



February 14, 2025

The Honorable Robert F. Kennedy Jr.  
Secretary  
U.S. Department of Health and  
Human Services  
Hubert H. Humphrey Building  
200 Independence Ave SW  
Washington, D.C., 20201

The Honorable Charles Ezell  
Acting Director  
Office of Personnel Management  
Theodore Roosevelt Building  
1900 E Street, NW  
Washington, D.C., 20415

The Honorable Doug Burgum  
Secretary  
U.S. Department of the Interior  
1849 C Street NW  
Washington, D.C., 20240

**RE: Exempt Indian Programs from the E.O. 14210 Reduction in Force**

Dear Secretary Kennedy, Secretary Burgum, and Acting Director Ezell:

On behalf of the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), and the 574+ federally recognized American Indian and Alaska Native (AI/AN) Tribes we serve,<sup>1</sup> we request that the Department of Health and Human Services (HHS), the Department of Interior, and the Office of Personnel Management (OPM) exempt the Indian Health Service (IHS)<sup>2</sup>, Bureau of Indian Affairs, and Bureau of Indian Education from the Executive Order 14210: Reducing the Federal Workforce to Essential Positions. Pursuant to E.O. 14210 Sec. 3 (c), we urge you to take immediate action to exempt the Indian programs and their federal employees who are essential for carrying out legally mandated services to Tribal citizens. While some guidance and Secretarial Orders have been provided, risks remain for detrimental staffing impacts to Indian Country. We request a meeting with you to discuss this urgent matter.

It is imperative that the Administration adheres to the legal trust relationship between our sovereign Tribal Nations and the federal government by allowing federal staff and dollars to continue serving the Indian health system and Tribal governments.

Previously, Indian programs, including IHS, have received exemptions from staffing freezes, reductions, and other personnel actions. The IHS now has a 30% vacancy rate, which includes a 36% physicians vacancy rate; any further reduction in healthcare workforce will have devastating impact. On January 30, 2025, the Secretary of the Interior issued Secretarial Order 3416 implementing E.O. 14151, which included an acknowledgement that nothing in the executive orders should affect the trust and treaty obligations to Tribal Nations, as these are inexorable legal requirements. HHS also issued a statement that the E.O. affecting diversity, equity, and inclusion programs does not apply to programs serving AI/AN citizens, as "AI/AN" is a political status reflecting the special diplomatic relationship between the United States and Tribal Nations. These examples serve as models to exempt Indian programs from policies that could impede the trust and treaty obligations to Tribal Nations.

We remind you that Tribal sovereignty must be upheld in the Administration's pursuit of its priorities so as to not burden Indian programs and the Tribal Nations they serve. We look forward to meeting with you to discuss this issue immediately for the benefit of Tribal citizens.

Sincerely,

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<sup>1</sup> NIHB is a 501(c)3, not-for-profit, national Tribal organization founded by the Tribes in 1972 to serve as the unified, national voice for AI/AN health. Our Board of Directors is comprised of distinguished and highly respected Tribal leaders whom the Tribes elect in each of the twelve Indian Health Service (IHS) regions.

<sup>2</sup> 25 U.S.C. § 1601. Under the Indian Health Care Improvement Act (IHCA), IHS is responsible for providing federal health services to AI/AN populations and is an essential actor in fulfilling the United States' legal and trust obligation to provide health care to AI/AN people.

A handwritten signature in black ink, appearing to read 'W. Smith'.

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

A handwritten signature in black ink, appearing to read 'Mark Macarro'.

Mark Macarro  
President  
National Congress of American Indians