

Flandreau Santee Sioux Tribe Monthly Newsletter

July 2021

Canpa Sa Wi (The month when choke cherries turning red) - July



Historical Day in Indian Country

July 1, 2021 is a day that will be remembered by many people in South Dakota. Many who are living in constant pain, cancer patients, those addicted to meth and opiates, now have the option of getting their medical marijuana card and getting the products they need from Native Nations Cannabis in Flandreau, SD, ahead of the November date set by the state. A majority of them came up from Sioux Falls and many people had Colorado Medical Marijuana cards and they were able to use those cards to obtain a Flandreau Santee Sioux Tribe card. Customers have said they will be repeat customers and that they would rather drive the 40 minutes to Flandreau than the 10 hour drive to Colorado. Tribal Chairman Tony Reider said the tribe will be hosting outdoor events and live music with open consumption. I think that is something to look forward to, so stay tuned to Flandreau's upcoming events.



Flandreau Santee Sioux Tribe Newsletter is a monthly publication by the

Flandreau Santee Sioux Tribe.

Digital photos or sending other original files is encouraged.

Deadline for submission of material is

5 work days before the 15th of each month

Flandreau Santee Sioux Tribe

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If inaccurate or otherwise inappropriate information is brought to our attention, a reasonable effort will be made to print a correction in the next month newsletter. We reserve the right to omit submissions if it is felt that the content or subject matter is inappropriate.

NEWSLETTER SUBMISSION

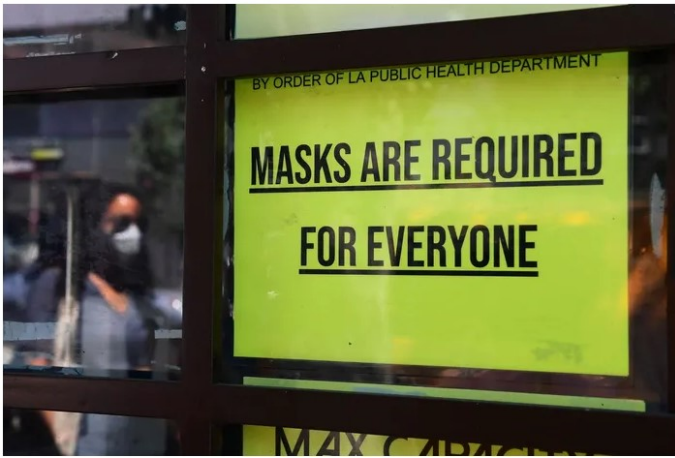
GUIDELINES:

All information submitted for newsletter must be received 5 (five) working days before the 15 of each month. We cannot guarantee inclusion of any submissions after that date in that month's newsletter. Submissions must be made in typewritten (or computer generated) format. They can be submitted directly to Marcie Walker in hardcopy, on disk or via email at:

marcie.walker@fsst.org

The FSST reserves the right to edit submission for content and clarity when appropriate. Additionally, submissions not of a time sensitive nature may be delayed for next month newsletter





The CDC on Tuesday advised all Americans, including people who are fully vaccinated, to mask up indoors in public places again, anywhere in the country that is seeing significant spread of COVID-19. In addition, the agency also wound back its guidance on face masks in schools, and is now advising all students and staff to wear masks during in-person learning, regardless of their vaccination status. The CDC's new guidance came as a direct result of the rapid U.S. spread of the Delta coronavirus variant, which has led to a surge of new cases in recent weeks, primarily among the unvaccinated.

Ahead of the CDC's policy reversal, the Delta wave had already prompted many local officials across the country to reinstate universal indoor face mask mandates or advisories. Following the CDC announcement on Tuesday, Nevada quickly announced that it would once again require everyone in the state to wear face masks indoors in public. The House, too, announced that masks would be required for any work indoors on their side of the Capitol. Meanwhile, the debate over face masks remains politically fraught, particularly since officials at the federal, state, and local level have offered a range of conflicting guidance regarding the matter, not always informed by science, and often divided along partisan lines. Regardless, more mandates — and confusion — now seem likely. Below is a look at the state of this debate, what the CDC's new face mask guidelines mean, where mask mandates are coming back, and what public-health experts have had to say.

What are the new CDC guidelines, and why did it change course?

The CDC now recommends that everyone wears a face mask in indoor public places, regardless of their vaccination status, in any community where there is substantial or high transmission of COVID-19 — which means anywhere where there have been 50 new COVID cases confirmed per 100,000 residents within the past seven days. That currently applies to almost two thirds of the counties in the U.S, not just including the southern and midwestern states experiencing large outbreaks, but a majority of counties in Nevada, Colorado, and Utah, as well as every county in New York City.

Regarding schools, the CDC now recommends that all students, teachers and school staff members in the U.S. wear face masks at school, regardless of vaccination status — but emphasizes that schools should still resume in-person learning.

The CDC also said that vaccinated people should get tested for COVID-19 not only if they develop COVID symptoms, but if they were recently in close contact with someone who had a suspected or confirmed case.

As to why the agency changed course, CDC Director Rochelle Walensky cited emerging data about the the Delta variant, which she said was effectively a different virus from any other strain, in that it could lead to outbreaks among both the unvaccinated and vaccinated alike. And while vaccines continue to provide strong protection against severe illness and death, so-called breakthrough infections remain possible, and in the case of Delta breakthrough infections, may be transmissible to others, both vaccinated and unvaccinated. Specifically, Walensky cited research showing that vaccinated people with Delta breakthrough infections may have just as much viral load as unvaccinated infected people do.

In general, mask mandates that apply to both vaccinated and unvaccinated people have primarily been meant to protect the unvaccinated, who account for nearly all new COVID cases, hospitalizations, and deaths in the U.S. Simply put, vaccinated and unvaccinated people continue to share indoor spaces where it's easy to spread COVID, and there is no practical way to distinguish between them or enforce a mask mandate that applies to only the unvaccinated. So the only way to make sure unvaccinated people are wearing masks is to require everyone to. On the other hand, while breakthrough infections are uncommon and very rarely lead to serious outcomes, they still come with risks, particularly for people with weakened immune systems, or as the CDC fears, the capability to spread COVID to others.

Where mask mandates are coming back, and where they are being opposed

Ahead of the Delta wave, almost all universal mask mandates throughout the country had been rescinded after the CDC updated its guidelines in May to recommend that people who were vaccinated no longer needed to mask up in indoor public spaces (unless required to by state, local, or business rules). Now the CDC has partially reversed itself, citing the Delta wave, but even before that happened, numerous local officials had begun to take action on their own. Some, including Los Angeles County in California, St. Louis County in Missouri, and Provincetown, Massachusetts, had already reinstated mask mandates for the unvaccinated and vaccinated alike.

On Tuesday, Nevada became the first state to realign its statewide mask policy with the CDC, requiring indoor mask wearing in public for all state residents and visitors, effective Friday. *USA Today* has compiled a state-by-state roundup of other current mask rules here, and also reports that it's not yet clear how the countries major retailers will respond to the new guidance.

There also continues to be partisan political pushback. For instance, Missouri's Republican-controlled state government opposes mask mandates, even though the state, where just over 40 percent of residents are fully vaccinated, is one of the places that has been hit hardest by the Delta wave. Missouri's attorney general has already sued to block St. Louis County's mask mandate.

Indeed, there are multiple GOP-controlled states that have already sought or vowed to legally bar or restrict local mask mandates, including large states like Texas and Florida — the latter of which now accounts for one out of every five new cases of COVID-19 nationally. Most of these efforts to eschew or block mask mandates have framed the issue as a matter of protecting personal freedom, while some lawmakers have tried to downplay or discredit the necessity of face masks. On Tuesday, several Republican governors, including Florida's Ron DeSantis, Arizona's Doug Ducey, and South Dakota's Kristi Noem, reiterated their opposition to universal mask mandates, despite the new CDC guidelines. CNN reported Wednesday that at least 24 Republican congressmen went maskless on the House floor on the first day of the reinstated mask mandate for the House, potentially risking a fine for defying the rule.

What about masks in schools?

With the new school year fast approaching, a simultaneous debate has been raging about mask mandates in schools where in-person learning is set to resume this fall. While available data continues to indicate that children are the demographic least likely to develop serious complications from COVID infections, that doesn't mean they are invulnerable or cannot transmit the coronavirus to others. Since children under the age of 12 aren't eligible for COVID vaccines, they represent a large segment of the country's unvaccinated population. Thus far, less than 40 percent of Americans aged 12 to 17 have received at least one dose of a COVID vaccine.

On Tuesday, the CDC recommended that all students, teachers, and school staff nationwide wear face masks while in school (which is also what the American Academy of Pediatrics recently advised).

Just weeks prior, the CDC had released new guidelines recommending that only the unvaccinated needed to mask up unless it was required by their school. Since the CDC guidelines are only a recommendation, it's left to local governments and school districts to determine whether or not to require face masks in schools, and for whom.

Boston, Washington, D.C., and Madison, Wisconsin, have all announced that they will require public-school students and staff to wear masks regardless of vaccination status. California is requiring face masks in schools, but deferring enforcement to local school officials. And in light of the CDC's new guidelines, it's now likely that many more state and local officials will follow suit, if they haven't already.

On the other hand, Arkansas, which has one of the lowest vaccination rates in the country and is currently experiencing one of the nation's worst Delta-fueled outbreaks, has banned school mask mandates. So have Texas, Iowa, and multiple other states with GOP-led governments.

Meanwhile, parents across the country have also launched lawsuits challenging both school mask mandates and the bans against them.

The CDC had been facing pressure to revise its face mask guidelines

Both the Biden administration and the CDC had been facing pressure from public-health experts to readjust the guidance on face masks in light of the Delta wave.

On May 13, the CDC said that fully vaccinated people could safely resume indoor and outdoor activities without the need to wear face masks or practice social distancing. The decision, the CDC said, was based on research confirming the real-world effectiveness of COVID vaccines. The CDC did not lift its requirement that everyone, regardless of vaccination status, needed to wear masks while using public transportation. It also made it clear that Americans still needed to follow state, local, or business rules requiring masks. Soon after the announcement, however, states and many businesses simply updated their own mask rules to align with the CDC's stance and in doing so relegated mask wearing among the unvaccinated to the honor system. In the end, only one state, Hawaii, kept its universal indoor mask requirements in place.

The CDC's surprise rollback drew criticism from many public-health experts, who warned the move was premature and highlighted how difficult it would be to reinstate mask rules again if needed. Proponents of the move have argued that relaxing the face-mask guidance offered an incentive that would encourage more people to get vaccinated, but there is scant evidence it had that effect.

The CDC's decision also preceded the rapid rise and dominance of the extra-transmissible Delta variant among the unvaccinated, both globally and in the U.S. Critics of the move have argued that while it is scientifically sound advice for the fully vaccinated to go maskless indoors, the CDC's rollback also effectively eliminated mask requirements for everyone else and left unvaccinated people more vulnerable, just as Delta was getting a foothold.

In late June, the World Health Organization urged everyone globally, including the fully vaccinated, to continue to wear face masks indoors, citing the increased risk of Delta. But with the U.S. far outpacing most of the world in vaccinations, and data indicating that the vaccines administered in the U.S. provide very effective protection against all known variants, including Delta, the CDC had maintained its stance on masking.

The return of mask mandates does not mean vaccines are ineffective

Getting vaccinated is the best way to protect against COVID-19, including the Delta variant. Full vaccination remains very effective at both preventing COVID infection and spread, as well as protecting people who are vaccinated from becoming seriously ill should they somehow contract a breakthrough COVID infection.

Should vaccinated people wear face masks, no matter what?

Public-health experts continue to insist that fully vaccinated people face very little risk of COVID infection, and even less risk of serious COVID illness. That being said, there has never been zero risk.

Some experts have suggested that people who are vaccinated should consider a number of factors when deciding whether or not to wear a face mask, including how much COVID is spreading in their area, where they will be spending time in public, and how much exposure they will have, then or later, to people facing greater risk from infection, like the unvaccinated or people with weak immune systems.

And most coronavirus experts continue to emphasize that vaccinated people can safely go mask-less around other vaccinated people. The only exceptions, for now, would be if a vaccinated person had developed a symptomatic, so-called breakthrough COVID infection, or if taking extra precautions around vaccinated people who may have less immunity, like those with weakened immune systems.

Do face masks protect against the Delta variant?

Yes. While nothing provides better protection than getting vaccinated, face masks are still the second-best way that people can protect themselves and others against COVID infection, including against the Delta variant. That being said, masks likely provide less protection against Delta than they do against previous, less transmissible variants — which makes using a better mask and making sure it fits properly all the more important. Simply put, the Delta variant appears to be better equipped to exploit the weaknesses of loosely fit and/or lower quality masks, and in environments where the risk of COVID transmission is higher — like crowded, poorly ventilated indoor spaces, or situations where potential exposure lasts longer — the better the mask, the lower the risk.

Authentic NIOSH-approved N95 respirators — which are now far more widely available to consumers than in earlier phases of the pandemic — offer the most protection. Authentic FDA-authorized KN95 masks made in China, and South Korean KF94 masks, when purchased from reputable vendors, can provide nearly equal protection at less cost. All of these masks are designed to fit tighter to the face than surgical masks, which are the next best option, provided they are fit properly. Cloth masks provide less protection — especially against the Delta variant — but are definitely better than no mask at all, particularly if made from multiple layers of non-woven fabric. Cloth masks also make up nearly all available child-sized options.

BACK TO SCHOOL



Flandreau Public Schools

Empowering all students to become learners and leaders in a diverse and dynamic world.

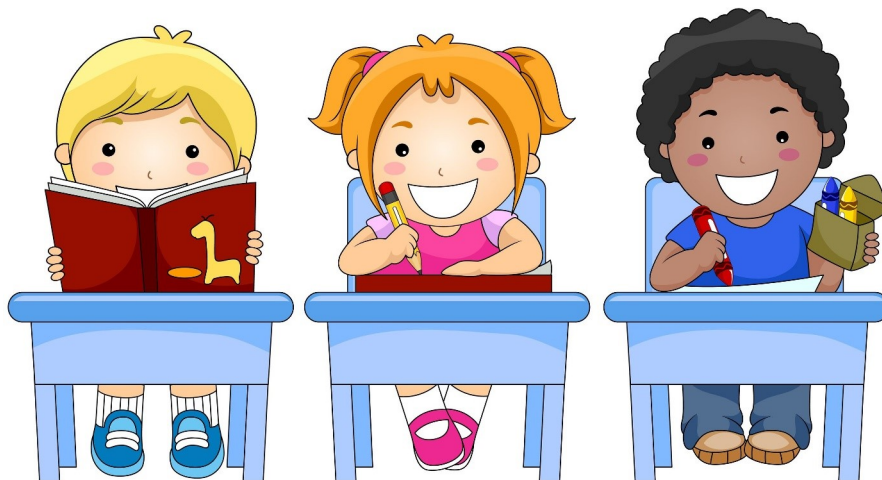
Registration

in the HS GYM

Tuesday, August 3rd - 12:00pm – 8:00pm

Wednesday, August 4th - 12:00pm – 8:00pm

Thursday, August 5th - 8:00am – 12:00pm



Lower Brule Visit FSST



Trustee IV Richard Jones, FFST Tribal Attorney Seth Pearman, Trustee II Jonathon Schrader, Vice Chairwoman Cyndi Allen-Weddell



Tribe to begin selling medical marijuana



The Native Nations Dispensary will be located in this building south of the First American Mart. The Flandreau Santee Sioux Tribe plans to begin selling medical cannabis on Thursday, July 1.

The Flandreau Santee Sioux Tribe will open its Native Nations Dispensary Thursday, selling marijuana to people with approved medical use cards.

While the tribe is a sovereign nation and is able to sell the product, South Dakotans who purchase or use marijuana off tribal land may be open to prosecution, because the state hasn't established its rules governing the sale yet.

South Dakota voters approved the sale of medical marijuana with passage of Initiated Measure 26 in November with a July 1 implementation, but finalizing those rules could take until October, Gov. Kristi Noem has said. Voters also approved Amendment A for recreational use of marijuana, but that issue is waiting for a Supreme Court ruling.

Seth Pearman, the tribe's attorney general, said people have an affirmative defense if they meet the conditions of the medical cannabis program.

"They could be stopped, but they should be able to defend themselves," he said.

Moody County State's Attorney Paul Lewis, said all South Dakotans should fully understand IM26 before purchasing medical cannabis from the tribe. They could get caught in a gray area and be prosecuted.

There is no state-wide coordinated approach on how counties will handle people who are arrested with medical marijuana in their possession or having had used it. Because the tribal land is within the county, it's a legal issue that other counties are less likely to face. "We're going to have to be probably the first out on the cutting edge," he said.

Even with the legality of medical marijuana, there still are rules, he said. People can't use it in public or while driving and can't drive if they are impaired. In that case, use would be treated like a driving under the influence charge.

South Dakotans should wait until the state has figured out the rules, Lewis said.

“The tribe is on the cutting edge ... I applaud them for being progressive, but there are real risks to South Dakotans as far as how this can play out in their lives,” he said.

Pearman said the tribe is not sure how much revenue marijuana sales will bring in.

“It’s tough to know just because we’re not sure where the Supreme Court will end up,” he said. “If it’s (approved for) recreational, there will be a lot more potential customers.”

The first sales of cannabis products will be to people who meet the requirements of the tribe’s medical cannabis ordinance. Those who qualify for licenses would have to have a chronic or debilitating disease or medical condition that produces one or more of several symptoms that include severe pain, nausea, spasms, seizures and more. People also may qualify if a physician says they may benefit from the use of marijuana because of several conditions or diseases, including cancer, arthritis, migraines and more.

Anyone who purchases cannabis products will need a medical cannabis card, which would require a medical professional’s signature on the application. The tribe will recognize cards from other tribes, states, territories and countries. Cost is \$50.

The tribe, through its wholly owned, limited liability company called FSST Pharms, has been growing plants, harvesting buds and preparing for the sale of medical marijuana for months. The dispensary is south of the First American Mart on the east side of Veterans Street.

If the Supreme Court upholds voter passage of recreational use of marijuana, the tribe also will begin selling cannabis to anyone over age 21, Pearman said.

Flandreau Police Chief Zach Weber said his department has to follow whatever laws are in place at the time when it comes to policing for marijuana use and possession. The city has jurisdiction on the west side of Veterans to Broad Avenue and anywhere on tribal ground for non-native people. Traffic near the dispensary likely will be busier, he said

“Any non-native that goes in there is subject to a stop,” he said. Law enforcement still would need a reason to stop someone, just like it does if it sees someone coming out of a bar, he said. The visit to the establishment is not reason enough, but other behaviors would need to be observed.

The tribe has legalized both medical and recreational marijuana use for tribal members on tribal land.





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- Make you feel like you can't do anything right?
- Blame you for their behavior?
- Make you feel like you can't discuss certain things?
- Constantly criticize or insult you?
- Make you feel like you are walking on eggshells?

StrongHearts Native Helpline is a safe, anonymous and confidential domestic, dating and sexual violence helpline for Native Americans.



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Cannabis sales start out robust



Jeremy Johnson and Louis Payer, both of Flandreau, de-leaf marijuana plants at the Flandreau Santee Sioux Tribe's grow facility. The plants, which come in different varieties and flavors, are each hooked to a water and nutrient source and are grown hydroponically on 110-foot long gliding tables.

The Flandreau Santee Sioux Tribe sold its first medical marijuana under the new state rules last week and did a brisk business the first few days.

The tribe's Native Nations Dispensary opened July 1, the first day medical marijuana became legal in South Dakota. While the state hasn't finalized its rules for the sale of the product, the tribe, because it is a sovereign nation, was able to start selling right away.

"It went really well," said the tribes Attorney General Seth Pearman. "Sales are good."

Sales are so strong in the early days of medical cannabis sales that the tribe has started working on a second grow facility to the south of the dispensary to keep up with demand, said Jonathan Hunt, the chief operating officer of the FSST Pharms, a wholly-owned, limited liability company operated by the tribe. The dispensary is south of the First American Mart along Veterans Street.

Some products sold out the first day, Hunt said.

"If we sell out, it's OK. It has to be OK," he said.

The business is a significant investment up front and will take time to recoup the money put into the grow facility and products. The first 11,000 square-foot building is about a \$1.65 million investment, for example, Hunt said. It will take a year to get that investment back, and that doesn't include the cost of staffing. The business has hired 28 people so far and expects to grow to about 75 to 100 employees, Hunt said. A majority of the employees are tribal members.

In order to purchase medical cannabis, a customer must have a valid medical marijuana card, which also are available for \$50 through the tribe and must be signed by a doctor.

Those who qualify would have to have a chronic or debilitating disease or medical condition that produces one or more of several symptoms that include severe pain, nausea, spasms, seizures and more. People also may qualify if a physician says they may benefit from the use of marijuana because of several conditions or diseases, including cancer, arthritis, migraines and more.

The dispensary is open 10 a.m. to 10 p.m. daily.

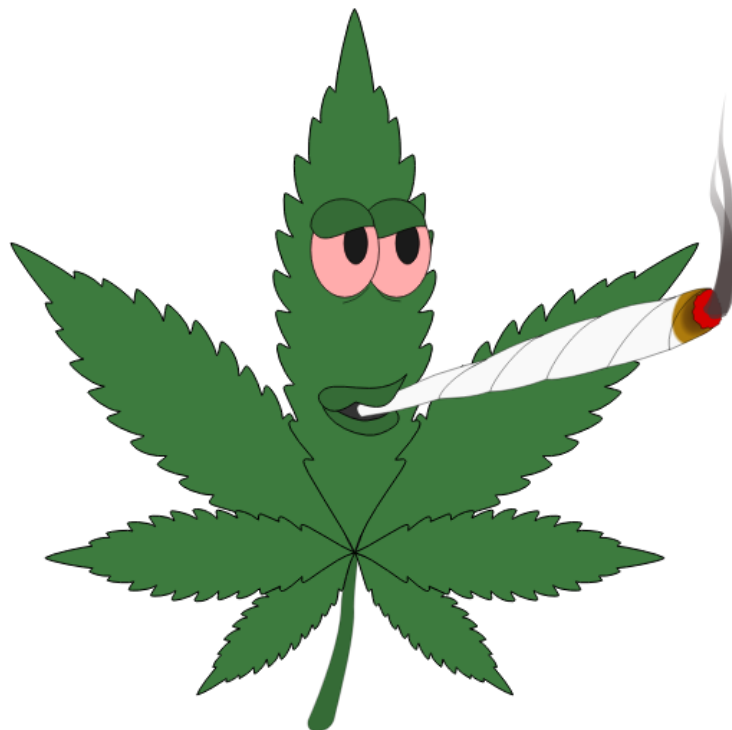
Ethan Dickson of Sioux Falls, and his girlfriend shopped at the dispensary on Friday. He suffers from depression and anxiety and learned in his youth that marijuana was one thing that helped him, he said.

"I think it's fantastic," he said of the availability of medical marijuana. "It's just nice that I can get it now without having to worry about legal problems. I don't have to worry about getting in trouble."

The dispensary sells several different products in multiple flavors, including nectars, concentrates, vape cartridges, pre-rolls, flowers and more.

FSST Pharms, has been growing plants, harvesting buds and preparing for the sale of medical marijuana for months. The business also is looking for expansion opportunities in the state and has purchased the former Scrap Book Emporium building on West 41st Street in front of The Empire mall. The space will be used as a dispensary once the state gets its rules in place and also will sell items to help people grow plants at home. The tribe also intends to sell recreational marijuana once the South Dakota Supreme Court rules on the legality of voter approval last November.

The tribe wants Native Nations Cannabis to become a national brand that includes other tribes, Hunt said. "We're looking to grow this across the country," he said.



Health Care Access for Rural Americans

By Philip Meyer, D.O.

For most of us, seeing the doctor means making a trip to the local clinic to see our primary care physician in person, but an increasing number of patients are seeing their doctor remotely by telehealth, using two-way video telecommunication technology.

The popularity of telehealth services soared during the COVID pandemic much like Zoom and similar technologies. Historically, patients and health care providers alike have been reluctant to adopt it, but federal health policy changes have removed many of the barriers to telehealth access and have promoted its use in both primary and specialty care.

According to the National Institutes of Health, twenty percent of us live in rural America where less than ten percent of physicians practice. I personally have known patients who live more than one hour from their primary physician and more than three hours from a medical specialist. Taking time off work and the travel expense required cause many patients to delay seeking care until their acute illness becomes complicated or their chronic condition deteriorates.

Thankfully, as telehealth services have grown, time and expense of travel to a specialist have decreased and access to care has increased for many. Rural emergency physicians and hospitalists utilize telehealth services for additional support and expert opinions for issues ranging from acute trauma and cardiac arrests to coordination with critical care specialists regarding the optimal management of a patient's ventilator. Although not every specialty is available, the advent of telehealth has afforded many outpatients the opportunity to stay in their hometown and see a specialist.

While my patients and I have had many positive experiences with telehealth, none exemplifies the power

of a remote video connection better than one of my first encounters with a critically ill COVID patient in my local ICU last Fall. Moments after placing a call to my telehealth affiliate, I was video chatting with a critical care specialist in Seattle - America's first COVID epicenter. I was in my central South Dakota rural ICU wearing my PPE standing beside my patient who was now on a ventilator struggling with a disease I had never seen or treated and in the room with us virtually, but 1300 miles away, was a specialist with six months of experience treating dozens of patients like the one before me.

There will never be a replacement for in-person health care and a physical examination is required for proper diagnosis in most cases, but I urge you to keep an open mind to seeing a physician remotely by telehealth when necessary and consider the power it can add to your overall health care.

Philip Meyer, D.O., a hospitalist in Pierre, South Dakota, is a contributing Prairie Doc® columnist. He appears as a guest during On Call with the Prairie Doc® a medical Q&A show streaming on Facebook and broadcast on SDPB Thursday, July 1 at 7 p.m. Central. For free and easy access to the entire Prairie Doc® library, visit www.prairiedoc.org and follow Prairie Doc® on Facebook.

