



THE ROLE OF URBAN INDIAN ORGANIZATIONS IN INDIAN COUNTRY

Understanding the roles of the Seattle Indian Health Board and the responsibility of the Federal Government in the Indian health care system.

Recommendations

Ensure the Federal Government upholds its **trust and treaty obligations** to provide health care services to American Indian and Alaska Native people, regardless of where they reside.

Engage in **Tribal Consultation and Urban Confer** to ensure federal actions respect these obligations.

What is the Indian health care system?

The Indian health care system is responsible for providing health care services to American Indian and Alaska Native (AI/AN) patients across the United States. It is composed of clinics operated by the Indian Health Services (IHS), Tribes (under 638 contracts or compacts), and Urban Indian Organizations (UIO). Together, these entities are referred to as the IHS/Tribal 638/UIO (I/T/U) system and derive their authority from the Indian Health Care Improvement Act (IHCIA). While I/T/U providers specialize in the care of AI/AN people, many of these clinics offer services to anyone seeking care and, especially in rural areas, are vital partners providing health care services to Native and non-Native people alike.

What are the Federal Government's responsibilities to the I/T/U system?

The Federal Government has certain responsibilities, outlined in treaties, the U.S. Constitution, and federal law, which it must uphold. This includes the provision of health care services to AI/AN people, regardless of where they reside, as included in the IHCIA.

What are UIOs' role in the I/T/U system?

UIOs, such as Seattle Indian Health Board, provide services to the increasing number of AI/AN patients residing in urban areas, today representing over 71% of AI/AN people nationwide.¹ Congress partially funds UIOs through the urban

Indian health line item of the IHS budget, as a way of upholding trust and treaty obligations. Today, there are 41 IHS-designated UIOs with IHS contracts to provide health care services to AI/AN individuals in urban settings. According to the most recent analysis conducted by IHS, UIOs serve over 176,000 patients annually.² At SIHB, we offer services to Tribal citizens as part of the trust and treaty obligations, and we specialize in the care of AI/AN individuals. We also offer care to anyone who walks through our doors and, as a Federally Qualified Health Center (under Section 330 of the Public Health Service Act), do so regardless of a patient's insurance status, ability to pay, or any other factor.

How does AI/AN status differ from that of other groups?

Due to treaties between the U.S. Government and Tribal Nations, AI/AN is recognized as a political class, not as an ethnicity. Health care services provided to AI/AN people due to trust and treaty responsibilities do not target a specific race or ethnicity, but rather citizens of federally recognized Tribes. It is not the result of a specific policy aimed at AI/AN communities, but rather it is a legal responsibility of the U.S. Government. Tribes, as sovereign nations, also have a government-to-government relationship with the United States. As such, the federal government must conduct Tribal Consultation whenever there is a possibility that funding for the I/T/U system will be impacted, to ensure its responsibilities are upheld. UIOs are not sovereign nations and do not possess this relationship with the government, but to ensure the wellbeing of the over 71% of urban-dwelling AI/AN is upheld as well, the government should engage in Urban Confer whenever a decision may impact UIOs.

Cooperation between the I/T/U system and the Federal Government

Seattle Indian Health Board as well as other members of the I/T/U system are ensuring that we are complying with all standing executive orders. The Federal Government must do its part and comply with U.S. laws and treaties with regards to the health and wellbeing of AI/AN communities. With all parties upholding the law, we can work together to ensure the best possible health outcomes for AI/AN people.

References

1. U.S. Census Bureau. Census 2010 American Indian and Alaska Native Summary File; Table: PCT2; Urban and rural; Universe: Total Population; Population group name: American Indian and Alaska Native alone or in combination with one or more races. 2010 Census American Indian and Alaska Native Summary File. 2010.
2. Indian Health Service. (2024). Urban Indian Organization National Uniform Data System Summary Report – 2022. Retrieved from: https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/2022_UIO_UDS_Summary_Report_Final.pdf