

1 WOMAN 1: May you please stand to order, and could I
2 get Council Paskowski [ph] to say a -- to lead us in blessing
3 today?

4 MS. PASKOWSKI: Dear Gracious and Heavenly Father, we
5 thank you for this time we've come together and to do the work
6 for our Cherokee citizens. And, Father, we just ask for your
7 guidance and direction. Father, I just pray for every single
8 person in the world, whatever they're faithful today, Father, I
9 just pray that you be -- will be with them. It's in Jesus'
10 name that we pray. Amen.

11 WOMAN 2: Amen.

12 MAN 2: Amen.

13 WOMAN 3: Amen.

14 WOMAN 1: I'm not seeing him. So we will go with
15 Cherokee Nation Health Services, Dr. Steve Jones, and I
16 see him up there. Does everybody have access to the TVs?
17 Harley, Councilor Buzzard, do -- can you see this TV?

18 MR. BUZZARD: It needs to be straightened up a little
19 more.

20 WOMAN 1: I'm just -- I'm curious, do we still need
21 to pull the screen down for everybody to have visibility?

22 WOMAN 2: I think so.

23 MAN 3: Yes. It's hard from this angle.

24 MR. BUZZARD: I think if it was straight, that y'all
25 could see it all right.

1 WOMAN 4: Yeah, it's angled.

2 MAN 3: It's going to make it very hard on that end
3 too. If the screen was down, that -- a bit --

4 WOMAN 1: I'm just going to sit in the middle. Then
5 I can see.

6 MR. BUZZARD: I don't need to see it. I haven't seen
7 it for two years anyway.

8 MAN 4: You are a lifesaver.

9 WOMAN 1: I try, sir, I try. Okay. Well, we will go
10 on with Dr. Steve Jones.

11 Good morning, Dr. Jones, and happy holidays.

12 DR. JONES: Good afternoon. Can you guys hear me
13 okay?

14 WOMAN 1: Yes.

15 WOMAN 2: Yes.

16 WOMAN 3: Loud and clear.

17 DR. JONES: Okay. All right. So I know there's lots
18 of questions. I've received a lot of questions through text
19 and e-mails the last few days on our vaccine. But I'll get to
20 our written report first, and then we can go to those
21 questions, if that's okay with you guys.

22 So there was -- the first thing, as I said, our
23 written report's been submitted. I won't go into very much
24 detail. I do want to call to your attention the -- the fact
25 that we got our acute stroke residence accreditation. That's a

1 very big accomplishment. I mentioned it last time. It made
2 its way -- I wanted to report it this time. So our employees,
3 in the midst of all the other things they're doing, are -- are
4 working through these accreditations. And, still, there's a
5 lot of other things besides COVID that we do, and -- and this
6 is an acknowledgement to them for all their hard work to -- to
7 be able to get it to its accreditation; so just want to
8 acknowledge that.

9 And as we move through the report, a lot of things in
10 there are the same things that we've had before. If there's
11 any questions for any of those -- those items that are in the
12 report, I'd be glad to answer those. I do recognize
13 [inaudible] from the last stage on the testing. It -- it's a
14 breakdown by clinic as of when this report was submitted, which
15 is always behind where we currently are.

16 So I wanted to go and give you an update. We're at
17 62,628 deaths as of Friday, with [inaudible] --

18 WOMAN 1: Dr. Jones?

19 DR. JONES: -- 719 tests positive, so --

20 WOMAN 1: Dr. Jones? Dr. Jones?

21 DR. JONES: Yes.

22 WOMAN 1: Let me interrupt you just for a second
23 until we're through here. We're trying to get a screen down
24 for the visibility of everyone in the room. If you'll wait
25 just a second, it's coming.

1 DR. JONES: Sure.

2 MAN 5: Thank you.

3 WOMAN 1: Okay. I think we can go ahead and start.
4 We're going to be just -- yeah, he's going to get it going.
5 Okay. Thank you, Dr. Jones.

6 DR. JONES: All right. And so I know that there
7 was -- you know, I watch social media too and some of the
8 questions that came out, and there were a lot of questions
9 around our positivity rate and -- and how many people were
10 recovered versus still fighting that battle. That's hard
11 to -- that's a hard number to quantify.

12 We tried to put some numbers to it and -- so that we
13 can kind of get a round figure of how many people are still
14 fighting this virus that are actively fighting it currently.
15 And -- and those are not by any means, a -- an accurate number,
16 but it's just an estimation based on our available information
17 we have. That's around 1800 patients currently within our
18 health system that we know about that are -- are fighting that
19 virus currently. So just -- just -- that's not an easy
20 length -- easy number to -- to grab hold of. So I just wanted
21 to acknowledge that just a little bit.

22 If there's any other questions about the reports
23 specifically, I'll answer those now before I move into
24 information on the vaccine, if you would like.

25

1 WOMAN 1: Anybody have any questions so far for Dr.
2 Jones before he talks about the vaccine?

3 Go ahead, Dr. Jones. Thank you.

4 DR. JONES: Okay. So first thing I want to talk
5 about a little bit is we have a couple of medicaments that
6 we're using for -- to treat those patients that are diagnosed
7 with -- with COVID. Obviously, remdesivir is something that
8 you've heard about on the news, and we have talked about that
9 before, that we have that medication available to our patients.

10 Currently, it's a stay in the hospital to receive it.
11 You have to qualify in certain conditions and certain
12 modalities that you -- or morbidities that you would have that
13 qualify you to receive that medication, and it's a -- it's an
14 infusion of medication in the inpatient setting.

15 We also are involved in a clinical trial with that
16 medication through Gilead that allows us to administer
17 that -- that medication in an outpatient setting. And
18 that -- that study is currently still -- still going forward.
19 The other medication that we've been lucky enough -- or have
20 been given to use for our patients is a monoclonal antibody
21 called bamlanivimab. It's a -- it's a medication that's
22 administered infusion in the outpatient setting; takes about
23 three hours. We -- we're allocated 500 doses, and
24 we've -- we've administered 131 doses as of this morning.

25

1 And the outcomes on that medication have been really,
2 really good. So that's, again, you have to qualify by certain
3 criteria that -- in order to receive that medication; but those
4 that have received it, we -- we've seen some very good
5 outcomes. So that's just a little update on some of the things
6 that we're doing to help treat those patients once they have
7 been infected so...

8 Now we'll move on to the -- the vaccine. As you
9 know, it's been a lot of press around that this weekend and as
10 of late. As of this morning at 10:30, we received our first
11 allocation of vaccine. I think it's already hit the media
12 earlier that it was 950 doses that we've received from the
13 Indian Health Service. They are our jurisdiction, not the
14 State. We did receive some questions on when we would be
15 receiving vaccines from the State and how they would be
16 allocated to us through the State. And we are not receiving
17 any vaccine through the State.

18 We were -- we had to make a choice in whether we
19 received the vaccine through the State or through the Indian
20 Health Service. We felt like the lines of communication, the
21 logistics, all those things were with HIS; and they work with
22 the State. The State seems to be confused in a lot of ways on
23 one hand not knowing what the other hand's doing. So we felt
24 like that was the best for us. And -- and as a result, we got
25 the -- already received our first allocation. So we felt like

1 we made a good decision there, and -- and we'll continue to
2 work with IHS moving forward.

3 We did offer to be a hub for the State, if they wanted us to,
4 to be able to allocate out to other health care systems in our
5 area since we did have the freezers. But as of this date, we
6 have not had any more communication and they have not reached
7 out for us to do that.

8 So moving forward, again, we received our first
9 shipment this morning. It was accompanied by the CDC, a
10 representative from the CDC, to witness the transfer of custody
11 from them to us; and that was done and put into our freezer,
12 our ultra-cold freezer, this morning about 10:30. And, as you
13 know, moving forward, we will start -- our goal was to have our
14 first administration of the vaccine within 24 hours of when we
15 received it. And we will start administering the vaccine at
16 7:00 a.m. tomorrow morning to our health care workers that are
17 in -- in the frontline for this fight. So our tiered approach
18 -- and we put some publication out there already -- has health
19 care frontline workers as our number one first line that would
20 get the vaccine, along with our first responders.

21 And then we will move into our only -- one and only
22 facility that we have as far as residential, and it's not
23 really residential. The elder care facility is also listed on
24 our -- our -- our first tier. And then we'll move on into our
25 other tiers as more allocations become available. And we do

1 not know for sure when those allocations will come and what
2 they will be. We do know we'll be getting two more smaller
3 allocations from the Pfizer vaccine in the next -- in the
4 coming weeks.

5 So let's talk a little bit about the vaccine itself
6 and what we know about it. This first vaccine that has come
7 out is -- that we have gotten allocation of is from Pfizer. It
8 is FDA-approved with emergency-use authorization. And I have
9 Dr. Montgomery along with us on this call, so he'll -- if you
10 have some questions about the vaccine specifically, the
11 efficacy, and things of that nature, he -- he will be able to
12 answer some of those questions.

13

14

15

16

17

18

19

20

21

22

23

24

25