

Tribal Consultation on the Draft American Indian and Alaska Native Worker Safety and Health Strategic Plan

February 3, 2022 – April 7, 2022

The Centers for Disease Control and Prevention’s National Institute for Occupational Safety and Health (CDC/NIOSH) hosted a tribal consultation on the draft American Indian and Alaska Native (AI/AN) Worker Safety and Health Strategic Plan on February 3, 2022, and accepted written comments until 5:00 pm (EST) on February 24, 2022.

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Introduction

On February 3, 2022, CDC/NIOSH hosted a virtual government-to-government consultation with tribal leaders to collect input on the draft American Indian and Alaska Native (AI/AN) Worker Safety and Health Strategic Plan. There were ninety-nine participants, including tribal leaders, tribal organizations and tribal partners, and CDC/NIOSH senior leaders. Comments were accepted from February 3, 2022, to February 24, 2022, 5:00 pm (EST).

The draft AI/AN strategic plan was developed with input gathered over years of collaboration with tribal leaders, tribal organizations, tribal occupational safety and health professionals, and other partners. CDC/NIOSH conducted site visits in Indian Country and convened two workshops in 2015 and 2019 in partnership with the Center for Health Work and Environment focused on occupational safety and health and safety issues of AI/AN workers. These activities further contributed to the development of the draft plan. Additionally, CDC/NIOSH, the National Indian Health Board, and the Occupational Safety and Health Administration (OSHA) were instrumental in the development of the draft strategic plan.

CDC/NIOSH facilitated the development of the draft strategic plan, which will serve as a blueprint to enhance the health, safety, and well-being of AI/AN workers across the United States. While CDC/NIOSH coordinated its development, the draft strategic plan is a plan for all tribal nations. To be most effective, the work conducted to achieve the objectives, needs to be done in collaboration with tribes, tribal organizations, and other groups and organizations with an interest in AI/AN worker safety, health, and well-being. CDC/NIOSH will honor the government-to-government relationship that exists with federally recognized tribes and work collaboratively with tribes, tribal organizations, and other partners to accomplish the objectives outlined in the draft strategic plan.

Specific questions CDC/NIOSH invited feedback on during the Tribal Consultation are listed below.

- Does the plan address the most pressing occupational safety and health concerns for the AI/AN workforce? If not, what would you suggest be included or removed and why?

- What recommendations do you have for NIOSH for partnering with tribal nations to conduct the activities described in the plan?
- What other organizations may have an interest in collaborating with NIOSH to improve occupational safety and health for AI/AN workers?
- How might NIOSH improve communication with tribal nations regarding worker safety and health issues?
- What support may be needed to address occupational safety and health concerns for the AI/AN workforce?

This report summarizes tribal leaders' recommendations and input received during the comment period and CDC/NIOSH's responses. CDC/NIOSH received oral and written comments from five federally recognized tribes and one tribal partner during the comment period. CDC/NIOSH will incorporate the comments outlined in this report to improve the draft AI/AN Worker Safety and Health Strategic Plan and to develop a robust implementation plan. Individual editorial comments that were received will also be incorporated where applicable.

Responses to Tribal Leaders' Recommendations

This section summarizes the most frequent recommendations made by tribal leaders (or their designees) at the CDC/NIOSH Tribal Consultation on February 3, 2022, and during the written comment period ending on February 24, 2022. All written and oral testimony and comments received before the deadline were reviewed and summarized under the following themes: 1) commitment to government-to-government relationships with tribes, 2) acknowledge and honor tribal practices, 3) cultivation of partnerships and collaborations, 4) enhance communication and, 5) strengthen occupational safety and health (OSH) surveillance and reporting.

1) Commitment to Government-to-Government Relationship with Tribes

1a. Summary of Recommendations on Commitment to Government-to-Government Relationship with Tribes

Tribal leaders encouraged CDC/NIOSH to refer to the CDC Tribal Consultation Policy. They emphasized a need for consistent and actionable follow up to any consultation session with tribal nations, for reciprocal and respectful communication, and a government-to-government relationship.

1b. Response on Commitment to Government-to-Government Relationship with Tribes

CDC/NIOSH recognizes the importance of honoring the government-to-government relationship with federally recognized tribes. CDC/NIOSH strongly supports and respects tribal sovereignty and self-determination for tribal governments. CDC/NIOSH will continue to honor the government-to-government relationship with federally recognized tribes with all tribal efforts. CDC/NIOSH understands the importance of consistent and actionable follow up as well as reciprocal and respectful communication.

2) Acknowledge and Honor Tribal Practices

2a. Summary of Recommendations on Acknowledge and Honor of Tribal Practices

Tribal leaders recommended CDC/NIOSH be flexible and understand the diversity and uniqueness of each tribe. Specifically, tribal leaders described the importance of community participatory research and traditional approaches led and directed by tribal communities. Tribal leaders also commented on how outreach, engagement, environmental factors, and tribal laws may differ by tribe.

2b. Response on Acknowledge and Honor of Tribal Practices

CDC/NIOSH understands and recognizes the importance of tribal practices and uniqueness. The draft strategic plan is meant to be adaptable to account for the diversity and uniqueness of each tribe. CDC/NIOSH supports and encourage tribes to identify parts of the plan that are most relevant to their workers and communities. CDC/NIOSH will consider this important aspect in the implementation plan.

3) Cultivation of Partnerships and Collaborations

3a. Summary of Recommendations on Cultivation of Partnerships and Collaborations

Tribal leaders commented on the need for additional partnerships to support worker safety and health efforts. Specifically, tribal leaders recommended working with Indian Health Service (IHS), Tribal Epidemiology Centers (TECs), the Council for Tribal Employment Rights (CTER), the Navajo Occupational Safety and Health Administration (NOSHA), Tribal Injury Prevention Programs, the Alaska Native Tribal Health Consortium (ANTHC), and tribal clinics.

3b. Response on Cultivation of Partnerships and Collaborations

CDC/NIOSH appreciates recommendations from tribal leaders regarding partnerships and collaborations. Currently, CDC/NIOSH works with many of the partners tribal leaders recommended including IHS and ANTHC. CDC/NIOSH has also previously worked with NOSHA. CDC/NIOSH will reach out to other partners, tribal leaders identified as part of the implementation plan to help advance worker safety, health, and well-being in tribal communities.

4) Enhance Communication

4a. Summary of Recommendations on Enhance Communication

Tribal leaders commented on the need for multiple channels of communication to inform tribal leaders about the draft strategic plan and how implementation of the draft strategic plan progresses. Tribal leaders specifically recommended adding an additional focus area, *Communication Strategy* to address ongoing communication efforts with tribes regarding the draft plan. Tribal leaders noted using internal tribal communication channels to share information about the plan and the importance of worker safety and health with tribal communities. Tribal leaders also emphasized the importance of return on investment (ROI) when communicating about worker safety and health with tribes.

4b. Response on Enhance Communication

CDC/NIOSH will continue to use multiple communication channels to share information pertaining to the draft strategic plan and the implementation of the plan. This includes CDC communication channels such as the CDC/NIOSH [AI/AN webpage](#), [CDC's Tribal Health webpage](#), CDC's Office of Tribal Affairs and Strategic Alliances newsletter, and CDC/NIOSH tribal worker safety and health email distribution list.

CDC/NIOSH will also work with tribes and tribal partners to share information through their various communication channels. CDC/NIOSH hears the importance of adding a communication strategy but believes that this focus would fit better in the implementation plan as tribes know best what will work most effectively for their workers and communities. As part of the implementation plan, CDC/NIOSH will consider webinars to communicate relevant work and progress.

CDC/NIOSH recognizes that ROI is an important part of worker safety and health and will revise the Practice and Research Sections of the draft plan to include ROI and economic analysis.

5) Strengthen OSH Surveillance and Reporting

5a. Summary of Recommendations on Strengthen OSH Surveillance and Reporting

Tribal leaders commented on the need for more tribal-specific worker safety and health data. Specifically, tribal leaders recommended exploring existing data sources such as the Web-based Injury Statistics Query and Reporting System and the Fatality Analysis Reporting System. Additionally, tribal leaders recommended working with regional health authorities to develop and maintain data relationships that are led by and reflect tribal workforce and safety needs. Specifically, tribal leaders recommended working with partners such as NIOSH, TECs, and the CTER to enhance data surveillance and reporting.

Tribal leaders commented on the uniqueness of some traditional activities in tribal communities, such as those related to subsistence. Practices, like subsistence, are not often included in traditional occupational surveillance systems that collect data on worker injury, illness, or fatalities because they do not meet the traditional definition of work-related.

5b. Response on Strengthen OSH Surveillance and Reporting

CDC/NIOSH recognizes the need to strengthen worker safety and health surveillance and acknowledges the need for enhanced occupational safety and health surveillance and reporting. National data on occupational injuries, illnesses, and fatalities among AI/AN workers are scarce, and there is limited research on worker safety, health, and well-being in tribal communities. CDC/NIOSH, along with partners identified during the Tribal Consultation, will work to identify additional sources of data and discuss ways in which unique tribal activities, like subsistence, can be incorporated into existing surveillance systems.

Responses to Tribal Leaders' Other Recommendations

This section addresses other recommendations made by tribal leaders (or their designees) at the CDC/NIOSH Tribal Consultation. CDC/NIOSH appreciates these recommendations. CDC/NIOSH reviewed and summarized these comments under the following themes: 1) prioritizing tribal public health infrastructure, 2) better coordination across federal agencies, and 3) clarifying fully vaccinated for COVID-19 for employees.

1) Prioritizing Tribal Public Health Infrastructure

1a. Summary of Recommendations on Prioritizing Tribal Public Health Infrastructure

Tribal leaders recommended additional consideration for tribal public health infrastructure. Specifically, tribal leaders commented on policy development during public health emergencies, including leave policies, or how to handle exposures.

Tribal leaders also recommended funding for prevention programs to help enhance tribal workforce capacity for technical assistance and training.

1b. Response on Prioritizing Tribal Public Health Infrastructure

CDC/NIOSH acknowledges the importance of prioritizing public health infrastructure and capacity within Indian Country. CDC/NIOSH appreciates tribal leaders' input on this subject and is prioritizing tribal public health infrastructure and appreciates the comments on workforce dynamics. NIOSH's mission is to develop new knowledge in the field of occupational safety and health and to transfer that knowledge into practice. NIOSH is part of the CDC, in the US Department of Health and Human Services. OSHA is in the Department of Labor. OSHA's mission is to ensure safe and healthful working conditions for workers by setting and enforcing standards and by providing training, outreach, education, and assistance. CDC/NIOSH has and will continue to provide resources and guidance on [COVID-19 in the workplace](#).

CDC/NIOSH acknowledges tribal leaders' concern about funding. CDC/NIOSH recognizes the important role in serving as subject matter experts and providing technical assistance related to worker safety and health and will continue to provide that assistance.

2) Better Coordination Across Federal Agencies

2a. Summary of Recommendations on Better Coordination Across Federal Agencies

Tribal leaders recommended better coordination across federal agencies and feel there are different agencies overseeing the workforce. Better coordination would enable tribes to be more prepared for future public health emergencies. Through preparation and funding, Indian Country would be better able to protect the health and safety of their tribal members working during a pandemic.

Additionally, tribal leaders recommended staff at all levels (workers, supervisors, or managers) have safety training and be involved in safety within an organization. Tribal leaders specifically recommended OSHA 10-hour and OSHA 30-hour trainings.

2b. Response on Better Coordination Across Federal Agencies

CDC/NIOSH appreciates the recommendations that federal agencies increase coordination to support tribal nations to better prepare for public health emergencies. CDC/NIOSH, along with other agencies, continue to work toward protecting the health and safety of tribal members working during the pandemic. CDC/NIOSH will continue to provide resources and guidance on [COVID-19 in the workplace](#). Additional COVID-19 tools and OSHA requirements can be found on [OSHA COVID-19](#).

In addition, CDC/NIOSH heard that tribes feel it's important to put together an internal safety committee that includes workers, supervisors, and managers. Specifically, OSHA offers the OSHA 10-hour and OSHA 30-hour trainings. [OSHA Training Requirements and Resources](#) can address some of these concerns.

As sovereign nations, CDC/NIOSH agrees with tribal leaders that tribes know what is best for their people and can be responsible for the safety and health of their workforce. Information on safety management programs can be found on [Recommended Practices for Safety and Health Programs](#).

3) Change Definition of Fully Vaccinated for COVID-19 for Employees

3a. Summary of Recommendations on the Change Definition of Fully Vaccinated for COVID-19 for Employees

Tribal leaders asked to change the CDC definition for “fully vaccinated” employees.

3b. Response on the Change Definition of Fully Vaccinated for COVID-19 for Employees

CDC/NIOSH appreciates tribal leaders’ concerns about the COVID-19 vaccine. CDC/NIOSH recommends that tribal leaders and workers look to the CDC COVID website to get the most up to date information as guidance continues to be updated, [Stay Up to Date with Your COVID-19 Vaccines | CDC](#).

Next Steps

This report and accompanying Dear Tribal Leader Letter conclude the Tribal Consultation process. For next steps, CDC/NIOSH will continue to communicate with and seek input from tribal leaders during the next phase of the draft strategic plan, outlined below and the during the implementation phase.

CDC/NIOSH will incorporate relevant oral and written feedback from the Tribal Consultation into the draft strategic plan. Once those comments are incorporated, the plan will go through the Federal Register public comment process. Once those comments are received, the final draft plan is revised, reviewed, and published.

While we work to finalize and publish the strategic plan, CDC/NIOSH is also developing an implementation plan, to outline steps to achieve the objectives outlined in the strategic plan and provide further detail on partners and communication channels. A formal release announcement and a link to the final strategic plan and implementation plan on the CDC/NIOSH website will be disseminated widely once available.

Appendix A: Consultation: Oral and Written

CDC/NIOSH's Tribal Consultation on Draft American Indian and Alaska Native Worker Safety and Health Strategic Plan

*Consultation Transcript (Oral Testimony)
February 3rd 2022*

Mitch Morris, CDC/CSTLTS: Welcome everybody again this is Mitch Morris. I will now start the session and I'll turn it over to you Dr. Howard. Thank you.

Dr. Howard, CDC/NIOSH: Thank you very much. I'd like to welcome all of the tribal members and representatives here today and thank you for the time that you're offering us your input and testimony on the American Indian and Alaska Native Worker Safety and Health Strategic Plan, 2022, to 2031. I'd like to start by providing a brief overview of the National Institute for Occupational Safety and Health or NIOSH for short. And how this plan was developed, NIOSH is a part of the Centers for Disease Control prevention in the US Department of Health and Human Services. The mission of NIOSH is to develop new knowledge in the field of occupational safety and health and then to transfer that knowledge into practice for the betterment of workers. NIOSH is the only US Federal government agency that conducts research and makes recommendations to prevent worker injury and illness. In 2013 NIOSH launched an initiative to partner with American Indian Alaska Native or AI/AN communities, tribal serving organizations and others to improve occupational safety and health for AI/AN workers. The initiative's main goal is to build and strengthen capacity to assure that AI/AN workers returned home from work safely to their families and communities.

NIOSH remains committed to working collaboratively with Federally recognized tribes on a government-to-government basis, and strongly supports and respects tribal sovereignty and self-determination for tribal governments in the United States. According to the Bureau of Labor Statistics in the US Department of Labor AI/AN workers account for 2.7 million or 1.8% of the total US workforce. National data on occupational injuries illness and illnesses and fatalities among AI/AN workers are scares. And there's limited research on worker safety, health and well-being in tribal communities, the strategic plan we are here to review today is one starting point to remedy that deficiency. It is organized into four key focus areas, research, practice, policy, and capacity building. The strategic plan was developed in collaboration with a diverse group of partners including tribes, tribal serving organization, NIOSH researchers, academia partners and state and local government agencies. Two workshops were held in 2015 and 2019, where participants shared information about what is currently known about occupational safety and health in tribal communities, best practices and discuss knowledge gaps and priorities for the future. It is certainly my hope that the implementation of the strategic plan will further help in bringing together those parties interested in addressing the needs of and improving the health, safety, and well-being of AI/AN workers. While NIOSH helped to coordinate the development of the strategic plan. The plan is for the benefit of all AI/AN workers and tribal communities. Partners and collaborators had the opportunity to review drafts of the plan, and their comments were incorporated into the version that you have today. NIOSH will continue to collaborate where appropriate and will serve as a collaborative steward of the plan. This is not a plan that NIOSH owns, it's a plan that we all have our part of together. The plan is flexible to account for the diversity, and the uniqueness of each tribe, and to address emerging issues identified during the lifespan of the plan.

We are asking for and dearly appreciate your input on the draft American Indian Alaska Native Worker Safety and Health Strategic Plan 2022, to 2031. Specific questions on which we invite your recommendation and feedback are one, does the plan address the most pressing occupational safety and health concerns for the AI/AN workforce? If not, what would you suggest being included or removed and why? Two, what recommendations do you have for NIOSH for partnering with tribal nations to conduct the activities described in the plan? Three, what other organizations may have an interest in collaborating with NIOSH to improve occupational safety and health for AI/AN workers? Four, how might NIOSH improve communication with tribal nations regarding worker safety and health issues? Five, what support may be needed to address occupational safety and health concerns for the AI/AN workforce?

I thank you for your participation today and I would now like to turn the program over to Dr Montero. And today's facilitator, Mitch Morris.

Dr. Jose Montero, CDC/CSTLTS: Thank you very much, Dr. Howard quite clear charge. I would like to invite our facilitator, Mitch Morris to guide us to the next couple of things before I go on to the general management of the meeting.

Mitch Morris: Oh, sure. Thank you, Dr. Montero. I would like to start, first of all, my name is Mitch Morris, and I am a member of the Chickasaw Nation, and I'm currently acting as the Deputy Director for the Office of Tribal Affairs and Strategic Alliances. It is my pleasure to welcome you to this CDC NIOSH Tribal Consultation on NIOSH's development of this American Indian Alaska Native Worker Safety and Health Strategic Plan. Before we get started though I would like to open this meeting with a prayer and is there anyone who would like to volunteer to lead us in a prayer today?

Deputy Chief Bryan Warner, Cherokee Nation: Yes, Mitch I can do that.

Mitch Morris: Thank you Dr. Warner

Deputy Chief Bryan Warner: If everybody will bow with me please, your heavenly Father, Lord, we thank you for this day Lord and we thank you for this time of fellowship Lord, we just ask that you continue to bless each of us as you bless the nations as you bless the United States and Lord just bless all of us all over the globe, Lord as we as we move forward. Lord, we ask that you protect the meek and mild Lord and help us to understand what we can do for the least of these Lord root of your spirit and help give us a reminder each and every day, the work that we do and the things that we do are your work, and these are your things, Lord, and you provide that path, in Jesus name we pray, Amen.

Mitch Morris: Thank you, sir. And thank you again for the opportunity to co facilitate this meeting. I will now turn the meeting again over to Dr. John Howard, the Director of the National Institute for Occupational Safety and Health, NIOSH and the Centers for Disease and Prevention. Dr. Howard. Howard will review the background and questions for this consultation on their strategic plan.

Dr. Howard: Well thank you very much Mitch, and again, I think what we want to do today is to get input into the plan. We have had that over a number of years and we're very excited about the five issues that I mentioned to you about the plan, addressing the most pressing occupational safety, health concerns for tribes, we really want to make sure that we haven't missed anything. And certainly, we want to know what recommendations you have for NIOSH for partnering with you and to actually make

the activities that are described in the plan, real, and that takes collaboration, and we hope that you have recommendations for us on that. And the third issue I mentioned was organizations that we may have missed that would help us in our collaboration in the successful completion of this plan. And we certainly would like to know how we could improve communication with tribal nations regarding all of these worker safety and health issues communication is paramount to the success of this plan. And if you have any questions or ideas for us, please make that known to us today, and if we have missed any support that may be needed, both from us as well as other organizations as a part of this plan, please let us know. So, again, we really welcome all of your input. We want the plan to be successful and I think with your collaboration, we can make it so, so thank you very much.

Mitch Morris: Thank you Dr. Howard so much. And with that we want to open it up and share a taped message from our Director of the CDC Dr. Rochelle Walensky. So, if we can cue that up, that would be great. Unfortunately, she couldn't make it in person, but she wanted to share a message with everyone. Here we go.

Dr. Rochelle Walensky, CDC: I'm honored to open today's session and to reaffirm our government-to-government relationship on behalf of CDC and NIOSH, the National Institute for Occupational Safety and Health, improving American Indian Alaska Native worker safety and health are vital to the well-being of tribal communities, nationally, there is a lack of data on injury, illness, and deaths for American Indian and Alaska Native workers. There's also a lack of information about what is working to improve workplace safety and health in Indian country, and what additional resources and research and prevention activities are needed. With your help we are working to change that, your input today will help us take this next step. NIOSH has been working in collaboration with tribal leaders, tribal occupational safety and health professionals, The National Indian Health Board, and other partners to draft a plan for enhancing the safety, health and well-being of American Indian and Alaska Native workers. We all look forward to the discussion today.

I'm sorry that I cannot be with you in person this afternoon. Please know that the CDC and NIOSH leaders and staff who are participating will share their input and your input with me, and I'm eager to hear their briefing. I look forward to partnering with you to make sure that American Indian and Alaska Native workers return home safely to their families and communities, each and every day. After implementation of the plan, we look forward to continued engagement and evaluation to see if updates are needed, including whether new safety and health priorities should be added. And we look forward to reporting on the progress we make together. I'm looking forward to turning this plan into action.

Thank you for your partnership and for your commitment to this critically important work. And now I will turn the floor over to Drs Howard and Montero.

Dr. Montero: Thank you very much. It's great to hear from the director, and the clear charge that Dr. Howard, just issued to us, and we'll get back to that in a minute. Dr. Howard, touched, earlier the consultation has been held to honor executive order, 13 175, and to be consistent with the presidential memorandum on tribal consultation on strengthening the nation-to-nation relationships. As I stated previously CDC and NIOSH are committed to working in partnership with tribal nations, and with the tribal advisory committee or TAC. I will now provide with you the logistics for today's consultations.

This consultation session, according to the current CDC ATSDR tribal consultation policy will be held between Indian tribes, represented by the tribal presidents, tribal chairs, tribal governors or their elected or appointed tribal leaders or their authorized representatives and the CDC director and he is

the administrator designee that designee is Dr. John Howard and me, we are prepared to listen and hear from tribal leaders are Federally recognized tribal nations who have joined us for this meeting. The order of feedback will run as follows. First, we'll hear from tribal presidents, chairpersons, and governors. After that, we'll move to tribal vice president, vice chairperson, or lieutenant governors after them will go to other elected or appointed tribal officials. And finally, will go to designated tribal officials.

For the record, when you begin to speak, please announce your name, title, and tribal nation you are representing.

For those who would also like to send in written remarks. Please send us your initial comments and recommendations, no later than 5pm. Eastern Standard Time. On February 24th, 2022, I repeat that, no later than 5pm Eastern Standard Time on February 24 of this year.

You may send your comments by email to niocindocket@cdc.gov. I will put that we will put that on the chat, because I know that it's hard to keep track of that.

This meeting is being recorded for record keeping purposes only. If you do not wish to be recorded. You can disconnect now.

Now, this meeting is not meant to be for the media, you are from the media please disconnect now. finally, if you call in, please email tribalsupport@cdc.gov with your name and phone number. Again, that's tribal support the tribalsupport@cdc.gov. It is important for us, for record keeping, to have your name, tied to that number.

So, now I will turn it back to Mitch to start this and if we can maybe cue the questions again, so everybody has them fresh.

Mitch Morris: Thank you, thank you Dr. Howard and Dr Montero for that overview and information about the strategic plan, as you see on the slide. NIOSH is asking for specific input on four guiding questions, boy, these are the five on my hang on one second. I think I'm ahead of it, no there's five I'm sorry there for guiding questions regarding the proposed NIOSH AIAN worker and safety strategic plan my script says for but there's five pardon me on that. These are the five does the plan I'll just read them very quickly does the plan address the most pressing occupational safety and health concerns for the workforce. If not, what would you suggest be included or removed, and why? What recommendations do you have for NIOSH for partnering with tribal nations to conduct the activities described in the plan? What other organizations may have an interest in collaborating with NIOSH to improve the safety and health for AIAN workers. How might NIOSH improve communication with tribal nations regarding worker safety and health issues. And lastly what support may be needed to address occupational safety and health concerns for AIAN workers. We will take comments on it. I'm sorry, Okay, we will take comments on each question.

I would like to now invite each elected tribal leader in the audience to share their comments or provide recommendations on the first question. And I'll read that question again does the plan address the most pressing occupational safety and health concerns for the AIAN workforce. If not, what would you suggest be included or renewed and why? And we will take questions once you are unmuted, you will, we will also invite you to turn your camera on. We would like to see you and so that you can ask your question or give your comment, and to assist those joining us over the phone, I will read the question

aloud like I just the first question I just read. And now I think we're ready to open the floor. So, here we go. I think was if anybody can raise their hand, I will take the question.

Dr. Montero: So, we started with tribal presidents, chairperson, or the governors comments for this first question.

Mitch Morris: Right. Are there any tribal presidents with us? Now ask other CDC staff to help me up I'm missing anybody that's, if I'm missing a hand raised or something.

Dr. Montero: You know I don't see any hands raised. So, any tribal vice presidents, vice chairpersons or lieutenant governors. Any elected or appointed tribal official.

Councilman Nate Tyler: Dr. Montero. Nate Tyler, Makah Tribe Portland Area.

Dr. Montero: Councilman Tyler, how are you this afternoon.

Councilman Nate Tyler: I'm doing good. How are you.

Dr. Montero: Good, good. Go ahead.

Councilman Nate Tyler: Okay, so I just now joined and I'm not sure how you're doing it but you're asking for comments on just question one, is that correct

Dr. Montero: correct right now, we're asking comments on question one.

Mitch Morris: Can you see the question Councilman Tyler?

Councilman Nate Tyler: Okay, hold on one minute.

Mitch Morris: I can read it for you if you need me to.

Councilman Nate Tyler: Okay. I just changed my view. Sorry, I can't. I don't have the internet capabilities or the internet speed to have my camera on.

Mitch Morris: Oh no worries, no worries, that's fine. Please go ahead. if you have a comment or a question.

Councilman Nate Tyler: Okay, so as far as addressing the most pressing occupational safety and health concerns. Let me see in the strategic plan there's four areas of focus: research, practice policy, capacity building. There's a lack of tribal workforce data that truly accounts for the comprehensive accounting of the workforce across the nation. Workers are represented across the diversity of occupations and at various capacities within the diversity of sectors. Much of the representation is dependent on population, location, land-based resources and proximity to urban centers, truly a unique set of factors for each tribal community.

So we understand there's disparities and labor statistics that represent both American Indians and Alaska Native, workers and tribal workforce on tribal lands, we encourage current data reporting systems such as WISQARS, FARS and, as well as state and regional health authorities to develop and

maintain data relationships that are led by and reflect tribal workforce and safety needs. Tribes have varying capacities to address the occupational safety and health concerns and needs support and capacity building for tracking their own data and development of occupations specific strategic plans. We ask that you partner directly with IHS areas and tribal epidemiology centers to develop data, data collection and evaluation methods that properly reflects the nature of high-risk occupations.

Mitch Morris: Okay. Thank you so much. Councilman Tyler. Other comments or questions on this first question. Oh, Okay. I think we will move on to the next question. The next question, what recommendations do you have for NIOSH for partnering with tribal nations to conduct the activities described in this plan. This is about partnering with tribal nations to conduct the activities in the plan to received.

Dr. Montero: Let's open to the members of the tribes in the order that we went. I don't want to be calling them every time.

Mitch Morris: Any recommendations. This is the time to give to NIOSH for partnering with tribal nations.

Dr. Montero: Mitch do you have Deputy Chief Warner?

Mitch Morris: I'm sorry, I do have Deputy Chief Warner.

Deputy Chief Warner: Yes, sir. Thank you, Mitch. Well, it just kind of looking at recommendations and this may be way off out in the weeds. You know with partnering with tribal nations I think it's key to figure out kind of, when I look at what we have at the Cherokee Nation, this is the Deputy Chief Brian Warner for the Cherokee Nation. When I look at what we have and I think about our workforce it gosh it's, you know, we have the individuals that work for the tribe and we have our business arm but then we have a group within our, our system, which is our TERO group our Tribal Employment Rights Office, and basically our TERO group it's a group of all of, have to be 51% tribally owned to be a part of this group, and this is a multi-functional group and basically what you got you got native workers all across the gamut. You know, whether it be construction or whether it, whether it be manufacturing I mean there's just a wide variety. And, you know, as far as your data collection goes and different things, I think that groups like this now we're not the only ones that have a TERO office many other tribal nations call it something else and it gives tribally owned businesses an equitable approach it at procuring bids and procuring jobs and different things and a lot of people will look to give TERO preference to non-tribal bid packages or job but I think these groups would be instrumental. Those people that work that organize and direct this, these offices that it would be instrumental in getting some of that data to conduct that research to fill in some of those gaps that you guys may be seeing. I don't know if that's helpful or not but I know when we look at so many other things that tribal data, it's hard to, it's hard to come by. But I think as you grow that trust and we, we build on and I'll talk more about it when we build on communication. But that's all I have for now. Thank you.

Mitch Morris: Thank you, Deputy Principal Chief Warner. Other comments for recommendations for NIOSH for partnering with tribal nations.

Dr. Montero: You have Councilman Tyler

Councilman Nate Tyler: Nate Tyler, Makah Tribe, Washington State, Portland Area Indian Health Board. So, I guess, towards question two to reiterate, tribal communities are unique as to occupational injuries illnesses and fatalities and the proper response to address issues, gaps and safety and health needs will need to reflect direct outreach and engagement and listen to tribes. Partnering with tribes will require that NIOSH consider safety cultural and traditional practices that properly reflect the following as follows: resource and time capacity of high-risk occupation workers and leaders within Indian Country, inventory of high-risk needs may not be reflected due to the nature of some activities and communities such as those related to tribal subsistence. These ways of serving community may not be reflected in a traditional workforce model as defined by labor or data statistics that currently collect data on worker safety injury or fatality data repositories. Honor the cultural practices of a community as it relates to collection of injury or death data. Consider the role of legal, environment or environmental factors that are unique to tribal communities.

Understand that translational data cannot be overlaid to all communities. As noted in research objectives RE7 encourage a community participatory and traditional approach to designing, implementing, and evaluating safety, health and well-being, initiatives that are led and directed by tribal communities. This would be critical to any surveillance, or translational research that would occur. Appreciate that.

Mitch Morris: Thank you, Councilman Tyler. And our next comment comes from President Jonathan Nez, President Nez anytime you're ready.

President Jonathan Nez, Navajo Nation: Good, afternoon everyone. Jonathan Nez from the Navajo Nation. I also have some of our professionals from the various programs of the Navajo Nation on the call. Cabinet members of our administration. Dr. Jill Jim from the Department of Health. Oh, by the way, Mitch, we have our own Mitch Morris here as well.

Mitch Morris: There's another one?

President Jonathan Nez: Yes, sir. And then we have our cabinet member for the Navajo Division of Human Resources, Dr Fowler on the call. So, for the record, I just want to let everybody know that the Navajo Nation is on the call. And we will submit written comments and you know, we, I did do a proxy to Dr. Jill Jim she's probably going to be way at the bottom of the list because tribal chairman's vice chairpersons you know all the way down. But, I don't know if the proxy would elevate her to take my place but if we're going through these questions one at a time. It will take a long time and you know, as a large land-based tribe 27,000 square miles, 403,000 Navajo enrolled citizens. We have to continue to run a nation here. Sorry I cannot be on the call for every question but question two. Let me just say that we recommend that you all collaborate with our Navajo OSHA to assess and understand the tribal worker health and safety and conduct a thorough risk assessment that is tribally data driven, evidence and practice space methods that combines right Western medicine and traditional holistic approaches. The pandemic has you know further impaired the life expectancy and quality of life among Navajos and I'm sure it's like that for American Indian and Alaska Natives. So therefore, further assessment of socio economic, environmental infrastructure, and cultural influence should be thoroughly understood when advancing federal policies and services to American Indians Alaska Native populations. So thank you.

Mitch Morris: Thank you President, Nez. And I will make the well, he may need to go I was going to offer President Nez the chance to respond to any other questions he may want right now. But he may have to take just fine.

President Jonathan Nez: Because the time and you know other tribal leaders on the call. Just like I mentioned, at the forefront, what will develop a written comment and submitted to you, Dr Jim. And Dr Fowler are also on the call. Maybe they will add to the discussion as well, so I can delegate them to do that. Thank you.

Mitch Morris: Thank you so much, President Nez. Other comments or questions for this, for the second question. Okay, I'm going to read the third question what other organizations may have an interest in collaborating with NIOSH to improve occupational safety and health for American Indian Alaska Native workers? Any comments on other organizations that may have interest in collaborating we heard something before I thought that, and I'll ask others to help me if I miss somebody with their hand up,

Dr. Montero: Councilman Tyler.

Mitch Morris: Thank you, Councilman Tyler anytime you're ready.

Councilman Nate Tyler: We encourage NIOSH to continue its engagement with other related entities, groups and organizations that work with supporting tribes on their safety and wellness recommendations. May include tribally owned business or related organizations on tribal lands, tribal health providers and medical professionals who serve on or near tribal communities, tribal Injury Prevention Resource Center, Injury Prevention Services as coordinated via the Indian Health Service Injury Prevention Programs such as within the Alaska Native Tribal Health Consortium, Injury Prevention Program with the Tribal Epidemiology Centers and successful projects like the native cars or motor vehicle safety programs, tribal safety centers for example based in eastern Washington University, the small urban and rural center. And that is it for my comment. Appreciate it.

Mitch Morris: Thank you, Councilman Tyler. other comments or questions on this. The third question. Okay, I will move to the next question. How might NIOSH improve communication with tribal nations regarding worker safety and health issues, improve communication.

Dr. Montero: It's just one sec I saw, Dr Jim's hand up I don't know if it was for this question, or the previous question.

Mitch Morris: Oh, sure. Dr. Jim anytime you're ready

Dr. Jill Jim, Navajo Nation: Proxy for the Navajo Nation. For the other recommendations for partnering. I believe Indian Health Service has their own environmental occupational health so because the tribes work with this particular, I guess program with Indian Health Service, some are personally operated by the Navajo Nation and some are with Indian Health Service and there's also overlap with tribal programs so I think there's different programs as when did I mentioned would be probably be with just one recommendation that will add as a written comment as well. Thanks.

Mitch Morris: Thank you Dr. Jim. Other comments or questions, and I will just offer that if we have others that have comments or questions for the previous questions I read, please feel free to offer to share those. Any comments on the fourth question there. How might NIOSH improve communication with tribal nations? I know communication came up a lot on our previous TAC meeting. So, any thoughts on this for NIOSH worker safety and health issues. Deputy Chief Warner.

Deputy Chief Warner: Deputy Chief Warner Cherokee Nation. I would, like, Dr. Howard said it's paramount on the communication I would say multiple lines I mean for us a Cherokee Nation. We have a really robust Government Relations Department that handles the majority of our government-to-government relationships within each different department, if you will, and then I think it would be key to identify as always you we say they work with the administration, with the executive branch in particular. I would think any of those any of that communication that needs to go then that way we can, we can help you roll that out and get it to the appropriate individuals within our own group, and then that we can maintain to see that you guys are getting the, the accountability on the other side are your questions being answered. Do we have, do we have things to add, that way we can kind of help safeguard that information and also make sure that it gets out of that department and back over to you in the proper way and the proper protocols that are attached to that, that would be my, my suggestion. Thank you.

Mitch Morris: Thank you, Deputy Chief Warner. Other comments on communication to try it on with tribal nations. Councilman Tyler please go ahead.

Councilman Nate Tyler: Okay so yes I'll share that so as far as communication is just like today, you know, we encourage NIOSH to always refer to the CDC Tribal Consultation Policy and all partnerships that take with tribal nations for the activities in the drafted plan. We also encourage early and often notification on partnership, collaboration, on any of the four areas of the current draft strategic plan. There must be flexibility and understanding the diversity and uniqueness if each tribe. There's a need for consistent and actionable follow up to any session with tribal nations for reciprocal and respectful communication and a government-to-government relationship, especially as this plans develops for the 10 years for 2022 to 2031. And that is it. Appreciate it.

Mitch Morris: Thank you Councilman Tyler. I thought I saw another question.

Dr. Montero: I think it was Dr Fowler had his hand up, now it's down.

Mitch Morris: So, I'll open it again, if you had a question and you dropped maybe it's the technology or something, but we'll give it a minute, if you had another question on communication. How NIOSH might improve communication with tribal nations please raise your hand or let us know or unmute.

Dr. Montero: You have Dr. Fowler there.

Mitch Morris: Dr. Fowler, anytime you're ready.

Dr. Perphelia Fowler, Navajo Nation: Yes, thank you for giving me the time, and I also concur with our president our proxy will go ahead and provide written comments. But as far as how NIOSH can improve some of the communication with our tribal nation is to enhance our collaboration amongst our federal agencies and tribal nations to be better prepared. We all weren't ready for this pandemic but if they were every to be another one, and to ensure full funding support for all the Indian countries to better protect the health and personal safety of all our tribal members working during a worldwide pandemic.

Due to the pandemic as there continues to be significant increases in substance use disorders, which also causes family violence, domestic abuse, child protection cases. Mortality reports, count records, police arrest, and repeated offenses involving substance use. Many factors contribute to the issue and are often multilayer layer, creating barriers for people to seek assistance they need. We recommend

increases and funding for prevention programs to help fill our workforce capacity in Federal agencies can continue to provide technical assistant and training for our Navajo Nation as well. Thank you and appreciate the response.

Mitch Morris: Thank you so much Dr Fowler. Other comments or questions on question number four the improved communication with tribal nations. I have another hand. Mr. Blackshear anytime you are ready.

Shawn Blackshear, Northwest Portland Area Health Board: Thank you, my name is Shawn Blackshear I'm the senior environmental health specialist for the Northwest Portland Area Indian Health Board. And unfortunately, I like to go back to question number three. What other organizations may be interested in collaboration with NIOSH, I would make a suggestion that there are many tribal clinics that are not accredited with AAAHC or Joint Commission, and I think tribal would greatly benefit from a relationship with NIOSH to help them with their occupational safety and health. you.

Mitch Morris: Any other additional Mr. Blackshear or was that it.

Shawn Blackshear: No, that's it.

Mitch Morris: Oh, that's okay. Thank you, sir. Other comments again on this question or will take comments on previous questions if you're just identify which one. That's fine. So, any comments, any additional comments. Okay, let's move to the last question. Mr. Blackshear, you have you hand up. I am not if that's from before? I just want to make sure. Okay.

Shawn Blackshear: Sorry about that.

Mitch Morris: Oh no worries. Didn't want to overlook. Let's move to the last question. What support may be needed to address occupational safety and health concerns for the AIAN workforce? That's a pretty big, broad question what support may be needed? Any comments or questions on that, on this question. Dr Jim. Anytime you're ready.

Dr. Jill Jim: Thank you for the time, I just wanted to just reiterate this updated guidance on occupational safety and health. Especially during COVID. I think it was difficult. Sometimes we had different recommendations from different agencies and I believe the workforce for American Indians, even span across like the Bureau of Indian Affairs. So, there's a different agency overseeing workforce and even Indian Health Service. So, but for Tribal Employees I think for occupational safety I believe that kind of aligning or providing guidance. So, there isn't a lot of confusion is probably one way to do that. I don't know if that sort of information was cleared, as, I recall, we do work with our NIOSH program here in addressing workplace safety and a lot of those now includes. It wasn't just workforce that we are dealing with it was the public health emergency related to the workforce and a lot of those included like policy development, including leave policies, or even how to handle exposures. And I think that cross between CDC and other OSHA standards as well. I think there needs to be sort of an effort around on understanding the workplace dynamics but, as we're continuing to respond to COVID I believe a lot of those resources are still necessary going forward as far as support. This materials that are seem to be clear to us but not confusing. Let me just put it that way, thanks.

Mitch Morris: Thank you Dr. Jim. Other comments or questions on this last and final question what support may be needed to address occupational safety and health concerns? Oh, I'm sorry Councilman Tyler.

Councilman Nate Tyler: Okay. Appreciate it. Nate Tyler, Makah Tribe Portland area. So on question five, brings up a number of questions. What funding or resources would be available to develop tribal capacity for collection of data or leadership and research that will need to be completed in the four focus areas? Will any further resources or centers be developed that will continue to evolve and as a response to the plan? Given the lack of data on American Indians Alaska Native worker injuries, illnesses and fatalities, there is a research capacity and data sharing need that will need to be developed in a collaborative approach. Tribes will need to determine what this approach will look like that will directly benefit our community and affect safety practices for its people. And as noted in the capacity objective CA1-CA8 training development and reporting will directly reflect how tribal communities are able to track and develop objectives that reflect American Indian Alaska Native workforce needs. And how will Tribes be supported in their own evaluation, especially with respect to the evaluation and reporting plan for 2026 and 2031? We need to start early to develop baseline data across all tribal communities, and the Portland area is going to submit written comments soon. So once again, appreciate the opportunity to take part in the consultation. Thanks.

Mitch Morris: Thank you, Councilman Tyler. Other comments or questions for this fifth and final question or any of the previous questions that you see on the screen. Okay. In addition to these five questions were there any comments that aren't included in these questions. Just overall about the plan that anybody would like to share. I guess anything not covered on these questions on the screen. If you had anything else in addition to these questions this would be the time to make a comment or share that. Around the strategic plan I should have clarified around this plan. Councilman Herminia Frias anytime you're ready. Ma'am, I think you're on mute.

Councilwomen Herminia Frias, Pascua Yaqui Tribe: Councilwomen from Pascua Yaqui Tribe. I have a general question about the plan and once you gather information after the deadline. How will NIOSH gather this information and create the draft, well, after the draft, the final plan? How will this be communication back to the tribes and monitored? And what will be the ongoing communication, the monitoring of the plan? What would be the next steps?

Mitch Morris: Okay, thank you. Thank you, Councilwoman Frias, Dr. Howard, or others.

Dr. Howard: Thanks, thanks for that question. It's really a great question, and it's part of our dissemination plan. I'm going to turn to David Caruso to see whether within the program, there is a specific answer to that question.

David Caruso, CDC/NIOSH: Sure. Thank you, Dr. Howard, to answer your question, this will go into a process where we take all of the feedback from this consultation and in following the Tribal Consultation procedure, we will return feedback to all those that participated. Feedback will be taken into account as the plan is currently in its draft stage. Once those comments are incorporated that draft, then proceeds along NIOSH's publication process which also includes opening it up for public comment also through the Federal Register for anyone to comment, once those comments are received the draft is again revised. And once it's published, you'll find it on NIOSH's AIAN web page and I can include a link to that in the chat and a Dear Tribal Leader letter will go out and the link to that website will be included on that as well. I hope that answers your question.

Mitch Morris: Thank you, David.

Councilman Herminia Frias: Thank you.

Mitch Morris: Other questions, comments on any other guiding questions guided questions you see on the screen or just in general about the strategic plan. Okay, seeing none, I believe now, Dr Howard I will turn it back to you to summarize some of the testimony and things we've heard today.

Dr. Howard: Well, thank you very much Mitch and thank you everybody for commenting. We got some great comments, all of them great comments and just want to remind you the written comments that you may want to submit also to our docket are due as Dr Montero said by 5pm Eastern on the 24th of February, and the URL for that is in the chat, David, put that in the chat it's NIOCINdocket, all one word at cdc.gov. But not to worry. However, you get it to us, we'll, we'll get it in the docket for you if that's an issue not to worry because we want to collect all of these comments and make them part of our record. So again, thank you everybody who joined us today. We look forward to looking at your written comments and thank you for all your great oral comments today. Thank you.

Mitch Morris: Thank you, Dr. Howard Dr. Montero any remarks, before we close.

Dr. Montero: No, I do agree with Dr. Howard thank you very much to everybody who participated, attended to listen. All of this in position clearly valuable for the organization. So, thank you for your time. And back to you.

Mitch Morris: Okay, thank you thank you, everybody. And I would like to thank everybody all our speakers, and everybody that shared with us shared your comments and concerns we really appreciate it. At this time, I would like to see if there's a volunteer to provide a closing prayer,

Deputy Chief Warner: Thank you so much for everybody with your with your gracious Heavenly Father, Lord we come to you so humble. Lord, we just ask that you continue to bless each of us Lord and as we go through these, these plans and as we go through consultations Lord put on our hearts those things that you need that are that are best for our tribe that are best for our government-to-government relationship, Lord, I ask that you protect these families, and these are the folks that are on this call Lord and help them with safe travel and grace as they go home to their families Lord, we ask that you do all of these things in your sons name, in Jesus name we pray amen.

Mitch Morris: Amen. Thank you sir. That concludes this meeting. And we thank everyone and have a great day. Thank you for joining us.

CDC/NIOSH's Tribal Consultation on Draft American Indian and Alaska Native Worker Safety and Health Strategic Plan

*Written Testimony
February 3-24, 2022*



February 24, 2021

The U.S. Department of Health and Human Services: The National Institute for Occupational Safety and Health (NIOSH) within the Centers for Disease Control and Prevention (CDC)

**Aaron A. Payment,
EdD, EdS, MEd, MPA**

Tribal Chairperson

RE: Input on a draft document entitled, “American Indian and Alaska Native (AI/AN) Worker Safety and Health Strategic Plan, 2022-2031

Address:

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Sault Ste. Marie,
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‘Aaron Payment’

Dear Ladies/Gentlemen;

Please accept this cover letter and the attached written comments regarding feedback and recommendations on a draft document entitled, “American Indian and Alaska Native (AI/AN) Worker Safety and Health Strategic Plan, 2022-2031” submitted on behalf of the Sault Ste. Marie Tribe of Chippewa Indians.

Respectfully,

Aaron A. Payment, Chairperson

**Dr. Aaron Payment,
Chairperson
Sault Ste. Marie Tribe of Chippewa Indians**

Testimony

**For
Consultation Between
The Tribal Nations
And
U.S. Department of Health and Human Services**

Regarding

Input on draft document entitled, “American Indian and Alaska Native (AI/AN) Worker Safety and Health Strategic Plan, 2022-2031”

Aaron Payment, n'dizhnikaaz. Kina Baawaa'ting Anishinaabek Omaa go nda Onji-kida. My name is Aaron Payment. As the elected Chairperson of the Sault Ste. Marie Tribe of Chippewa Indians (“the Tribe”), I am submitting testimony on behalf of the Tribe. This Testimony is in response to the National Institute for Occupational Safety and Health (NIOSH) within the Centers for Disease Control and Prevention (CDC) request for comment regarding feedback and recommendations on a draft document entitled, “American Indian and Alaska Native (AI/AN) Worker Safety and Health Strategic Plan, 2022-2031.”

1. Does the plan address the most pressing occupational safety and health concerns for the AI/AN workforce? If not, what would you suggest be included or removed, and why?

Reviewing the Document I believe it does address most of the pressing issues, but Tribes need to put together an internal safety training plan that assures that all Supervisors and Managers are attending the OSHA/OSH/NIOSH Training Class. Also, Tribes and Managers should take an OSHA Safety Course for 10 or 30 Hours to truly understand the importance of Safety in the work place.

Suggest to be included:

- We need to spend time with Tribal Councils and explain the importance of Safety. By explaining how Safety is here to protect not only their employees, but themselves as well. Also their Tribes from injury or even worse such as someone losing their life.
- Needs to include and emphasize the importance of Upper Management Involvement and Commitment to the Safety Process (training, policies and procedures).
- Other suggestion would be to explain what Leading and Lagging Indicators are and how most Safety Programs use Lagging Indicators.

- How we should change to Safety Systems/Process and use Leading Indicators.
- How does safety leadership assure improvement?
- Can safety leadership be defined in behavioral terms?
- Are there best practices in senior safety leadership?
- Is leadership behavior subject to the same principles as front-line employee or supervisory behavior?
- Do we address Best Practices for leadership in areas of: Vision, Credibility, Action Oriented, Open Communication, Accountability, Feedback, and Recognition?
- **Vision is important because:** Helps others question and rethink their assumptions about safety, Demonstrates willingness to consider and accept new ideas, Challenges and inspires people around the safety vision and values, and Describes a compelling picture of what the future could be.
- **Credibility is important because:** Admits mistakes to self and others, Gives honest information about safety performance even if it is not well received, Acts consistently in setting and applying safety standards, Demonstrates personal concern for employee well-being, and Treats others with dignity and respect.
- **Action Oriented is important because:** Is proactive rather than reactive in addressing safety issues, Gives a timely, considered response to safety concerns, Performance driven – delivers results with speed and excellence, Focuses safety efforts on the most important priorities, and Seizes safety improvement opportunities when they arise.
- **Open Communication is important because:** Keeps people informed about the “big pictures” in safety, Encourages people to give honest and complete information about safety even if the information is unfavorable, Actively communicates and discusses safety information with direct reports and Makes sure that others feel comfortable and safe in raising issues and concerns.
- **Accountability is important because:** Gives people a fair appraisal of their efforts and results in safety, Clearly communicates people’s roles in safety, Fosters a sense that people are responsible for the level of safety in their organizational unit, Sets clear responsibilities in safety for direct reports, Holds people accountable for meeting their commitments, and Regularly reviews with direct reports indicators of their safety performance.
- **Feedback and Recognition is important because:** Publicly recognizes the contributions of others, Readily recognizes people for safety work well done, Praises safety efforts more often than criticizes them, Gives positive feedback and recognition for good performance, and Finds ways to celebrate accomplishments in safety.

For more changes please see attached Draft-NIOSH-AIAN-Strategic Plan Nov2021, edits in red.

2. What recommendations do you have for NIOSH for partnering with tribal nations to conduct the activities described in this plan?

I recommend working with the Tribal Councils in each tribe, explaining the importance of Safety and how this plan is a start to having a place of employment free of recognized hazards. I would even offer to have some of those that are on Tribal Council take an OSHA 10 Hour class or accompany someone on an Audit of their Facility/ Property to understand the full value of Safety. Review the Accident Numbers (that are referenced in the document) to make it close and personal to them.

Also, NIOSH's success is dependent upon their ability to honor tribes' sovereignty. Government to government relations is a priority for tribal nations and the federally required consultation process is expected by tribes of all federal agencies and departments. Secondary, to respecting and honoring tribe's inherent right to self-government is honoring each tribe's traditional practices and customs. Gatherings of the Nations is customarily done with feasts, prayers, gifts- especially for "new beginnings".

Draft Improvements:

1. Include a Broad Strategic Goal to encapsulate the objectives.
2. Provide target deadlines for each objective.

3. What other organizations may have an interest in collaborating with NIOSH to improve occupational safety and health for AI/AN workers?

Some of the Tribes are Self-Insured and have Safety and Loss Prevention Risk Manager Professional that they are already working with and who they already trust. My suggestion would be to ask these groups to help assist in this process. Some of these groups already have strong relationships. For those that are not Self Insured I would find out if there is a Group or Safety Consultants they may already be using and trust.

List of organizations that may have interest in collaborating:

- Bureau of Indian Affairs (BIA)
- Department of Labor (DOL)
- Federal Emergency Management Agency (FEMA)
- Food and Drug Administration (FDA)
- Occupational Safety and Health Administration (OSHA)
- Society for Human Resource Management (SHRM)
- State Employment Agencies (Michigan Works!- employment related data that could be utilized in cross functional research studies)

4. How might NIOSH improve communication with tribal nations regarding worker safety and health issues?

NIOSH can improve communication with Incident Data and Cost, these things always seem to catch everyone's attention. Show how Safety can improve the Bottom Line or how Safety can destroy your bottom line. Also, explain how important it is to have a Strong Safety program with Supported Policies and Safety Procedures. The question is are all Tribes exempt for Law Suits if not explain how this can happen and the results if they are taken to court and held account for their members Safety while on the job.

Please see comments in document under Communication Goal for more improvements on communication.

5. What support may be needed to address occupational safety and health concerns for the AI/AN workforce?

This needs to be driven from the Top Down, if the employees see that the Tribal Councils, Managers and Supervisors are behind the Safety Classes, Safety Training, Safety Inspections, Safety PPE use then the employees and Tribal Members are going to look up to their elders with respect and follow their lead. You need to have Tribal Councils, Managers and Supervisors take the lead and tell their Members this is how it is going to be Safety First from Top Down. Also, if Tribal Councils made it Mandatory that all Supervisors are going to be held accountable for Safety and then make them set Goals for them to reach.

Support Staff needed: all should be involved at some level and supportive of the entire safety process.

- Safety Professionals
- Risk Managers
- Human Resources
- Management
- Trainers and Educators
- Supervisors
- Tribal Councils
- Employees

These numbers should be getting someone's attention, why wait for this to happen on your property it has already been happening elsewhere, they can stop this now by making changes internally so these number do not grow and that here forward all Tribal Properties are protected along with their employees.

According to the Bureau of Labor Statistics, 336 AI/AN workers were killed on-the-job during 2007 – 2016 – an average of 34 fatalities each year. For most of those fatalities occurred among male workers (308, 92%). The industries with the most fatalities were

construction (78), agriculture/forestry/fishing (49), and transportation and warehousing (33).

On another note change the definition of fully COVID-19 vaccinated employee to three doses of mRNA vaccine. The goals and objectives outline in the Draft Plan indicate supports needed to help with NIOSH projects.

Conclusion:

In conclusion, thank you for giving my Tribe the opportunity to comment. If you have any questions or need additional information, please do not hesitate to contact me or the Sault Ste. Marie Tribe of Chippewa Indians Legislative Director, Mike McCoy at MMcCoy@saulttribe.net. As always, my Tribe looks forward to working in partnership with the federal government.

Appendix B: List of Participants – February 3, 2022, Tribal Consultation

First Name	Last Name	Tribal Nation/Agency
Tahnee	Ahtone	Kiowa Tribe
Oluwapelumi	Ajayi	Centers for Disease Control and Prevention (CDC)
Walter	Alarcon	CDC
Yesenia	Alvarez	Pascuayaqui Nation
Tranita	Anderson	CDC
Raymundo	Baltazar	Pascua Yaqui Development Corporation
Connie	Barker	Chickasaw Nation
James	Beck	CDC
Shawn	Blackshear	Northwest Portland Area Indian Health Board (NPAIHB)
Tracy	Bogard	Cedar Rock Alliance
Ashley	Burson	CDC
Amanda	Cadore	CDC
David	Capo	CDC
Daune	Cardenas	Pascua Yaqui Development Corporation
David	Caruso	CDC
Jason	Chou	CDC
Courtney	Commissiong	CDC
Melissa	Cook	Menominee Indian Tribe
Elizabeth	Dalsey	CDC
Zintkala	Eiring	Great Plains Tribal Leaders' Health Board
Richard	Evoy	CDC
Nyame	Fawohodie	CDC
Derrick	Felix	CDC
Carrie	Field	National Indian Health Board
Brenda	Finn	CDC
Perphelia	Fowler	Navajo Nation
Herminia	Frias	Pascuayaqui Nation
CheBreia	Gibbs	CDC
Micaiah	Gilliam	CDC
Melinda	Golub	Health and Human Service/Office of Inspector General
Brittany	Grear	CDC
Regina	Green	Kickapoo Tribe
Nathan	Griffin	CDC
W	H	Big Fire Law and Policy Group
Christa	Hale	CDC
Noelle	Henderson	CDC
Ryan	Hill	CDC
Kim	Hoch	CDC
John	Howard	CDC
Jason	Hymer	CDC
Melanie	James	Navajo Nation
Kendra	Jenkins	CDC

Jill	Jim	Navajo Nation
Candice	Jimenez	NPAIHB
Olga	Joos	CDC
Alice	Kassanavoid	Comanche Nation
Patrice	Kemp	CDC
Laura	Kollar	CDC
Alana	Laanui	CDC
Rhea	Lansang Tran	CDC
Connie	Lo	Centers for Medicare and Medicaid Services
Shanda	Lohse	Eastern Aleutian Tribes
Martin	Lopez Jr	Ysleta del Sur
Monique	Martin	Slalom Consulting
Lisa	Martinez	Hoh Indian Tribe
LaNesha	McCann	CDC
Temet	McMichael	CDC
Jenna	Mel	National Council of Urban Indian Health
Mitch Morris	Mitch Morris	CDC
Jose	Montero	CDC
Kyle	Montour	Greenberg Traurig LLP
Georgia	Moore	CDC
Morris	Morris	Navajo Nation
Stephanie	Neitzel	CDC
Jonathan	Nez	Navajo Nation
Melissa	Nutha	Oneida Nation
Joanne	Odenkirchen	CDC
Chelsea	Payne	CDC
Chandra	Pendergraft	CDC
Gene	Perry	Cherokee Nation
Lori	Phillips	CDC
Nancy	Pierce	Kauffman & Associates Inc.
Lisa	Pivec	Cherokee Nation
Rasha	Rawi	CDC
Rashaun	Roberts	CDC
Deligh	Satter	CDC
Laura	Sawney	National Network of Public Health Institutes
Amee	Schwitters	CDC
Ken	Scott	CDC
Sadie	Shervheim	CDC
Ilana	Siegal	CDC
Gia	Simon	CDC
Candice	Skenandore	Oneida Nation
Gregory	Smith	CDC
Tyler	Smith	Big Fire Law and Policy Group
Dianne	Strozier	CDC

Steven	Terrell-Perica	CDC
Tracy	Thomas	CDC
Stephanie	Tran	CDC
Annie	Tran	CDC
Nate	Tyler	Makah Nation
Susan	Wacaster	CDC
William	Walker	CDC
Bryan	Warner	Cherokee Nation
Alleen	Weathers	CDC
Jennifer	Weddle	Greenberg Traurig LLP
Maddie	Woodruff	CDC
Austin	Yazzie	Navajo Nation

Appendix C: Draft American Indian and Alaska Native Worker Safety and Health Strategic Plan

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American Indian and Alaska Native Worker Safety and Health Strategic Plan _ DRAFT

Executive Summary

This strategic plan defines and prioritizes occupational safety and health (OSH) research related to American Indian and Alaska Native (AI/AN) workers for 2022–2031. This strategic plan focuses on conducting priority research and outreach activities to prevent injuries, illnesses, and fatalities to AI/AN workers. The objectives are organized by four areas of focus: (1) research, (2) practice, (3) policy, and (4) capacity building. The four focus areas were developed based upon input received at the Improving Worker Safety and Health Among American Indians and Alaska Natives: Partnership Workshop in 2015 and the Building Bridges to Enhance the Well-Being of American Indian and Alaska Native Workshop in 2019 in Denver, CO, and a review of relevant strategic plans.

Abbreviations

Agriculture Centers (AgCenters)
American Indian and Alaska Native (AI/AN)
Centers for Disease Control and Prevention (CDC)
Center for Health, Work and Environment (CHWE)
Center for State, Tribal, Local and Territorial Support (CSTLTS)
Education and Research Centers (ERCs)
Indian Health Service (IHS)
Minority Serving Institution (MSI)
National Institute for Occupational Safety and Health (NIOSH)
National Indian Health Board (NIHB)
Occupational Safety and Health (OSH)
Occupational Safety and Health Administration (OSHA)
Total Worker Health® (TWH)
Tribal Employment Rights Office (TERO)
Tribal Epidemiology Center (TEC)

Introduction

The National Institute for Occupational Safety and Health (NIOSH) is the U.S. federal agency that conducts research and makes recommendations to prevent worker injury and illness. NIOSH was established under the Occupational Safety and Health Act of 1970. It is part of the Centers for Disease Control and Prevention (CDC) located within the U.S. Department of Health and Human Services. In 2013, NIOSH launched an initiative to partner with AI/AN communities, tribal-serving organizations, and others to improve occupational safety and

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health (OSH) for AI/AN workers. The initiative's main goal is to build and strengthen capacity to assure that AI/AN workers return home safely to their families and communities. All activities are coordinated with CDC's Center for State, Tribal, Local and Territorial Support (CSTLTS).

NIOSH guided the development of this strategic plan and hopes the strategic plan will serve as a blueprint to enhance the health, safety, and well-being of AI/AN workers across the United States. This strategic plan can serve as a springboard for agencies and organizations developing partnerships and collaborations, guiding grant writing and development efforts, establishing research priorities, examining and enhancing internal capacities, and developing and implementing local worker safety and health activities.

Background and Context

Improving Worker Safety and Health Among American Indian and Alaska Natives: A Partnership Workshop

To enhance worker safety and health in tribal communities and develop partnerships, NIOSH and the Center for Health, Work and Environment (CHWE), a Center within the Colorado School of Public Health, convened a partnership workshop on OSH issues of AI/AN workers in August 2015 in Denver, CO. Thirty-two attendees from tribes, tribal-serving organizations, academia, and state and federal government agencies came together to advance worker safety and health in tribal communities. This was the first such AI/AN-specific gathering of this nature, and proved successful in providing information, sharing resources, establishing new relationships, and strengthen existing ones among the participants. Additionally, an AI/AN OSH network was created to nurture relationships and build capacity.

Building Bridges to Enhance the Well-Being of American Indian and Alaska Native Workshop

To further advance worker safety and health in tribal communities, NIOSH, in partnership with the CHWE and the National Indian Health Board (NIHB), organized a second workshop in July 2019 in Denver, CO. This workshop focused on worker safety and health activities in tribal communities with over fifty participants including tribal, academic and government partners. Discussions included a variety of OSH topics ranging from data sharing to tribal OSH codes. Participants also helped guide the development of this strategic plan by providing specific input on areas of focus, helping to identify needs, and discussing elements, such as the appropriate audience, and obtaining support and buy-in for a national strategic plan.

Tribal Sovereignty

AI/AN tribes are sovereign nations that maintain a government-to-government relationship with the U.S. federal government.⁶ There are currently 574 federally recognized tribes throughout the contiguous U.S. and Alaska.⁷ In addition to exercising political sovereignty, tribes exercise cultural sovereignty through traditions and religious practices unique to each tribe's history and culture.⁸ Cultural sovereignty "encompasses the spiritual, emotional,

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mental, and physical aspects” of Native people’s lives and is a foundation to the tribal exercise of political sovereignty.⁸

Tribal Workforce Data

Little is known about OSH among AI/AN workers, although they account for 2.7 million or 1.8% of the total U.S. workforce.³ These workers are employed in a wide variety of occupations, with the highest numbers in office and administrative support, sales and related occupations, management, transportation and material moving, and food preparation and serving.³ Many AI/AN workers are also employed through tribal enterprises such as medical care, housing, manufactured products, food production, livestock, and tourism. Tribes are often the largest employer on tribal lands.

According to the Bureau of Labor Statistics, 336 AI/AN workers were killed on-the-job during 2007 – 2016 – an average of 34 fatalities each year.⁴ Most of those fatalities occurred among male workers (308, 92%). The industries with the most fatalities were construction (78), agriculture/forestry/fishing (49), and transportation and warehousing (33). The proportion of AI/AN workers living on tribal land is unknown; therefore, the number of worker deaths are likely underrepresented.

AI/AN workers are 42 percent more likely to be employed in a high-risk occupation (defined as an occupation where the injury and illness rate is more than twice the national average) as compared with non-Hispanic Whites.⁵ National data on occupational injuries, illnesses, and fatalities among AI/AN workers are scarce, and there is limited research on worker safety, health, and well-being in tribal communities. Given the lack of data, the true numbers of workers injuries, illnesses, and fatalities are likely much higher.

Focus Areas for American Indian and Alaska Native Workers

The American Indian and Alaska Native Worker Safety and Health Strategic Plan is intended to identify the research, information, and actions that can help prevent occupational injuries, illnesses, and fatalities among AI/AN workers. This plan provides a vehicle for partners to describe the most relevant issues, gaps, and safety and health needs in tribal communities. OSH initiatives are best implemented and most effective when incorporating or wholly utilizing the cultural practices of the relevant community.

Because the strategic plan is intended to inform national occupational safety and health efforts for AI/AN workers through a strategic focus on four topic areas, it cannot at the same time be an inventory of all OSH issues worthy of attention. Those who contributed to the development of this agenda believed that the number of priority topics should be limited in scope so that resources could be focused on a manageable set of objectives, thereby increasing the likelihood of substantial impact in the workplace. These objectives are organized into four areas of focus: (1) research, (2) practice, (3) policy, and (4) capacity building, which were

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established based on input from both the 2015 and 2019 workshops and a review of other relevant strategic plans.

These objectives are listed in no specific order, and no prioritization is placed upon any item; rather, they capture the array of opportunities that are available to engage in the work outlined in this strategic plan. It is acknowledged that tribes are approaching these issues with varying capacities and resources, and their own internal priorities established by their community and their governments. NIOSH encourages tribes and their partners to examine the list of objectives to determine what is feasible to achieve locally and constitutes the best path forward.

Who are the intended audiences?

This plan was developed to provide relevant objectives for tribes, tribal OSH professionals, tribal-serving organizations, tribal epidemiologists, government agencies, state and local health departments, academia, and physicians. Some focus areas, and certainly some of the objectives, will appeal to specific audiences and consequently create a path for bringing together many of the potential and intended partners.

How was the strategic plan developed?

The strategic plan was developed in collaboration with tribes, tribal-serving organizations, NIOSH researchers, academia, state and local health departments and government agencies conducting research and doing work in tribal communities and high-risk sectors of employment. Based on input and discussions at the 2015 and 2019 tribal worker safety and health workshops, in combination with a review of relevant strategic plans, the four focus areas were established. Partners and collaborators also had the opportunity to review the plan, and their comments were incorporated.

The Four Focus Areas

Because OSH resources are limited, this agenda focuses on priority OSH operations, workers, and issues based on what is currently known about safety and health risks in industries within tribal communities. Previous discussions on leading causes of fatalities, injuries, and hazardous exposures—along with partner experience and expertise—were all considered when selecting objectives contained within these four focus areas. This plan must be flexible to account for diversity and uniqueness of each tribe. The plan is a collaborative model that includes tribal partners and other collaborators. The concept of collaboration was inspired by input from workshop participants who stressed that traditional indigenous models, such as the medicine wheel, are built around ideas of coming together and finding similarity and linkages.

1. Research

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Research related to AI/AN worker safety, health, and well-being is vital. As we consider the safety and health of all workers, there is a lack of information and data on injury, illness, fatality data related to AI/AN workers. We must identify objectives to frame how the work in this area should move forward. More basic, surveillance, and translation research will provide needed information to better determine how best to serve AI/AN workers. Basic research builds a foundation of scientific knowledge to base future interventions. Most laboratory research falls into this category, as well as exposure assessment. Surveillance research develops new surveillance methods, tools, and analytical techniques. Translational research engages in the development, testing, or evaluation of a solution to an occupational safety and health problem or the improvement of an existing intervention. Data are critical, driving both decisions and policy. We also use data for evaluating the impact of programs, quantifying progress towards objectives, and identifying barriers to issues related to AI/AN worker, safety, health and well-being. Given that scientific research involving unethical treatment has occurred in Indian Country, tribes must be engaged in the early phases of research development, and ultimately research must be directed and managed by tribes.

Research (RE) Objectives

- RE1. Identify and evaluate data sources that can be used or enhanced to describe OSH risk factors among AI/AN workers.
- RE2. Conduct basic research to identify OSH risks among AI/AN workers and how they can be mitigated.
- RE3. Conduct research to characterize the AI/AN workforce.
- RE4. Identify factors (i.e., social, legal, economic, and environmental) that contribute to occupational injuries, illnesses, and fatalities among AI/AN workers.
- RE5. Conduct translational research to identify barriers and aids to implementing OSH interventions and programs in tribal communities.
- RE6. Build OSH research capacity in tribes, tribal-serving organizations, and academic institutions.
- RE7. Incorporate participatory and traditional indigenous approaches (e.g. ancestral wisdom) when designing, implementing, and evaluating safety, health, and well-being initiatives.

2. Practice

This focus area centers on adopting and adapting knowledge, interventions, and technologies within the workplace to improve the safety, health, and well-being of AI/AN workers, and to strengthen workplace safety and health practices. As tribes enter the field of worker safety and health, they will present with different resources, infrastructure, capacity, and experience. As previously mentioned, tribes must determine the most beneficial and feasible practices to undertake.

Practice (PR) Objectives

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- PR1. Complete a preliminary assessment to create a priority list of OSH topics to guide materials and partnership development.
- PR2. Share existing information about OSH and benefits of OSH programs among AI/AN workers, employers, professional associations and others.
- PR3. Collaborate with partners on adopting and using health and safety workplace practices, interventions, and technologies that are tailored for AI/AN workers.
- PR4. Scan for existing materials that could be adapted, and develop toolkits, guidelines, assessments, and other resources that address worker safety, health, and well-being for practitioners in tribal communities.
- PR5. Create a clearinghouse of tribal OSH materials that can be adapted and used by other tribes.
- PR6. Implement effective and culturally appropriate strategies to integrate worker safety and health protection with activities that advance the overall well-being of AI/AN workers.
- PR7. Evaluate and demonstrate the impact of health and safety initiatives on improving worker safety, health, and well-being.
- PR8. Provide feedback to AI/AN workers and other partners who may use resources.

3. Policy

As sovereign nations, tribes have inherent authority to protect the public health and welfare of their citizens and “to make their own laws and be ruled by them.”⁵ Thus, in the context of OSH, tribes have the authority and insight into how to promote OSH using methods most appropriate for their communities.⁶ Tribes have exercised this authority by passing laws, codes, and policies related to OSH and by providing OSH services through tribal agencies and programs.⁷ This focus area refers to all aspects of implementing policy on OSH not only at the tribal level, but also at the local, state, and federal levels. This includes, but is not limited to, policy research, development, implementation, and evaluation.

Policy (PO) Objectives

- PO1. Identify and assess the prevalence and effectiveness of existing OSH laws, codes, or policies in tribal communities.
- PO2. Share evidence and explain how it can be used to inform policy development. Monitor and evaluate OSH laws, codes, or policies that address worker safety, health, and well-being of AI/AN workers.
- PO3. Facilitate information sharing between tribal leaders, workers, communities, and other internal and external partners on effective OSH laws, codes, or policies.
- PO4. At the direction of tribal leadership, incorporate participatory and traditional Indigenous approaches when developing policy change to positively impact the safety, health, and well-being of AI/AN workers.
- PO5. Encourage and facilitate meaningful tribal consultation regarding OSH laws, codes, or policies among external partners.
- PO6. Integrate a work agenda into economic development policy and projects on tribal land.

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4. Capacity Building

This focus area refers to a broad range of objectives that will raise the collective or individual ability of tribes to promote and practice OSH in their communities. This can take the shape of training, technology transfer, or even financial support—and it can span raising the capacity across the three previously discussed focus areas. OSH training is a key way to reduce the risk of occupational illness, injury, and death. Furthermore, AI/AN people are underrepresented in the public health and OSH workforce. Addressing the needs of AI/AN populations in fellowships, internships, trainings, and volunteer opportunities for students and professionals could increase the pipeline of AI/AN workers in OSH.

Capacity (CA) Building Objectives:

- CA1. Increase professional development opportunities related to OSH for AI/AN workers.
- CA2. Use incentive programs to encourage developing or implementing OSH practices at the tribal level.
- CA3. Collaborate with the relevant state and federal agencies to conduct outreach with tribes for applicable training and certification opportunities in OSH.
- CA4. Create a tribal “train the trainer” program for key OSH topical areas.
- CA5. Increase the number of AI/AN enrolled in OSH training programs.
- CA6. Conduct symposia on local worker safety, health, and well-being in tribal communities.
- CA7. Engage with industry partners to formulate complementary and/or best practices for OSH.
- CA8. Provide technical assistance to inform development/drafting of OSH law/code/policy/guidance documents when requested. Evaluate Progress

As mentioned previously, this strategic plan can serve as a resource to tribes, tribal-serving organizations, government agencies, academic institutions, and others who wish to improve safety and health for the AI/AN workforce.

NIOSH will evaluate and report on progress towards achieving the objectives identified in this plan at both the midpoint of the plan (2026) and at the end (2031). The midpoint evaluation will be an opportunity for NIOSH to ask tribal partners and others to share any new safety and health priorities that may have emerged since the plan was first published and where adjustments and additions to the plan need to be made.

The primary purpose of the midpoint and final evaluation will be to assess the influence of this strategic plan on stimulating activities that improve the safety and health of the AI/AN workforce. To determine the impact of the strategic plan, NIOSH will track any type of activity (e.g., new partnerships, new OSH tribal laws, trainings, research projects, communication campaigns) whose aim is to improve worker safety and health in tribal communities. Activities may be deemed relevant even if they are beyond the scope of traditional worker safety and health to reflect the more holistic approach to AI/AN worker health as described previously.

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NIOSH will continue to closely communicate and collaborate with partners to be made aware of activities and to determine if this plan played an influential role in these identified activities. NIOSH will also periodically bring partners from across the nation together to share successes and challenges being encountered and discuss the nation's progress towards meeting plan objectives.

A midpoint and final evaluation report will be published by NIOSH outlining identified activities and specific success stories that met plan objectives. The two reports will also include a path forward for the second half of the time period and the next decade beyond the time frame of this plan.

References

- [1] Department of the Interior [2017]. Indian Entities Recognized and Eligible to Receive Services From the United State Bureau of Indian Affairs, Fed. Regist 81(86):26826–26832.
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- [8] Coffey W, Tsosie R [2001]. Rethinking the Tribal Sovereignty Doctrine: Cultural Sovereignty and the Collective Future of Indian Nations. *Stan L & Pol'y Rev* 12.

More information

[NIOSH Research2Practice](#)

[NIOSH Training and Workforce Development](#)

[Occupational Health Equity: Burden Need and Impact](#)

[Partnering to Promote Workplace Safety and Health in Tribal](#)

[Communities Safe Skilled and Ready Workforce Program](#)

Appendix D: Dear Tribal Leader Letter for CDC/NIOSH February 3, 2022, Tribal Consultation



National Institute for
Occupational Safety and Health
Centers for Disease Control
and Prevention (CDC)
395 E Street, SW -Ste 9200
Washington, DC 20201
PH: 202-245-0625

February 17, 2022

Dear Tribal Leader:

The Centers for Disease Control and Prevention (CDC), the National Institute for Occupational Safety and Health (NIOSH), and American Indian and Alaska Native (AI/AN) federally recognized tribes share the goal of enhancing worker safety and health in tribal communities. Effective consultation results in information exchange, mutual understanding, and informed decision-making.

Thank you for your feedback and recommendations to improve the draft [American Indian and Alaska Native Worker Safety and Health Strategic Plan](#). CDC/NIOSH recognizes our unique relationship with federally recognized tribes, and we are committed to fulfilling our critical role in promoting the health, safety, and well-being of AI/AN workers and their communities.

As we review and update the strategic plan, we are using various methods to gather input, including holding the virtual tribal consultation session on February 3, 2022, and collecting public comments through the Federal Register notice published on November 30, 2021 at [[NIOSH 345](#)]. We understand the importance of providing timely and clear responses to federally recognized tribes, and we remain committed to holding open and meaningful engagement in the dissemination and implementation of the strategic plan.

We continue to accept written recommendations and feedback until 5 pm (EST) on February 24, 2022; comments may be submitted by email to niocindocket@cdc.gov or by mail to Sherri Diana, NIOSH Docket Office, 1090 Tusculum Avenue, MS C-34, Cincinnati, Ohio 45226-1998. After the comment period for NIOSH 345 concludes, we will provide a report by April 7, 2022, summarizing the feedback and next steps.

Sincerely,

John Howard, MD
Director

Appendix E: Federal Register Notice for CDC/NIOSH February 3, 2022, Draft American Indian and Alaska Native Worker Safety and Health Strategic Plan

states must have the authority to impose an administrative penalty that is “adequate to ensure compliance.” EPA has determined that the APA requirements were adopted into the California Health and Safety Code (HSC) Section 116650 in a manner that California’s statute is comparable to and no less stringent than the federal requirements. EPA has also determined that California’s program revision request meets all of the regulatory requirements for approval, as set forth in 40 CFR 142.12, including a side-by-side comparison of the federal requirements demonstrating the corresponding state authorities, a review of the requirements contained in 40 CFR 142.10 necessary for states to attain and retain primary enforcement responsibility, and a statement by the California Attorney General certifying that California’s laws and regulations to carry out the program revisions were duly adopted and are enforceable. The Attorney General’s statement also affirms that there are no environmental audit privilege and immunity laws that would impact California’s ability to implement or enforce the California laws and regulations pertaining to the program revision. Therefore, EPA approves this revision of California’s approved State primacy program. The Technical Support Document, which provides EPA’s analysis of California’s program revision request, is available by email by submitting a request to the following email address: *R9dw-program@epa.gov*. Please note “Technical Support Document” in the subject line of the email.

Public Process. Any interested person may request a public hearing on this determination. A request for a public hearing must be received before December 30, 2021 and addressed to the Regional Administrator of EPA Region 9, via the following email address: *R9dw-program@epa.gov* or contact the EPA Region 9 contact person listed above in this notice by telephone if you do not have access to email. Please note “State Program Revision Determination” in the subject line of the email. The Regional Administrator may deny frivolous or insubstantial requests for a hearing. If a timely request for a public hearing is made, then EPA Region 9 may hold a public hearing. Any request for a public hearing shall include the following information: 1. The name, address, and telephone number of the individual, organization, or other entity requesting a hearing; 2. A brief statement of the requesting person’s interest in the Regional Administrator’s determination and a brief statement of

the information that the requesting person intends to submit at such hearing; and 3. The signature of the individual making the request, or, if the request is made on behalf of an organization or other entity, the signature of a responsible official of the organization or other entity.

If EPA Region 9 does not receive a timely and appropriate request for a hearing or a request for a hearing was denied by the Regional Administrator for being frivolous or insubstantial, and the Regional Administrator does not elect to hold a hearing on her own motion, EPA’s approval shall become final and effective on December 30, 2021, and no further public notice will be issued.

Authority: Section 1413 of the Safe Drinking Water Act, as amended, 42 U.S.C. 300g–2 (1996), and 40 CFR part 142 of the National Primary Drinking Water Regulations.

Dated: November 8, 2021.

Elizabeth Adams,

Acting Regional Administrator, EPA Region 9.

[FR Doc. 2021–25965 Filed 11–29–21; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (Act) (12 U.S.C. 1817(j)) and § 225.41 of the Board’s Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the applications are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board’s Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in paragraph 7 of the Act.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E.

Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than December 15, 2021.

A. Federal Reserve Bank of Kansas City (Jeffrey Imgarten, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198–0001:

1. *The Michael J. Klaassen Revocable Trust and Carol S. Klaassen Family Trust, Michael Klaassen, as trustee, all of Wichita, Kansas;* to join the Klaassen Family Group, a group acting in concert, to retain voting shares of Chisholm Trail Financial Corporation, and thereby indirectly retain voting shares of Stryv Bank, both of Wichita, Kansas.

Additionally, The Michael J. Klaassen Qualified Subchapter S Trust, Michael Klaassen, as trustee, both of Wichita, Kansas; Linda J. Klaassen Revocable Trust, Linda Klaassen, as trustee, Kourt Klaassen, Derek Ryan Klaassen, and Brent Klaassen, all of Whitewater, Kansas; Trevor J. Klaassen, Oklahoma City, Oklahoma; and Mitchell R. Klaassen, Frisco, Texas; to join the Klaassen Family Group to acquire voting shares of Chisholm Trail Financial Corporation, and thereby indirectly acquire voting shares of Stryv Bank.

Board of Governors of the Federal Reserve System, November 24, 2021.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2021–26061 Filed 11–29–21; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH 345]

National Institute for Occupational Safety and Health Tribal Consultation Session

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting and request for testimony.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC) announces a CDC Tribal Consultation Session. CDC will host American Indian and Alaska Native (AI/AN) Federally Recognized Tribes for a virtual tribal consultation session on the NIOSH draft strategic plan entitled *American Indian and Alaska Native Worker Safety and*

Health Strategic Plan. The proceedings will be open to the public.

DATES: The tribal consultation will be held February 3, 2022, from 4:15 p.m. to 6:00 p.m., EST.

NIOSH will accept written tribal testimony until 5:00 p.m., EST, on February 24, 2022.

ADDRESSES: Written tribal testimony should be submitted by either of the following ways:

- *By Email:* niocindocket@cdc.gov; or
- *By Mail:* Sherri Diana, NIOSH Docket Office, 1090 Tusculum Avenue, MS C-34, Cincinnati, Ohio 45226-1998.

Instructions: All submissions must include Tribal affiliation and Docket number (NIOSH 345). All relevant comments, including any personal information provided, will be posted without change.

FOR FURTHER INFORMATION CONTACT:

David Caruso, National Institute for Occupational Safety and Health (NIOSH), Western States Division, P.O. Box 25226, Denver, Colorado 80225-0226; Telephone: (303) 236-5909 (this is not a toll-free number); Email: DCaruso@cdc.gov; or Elizabeth Dalsey, NIOSH Western State Division, P.O. Box 25226, Denver, Colorado 80225-0226; Telephone: (303) 236-5955 (this is not a toll-free number); Email: EDalsey@cdc.gov.

SUPPLEMENTARY INFORMATION:

Public Participation

Federally Recognized Indian Tribes represented by the Tribal President, Tribal Chair, or Tribal Governor, or an elected or appointed Tribal Leader, or their authorized representative(s) may participate in this consultation by submitting written views, opinions, recommendations, and data. Testimony may be submitted on any topic related to this draft strategic plan. Testimony received, including attachments and other supporting materials, are part of the public record and subject to public disclosure. Do not include any information in your testimony or supporting materials you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your testimony, that information will be on public display. NIOSH will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. NIOSH will carefully

consider all testimony submitted into the docket.

Oral Tribal Testimony: Based on the number of participants giving testimony and the time available, it may be necessary to limit the time for each presenter. We will adjourn the tribal consultation meeting early if all attendees who requested to provide oral testimony in advance of and during the consultation have delivered their testimony.

Written Tribal Testimony: Written testimony will be accepted per the instructions provided in the **ADDRESSES** section above. Written testimony received in advance of the meeting will be included in the official record of the meeting. The consultation meeting will be recorded, transcribed, and posted without change to <https://www.cdc.gov/niosh/docket/>, including any personal information provided.

This meeting is being held in accordance with Presidential Executive Order No. 13175, November 6, 2000, and the Presidential Memorandum of November 5, 2009, and September 23, 2004, Consultation and Coordination with Indian Tribal Government and CDC/ATSDR's Tribal Consultation Policy which can be found at <https://www.cdc.gov/tribal/documents/consultation/policy475.pdf>.

Purpose: The purpose of the consultation meeting is to advance NIOSH's support for, and collaboration with, federally recognized American Indian and Alaska Native (AI/AN) tribes, and to improve the health of AI/AN tribal nations by pursuing research and outreach activities to prevent injuries, illnesses, and fatalities to AI/AN workers. To advance these goals, CDC conducts government-to-government consultations with Indian Tribes represented by the Tribal President, Tribal Chair, or Tribal Governor, or an elected or appointed Tribal Leader, or their authorized representative(s) to the extent practicable and permitted by law before CDC takes any action that will significantly affect Indian Tribes. Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding.

Matters To Be Considered: NIOSH is hosting this meeting to receive input from federally recognized tribes on the development of an American Indian and Alaska Native Worker Safety and Health Strategic Plan. AI/AN workers account for 2.7 million or 1.8% of the total U.S. workforce. These workers are employed in a wide variety of occupations, with

the highest numbers in office and administrative support, sales and related occupations, management, transportation, and food preparation and services. Tribes are often the largest employer on tribal lands. Many AI/AN workers are also employed through tribal enterprises such as medical care, housing, manufactured products, food production, livestock production, and tourism. National data on occupational injuries, illnesses, and fatalities among AI/AN workers are scarce, and there is limited research on worker safety, health, and well-being in tribal communities. Given the lack of systematic data collection, the true numbers of occupational injuries, illnesses, and fatalities are likely much higher. NIOSH is proposing research and outreach activities to enhance worker safety and health in tribal communities and requests input on the draft *American Indian and Alaska Native Worker Safety and Health Strategic Plan, 2022-2031*. Agenda items are subject to change as priorities dictate.

Meeting Information: Zoom Virtual Tribal Consultation. If you wish to attend the virtual consultation session, please register by accessing the CDC web page at: <https://cdc.zoomgov.com/meeting/register/vJItdeipqzIvGgMKRWjU6mOlfMiRxs3dggw>. Instructions to access the Zoom virtual consultation will be provided in the link following registration. All elected tribal officials are encouraged to submit written tribal testimony by mail, or email. Additional information about CDC/ATSDR's Tribal Consultation Policy can be found at <https://www.cdc.gov/tribal/consultation-support/tribal-consultation/sessions.html>.

The Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities.

John J. Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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