

[Senators Udall and Smith Highlight Need for Parity for Urban Indian Health in Remarks on Senate Floor](#)

Category: Policy Blog

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Remarks from Senators Tom Udall and Tina Smith

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Today, [Senators Tom Udall](#) and [Tina Smith](#) spoke on the Senate floor about the importance of providing parity for urban Indian health and providing resources for all of Indian Country

Excerpt from Senator Udall

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70 percent of Native Americans live in urban settings. Yet the Medicaid reimbursement rate for urban Indian health facilities is lower than the federal reimbursement rate. We need to balance the scales and help the 41 urban Indian health facilities across the nation expand their services.

Full Remarks from Senator Udall

We here in Congress must focus our work on helping these communities. We must take on the long standing systemic reasons that these communities entering this crisis are entering at a greater risk and we must enact real reform so that the next time when the next pandemic or economic downturn hits. It's not these same communities that once again bear the brunt of the disaster.

Today, Mr. President, I want to focus our attention on American Indian and Alaska Native communities, communities where infection and mortality rates are much higher than the overall U.S. population. Communities that can't escape the economic hardships this pandemic has caused. We already knew that pandemics like this take an awful toll on native communities. This was true 100 years ago during the 1918 flu pandemic when Native Americans died at four times the rate of rest of the country.

This was true a decade ago during the 20, 19, H1N1 outbreak. When Native Americans died at the same high rates, it's unforgivable that the administration was not better prepared. The underlying reasons that native peoples, whether living on tribal lands, urban settings or elsewhere, are at risk are multifaceted, but they are all rooted in historic, systemic injustice.

First and foremost, many Native Americans do not have ready access to quality health care despite the federal government's trust and treaty obligations to provide it. Trust and treaty obligations take on taken on by this government in exchange for millions of acres of land and countless lives lost on the large rural reservations and remote Alaskan Native villages, the nearest health care facility might be hours away. And when you get there, if you can get there, they often — there aren't often doctors enough or nurses or hospital beds enough, these logistical barriers are compounded by the chronic history.

Native communities also face the highest rates of underlying conditions like diabetes, heart and lung disease, asthma and obesity. That result in worse COVID-19 outcomes. Battles over water rights and underinvestment and tribal infrastructure have compounded the problems.

We all know that washing our hands is a critical measure to prevent the spread of COVID-19, yet tribal communities are three point — seven times more likely to lack complete indoor plumbing than other U.S. households. On the Navajo Nation, which is confronting one of the worst COVID-19 outbreaks in the nation. 18 percent of households don't have complete indoor plumbing. And so again, it's no surprise that researchers have already found that COVID-19 cases are more likely to occur in tribal communities with a higher proportion of homes lacking indoor plumbing.

We also know that social distancing is key to preventing spread of the virus. Yet almost one in six native households are overcrowded, making social distancing not just difficult but physically impossible for many families. All these institutional barriers create and combine to create a perfect storm.

These barriers aren't the result of chance. They're the result of policy. It is these institutional barriers that we must acknowledge and finally address so that this pandemic is not one more example of the United States failure to meet our obligations.

This time must be different. We must meet our responsibilities and help build a more just and equitable society. Throughout this crisis.

Native communities have fought back, they are resilient. They have fought back hard. For example in my home state of New Mexico and in Arizona and Utah. The Navajo Nation has imposed strict curfews to spread.

To prevent the spread, they've ramped up testing despite the complete lack of testing supplies in the beginning and they have now as of today, tested about 25 percent of their population compared to 10 percent nationally, but tribal responses to the pandemic have been repeatedly. Underfunding of the Indian Health Service, which many of us have fought for years to correct, and while we've made progress, the IHS budget still only covers an estimated 16 percent of need and as a result of centuries of discriminatory land, agricultural and environmental policies, Native communities also face the highest rates of underlying conditions like diabetes, heart and lung disease, asthma and obesity that result in worse COVID-19 outcomes. Battles over water rights and underinvestment and tribal infrastructure have compounded the problems.

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To prevent the spread, they've ramped up testing despite the complete lack of testing supplies in the beginning and they have now as of today, tested about 25 percent of their population compared to 10 percent nationally, but tribal responses to the pandemic have been repeatedly. I've fought hard for funding targeted for tribes when the administration offered nothing for tribes. We secured over 10 billion in the care sector. When the administration fumbled distribution of tribal funding?

Missing the statutory deadline for distribution by almost two months Congress and the tribes pushed back because tribes are in crisis days matter. It took a lawsuit in a federal court order for tribes to get their share of the 8 billion set aside for them under the care Sec. And today, the Senate Indian Affairs Committee will hold an oversight hearing on implementation of federal programs to support tribal culvert, 19 prevention containment and response efforts. Tribal witnesses will testify that policies and practices at FEMA. The CDC herself and a number of other federal agencies have made tribal access to federal culvert 19 resources much harder, whether it's denying tribes access to corona virus surveillance data, creating a confusing business team bureaucracy for requesting emergency medical supplies or delaying access to grant funds.

This administration continually makes the decisions that disadvantage Native communities. Decisions that threaten native lives and prolong this country's legacy of systematic, systemic injustice, the administration must do better and Congress must do much more. Each day, we fail to act to advance policies.

To address the disparities faced by Indian Country is the day we fail to uphold our oath of office. The Republican Senate majority has delayed far too long infections are on the rise. The U.S. has surpassed every other nation in the world in the spread and death and destruction of this virus.

20 million Americans are out of work, the highest unemployment level since the Great Depression. State, local and tribal. Governments and health care systems across the nation are shuttering essential services and furloughing essential workers. None of this should come as news to the Republican majority inaction in the face of this disaster is unconscionable.

This body must get down to business that we're here and we're elected to do. It's long past time we pass another. Hamstrung by this administration and Congressional inaction as vice chair of the Senate Indian Affairs Committee. I've fought hard for funding targeted for tribes when the administration offered nothing for tribes.

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We must infuse IHS with additional funding for tribal healthcare and ensure it has parity in accessing federal programs. We must provide tribal governments with the resources they need to keep their communities up and running safely. By providing 20 billion in additional targeted funding within the Treasury's corona virus Relief Fund, the Senate should pass bills I've introduced that have already been adopted by the House of Representatives and its heroes package which was passed over six weeks ago.

We must make our strategic stockpile available to tribes. Tribes should be able to access PPE ventilators and other necessary medical equipment just as states can. We must make sure that tribes have equal access to the Centers for Disease Control and their resources to prepare for public health emergencies like this pandemic.

70 percent of Native Americans live in urban settings. Yet the Medicaid reimbursement rate for urban Indian health facilities is lower than the federal reimbursement rate. At other IHS facilities, we need to balance the scales and help the forty three urban Indian health facilities across the nation expand their services and as so much of our lives move to the Internet.

We must make sure that native schools, health care facilities and government services are not left on the wrong side of the digital divide. All tribes must have access to high speed broadband. Mr. President, this public health and economic crisis has hit us all hard, but we shouldn't deny that some communities have been hit harder. We need to send immediate relief to those communities that have been so severely hurt, including Native communities and we need to set our sights on genuinely taking on this systemic and institutional barriers these communities have faced for far too long.

We can — we should — we must do better. Mr. President, I yield the floor and notice absence of a quorum.

Full Remarks from Senator Smith

I rise today with my colleague, the Senator from New Mexico, Tom Udall to call for urgent action by Congress to respond to the needs of tribal nations and urban Indigenous communities. During the COVID-19 pandemic, we have not done enough.

We have not lived up to our shared trust and treaty obligations and in this moment, we are called

upon to respond to the historic injustice and systems of oppression and institutional violence that are harming communities of color and Indigenous people. Over the last month, people in Minnesota and across our country have focused our attention on the deep, systemic inequities that black and brown and indigenous people face, and this injustice is not new. It is as old as the colonization of our country by colleagues.

This is a unique moment. This public health crisis presents us with an opportunity to show that we are serious about repairing the damage done by our broken promises to sovereign, tribal nations and urban Indigenous communities. Some have said that COVID-19 is the great equalizer, but we know that covered hits hardest.

Those without a safe place to call home, those struggling with low wages and poverty and lack of health care and black brown and indigenous people living with the trauma of having their identity and their very humanity called into question even before this virus spread. The impact of covered on Native communities has been devastating. Native people have been hospitalized for COVID-19 it at five times the rate of white people.

In mid-May, the Navajo Nation reached a higher per capita infection rate than any other hotspot in the country. So why is it that cove? It is hitting tribal nations so hard well, despite repeated calls from tribal leaders and urban Indigenous leaders.

Over the past few decades, the federal government has stood by and allowed the budget for Indian health services to dwindle. We've neglected Indian housing programs and we've ignored growing health inequities. The federal institutions dedicated to serving Indian Country are not broken.

Unfortunately, these institutions have never been adequate to live up to our trust and treatment responsibilities and they represent a broken promise. The federal government's failure has life and death consequences for native people, for their health and for their. Think of this striking statistic, unemployment in the Indigenous community in the Twin Cities is at a terrible Forty seven percent higher than any other group in our state. Within tribal nations, the economic impact of the corona virus is equally devastating. Early this spring, tribal governments in Minnesota and all around the country made the difficult decision to voluntarily close tribal enterprises in order to protect public health.

As a result, they lost significant government revenue and also experienced massive unemployment not only for their members, but for members. From the surrounding communities and this lost revenue meant that tribal governments were forced to scale back essential services like nutrition assistance, nutrition assistance for elders public safety and education programming. So in the cares act, Congress agreed to eight billion dollars in emergency relief to help tribes respond to coated even after Congressional action though tribal governments have had to continue fighting to get their fair share of those dollars, the Trump administration argued that some of this relief Should go to for profit, Alaska native corporations.

And then it took the Treasury Department 40 days to distribute just the first 60 percent of the funds to tribes and not until two weeks ago, almost three months after passage of the CARES Act did tribal governments receive the rest. To be clear, these funds cannot be used to replace lost revenue. So Mr. President, we have so much work to do to fulfill our commitment to Indigenous people and the simple proposition that Native families should have equal access to health care and housing and opportunity.

As white Americans when I speak to tribal leaders in my state about this cycle of historic underinvestment and inequity and broken promises, I mean, I share their frustration. I don't know

how anybody couldn't.

Indigenous leaders in Minnesota know that a lack of housing on tribal lands leads to overcrowding, which increases the risk of contracting COVID-19 and tribes have asked over and over again for sufficient funding for enhanced housing programs and they shouldn't have to ask any more. Indigenous leaders know a lack of access to health care and substance abuse disorder treatment leads to chronic health conditions like diabetes and heart disease and asthma, which worsen COVID-19 symptoms. Tribes have asked over and over again for sufficient funding to address these health inequities and they shouldn't have to ask anymore. Indigenous leaders know that a lack of access to credit and capital prevents urban Indigenous households and folks living on tribal land from building wealth like their white neighbors who can more easily.

Therefore, weather the storm of unemployment Native communities have asked over and over again to enforce fair lending laws and to ensure act. Thank you Mr. President, I yield the floor.