

Support for an Indian Health Programs Exemption from Staffing Reduction

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, behavioral health and public health services to AI/ANs for the fulfillment of the federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, the United States has trust responsibilities and treaty obligations through the U.S. Constitution, treaties, statutes, and supreme court case law, upholding those obligations to Tribal Nations; and

WHEREAS, the United States delivers on its trust responsibility and treaty obligations in health care by the provision of resources and direct delivery of health care services through the Indian Health Service (IHS) and Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts; and

WHEREAS, the IHS is instructed in statute under the Indian Health Care Improvement Act (IHCIA) to provide healthcare services to American Indians and Alaska Natives; and

WHEREAS, the Indian health system provides services to over 2.8 million AI/AN people, and also provides care to veterans and rural populations, but regularly experiences inadequate recruitment, hiring, and retention of sufficient staff to meet the needs of Tribal citizens; and

WHEREAS, Indian health programs are understaffed generally, and the IHS typically has 14-18% probationary staff at any given time, and a workforce of 15,000 employees; and

WHEREAS, IHS medical facilities regularly face significant vacancy rates for key clinical providers averaging 30 percent, and in 2024 includes a 36% physicians vacancy rate, 34% nurse vacancy rate, 27% pharmacist vacancy rate, and many more vacancies that impact the timely and effective delivery of care provided to Tribal citizens; and

WHEREAS, every operating division under the Department of Health and Human Services (HHS) has staff who support Tribal programs or Tribal affairs offices, and who are critical to the fulfillment of the federal trust and treaty obligations; and

WHEREAS, Executive Order (E.O.) 14210 and other recent Administration guidance and memoranda have directed hiring freezes, reduction of the federal workforce, and additional reductions in resources, including the recent dismissal of probationary federal employees critical to delivering services in Indian Country; and



WHEREAS, 950 full-time probationary IHS employees not eligible for civil service protections were almost terminated on February 14, 2025 and other federal Tribal health program staff have been dismissed; and

WHEREAS, Secretary Robert F. Kennedy, Jr., issued an exemption for staff at the IHS in recognition of the understaffing of Indian health programs and the role the agency plays in meeting the trust and treaty obligations of the federal government to Tribal Nations.

NOW THEREFORE BE IT RESOLVED, that the National Indian Health Board urges HHS to issue a full formal exemption for IHS and other Indian health programs across the Department from staffing reductions and limitations, in recognition the federal trust and treaty obligations; and

BE IT FURTHER RESOLVED, that we urge HHS to specifically exempt IHS and other Indian health programs from E.O. 14210 under Section 3 (c) which provides protection for public safety as well as protections for employees whose functions are mandated in statute; and

- **BE** IT FURTHER RESOLVED, that we urge the Office of Personnel Management (OPM) and HHS, alongside operational divisions, sub agencies, and the Department of Government Efficiency (DOGE) Team Leads to ensure the employees whose functions are in service of fulfilling the trust and treaty obligations to Tribal Nations are exempted from this and future comprehensive actions towards workforce or federal funding reduction; and
- **BE IT FURTHER RESOLVED,** that OPM, OMB, HHS, and IHS conduct Tribal Consultation to understand the critical services provided to Indian Country and the grave impact these staffing changes will have, including mortality of American Indians and Alaska Natives; and
- **BE IT FURTHER RESOLVED,** that OPM, OMB, HHS, and IHS commit to prioritizing hiring for all currently vacant positions within IHS and other Tribal programs, ensuring these critical services can continue unimpeded in accordance with the federal trust and treaty obligations; and
- **BE IT FINALLY RESOLVED,** that this resolution shall be the policy of the National Indian Health Board until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the Board, with a quorum present, on the 11th day of March 2025.

ATTEST:

Vice Chairperson, Sam Moose

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Chairperson, William Smith