"Preventing Pandemics through US Wildlife-borne Disease Surveillance" House Committee on Natural Resources - Subcommittee on Oversight and Investigations

Dr. Julie Thorstenson, PhD

Questions from Representative Cohen

 You testified about impacts that zoonotic diseases are having on tribal cultures, from Covid to chronic wasting disease to highly pathogenic avian influenza. How would having Tribes better represented in the planning and implementation of wildlife disease monitoring and response help address some of these cultural impacts?

Thorstenson Response:

Tribes have a different way of knowing and coexisting with their environment. They bring important perspectives to wildlife and ecosystem management that extend to wildlife disease response planning, including the impacts to culture, medicinal plants, and spiritual wellbeing. In a conversation with a State Agency on chronic wasting disease, our team demonstrated the need for Tribally focused education materials due to increased exposure risk for Tribal citizens who use the brain of big game to tan hides. The State's response was "tell them to stop."

At NAFWS, we provide resources and technical assistance that supports self-determination and allows for incorporation of Tribal priorities, cultures, and uniqueness. Tribes are best suited to provide the direction to protect and preserve their lands and culture. Asking Tribes to stop practicing their lifeways is neither effective management nor meaningful engagement. Tribes must be involved in the conversations to raise awareness of these risks and help mitigate the ways that supports cultural preservation. In the case of chronic wasting disease, this could mean the utilization of protective equipment rather than the loss of a cultural practice.

The State interests, scientific, academic, economical, and health issues are all represented well within the planning conversations, the Tribal voice is missing. Tribes own or manage nearly 140 million acres of lands in the United States, without Tribes, the plan is not complete.

2. Why do you think Tribes are not better represented in the planning of wildlife borne disease monitoring and response?

Thorstenson Response:

The short answer is a lack of funding and capacity. Tribes do not have consistent, stable base funding for fish and wildlife management. What we see is one person responsible for multitudes of duties. Tribes piecemeal their programs together, often relying on grant funding. This further limits capacity with Tribal fish and wildlife staff spending a large about of their time on planning, writing, implementing and monitoring grants, just to keep staff employed. There is also a lack of understanding of the importance of engaging Tribes and the appropriate avenues to do. Official nation to nation tribal consultation is an important and needed component, however, conversations between managers is also needed to build relationships. Relationship building must be more than a checked box.

Even if Tribes are not living on the lands, they still may have a connection to them as traditional homelands and cultural use areas. Tribes MUST be part of all parts of wildlife borne disease programming. However, they may need assistance to being involved.

Questions from Representative Porter:

1. What is the Native American Fish and Wildlife Society able to do with the funding it is getting through the American Rescue Plan and how will it help with wildlife-borne disease management?

Thorstenson Response:

Tribes have recognized the interconnectedness between people, animals, plants and their shared environments for time immemorial, the very definition of the One Health approach, yet the Tribal voice is often missing. Tribal fish and wildlife professionals' participation in the One Health effort is critical. However, Tribes often lack the capacity or accessibility to resources to participate or provide input. Tribes have identified the need for training and access to wildlife veterinarians or zoonotic disease specialists as barriers and threats to human health and natural resources.

The NAFWS has entered a PL93-638 self-determination contract with the USFWS, one of the first self-determination contracts with the USFWS. Included in this contract is an objective to provide technical assistance to NAFWS member Tribes and individual members on zoonotic diseases through a dedicated Tribal Wildlife Disease Coordinator. The funds for this objective are from the American Rescue Plan section 6003. NAFWS contracted with Native Healing, LLC and Dr. Tolani Francisco, DVM and citizen of Pueblo of Laguna. Dr. Francisco will serve as the lead consultant providing the following:

- A working phone number for Tribes to contact with questions related to zoonotic diseases and overall wildlife disease.
- Four (4) informational articles to be included in the NAFWS newsletter "From the Eagles' Nest'
- Review, comment and suggest content for the NAFWS 2022 National Initiative "Wildlife Health" webpage
- Present at the National NAFWS Conference and Regional conference/events.

Tribes have expressed a need for a person to contact for wildlife health and disease questions. Dr. Francisco is a respected professional in Indian Country and will help serve a valuable needed service to Tribes. This is also comparative to a service the USFWS has been funding for years through AFWA.

2. Is there any additional information about your views on domestic U.S. surveillance of wildlife-borne diseases for future pandemic prevention that you would like to share for the record?

Thorstenson Response:

Wildlife and wildlife disease do NOT respect political boundaries, therefore all entities must be part of surveillance to protect the health and welfare of all. There are 574 federally recognized Tribes in the U.S. as of 2022 and each are unique sovereign nations. Tribes also hold a unique status as sovereign nations within the United States with a trust responsibility from the Federal Government. Time is needed to develop relationships and understand the unique needs of each Tribe. Tribes will need consistent, sustainable funding to build capacity to be able to participate in the conversations around wildlife-borne diseases.