

# [Congressional Hearing Highlights How Lack of Urban Confer Delayed Vaccine Rollout for Urban Indians](#)

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## **The Administration and bipartisan Members of Congress emphasized the need for urban confer legislation in yesterday's House Natural Resources hearing.**

**WASHINGTON, D.C. (October 6, 2021)** – On Tuesday, the National Council of Urban Indian Health (NCUIH) testified before the House Natural Resources Subcommittee for Indigenous Peoples of the United States (SCIP) in support of the *Urban Indian Health Confer Act* ([H.R. 5221](#)), sponsored by Chairman Raúl Grijalva (D-AZ-3). NCUIH President and Chief Executive Officer of NATIVE HEALTH, Walter Murillo (Choctaw Nation of Oklahoma), spoke in support of the NCUIH-endorsed legislation which would require agencies within the Department of Health and Human Services (HHS) to confer with urban Indian organizations (UIOs) on policies related to healthcare for urban American Indian/Alaska Natives (AI/ANs).

In Chair Grijalva's opening remarks, he noted that the Administration's currently limited scope served as a barrier to UIOs and to other healthcare agencies and departments. **"This was highlighted during the COVID-19 pandemic when it came to vaccine allocations. The current policy indicates that HHS was only obligated to initiate communications with Tribal governments and other agencies, not UIOs. As a result, UIOs were prevented from providing input and delayed vaccine distribution to many American Indians and Alaska Natives. H.R. 5221 will remedy this and codify a proper confer policy between HHS and urban Indian organizations."**

The current public health crisis has only amplified the long-due need for urban confer among HHS agencies to adequately communicate the constantly changing healthcare policies with UIOs that directly impact their patients. However, only the Indian Health Service (IHS) has a legal obligation to confer with UIOs. President Murillo's testimony spoke to the ongoing challenges that UIOs and urban AI/ANs continue to face absent an urban confer policy across all HHS agencies.

In his opening statement, Mr. Murillo explained, **"Few are aware that urban confer policies are a response to decades of deliberate federal efforts, such as forced assimilation, termination, relocation, and boarding schools, that have resulted in 70% of American Indian and Alaska Native people living outside of Tribal jurisdictions...We must move past**

**the notion that only IHS has a trust obligation to Native people, because the truth is the FEDERAL government has a responsibility to provide health care for all Native people.”** Finally, he noted how none of the \$125 million appropriated in the CARES Act to the Centers for Disease Control and Prevention (CDC) by Congress for the Indian health system, including urban Indian health, was distributed to UIOs. Repeated attempts to contact CDC and further determine why UIOs have yet to receive funds remain unanswered and would be rectified by an urban confer policy with the Department.

[Watch Full Hearing](#)

[NCUIH Testimony](#)

[IHS Testimony](#)

### **Administration Emphasizes the Importance of Urban Indian Inclusion in Federal Communication**

In response to a question regarding vaccine distribution, IHS Deputy Director for Intergovernmental Affairs, Benjamin Smith, said **“Initially urban Indian organizations were not included in the discussion and request from the Department of Health and Human Services about whether urban Indian organizations would receive their vaccine allocation from the state or from the Indian Health Service. As a result, it was unclear to urban Indian organizations on whether they were expected to make a similar decision as tribes did. It was ultimately determined that the urban Indian organizations could select a state or Indian Health Service for their vaccine allocation. In some urban Indian organizations, however, there were delays in the initial vaccine rollout.”** For example, the Baltimore UIO, Native American LifeLines, did not [receive vaccines](#) until just 5 days before the general public was eligible in a pandemic that took the lives of AI/ANs at the highest rates of any population. *[Note: The majority of UIOs that received vaccines through IHS were expedient and efficient in their rollouts, which were [touted](#) as a success by the Administration in the high vaccination rates of AI/ANs.]*

Deputy Director Smith, reflected on his personal connection as an urban Indian, **“We acknowledge that there are many members of federally recognized Tribes that reside in urban areas. I’m an example of one. I’m a member and citizen of the Navajo Nation that resides here in the Washington D.C. area.”** He went on to explain the importance of agency-wide urban confer with UIOs by saying, “It is extremely important to understand how members of American Indians/Alaska Natives that are residing in urban setting have access to healthcare services as outlined in this important piece of legislation.”

When asked about why it’s critical to boost urban Indian health coordination and resources, Darryl LaCounte, the Director of the Bureau of Indian Affairs, affirmed that “Approximately 70% of enrolled Native Americans live off reservation and in urban areas and think its vitally important that those people are served.” He continued to say, “I had a previous Assistant Secretary express his frustration to me one day that we were only serving 30% of the Indian population, I’d say we serve more than that but that’s the lay of the land.”

### **Bipartisan Support from the House Natural Resources Committee Members**

Members of Congress from both sides of the aisle demonstrated strong support for urban

Indian health and confer policies with UIOs. Subcommittee Chair Leger Fernandez expressed support for the bill and UIOs, emphasizing that **“UIOs are a pillar of the Indian Health System.”** Representative Matt Rosendale (R-MT-AL) emphasized Murillo’s statement regarding urban Indian parity: no policies about us, without us. “If none of us take anything from this hearing today, that should be the one statement that everybody should take home and make sure that they remember,” said Rep. Rosendale. Rep. Darren Soto (D-FL-9) said, **“It’s time to modernize and improve health access for our Native Americans. This requires us to have greater urban access through the Indian Health Service and the U.S. Department of Health and Human Services, which is why we applaud Chair Grijalva for this great bill.”**

**“Even before the pandemic, we’ve known that resources within the Indian Health System were stretched thin. Urban Indian health centers in particular play a critical role in providing healthcare to Indigenous communities and remain on the frontlines during the pandemic, all of which they do while dealing with longstanding parity issues within the Indian Health System— supply shortages, closures, and financial hardships,”** said Rep. Jesus “Chuy” Garcia (D-IL-4). **“We cannot afford to leave urban Natives without access to adequate care during this public health crisis especially.”**

Representative Melanie Stansbury (D-NM-1) expressed direct support of the Urban Indian Health Confer Act and provided comments on the impact of UIOs on healthcare in New Mexico. **“Urban Indian Organizations are vital to serving the healthcare needs of our Tribal communities across the country, and especially here in my home state of New Mexico. The First Nations Community HealthSource in my district is a member of the National Council of Urban Indian Health and is the sole urban Indian health center in the state of New Mexico. [...] I want to take a moment to shout out and lift up their incredible work,”** said the Congresswoman.

NCUIH thanks SCIP for scheduling a hearing for testimony on this crucial urban confer bill and furthering parity for UIOs and the urban AI/AN patients whom they serve with the rest of the Indian Health System.

## **NEXT STEPS**

NCUIH will request a full Committee markup and expeditious floor consideration. NCUIH urges advocates of Indian health to request their Members of Congress cosponsor H.R. 5221.

## **BACKGROUND**

An urban confer is an established mechanism for dialogue between federal agencies and UIOs. NCUIH has long advocated for the importance of facilitating confer between numerous federal branches within HHS and UIO-stakeholders without any resolve. **It is important to note that Urban Confer policies do not supplant or otherwise impact tribal consultation and the government-to-government relationship between Tribes and federal agencies.**

The *Urban Indian Health Confer Act* will ensure the many branches and divisions within HHS and all agencies under its purview establish a formal confer process to dialogue with UIOs on policies that impact them and their AI/AN patients living in urban areas. The bill was introduced on September 10, 2021, by Chair Grijalva, Rep. Betty McCollum (D-MN), Rep. Tom Cole (R-OK), Rep. Don Young (R-AK), Rep. Karen Bass (D-CA), and Del. Eleanor Holmes Norton (D-DC). It currently has 10 cosponsors.

## **RESOURCES**

- [NCUIH Press Release: Bipartisan Urban Indian Health Confer Act Introduced by Grijalva, McCollum and Cole](#) (September 10, 2021)
- [NCUIH Urban Confer Fact Sheet](#)
- [NCAI Passes Resolution to “Call for the U.S. Department of Health and Human Services Secretary to Implement an Urban Confer Policy Across the Department and its Divisions.”](#)