

# **PRESS RELEASE: National Native Organizations (NCUIH, NCAI, NIHB) Call for Congressional Action in Light of New CDC Report**

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## **FOR IMMEDIATE RELEASE**

Contact: Meredith Raimondi, 202-932-6615, [mraimondi@ncuih.org](mailto:mraimondi@ncuih.org)

### **CDC study finds that COVID-19 has a disproportionate impact on American Indians and Alaska Natives who are 3.5 times more likely to test positive for COVID-19.**

**Washington, D.C. (August 26, 2020)** - Today, the National Council of Urban Indian Health (NCUIH), the National Indian Health Board (NIHB), and the National Congress of American Indians (NCAI) (the National Native Organizations) renewed a call for urgent action by Congress on COVID-19 emergency legislation for Indian Country in light of a new [CDC study](#) from August 19, 2020. Previously, the National Native Organizations expressed the need for Congress to immediately reconvene to pass emergency COVID-19 legislation. The last emergency supplement to Indian Country was on March 27, 2020 in the CARES Act, in which Indian Country received just 0.5% of the funding.

On August 19, 2020, the Centers for Disease Control and Prevention (CDC) released the results of a [COVID-19 study](#) that examined the impact of COVID-19 on American Indians and Alaska Natives (AI/ANs). The report revealed many concerning details about COVID-19's impact on AI/ANs, including that, in the 23 selected states CDC studied, AI/ANs were **3.5 times more likely to test positive for COVID-19 than non-Hispanic whites**.

*"The CDC study proves what we have known for months to be true - American Indians and Alaska Natives are disproportionately contracting and dying every single day from COVID-19. Inaction by the federal government is a failure of the federal trust responsibility to provide health care to Natives in exchange for cessation of our lands. This is not the first time a virus is killing our people while the federal government stands by without any plan for Indian Country. The time is now for our Congressional leaders to take action and provide our people the resources obligated to them by the federal government before more lives are needlessly lost", said Francys Crevier, Executive Director of the National Council of Urban Indian Health.*

*"We are grateful that Congress directed nearly \$200 million to CDC to support Tribes during the COVID-19 pandemic, but it is evident by the data that more resources and funding are needed. The CDC report highlights serious COVID-19 related challenges faced by American Indians and Alaska Natives, which is information that the National Indian Health Board has been relaying to media, Members of Congress and the Administration for months. Our messages are clear: Native people are disproportionately and negatively impacted by COVID-19; data gaps for Native health persist and need to be addressed; and serious investment is needed for public health infrastructure and health*

*information technology within the Indian health system. Tribes need these resources, so we have a fighting chance to combat COVID-19 and the capacity to track the virus and all disease processes in Indian Country,” Stacy Bohlen, Executive Director of the National Indian Health Board.*

*“The federal government’s chronic underfunding of American Indian and Alaska Native public health systems has undeniably fueled the disproportionate impacts of COVID-19 on tribal communities,” said National Congress of American Indians CEO Kevin Allis. “Increased resources, including for public health infrastructure, are greatly needed to address these disparities and ensure that the United States upholds its trust and treaty responsibility to provide quality healthcare to tribal nations and their citizens.”*

## **Background**

On July 20, 2020, in response to these glaring inequities, NCUIH, NIHB, NCAI, and other organizations representing AI/ANs sent a [letter](#) to House and Senate leadership including recommendations for the fourth COVID-19 relief package. On July 27, 2020, [the House Native American Caucus also sent a letter](#) echoing the importance of addressing these needs. The recommendations included **\$2 billion in emergency funding for IHS** and at least \$1 billion for health infrastructure, Federal Torts Claim Act coverage and 100% Federal Medical Assistance Percentage (FMAP) for urban Indian organizations, reauthorization of the Special Diabetes Program for Indians, and delivery of funds through preexisting IHS self-determination and self-governance contracts, among other provisions. These policies will provide AI/AN providers with the resources necessary to combat the disproportionate impact that COVID-19 has on AI/ANs.

## **Study Overview and Limitations**

The CDC also found that AI/ANs infected by COVID-19 tended to be younger, with 12.9% of AI/ANs under 18 testing positive for COVID-19 compared to 4.3% of non-Hispanic Whites. The study was unable to identify disparities in COVID-19 disease severity and health outcomes compared to other racial and ethnic groups due to lack of available data for AI/ANs, illustrating the need for further research. Studies from the CDC, including this one, have shown that AI/ANs are among the racial and ethnic minority groups at a highest risk for severe COVID-19 outcomes. Factors contributing to higher rates of COVID-19 infection include historical trauma, preexisting health disparities, multigenerational households, and lack of access to running water.

The report also acknowledged several limitations due to incomplete data for AI/ANs. First, data is voluntarily reported to CDC, which results in missing data and an incomplete picture of the prevalence of COVID-19 infection among our population. Second, the report included data from only 23 states, and the analysis only included one half of reported COVID-19 cases among AI/ANs during the same time period. Third, the methodology in this report used bridged-races estimates as population denominators which are known to inflate the Hispanic AI/AN population, resulting in an underestimation of mortality rates among AI/AN populations. The federal government must do a better job in meeting its trust responsibility to gather accurate and complete data to assess the true impact of COVID-19 in AI/AN communities.

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### **About the National Council of Urban Indian Health**

The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and

public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas. NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality, accessible health care centers.A

### **About the National Congress of American Indians**

Founded in 1944, the National Congress of American Indians is the oldest, largest, and most representative American Indian and Alaska Native organization in the country. NCAI advocates on behalf of tribal governments and communities, promoting strong tribal-federal government-to-government policies, and promoting a better understanding among the general public regarding American Indian and Alaska Native governments, people, and rights. For more information visit [www.ncai.org](http://www.ncai.org).

### **About the National Indian Health Board**

Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, the National Indian Health Board (NIHB) seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.