

# Small Native American Health Centers Face Vaccine Barriers

Category: News

written by NCUIH | March 22, 2021

*[This article was originally published on Law360 by Emma Whitford.](#)*

Law360 (March 12, 2021, 6:12 PM EST) — The [Indian Health Service](#) has reported administering more than 684,000 COVID-19 vaccine doses so far and delivering them to locations as remote as the bottom of the Grand Canyon, but some urban health centers say they're not part of this early success.

IHS-funded clinics in cities like Phoenix have vaccinated thousands, expanding their eligibility requirements to administer doses to younger Native Americans in addition to elders and essential workers.

But a small organization that contracts with the IHS to serve Native Americans in Boston and Baltimore told Law360 it lacked the storage and staffing required to receive direct vaccine shipments from the IHS back in December. Staff say they have hundreds of potential vaccine patients in their regions but have yet to administer a single dose.

About 70% of Native Americans live in cities, but urban health centers don't receive a proportional amount of IHS funding. All three IHS-funded urban centers on the East Coast — the third is in New York City — lack on-site medical services, focusing instead on referrals.

For advocates, this discrepancy shows the need to increase overall IHS funding and build up small urban health centers so that Native Americans can have comparable care options regardless of their ZIP code.

"I don't have any way to store the vaccine, and I don't have medical providers on site to administer the vaccine," said Kerry Lessard, executive director of Native American Lifelines, which has locations in Boston and Baltimore providing services such as mental health care and disease prevention.

"When you leave the reservation or a large Native community, you're penalized, essentially," Lessard added. "You don't have access to the services that are guaranteed to you. That is an abrogation of sovereignty."

In a February resolution, the National Council of Urban Indian Health called on the [U.S. Department of Health and Human Services](#) to create an Emergency COVID-19 Urban Indian Task Force and provide "full resources, technical assistance and support" for vaccine distribution at all IHS-funded facilities, specifically mentioning Native American Lifelines of Baltimore and Boston.

While some of the smallest urban clinics, like the Tucson Indian Center in Arizona, are now close to establishing vaccine partnerships with local tribes and governments, NCUIH director Francys Crevier said it has been a heavy logistical burden on facilities that are stretched thin to begin with.

According to the council, there are 63,000 Native Americans and Alaska Natives living in the D.C. metropolitan area.

“If Congress really wants to make a difference, I think that has to start with full funding of IHS and a plan of service expansion to the areas that our population is [in],” Crevier said.

Lessard said she is currently working around the clock in Baltimore trying to leverage her existing relationships in state government and within the Indian Health Service.

In addition to trying to serve members of state-recognized tribes in Maryland that cannot contract directly with the IHS, like the Accohannock, she is fielding vaccine requests from federal workers in Washington, D.C., who are hearing vaccination success stories from friends and family who live on reservations.

Maryland established a Vaccine Equity Task Force this month. A spokesperson told Law360 that a visit with Lessard’s organization “will be scheduled as soon as possible,” and that the state can potentially provide staffing and space to administer vaccines.

By contrast, larger city-based clinics, like Native Health of Phoenix, are already deep into their vaccination programs after starting appointments in mid-December.

Native Health Phoenix Director Walter Murillo has a staff of more than 180 and three locations across the city. He told Law360 he was able to purchase an ultra-cold freezer last summer in anticipation of the vaccine rollout and already has more than 2,200 vaccines, expanding eligibility to people with underlying conditions like diabetes and hypertension who are not currently eligible under Maricopa County guidelines.

“Going through IHS was actually an absolute plus, a blessing to say that we could get those [doses] directly from distribution points from the federal government,” said Murillo, who is also president of the NCUIH. But he acknowledged that his smaller sister organizations are “starting from five steps back.”

In Boston, according to Lessard, Sen. Elizabeth Warren’s office helped broker an introduction between Native American Lifelines and the [Massachusetts Department of Health](#), but so far it hasn’t been fruitful. Organizations like Native American Lifelines are “crucial providers of health care” and “all levels of government should work with them,” a spokesperson for Warren told Law360.

Massachusetts’ health department did not comment on the record to Law360, though the [Boston Public Health Commission](#) said by email it “would be happy to work with” Native American Lifelines.

But Zoë Harris, program assistant at Native American Lifelines in Boston, said it’s been a frustrating few months for her client base of about 100 people.

“Our client population was frustrated because they were seeing all their family members back home getting access, and they felt like they were being punished because they are no longer on the reservation,” Harris said.

There are also local state-recognized tribes, like the Herring Pond Wampanoag Tribe and Nipmuc Nation, which Harris said rely on the center.

A [new pandemic relief bill](#) passed by President Joe Biden on Thursday has \$6.1 billion for IHS including “no less than \$84 million for urban Indian health programs,” IHS told Law360, in addition to \$160 million set aside for them in earlier relief packages.

“IHS supports expanding access to health care for urban Indians” and will “continue to work closely with [urban Indian organizations] on meeting the health care needs of urban Indian communities,”

the agency said.

Meanwhile, Harris and her team in Boston are looking to partner with the National Guard or the state's two federally recognized tribes, the [Mashpee Wampanoag Tribe](#) on Cape Cod and [Wampanoag Tribe of Gay Head Aquinnah](#) on Martha's Vineyard.

Both tribes are currently receiving vaccines from IHS, but coordination is challenging, especially with the island-bound Aquinnah.

"For me personally, it sheds the light on needing a fully ambulatory clinic in the Boston area," Harris said. "We are supposed to be serving the Greater Boston Area ... and there are three people in our office. That's literally a job that's not possible."