



**Seattle Indian Health Board**

*For the Love of Native People*

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Esther Lucero  
President & CEO  
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House Natural Resources Subcommittee for Indigenous Peoples of the United States  
838 Hart Senate Office Building  
Washington, D.C. 20510

October 5, 2021

Dear Chair Teresa Leger Fernández,

The Seattle Indian Health Board (SIHB) extends our gratitude to House Natural Resources Subcommittee for Indigenous Peoples of the United States for its hearing on H.R. 5221 the Urban Indian Health Confer Act held on October 5, 2021. We urge the subcommittee to pass H.R. 5221 to establish an urban Indian organization confer policy for the Department of Health and Human Services (HHS).

**Background**

A tribal consultation is a government-to-government process which acknowledges the inherent sovereign power of tribes to exercise their political and legal rights. The tribal consultation process allows tribal leaders to be part of the decision-making process from the inception of an idea to the implementation on matters that affect American Indian and Alaska Native people. An urban confer is an adaption of the tribal consultation for urban Indian organizations. Urban Indian organizations participate in the urban confer process to fulfill the fiduciary obligation of all levels of government to provide services to American Indian and Alaska Native citizens living in urban areas. The Indian Health Service (IHS) is currently the only federal agency with an urban confer policy, yet many HHS agencies funds urban Indian organizations to provide services to American Indian and Alaska Native people in urban areas.

Urban Confer policies are a response to decades of deliberate federal efforts (i.e. forced assimilation, termination, relocation) that have resulted in 76% of American Indian and Alaska Native people living outside of tribal jurisdictions. In the Indian healthcare system, urban Indian organizations have an urban confer policy with IHS that provides an opportunity for an exchange of information and opinions that lead to mutual understanding and emphasize trust, respect, and shared responsibility between U=urban Indian organizations and government agencies. Urban confer policies do not substitute for nor invoke the rights of a tribe as a sovereign nation. An urban confer supports the advocacy for the urban Indian community by Indian Health Care Providers who are part of the Indian healthcare system.

The importance of an urban confer was made evident in the COVID-19 supplemental resources from Congress. In the absence of an urban confer policy, HHS agencies outside of IHS had no formal mechanism for gathering feedback from urban Indian organizations and vice versa. As a result, submitting feedback to Health Resource Service Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease

Control (CDC) was a significant barrier to accessing COVID-19 supplemental resources for urban Indian organizations. For example, the CDC created a funding opportunity for 11 of the 12 tribal epidemiology centers by selecting a grant mechanism that failed to include urban Indian organizations as eligible entities. Errors like these leave urban Indian organizations without access to federal resources, despite Congressional intent.

Throughout this pandemic, we have seen that we are stronger when we all come together to implemented solutions created within our communities and in partnership with government; an urban confer policy would create binding collaboration for generations to come and fulfill federal trust and treaty obligations to American Indian and Alaska Native people, regardless of where they reside. We need to have access to federal agencies now to ensure future federal policies and initiatives advance Indigenous health equity.

Respectfully,



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