/actionable info, without attribution to specific tribes or associations.
- Working with DOH on how they worked with tribes, weekly updates.
 - DOH working to give AIHC has support they need, result in good listening and recommendations as we move into next phase; partnership for many years, great discussions, healthy description of key elements.
 - Secretary Weisman ensured tribal sovereignty honored re: choosing priority populations. Structure breaking work.
 - Nisqually hadn't done documentation, DOH put together webinar for learn how to order PPE, syringes, etc,
 - DOH learned so much from interactions. Continue future efforts.

Tribal Experience: Q&A/Discussion Points

- Sovereignty and prioritization: Jamestown S’Kallam worked with churches, volunteers - all came together re: vaccination clinic.
 - Started with elders >85. Don’t live as long, ends up choosing white people first. Not apparent to white population.
 - Prioritization: high level of respect to care for elders. One tribe in rural area with 2 home health agencies/learned that HHA workers needed access to vaccines, tribe prioritized vaccines to employees to keep others safe.
 - We breathe the same air, PH doesn’t stop at a jurisdictional boundary - use tribes’ wisdom re: what works in their community, use insight that other DMs might be blind to certain things.
- Recommendations: Jeremy/better inclusion of tribal PH officer with local PH officer communications. Improve collaboration/cooperation, to help each other, hope for better communication (Dr. Weisman was terrific). This has been the most exposure seen. DOH has been amazing resources, email with quick responses. Include tribes in LHJ communications. Sovereign lands within counties.
- Mary: appointed PH officer as public/health nurse. Had some background, learned a lot from Thurston County PH (less from state). County continues to assist with learning.
- Vicki: Continue to work with DOH on tribal staff access to DOH datasets, umbrella tribal data sharing agreement. Didn’t have access in early pandemic re: testing, took some pushing to DOH. Got access for tribal staff, to find positive test results, trace and take load off of LHJs.

Equity Principles/Question Toolkit Intro

- Intent
- Purpose
- Who is it for?
- How to Apply
- How to Embody

Thank You...

...for learning and sharing with us today.

- Future Meetings: Fourth Thursday of each month
- Next Meeting: **September 22nd** 9:00 AM to 12:00 PM

Link to AAR Website: <https://mil.wa.gov/pandemic-after-action-report-task-force>

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