



2014

FORUM REPORT
Tribal Public Health Code Forum

Hosted by:

Northern Plains Tribal Epidemiology Center &
Native American Research Center for Health
of the

Great Plains Tribal Chairmen's Health Board &
National Indian Health Board

May 16, 2014

Rushmore Plaza Holiday Inn

Rapid City, South Dakota

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Northern Plains
Tribal Epidemiology Center/
Great Plains
Tribal Chairmen's Health Board

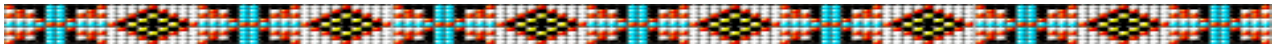


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EXECUTIVE SUMMARY

Currently, there is a syphilis outbreak on the Standing Rock Sioux Tribe (SRST) with rates not seen in more than 40 years. At the SRST tribes' request, CDC EPI AID team of four assisted with the syphilis outbreak/ investigation and ground support April 7-11, 2014. In the weekly conference calls that followed this CDC EPI AID, the SRST Tribal Health Director requested technical assistance (TA) with research on Tribal Public Health Infectious Disease (ID) Code because 1-2 individuals suspected of having syphilis were refusing treatment and possibly spreading the disease.

The CDC Public Health Law Program (PHLP) was participating in the CDC/ATSDR National Environmental Health Think Tank on May 14th and 15th and was able to stay an extra day to discuss the scope of a TA request in Rapid City, SD on May 16th. Northern Plains Tribal Epidemiology Center (NPTEC) wanted to support a forum but did not have an employee or funding available to assist with this event. However, with an incoming intern, Katie Kammert, and a collaborative partnership with NARCH and NIHB it became feasible to host this forum.

The forum was split into morning and afternoon sessions. The morning's session provided the "big picture" summary and covered many aspects of public health codes. Dr. Giroux and Dr. Smith's presentation provided background information and data to explain the need for Tribal Public Health Codes. The SDDOH and NDDOH presentations added law information on ID public health codes. Justin William (SDDOH) listed specific codes from SD state law; Tracy Miller (NDDOH) focused on the breadth of public health codes and their importance. The final morning presentation, by the National Congress of American Indians, summarized the importance of sharing tribal public health codes as resource for other Tribes and presented a case study on the impact of one Tribe's public health codes.

In the afternoon, the CDC PHLP presented on their TA process and their research packages. After which 15 people participated in a roundtable discussion meant to focus on tribal specific ID issues. But, participants chose to speak about a wide array of topics from cancer and HIV to substance abuse and behavioral health. It was decided that SRST will conduct additional research on Stafford Act and its applicability to declare a Public Health Emergency. Further internal dialogue is needed for Tribal direction on responsibility for Tribal Public Health Data. In the end, Dean DePountis, a SRST attorney, agreed to be a contact person for the CDC PHLP for research to identify a Tribal Public Health Authority and specific infectious disease codes.

I hope you enjoyed this report.

Katie Kammert



INTRODUCTION

The Northern Plains Tribal Epidemiology Center (NPTEC) and Native American Research Center for Health (NARCH) of the Great Plains Tribal Chairmen's Health Board's (GPTCHB), and National Indian Health Board (NIHB) convened the Tribal Public Health Code Forum on May 16, 2014 in Rapid City, South Dakota. Tribal Health Directors, Tribal Attorney Generals, Tribal Attorneys, Tribal Judicial Committee and Tribal Code Writers were invited to receive foundational information on reportable diseases and public health codes and to participate in strategic planning activities focused on developing public health infectious disease codes for Tribes. Approximately 50 individuals attended from the following tribes: Cheyenne River Sioux Tribe, Oglala Sioux Tribe, Rosebud Sioux Tribe, Santee Sioux Nation, Sisseton Wahpeton Oyate, Standing Rock Sioux Tribe, and Fort Peck from the Billings, Montana area¹. Organizations presenting included the Centers for Disease Control and Prevention's Public Health Law Program (CDC PHLP), Indian Health Service (IHS), National Congress of American Indians, National Indian Health Board (NIHB), NPTEC/NARCH and North Dakota and South Dakota Departments of Health. The Forum was hosted by NPTEC/GPTCHB staff and moderated and facilitated by Robert Foley, NIHB. A list of attendees and roundtable discussion participants can be found on page 19.

The Tribal Public Health Code Forum aimed to achieve the following:

- Provide an overview of Public Health Model versus Medical Model
- Reportable disease surveillance system
- Provide an overview of state and Tribal Public Health Codes
- Convene Area tribes to strengthen communication and nurture relationships
- Foster tribal leadership in the area of public health codes
- Facilitate strategic planning and identify technical assistance needs

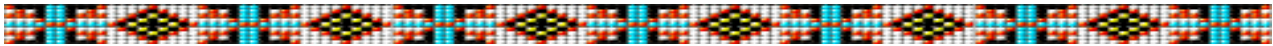
To achieve these aims, an agenda was developed to engage participants in a one day session of information, discussion and future action items.

PURPOSE

The term *public health law*² is often used to refer any statute or rule that protects public health and establishes a Public Health Authority to enforce the code. For example, public health codes often include language that delineates what happens when a non-compliant person with an infectious disease refuses to be treated and continues to spread it. The code identifies a person who is in charge of receiving reportable disease data and responding to the information with the appropriate action. As sovereigns, Tribes have the power to act on

¹ Great Plains Area- Indian Health Service tribes that did not attend included: Crow Creek Sioux Tribe, Flandreau Santee Sioux Tribe, Lower Brule Sioux Tribe, Omaha Tribe of Nebraska, Ponca Tribe of Nebraska, Sac & Fox Tribe of the Mississippi in Iowa, Spirit Lake Tribe, Three Affiliated Tribes, Trenton Indian Service Area, Turtle Mountain Band of Chippewa, Winnebago Tribe of Nebraska and Yankton Sioux Tribe.

²Definition from: http://www.oregonlaws.org/glossary/definition/public_health_law

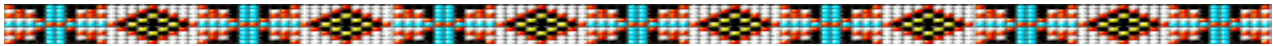


data from their community in a way that protects the community. Without Tribal public health laws the Tribes may have difficulty responding to surveillance results. Formal agreements with state and federal governments identify organizational responsibilities and increase efficiency of response. This is important for interfacing multiple jurisdictions in order to share data and respond to increases or outbreaks of Infectious Diseases. Without a designated Tribal Public Health Authority to receive reportable disease data it is unclear who should receive data and act upon it. Even one case of an Infectious Disease can manifest into an outbreak.

FORUM OVERVIEW

May 16, 2014

8:00-8:30 a.m.	Check In
8:30-8:45 a.m.	Welcome, Jerilyn Church, CEO GPTCHB Opening Prayer, Jesse Taken Alive
8:45-9:45 a.m.	Introductions and Icebreaker, Robert Foley, MEd, NIHB
9:45-10:30 a.m.	Framing the Discussion Reportable Disease Surveillance- Jennifer Giroux, MD/MPH, GP- IHS/GPTCHB/NPTEC Collaboration with the States' Health Departments to Disseminate Reportable Infectious Disease Data- Corey Smith, PhD, GPTCHB/NPTEC
10:30-10:45 a.m.	Break
10:45 – 11:15 a.m.	South Dakota Codified Laws Relating to Contagious Disease Control- Justin Williams, JD, General Counsel SDDOH North Dakota Public Health Laws Related to Infectious Disease- Tracy Miller, MPH, State Epidemiologist NDDOH
11:15- 11:45 a.m.	Tribal Public Health Law Database: Overview– Sarah Cline Pytalski, MPP, Malia Villegas, EdD, National Congress of American Indians
11:45-12:00 p.m.	Wrap up of Morning Session- Foley
12:00-1:00 p.m.	Lunch
1:00-2:00 p.m.	Tribal Public Health Law Initiatives– Aila Hoss, JD, Montrece Ransom, JD/MPH, Centers for Disease Control and Prevention, Public Health Law Program



	Mission and Services of PHLP, Tribal Public Health Law Initiatives, and Examples of Technical Assistance Requests
	Nominal Group Technique: Top 10 Infectious Disease Issues- Hoss, Kammert and Ransom
	What cultural, historical, or religious perspectives should be considered in the development of a tribal infectious disease code?
2:00-2:15 p.m.	Break
2:15-4:30 p.m.	Group Discussion
4:30- 5:00 p.m.	Next Steps/Adjournment- Dean DePountis, SRST Attorney and Montrece Ransom, CDC PHLP

*Additional presentation available, but not presented during forum:

Overview of Public Health Law- Carolyn Hornbuckle, JD, NIHB

PRESENTERS AND PRESENTATION SUMMARIES

Biographies of each presenter are in page 14. The following summaries include those presentations that covered reportable disease surveillance and public health codes. Powerpoint presentations can be obtained by visiting <http://gptchb.org/links/> and a recording of the morning and early afternoon sessions can be obtained by visiting <https://qpatr.webex.com/qpatr/ldr.php?RCID=6140ffcd79f4b3ecdd769f815c4471cf>.

Framing the Discussion: Reportable Disease Surveillance

Presenter: Jennifer Giroux, MD/MPH, NPTEC/GPTCHB/ GPA-IHS

Jennifer Giroux gave an overview of reportable disease surveillance and the need for integration of Tribal Nations into American Public Health Systems. She discussed the data from Bertolli et al, 2008 study which showed the high rates of infectious diseases among American Indians and Alaska Natives and inefficient collaboration between state health departments and Tribal agencies. She also addressed the need for public health infrastructure and Tribal Public Health Authorities to respond to the data. Modernization and interfacing of state public health codes and a Tribal Public Authority can move towards creating a more efficient Public Health response to Infectious Diseases on Tribal lands. This would allow both state and Tribal agencies to know each other's roles and functions in the reportable disease surveillance process and be able to create a standardized methodology for analyzing and acting upon data.

Presentation Objectives:

1. What is the American Public Health System?
2. What is the reportable disease surveillance system?
3. What is Public health?
4. Does your Tribe have a Tribal-designated Public Health Authority?



Making the Case: Infectious Disease Disparities Among Tribes in the Northern Plains

Presenter: Corey Smith, PhD NPTEC/NARCH/GPTCHB

Corey Smith provided background on his work with STD (Chlamydia, Gonorrhea, Syphilis and HIV) rates in the American Indian population across the Northern Plains states (ND, SD, and NE). He shared results for individual states, as well as the aggregated data for each STD to highlight the high rates among American Indians and the growing racial disparities between native and non-native population.

South Dakota Codified Laws Relating to Contagious Disease Control

Presenter: Justin Williams, JD, General Counsel SDDOH

Justin Williams discussed specific codified laws that relate to contagious disease control for SD. These included: codes related to exposure of others to contagious disease as a misdemeanor, mandatory communicable disease reports from physicians, laboratories and institutions, confidentiality of reports and declarations of public health emergencies. He also listed specific diseases as they relate to the danger to the public and the resources where people can reference for more information concerning communicable conditions.

Presentation Objectives:

1. Increase awareness of South Dakota's contagious disease laws
2. Increase awareness of South Dakota's contagious disease administrative rules
3. Make at least 5 people laugh

North Dakota Public Health Laws

Presenter: Tracy Miller, MPH, State Epidemiologist NDDOH

Tracy Miller shared information regarding the Century Code, specific to reportable diseases, and the Administrative Rule, specific to reportable conditions. Her slides addressed North Dakota laws that clarify how public health information is collected, who to report reportable diseases to and what measures are taken to keep that information confidential. Tracy also included a detailed list of what ND considers reportable conditions and the specific requirements for reporting for these diseases.

Presentation Objectives:

1. Provide information on reporting and reportable conditions
2. Provide Century Code and where to find full code
3. Provide Administrative rules and where to find full articles



The Tribal Public Health Law Database: An Overview

Presenters: Sarah Cline Pytalski, MPP, Malia Villegas, EdD, National Congress of American Indians (NCAI)

Sarah Cline and Malia Villegas discussed NCAI's Tribal Public Health Law Database in which they are able to host legal information on publically-available tribal public laws. Their database has 383 tribal codes, representing 82 tribal nations that address alcohol and drugs, traffic and road safety, agriculture, public health, research and infrastructure. They also cited numerous codes from different tribes such as Sisseton Wahpeton Oyate and Hoopa Valley that listed regulations concerning food safety, treatment of prisoners and infectious disease. Their presentation also emphasized the need to hear from Indian Country in order to update their database and develop policy brief that benefit Tribes.

Using Law to Advance Tribal Public Health Law: The Public Health Law Program's Role

Presenters: Aila Hoss, JD, Montrece Ransom, JD/MPH, Centers for Disease Control and Prevention, Public Health Law Program

Aila Hoss and Montrece Ransom summarized the CDC's Public Health Law Program (PHLP) and the PHLP Tribal Public Health Law Tracks as well as their TA request process and research packages. Their presentation highlighted that they use law to create tools that can influence public health outcomes. The CDC's PHLP strives to support tribal engagement efforts through outreach followed by research. After consulting with a client PHLP lawyers research laws from around the country to identify language that correlates with the issues addressed by their client. Once this research has been gathered and organized it is presented as a "menu" for the Tribes to choose what they would like to use in their community. The CDC PHLP does not provide legal advice yet its outreach, research and engagement serve to assist Tribes utilize law as a public health tool.

Presentation Objectives:

1. Describe the mission and services of CDC's Public Health Law Program
2. Discuss PHLP's Tribal public health law initiatives
3. Discuss examples of PHLP's Tribal public health law technical assistance requests



***Due to schedule changes Carolyn was unable to present. Her PowerPoint is included in the Forum resources.**

Overview of Public Health Law

Presenter: Carolyn Hornbuckle, JD, NIHB

Carolyn Hornbuckle's presentation addresses the advantages of codes in public health. Codes are important for setting out systems that provide for community needs by setting expectations and infrastructure that are also sustainable. Besides her general overview she also outlines the process for beginning to create a code. This involves identifying specific issues that you want the code to address, researching existing codes and consulting with experts and local leaders.

STRATEGIC PLANNING

During the afternoon session Tribal Health Directors, Tribal Attorney General, Tribal Attorneys and Tribal Council Elected Officials were asked to discuss specific community issues that are instrumental in developing a public health code.

Given the focus of the Forum on Tribal Public Health Codes, the attendees identified priorities and technical assistance needs. The following is a summary of emerging themes:

Defining a Public Health Authority

Priorities:

- Define Public Health Authority position and develop supporting codes

Technical Assistance Needs:

- PHLP will research current/available codes, policies and procedures to create a menu of options
- Provide resources and support on how to develop plans, policies and procedures
- Develop model codes, policies and ordinances

CDC PHLP TA:

- PHLP will research current/available codes, policies and procedures to create a menu of options

Provide Reservation Specific Infectious Disease Data to Tribes

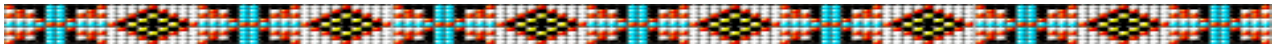
Priorities:

- Provide monthly reservation specific infectious disease (STIs, syphilis, Hep C, TB and HIV) data to a Tribal Public Health Authority

Technical Assistance:

- PHLP refers to the Network for PH Law for existing research on data sharing agreements
- Work with state health departments to obtain reservation county level data and standardize the format and analysis of these data for Tribes.
- PHLP will research disease specific tribal public health codes

CDC PHLP TA:



- PHLP refers to the Network for PH Law for existing research on data sharing agreements
- PHLP will research disease specific tribal public health codes

Declaration of Standing Rock Sioux Tribe Public Health Emergency

Priorities:

- Fort Yates IHS personal and capacity overwhelmed by syphilis outbreak and unable to provide normal, routine care
- Need for additional position to lead the outbreak response
- Tribal Attorney to determine if The Stafford Act 42 U.S.C. 55121 et seq. (allows Federal assistance to state, local, and tribal governments responding to catastrophic events) is applicable to this situation, if so.
- Standing Rock Sioux Tribe attendees to approach Tribal Chairmen for a declaration of a Public Health Emergency.

Topics of discussion included: partnerships with I.H.S., local and state health departments to develop plans for diagnosing, investigating and responding to health problems and hazards; community education, prevention and awareness on health problems and hazards; youth are a top priority for wellness promotion and disease prevention.

Technical Assistance:

- Assessment of syphilis outbreak costs (resources and direct funding to Tribes).

Ownership of Tribal Public Health Data

Priorities:

- Educating Tribal leaders about the difference between public health and research data
- Directions from Tribal leaders about dissemination of reservation specific data

Technical Assistance:

- Development of educational curriculum on data and types

Next Steps

- Dean DePountis and Montrece Ransom would consult concerning the CDC Technical Assistance on Public Health Codes.
- Jennifer Giroux would approach CDC economists for Technical Assistance on assessing the cost of syphilis outbreak.
- Margaret Gates and Wehnona Stabler would start drafting a code.
- Katie Kammert would gather the presentations and draft a report that would be available for everyone on a website.

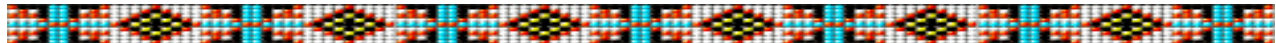


EVALUATION

Framing the Discussion: Reportable Disease Surveillance <i>Dr. Jennifer Giroux</i>	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly disagree
Presenter for this session was well informed.	6	1			
My personal knowledge of the subject was increased.	4	3			
The presenter was effective in delivering the material.	6	1			
The session met or exceeded my expectations.	5	2			

Making the Case: Infectious Disease Disparities Among Tribes in the Northern Plains <i>Dr. Corey Smith</i>	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly disagree
Presenter for this session was well informed.	6	1			
My personal knowledge of the subject was increased.	3	4			
The presenter was effective in delivering the material.	4	3			
The session met or exceeded my expectations.	2	5			

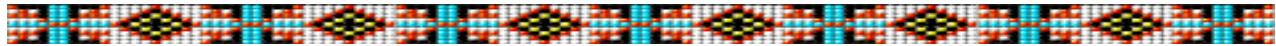
South Dakota Codified Laws Relating to Contagious Disease Control <i>Justin Williams</i>	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
Presenter for this session was well informed.	2	5			
My personal knowledge of the subject was increased.	2	5			
The presenter was effective in delivering the material.	1	5	1		
The session met or exceeded my expectations.	1	6			



Presenter for this session was well informed.	3	4			
My personal knowledge of the subject was increased.	2	4	1		
The presenter was effective in delivering the material.	1	5	1		
The session met or exceeded my expectations.	1	5	1		

The Tribal Public Health Law Database: An Overview <i>Sarah Pytalski and Malia Villegas</i>	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
Presenters for this session were well informed.	5	2			
My personal knowledge of the subject was increased.	5	2			
The presenters were effective in delivering the material.	6	1			
The session met or exceeded my expectations.	4	3			

Wrap Up of Morning Session <i>Robert Foley</i>	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
Presenter for this session was well informed.	2	3			
My personal knowledge of the subject was increased.	2	3			
The presenter was effective in delivering the material.	3	2			
The session met or exceeded my expectations.	2	3			



Using Law to Advance Tribal Public Health Law: The Public Health Law Program's Role <i>Aila Hoss and Montrece Ransom</i>	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
Presenters for this session were well informed.	4	3			
My personal knowledge of the subject was increased.	4	3			
The presenters were effective in delivering the material.	4	3			
The session met or exceeded my expectations.	3	4			

Overall Tribal Public Health Code Forum	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
The Tribal Public Health Code Forum met my expectations.	3	3			
I can put to use what I learned.	3	3			
I plan on attending future Tribal Public Health Code Forums.	4	2			
Keynote presentations were useful and relevant.	4	2			
Overall all the speakers were relevant and dynamic.	4	2			
I found time to visit the informational booths at the Forum.	3	1	1	1(NONE)	

1. What were the **most useful** elements of the Tribal Public Health Code Forum, and why?

- Books, Info, resources that are out there that Tribes can seek T..A.
- Statistics, existing State Law and available T.A.
- All info!
- Roundtable discussion, nice to know other reservations/Tribes are experiencing
- Information/sharing

2. What were the **least useful** elements of the Tribal Public Health Code Forum, and why?

- Overtalk & waaaay off subject agenda
- All useful (some more long-term)

3. Do you have any **general comments** you would like to make about the Tribal Public Health Code Forum?

- Thank u!
- Enjoyed the forum
- More continued work



PRESENTER BIOGRAPHIES

Jennifer Giroux, MD, MPH

Medical Epidemiologist

GPA-IHS/Great Plains Tribal Chairmen's Health Board/Northern Plains Tribal
Epidemiology Center

Biography:

Dr. Jennifer Giroux is a member of the Rosebud Sioux Tribe, a mother of 3 (2 *hunka*) young women and a medical epidemiologist for the Great Plains Tribes and Indian Health Service. She leads the management of outbreaks for 17 Tribes in the 4 state region: ND, SD, IA, NE. She provides public health and epidemiology technical assistance and leadership to Tribes, Great Plains Tribal Chairmen's Health Board (GPTCHB), state health departments and other organization with a focus on building collaborations to meet Tribe's public health needs. She was pivotal starting the Northern Plains Tribal Epidemiology in Rapid City, SD, and the Rocky Mountain Tribal Epidemiology Center in Billings, MT, two entities that help make up the public health front line in this region of Indian Country.

She completed undergraduate at Montana State University, Bozeman, Montana. She started medical school at Dartmouth and graduated from the Indians into Medicine Program (INMED), University of South Dakota. While finishing medical school with the INMED program she worked for the Aberdeen Area IHS Epidemiology Program on the Strong Heart Study, Sioux Cancer Study, and Infant Mortality Study. She completed her internship with the Internal Medicine Program. Merit Care, Fargo, North Dakota before serving as an Epidemic Intelligence Service Officer for the Centers for Disease Control and Prevention where she spent two years learning to manage outbreaks in Indian Country with the Indian Health Service. She completed her Masters in Public Health in Epidemiology at the University of Minnesota. She did her Preventive Medicine Residency at the Division of Tuberculosis Elimination at Centers for Disease Control and Prevention, Atlanta, GA.

Contact Information:

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Corey B. Smith, MA, MHS, PhD

Director of Science and Applied Informatics
Great Plains Tribal Chairmen’s Health Board/Northern Plains Tribal Epidemiology Center

Biography:

Dr. Corey Smith serves as the Director of Science and Applied Informatics for the Great Plains Tribal Chairmen’s Health Board and senior epidemiologist for the Northern Plains Tribal Epidemiology Center (NPTEC). He has been with the NPTEC since 2007. Prior to joining the NPTEC, Dr. Smith held positions in the commercial sector developing and evaluating informatics solutions for the clinical and public health markets. As the Principal Investigator of the HIS/NIH-funded Native American Research Center for Health (NARCH) V and VI programs, Dr. Smith provides administrative oversight and scientific support to several research studies and workforce development initiatives aimed at developing and expanding the research capacity of the 18 Tribal nations and communities in the Northern Plains. He currently resides in Rapid City, South Dakota with his wife and two daughters.

Dr. Smith completed his undergraduate education at Oral Roberts University in Tulsa, Oklahoma. He also holds the Master of Health Sciences and PhD degrees in public mental health with a concentration in psychiatric epidemiology from the Bloomberg School of Public Health at the Johns Hopkins University. After completing his doctoral degree in 2002, he went on to become a National Library of Medicine postdoctoral fellow in health sciences informatics at the Johns Hopkins School of Medicine. He is also clinically trained at the Master’s level in Counseling Psychology. His professional interests include the development and application of systems for public health surveillance, and, innovative uses of information and communication technologies for the delivery of public health interventions to underserved populations.

Contact Information:

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Justin L. Williams, JD

General Counsel

South Dakota Department of Health

Biography:

Justin grew up in Pierre, SD and attended college at the University of South Dakota where he graduated cum laude with a Bachelor of Business Administration in Economics. He then moved to Omaha, NE to attend Creighton University School of Law. While in law school, Justin also pursued a joint Master of Business Administration degree from Creighton University College of Business.

In the summer of 2010, Justin graduated with joint JD/MBA degrees from Creighton University. He worked in private practice of law in Omaha for approximately 18 months before moving back to Pierre and joining the South Dakota Department of Health in early 2012. In his free time, Justin and his wife, Karli, enjoy traveling, camping, boating, and spending time with friends and family.



Contact Information:

South Dakota Department of Health
600 East Capitol Avenue
Pierre, SD 57501
(p) 605-773-3361

Tracy Miller, MPH

North Dakota Department of Health, Division of Disease Control

Biography:

Tracy K. Miller, MPH: Joined the North Dakota Department of Health in 1998 as a field epidemiologist and was named state epidemiologist in 2010. She is the primary lead for infectious diseases but has assumed the roles of occupational health epidemiologist and informatics lead for the division. A native of Savage, Mont., Miller earned a bachelor's degree from the University of Mary, a Master's of Public Health from the University of Minnesota and is currently pursuing a doctoral degree from Walden University.

Contact Information:

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Aila Hoss, JD

Legal Analyst/ORISE Fellow
CDC's Public Health Law Program

Biography:

Aila Hoss serves as a Legal Analyst/ORISE Fellow for the CDC's Public Health Law Program, which works to improve public health through the development of legal tools and provides legal technical assistance to state, tribal, local, and territorial governments. Ms. Hoss's research portfolio includes public health enabling authorities, Tribal public health law, and federal Indian law.

Ms. Hoss earned her J.D. from the University of Oregon School of Law where she studied Health Law, Tribal Law, Federal Indian Law, and Environmental Law. Ms. Hoss earned her B.A. from Emory University and is an active member of the Indiana bar.

Contact Information:

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Montrece Ransom, JD, MPH

Team Lead for Training and Workforce Development
Public Health Law Program / Office for State, Tribal, Local, and Territorial Support
Centers for Disease Control and Prevention

Biography:

Montrece McNeill Ransom, JD, MPH currently serves as the Team Lead for Training and Workforce Development with the Public Health Law Program (PHLP) in the Office for State, Tribal, Local, and Territorial Support at the Centers for Disease Control and Prevention (CDC). Her primary responsibilities involve the development and delivery of public health law related training and curriculum to internal and external audiences. Ms. Ransom was appointed to CDC as a Presidential Management Fellow in 2001, and her responsibilities have included directing the Community Public Health Legal Preparedness Initiative, serving as the lead coordinator for CDC’s annual Public Health Law Conference, and developing a first of its kind partnership between CDC and the American Bar Association. From 2009-2011, Ms. Ransom was assigned to the Office of Program Development, within the Office of the Director of National Center for Environmental Health and Agency for Toxic Substances and Disease Registry. In this capacity, she served as a member of the *National Conversation on Public Health and Chemical Exposures* team. The efforts of this team led to the successful development of an Action Agenda with clear, achievable recommendations intended to help government agencies and other organizations strengthen their policy efforts to protect the public from harmful chemical exposures. Since her return to PHLP in 2011, Ms. Ransom’s principal focus has been on creating and offering training aimed at increasing the capacity of public health practitioners across governmental levels to understand and use law to advance public health goals.

Ms. Ransom is a graduate of the University of Alabama School of Law and Emory University’s Rollins School of Public Health. Ms. Ransom holds an undergraduate degree in Speech Communication from Columbus State University, Columbus Georgia, and has earned Training Certification with the American Society of Training and Development. She is a published author, and has presented and published on a broad range of topics including public health emergency law, public health legal preparedness, health disparities, careers in public health, and environmental public health law.

Contact Information:

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Sarah Cline-Pytalski, MPP

Policy Research & Evaluation Manager
National Congress of American Indians

Biography:

Sarah Cline-Pytalski is a researcher and policy practitioner interested in Indian Country law & order, judicial sovereignty, and international comparative analysis.

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Malia Villegas, EdD

Director, Policy Research Center
National Congress of American Indians

Biography:

Dr. Malia Villegas is an enrolled member of the Native Village of Afognak in Alaska and currently serves as the Director of the National Congress of American Indians Policy Research Center. Villegas has developed extensive research and community relationships with Indigenous communities across the Pacific Rim, including those in Aotearoa/New Zealand, Australia, Hawai'i, and Alaska related to Indigenous research training, strengthening Indigenous education, and exploring the role of culture in environmental planning. Along with her role as the Co-Core Director for the Research Partnerships with AI/AN Communities Core of the Washington University Center for Diabetes Translation Research funded by NIDDK (1P30DK092950-01); she serves as the Principal Investigator of the NCAI-UNM-UW NARCH V (U26IHS300293/01), "Research for Improved Health: A National Study of Community-Academic Partnerships"; and the Co-Project Director of a privately-funded project developing tribal capacity in the public health law arena. Villegas is committed to supporting the development of AI/AN scholars in research careers and to advancing tribal sovereignty in research.

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Mario Gonzalez, JD

Gonzalez Law Office PC

Biography:

Mario Gonzalez. *Nantan Hinapan* “Comes Out Charging,” is an enrolled member of the Oglala Sioux Tribe and a descendant of Chief Lip's Band. Also related by blood to some of the victims and survivors of the massacre. Dewey Beard , the last survivor of the Battle of the Little Bighorn and an 1890 Massacre survivor, a first cousin to his great-great-grandmother, Rattling Hawk. Dewey's real mother, Seen By Her Nation, and great-great-great-grandmother, Jealous Of Her, were sisters.

Mario has served as legal counsel to several Sioux tribes. He is the first recipient of the Distinguished Aboriginal Lawyer Achievement Award (1995) given by the Native Law Center of Canada, University of Saskatchewan, Saskatoon, Sask.

He is also co-author of *The Politics of Hallowed Ground: Wounded Knee and the Struggle for Indian Sovereignty* (1999).

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Carolyn Angus-Hornbuckle, JD

Acting Deputy Director

Director of Public Health Programs and Policy

National Indian Health Board

Biography:

Dr. Carolyn Angus-Hornbuckle currently serves as the Acting Deputy Director for the National Indian Health Board (NIHB). Immediately prior to her current role, Ms. Hornbuckle served as Director of Public Health Programs and Policy. Before serving as Director, Ms. Hornbuckle served as Public Health Communications and Program Manager. Ms. Hornbuckle graduated from the Sandra Day O'Connor College of Law at Arizona State University and was awarded her J.D. in 2009. During law school, Ms. Hornbuckle studied federal Indian law and participated in the school's Indian Legal Program. While in law school, Ms. Hornbuckle was named a Pedrick Scholar (Dean's List) and received a Cali Award. She completed internships at the United States Attorney's Office for the District of Arizona and the Arizona Attorney General's Office. After graduating, Ms. Hornbuckle served as a law clerk for the Office of the General Counsel at the Salt River Pima-Maricopa Indian Community.

Ms. Hornbuckle is a member of the Arizona Bar and is of Mohawk descent.

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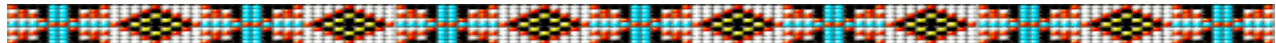
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ATTENDEES

CRST	Margaret Bad Warrior	Tribal Health Administrator
CRST	Raylene Miner	Women's Health Outreach Coordinator/Recruiter
OST	Tatewin Means	Tribal Attorney General
OST	Jennifer Irving	Tribal Health Director
OST	Bernice Delorme	Attorney
OST	Mario Gonzalez	Attorney
OST	Marjorie Winters	Director of Native Women's Health Clinic
RST	Rosalie Little Thunder	Tribal Member
RST	Brock	Health Administrative Secretary
RST	Tony Metcalf	Tribal Health Board Member
RST	Gabriel Medicine Eagle	Tribal Health Board Member
RST	Sarah Reynolds	Tribal Health Director
RST	Floyd Reynolds	Tribal Health Board Member
RST	Eric Antoine	Attorney
SSN	Dave Henry	Vice President
SSN	Mike Henry	Tribal Health Director
SSN	Sidney Tuttle	Human Resource Director
	Constantinos "Dean" DePountis	Attorney
SRST	Jesse Jay Taken Alive	HEW Chair & Tribal Council Member
SRST	Phyllis Young	HEW and Tribal Council Member
SRST	Natalia Brownotter	Health Education Director
SRST	Colleen Buckley	Director of Public Health Nursing
SRST	John Eagle Shield	Community Health Resource Director
SRST	Margaret Gates	Tribal Health Director
SRST	Jana Shields-Gipp	Indian Health Clinic
SRST	Dr. Lynelle Noisy Hawk	IHS
SRST	Wehnona Stabler	Indian Health CEO
SRST	Adele White	Secretary
FPT Sanford	Dennis Four Bears	Fort Peak Tribal Health
Research	Victoria Grey Owl	Associate Scientist for Sanford Research
GPTCHB/NPTEC	Corey Smith	Director of Science and Applied Informatics

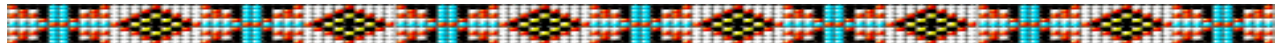


GPTCHB/NPTEC	Jennifer Giroux	GPA-IHS Medical Epidemiologist
GPTCHB/NPTEC	Brenda McGlynn	Academic Programs Coordinator
GPTCHB/NPTEC	Staci Hunter	NPTEC Administrative Coordinator
GPTCHB/NPTEC	Patty Eagle Bull	EPI/GIS Project Manager
GPTCHB/NPTEC	Vanessa Tibbitts	NPTTAC Program Manager
GPTCHB/NPTEC	Jennifer Williams	Northern Plains Comprehensive Cancer Control Health Educator
GPTCHB/NPTEC	Marybeth Martin	NPHP Program Assistant
GPTCHB/NPTEC	Opal Jones	STI TPPI Coordinator
GPTCHB/NPTEC	Katie Kammert	Intern
GPTCHB/NPTEC	Sadie In The Woods	Northern Plains Comprehensive Cancer Control Program
NIHB	Robert Foley	Acting Director of Public Health Programs and Policy
SDDOH	Justin Williams	General Counsel
CDC PHLP	Aila Hoss	Legal Analyst/ORISE Fellow
CDC PHLP	Montrece Ransom	Team Lead for Training and Workforce Development

Webinar Attendees*

NE DOH	Roger Darrell/ Alison Keyser Metobo	NE DOH Health Alert Network Administrator
RMTEC	Dr. Folorunso Akintan	Senior Epidemiologist/Acting Director RMTEC
NDSU	Jordyn Wallenborn	NDSU MPH Graduate
NDSU	Linda Frizzell	NDSU Assistant Professor
NDDOH	Tracy Miller	State Epidemiologist
GPTCHB/NPTEC	Maylynn Warne	Northern Plains Health Promotions Prevention Programs
Sisseton Wahpeton Oyate	Sara DeCoteau /Tim LeBat/Brandon LeBat	Tribal Health Director
NIHB	Carolyn Hornbuckle	Director of Public Health Programs and Policy
AA-IHS	Greg Welch	IHS Area Immunization Regional Administrators
Sanford	Emily White Hat	Research Assistant
Sanford	Danielle Kenyon	Research Assistant
Sanford	Jen	Research Assistant

(*some registered attendees did not introduce themselves and therefore are not included in this list).



Roundtable Discussion Participants

CRST	Margaret Bad Warrior	Tribal Health Administrator
CRST	Raylene Miner	Women's Health Outreach Coordinator/Recruiter
OST	Tatewin Means	Tribal Attorney General
OST	Bernice Delorme	Attorney
OST	Mario Gonzalez	Attorney
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