

[NCUIH Submits Comments to HHS about Missing and Murdered Indigenous People and Violent Crime Against Native People](#)

Category: Policy Blog

written by Anna Schwartz | June 20, 2022

On May 19, 2022, the National Council of Urban Indian Health (NCUIH) submitted [comments](#) and recommendations to Health and Human Services (HHS) about [Executive Order \(EO\) 14053](#)—Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Missing or Murdered Indigenous People. These comments responded to [correspondence](#), dated April 4, 2022, initiating a Tribal Consultation on the policy directives outlined in EO 14053. NCUIH outlined recommendations for HHS including communication and collaboration with UIOs, engagement with UIOs as critical stakeholders in HHS’ comprehensive plan to address the MMIP Crisis and violent crime, and the establishment of an agency-wide Urban Confer policy.

History of MMIP and EO 14053

According to the National Missing and Unidentified Persons System (NamUs), as of August 1, 2021, data demonstrates that most missing and unidentified cases involving AI/AN persons [occur off tribal land](#). Still, relevant data on [violence and crime](#) in urban AI/AN communities is significantly lacking. What data does exist demonstrates a troubling situation for urban AI/AN communities. At least seventy percent (70%) of violent victimization experienced by AI/ANs is committed by persons not of the same race - a substantially higher rate of [interracial violence](#) than experienced by white or black victims. Furthermore, a 2019 report from the Minnesota Statistical Analysis Center found that AI/AN persons made up twenty percent (20%) of all victims of [sex trafficking](#) in Minnesota in 2017. Additionally, according to the California Consortium of Urban Indian Health’s Red Women Rising initiative, sixty-five percent (65%) of urban Indian women experienced [interpersonal violence](#), forty percent (40%) experienced multiple forms of violence, and forty-eight percent (48%) experienced sexual assault. An October 2021 report by the Government Accountability Office (GAO) on the Missing or Murdered Indigenous Women noted that “tribal organization officials told [GAO] that AI/AN individuals who leave rural villages to move to urban, nontribal areas are at a higher risk of becoming victims to violent crime, including [human trafficking](#), which they stated is a serious concern related to the MMIP crisis.”

NCUIH has consistently advocated for violent crime perpetrated against AI/ANs and the MMIP crisis to be treated as more than solely criminal justice or public safety issues. Crime and violence are key Social Determinants of Health (SDOH) that both affect the immediate victims and cause negative health impacts throughout AI/AN communities. Also, [according to HHS](#), “[a]ddressing exposure to crime and violence as a public health issue may help prevent and reduce the harms to individual and community health and well-being.” A 2019 NCUIH survey found that sixty-six percent (66%) of UIOs said the most significant risk factors leading to AI/AN patients missing in their communities are: homelessness, foster system transitioning, domestic violence, substance misuse, and human trafficking, among others. In turn, the [federal government’s trust responsibility](#) to provide “[f]ederal health services to maintain and improve the health of the Indians” requires it to address violent crime against AI/ANs and the MMIP crisis through a holistic and inter-agency approach that supports and improves the health of AI/AN communities and individuals

EO 14053 is a [landmark pledge](#) “to strengthen public safety and criminal justice in Indian Country and beyond, to reduce violence against Native American people, and to ensure swift and effective Federal action that responds to the problem of missing or murdered indigenous people.” In EO 14053, the federal government committed to “[c]onsistent engagement, commitment, and collaboration,” with AI/AN people and communities to “drive long-term improvement to public safety for all Native Americans.” EO 14053 specifically directs the federal government to “build on existing strategies to identify solutions directed toward the particular needs of urban Native Americans,” because “approximately 70 percent of American Indian and Alaska Natives live in urban areas and part of this epidemic of violence is against Native American people in urban areas.” In addition, EO 14053 directs the federal government to “work closely with Tribal leaders and community members, Urban Indian Organizations, and other interested parties to support prevention and intervention efforts that will make a meaningful and lasting difference on the ground.” Pursuant to Section 5 of EO 14053, HHS must “develop a comprehensive plan to support prevention efforts that reduce risk factors for victimization of Native Americans and increase protective factors, including by enhancing the delivery of services for Native American victims and survivors, as well as their families and advocates.”

NCUIH’s Requests to HHS

NCUIH issued the following comments and recommendations regarding the creation of HHS’ comprehensive plan and its implementation of EO 14053:

- NCUIH requests that HHS honor EO 14053 through consistent and clear communication, as well as collaboration, with UIOs.
 - In EO 14053, the federal government committed to “[c]onsistent engagement, commitment, and collaboration,” with AI/AN people and communities to “drive long-term improvement to public safety for all Native Americans.” This includes working with Tribal leaders and UIOs to drive meaningful prevention and intervention efforts.
 - Communication and collaboration with UIOs is not only required by EO 14053, but also sound public policy. Working with UIOs will help HHS make local connections, source, share, and analyze data, better understand the extent and causes of violent crime against AI/ANs and the MMIP epidemic, and evaluate the adequacy of research and data collection efforts at CDC and NIH.
 - NCUIH is ready, willing, and able to assist HHS communicate with UIOs and develop ongoing relationships to support this work.
- NCUIH requests that HHS engage UIOs as critical stakeholders in its comprehensive plan to support prevention efforts that reduce risk factors for the victimization of Native Americans and increase protective factors.
 - NCUIH is appreciative that IHS recently held an [Urban Confer](#) on EO 14053 with UIOs. However, NCUIH emphasizes that it is the responsibility of the Secretary, and HHS as a whole, not just IHS, to work with urban AI/AN communities to reduce violent crime and address the MMIP epidemic.
 - UIOs are already engaged in [culturally focused, community-based](#) prevention efforts such as projects funded through the [Domestic Violence Prevention Program](#), partnerships to provide [services for victims of crime](#), and direct services for substance abuse disorders, mental health, and behavioral health.
- NCUIH requests that HHS establish an Urban Confer policy to set the necessary policies and procedures for direct and clear communication with UIOs.
 - Urban Confer policies are a response to decades of deliberate federal efforts (i.e., forced assimilation, termination, relocation) that resulted in 70 percent of AI/AN people living outside of Tribal jurisdictions. Urban Confers are integral to addressing the care needs

of most AI/AN persons and fulfilling the government's trust responsibility.

- Developing and implementing an Urban Confer policy for HHS is sound public health policy. Given the gravity of MMIP and violence against AI/ANs, it is imperative that HHS as a whole address these problems holistically and agency-wide, not solely at the IHS level. Urban Confers would enable UIOs to share feedback, recommendations, and testimony on the unique needs of their UIOs.

NCUIH will continue to closely follow HHS' implementation EO 14053 and advocate for the resources needed to address the MMIP crisis and violent crime against AI/ANs, regardless of where victims live.