March 8, 2021

The Honorable Joseph R. Biden
President of the United States of America
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Biden:

We write you today on behalf of the undersigned Tribal organizations headquartered in the Washington, D.C. area which collectively represent the nation's 574 federally-recognized Tribal Nations, individual American Indian and Alaska Natives, and the nation's 41 Urban Indian Health Organizations represented by the National Council of Urban Indian Health. We have come together to renew our request for the immediate assistance and action of the Biden Administration and the Indian Health Service (IHS) to prioritize delivery of the COVID-19 vaccine to American Indians and Alaska Natives (AI/ANs) living and working in the Washington, D.C. metropolitan area, including Maryland and Virginia, as well as those AI/ANs living outside of the boundaries of their Tribal communities.

To that end, we would like to request vaccination assistance for up to 60,000 AI/ANs living and working in the Washington, D.C. area. The COVID-19 pandemic has profoundly and negatively impacted AI/ANs more than any race or ethnic group in the United States. There are many AI/ANs living in the Washington, D.C. area who have dedicated their lives to solving these issues by working in service to Tribal Nations and our peoples. Many have left their Tribal homelands and communities to take on this vital work as ambassadors for Indian Country in the nation's capital. They work every day to improve the health, housing, economies, and education of Indian Country. Yet many still lack access to coronavirus vaccine.

The fact that many AI/ANs live and work away from their Tribal homelands is a direct result of federal government removal policies reflected in the Indian Relocation Act of 1956. The diaspora of AI/ANs throughout the United States is a direct result of this heinous policy. Its consequences reverberate throughout Indian Country in the form of shortage of access to health care.

In addition to support for the Native American Lifelines of Baltimore (the only Urban Indian Health Organization in the region) and its efforts to provide the vaccine, we call on IHS to move with all haste to set up accessible vaccine clinics for our people at IHS Headquarters in Rockville, MD, the District of Columbia and Northern Virginia. In fact, IHS Headquarters currently has the capacity to facilitate mobile vaccine distribution as described in the Indian Health Care Improvement Act, Subtitle C, Sec. 147 which creates the authority for IHS to provide mobile health units. This authority is certainly applicable in these special circumstances and given this agency's mission, and we are baffled that these resources have not already been deployed to vaccinate the AI/ANs at its headquarters, and in the surrounding area.

Please move swiftly and decisively. We cannot afford to lose one more AI/AN to this disease that has already taken such a large, disproportionate number of our People. The federal government's trust responsibility to provide healthcare to AI/ANs does not end at the borders of an Indian reservation, Alaska Native Village, Pueblo or Tribal lands. Congress acknowledged during the 1987 reauthorization of the Indian Health Care Improvement Act that healthcare services follow AI/ANs to urban areas.

The U.S. Department of Health and Human Services report to Congress entitled "New Needs Assessment of the Urban Indian Health Program and the Communities it Serves," identified 17 urban areas of the United States where an urban health clinic is desperately needed.[1] Washington, D.C. is among those identified. Regardless of where our people reside, we urge your Administration, through the Federal Emergency Management Administration, IHS, and any of the many mechanisms at your disposal, to swiftly and effectively deliver the COVID-19 vaccine to this nation's original inhabitants.

We appreciate your leadership and look forward to working with your office and the IHS to deliver the COVID-19 vaccine to our people. Stacy A. Bohlen, the CEO of the National Indian Health Board, is the point of contact for this Tribal endeavor and she may be reached at (202) 680-2800 or sbohlen@nihb.org.

Sincerely,

William Smith, *Valdez Native Tribe*
Chairman, National Indian Health Board

Walter Murillo, *Choctaw Nation*
President, National Council of Urban Indian Health

Kyle Harmon, *Nanticoke*
Board President, Native American Lifelines

Jason Dropik, *Bad River Band of Lake Superior Chippewa Indians*
President, National Indian Education Association

Adrian Stevens, *Seneca Nation*
Acting Chairperson, National American Indian Housing Council

Christina Danforth, *Oneida Nation*
President, Native American Finance Officers' Association

Annette Hamilton, *Kickapoo Tribe*
President, Native American Contractors Association

Ernest L. Stevens, Jr., *Oneida Nation*
Chairman, National Indian Gaming Association

Carrie L. Billy, *Navajo*
President and CEO, American Indian Higher Education Consortium

Derrick Beetso, *Diné*
General Counsel, National Congress of American Indians

cc: Elizabeth Fowler, Acting Director, Indian Health Service

Enclosure: National Indian Health Board Resolution 21-01: Promoting and Prioritizing AI/ANs in the DC Metropolitan Area for the COVID-19 Vaccine

[1] https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/ReportToCongressUrbanNeedsAssessment.pdf

National Indian Health Board

National Indian Health Board
Resolution 21 – 01

Promoting and Prioritizing AI/ANs in the DC Metropolitan Area for the COVID-19 Vaccine

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs, as well as upholding the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, the National Indian Health Board advocates for all AI/ANs on issues related to health care, including vaccines, of critical importance to the health and public health of Indian Country; and

WHEREAS, the federal government's trust responsibility to provide AI/AN healthcare does not end at the borders of an Indian reservation, Alaska Native Village, Pueblo or Tribal lands, and Congress acknowledged during the 1987 reauthorization of the Indian Health Care Improvement Act the responsibility for the provision of health care services follows AI/AN to urban areas; and

WHEREAS, there are nearly 4,000 AI/ANs living in the Washington, DC Metropolitan Area, the majority of whom relocated from Tribal communities to serve their Tribe, Native Village and/or all Tribes by working for and/or negotiating with the United States; and

WHEREAS, the first year of the COVID-19 Pandemic has exposed the vulnerability of AI/ANs to poor health outcomes due to public policy, social and economic factors. According to the Centers for Disease Control and Prevention, (CDC) age-adjusted rates of COVID-19 hospitalization among AI/ANs from March 1, 2020, through January 23, 2021, were 3.6 times higher than for non-Hispanic Whites;[1] and

WHEREAS, there is a lack of complete data on COVID-19 outcomes among AI/ANs. Available COVID-19 data already highlights significant disparities between AI/ANs and the general population. In an August 2020 report on COVID-19 in Indian Country, the CDC acknowledged that reporting of detailed case data to CDC by states is known to be incomplete and AI/AN persons are

[1] Centers for Disease Control and Prevention. COVID View Weekly Summary. Accessed 9/1/2020. https://www.cdc.gov/coronavirus/2019- ncov/covid-data/covidview/index.html

commonly misclassified as non-AI/AN races and ethnicities in epidemiologic and administrative data sets, leading to an underestimation of AI/AN morbidity and mortality;[2] and

WHEREAS, the Indian Health Service (IHS) asked Tribes and Urban Indian Health Programs to make a choice between their states or IHS for vaccine distribution. As of February 22, 2021 IHS had distributed 777,955 vaccines.[3] IHS's COVID-19 Vaccine Distribution List includes the 340 IHS, Tribal health programs, and Urban Indian Organizations that choose to receive COVID-19 vaccine from IHS; the balance get their vaccines from their respective states; and

WHEREAS, the National Council of Urban Indian Health (NCUIH) is an organization devoted to the support and development of quality, accessible, and culturally-competent health services for AI/ANs living in urban settings and will be instrumental in bringing the COVID-19 vaccine to AI/ANs living and working in the DC Metropolitan area; and

WHEREAS, together, NIHB and NCUIH serve the entire Indian/Tribal/Urban (I/T/U) system and are ideally situated to collaborate on the objective to bring the COVID-19 vaccine to AI/ANs in the DC Metropolitan Area; and

WHEREAS, roughly 70% of Native Americans live in cities, and 41 Urban Indian Organizations serving 22 states provide care to some of those populations. Most Urban Indian Organizations have received their vaccines through the Indian Health Service; and

WHEREAS, many cities, including Washington, D.C., do not have any American Indian health care providing organizations. The AI/ANs serving in federal government positions and at national Native organizations located in the Washington, D.C. area are not prioritized to receive the vaccine; and

WHEREAS, the diaspora of American Indians and Alaska Natives is a direct reaction to and result of the policies of the federal government, including the Indian Relocation Act of 1956 which was specifically designed to encourage AI/ANs to leave their Native Homelands and further assimilate into the dominant culture; and

WHEREAS, in the most recent report to Congress on the needs of Urban Indians, IHS identified 17 cities with a population of AI/AN individuals significant enough to warrant an Urban Indian Health Program. This list included Washington DC; and

NOW THEREFORE BE IT RESOLVED, those who work in the Washington, DC Metropolitan area are uniquely important to carrying out the message and goals of Indian country and ultimately the health of Indian country. IHS eligible individuals are only in the Washington, DC area to serve the Tribes. Were it not for their service to the Tribes they would most likely already have had access to vaccinations through IHS in their home Tribal communities; and

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[2] Hatcher SM, Agnew-Brune C, Anderson M, et al. COVID-19 Among American Indian and Alaska Native Persons — 23 States, January 31–July 3, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1166–1169. DOI: http://dx.doi.org/10.15585/mmwr.mm6934e1

[3] IHS COVID-19 Vaccine Distribution by IHS Area.

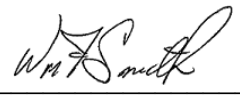
THEREFORE BE IT FURTHER RESOLVED, that the National Indian Health Board calls on the United States Department of Health and Human Services and the Indian Health Service to immediately implement COVID-19 vaccination clinics in the DC Metropolitan Area to inoculate American Indians and Alaska Natives working and living in the DC Metropolitan Area; and

THEREFORE BE IT FURTHER RESOLVED, that the National Indian Health Board calls upon HHS to prioritize the vaccination of all AI/AN people no matter where they live by immediately implementing AI/AN COVID-19 vaccination clinics in the 17 cities identified in the 2009 Urban Indian Health Needs Assessment to Congress.

BE IT FINALLY RESOLVED, that this resolution shall be the policy of NIHB until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 26th day of February 2021.



Chairperson, William Smith

ATTEST:

Secretary, Lisa Elgin