

# HHS Secretary's Tribal Advisory Committee

March 24, 2025

The Honorable Robert. F. Kennedy Jr.  
Secretary of Health and Human Services  
200 Independence Ave SW  
Washington, DC 20201

Re: Secretary's Tribal Advisory Committee Follow-Up Items from February 2025 Meeting

Dear Secretary Kennedy:

On behalf of the Secretary's Tribal Advisory Committee (STAC), we write to express our deep gratitude for your commitment to addressing the health concerns of Indian Country. The February 2025 STAC meeting was an excellent launch to our partnership, and we reiterate that we offer the expertise, knowledge, and input of Indian Country as you fulfill the mission of the Department of Health and Human Services (HHS) as it applies to Indian Country. We look forward to working with you and HHS to accomplish key American Indian/Alaska Native (AI/AN) health priorities and make America healthy.

To be effective in our shared mission, the STAC requires a high level of engagement of HHS leadership and close coordination among Tribal leaders. The following recommendations highlight several opportunities to support the work discussed at the February 2025 STAC Meeting.

## ***Uphold the Federal Trust, Treaty, and Government to Government Responsibilities to Tribal Nations***

The United States has a unique historical, legal, and political relationship with Tribal governments, established through and confirmed by the Constitution, federal laws, supreme court case law, and presidential orders. Born out of this relationship is the Federal Government's trust responsibility to protect the interests of Indian Tribes and communities, including the provision of quality healthcare to American Indians and Alaska Natives.

The United States' provision of AI/AN health programs and healthcare services are based on the political status and relationship. Our healthcare programs and services must not be interrupted or reduced—the public safety of our people depends on them. We appreciate the recognition of our political status through February 25, 2025 HHS Advisory Opinion 25-01, which recognizes the distinct nature of our political status by making it clear that three recent Executive Orders targeting diversity, equity, and inclusion initiatives do not apply to or diminish HHS's legal obligation to provide health services to Tribes and their citizens.<sup>1</sup>

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<sup>1</sup> Advisory Opinion 25-01 on Application of DEI executive Orders to the Department's Legal Obligations to Indian Tribes and Their Citizens, (2025).

The government-to-government relationship between Tribal Nations and the United States is the foundation of STAC and how we drive forward solutions to the issues we discussed at our meeting. We are deeply appreciative of the newly appointed HHS leaders who have experience working with Tribal Nations, as well as other appointees' sincere enthusiasm for engaging with Tribes. Additionally, we offer our full support for a Senior Advisor for American Indian/Alaska Native (AI/AN) Health. Placing a Senior Advisor for AI/AN Health in the Secretary's office has been a longstanding priority for Tribal Nations. Such a role will raise the priority and presence of Indian health issues and increase efficiency in efforts to address them.

Beyond STAC and other HHS Tribal advisory committees, there are several ways to engage with Tribes. Across HHS, Tribal Affairs offices are an essential part of fulfilling the trust and treaty responsibilities. These offices liaise with our elected and community leaders and have expert knowledge of the programs, services, and activities that serve our communities. Their work within the federal government is an essential bridge to elevating the health status of our people. Additionally, initiating Tribal Consultation and meaningfully incorporating feedback from Tribes is essential to providing a method of enhanced coordination with Tribal governments on policy issues that impact Tribes.

### ***Protect the Federal Workforce that Serves Indian Health***

Thank you again for the swift action you took to rescind the Indian Health Service terminations of 950 Indian Health Service (IHS) probationary employees stemming from Executive Order (EO) 14210. Tribal leaders are grateful for your understanding that HHS cannot serve its mission without a fully staffed IHS.

In June 2024, IHS already reported an alarming agency-wide 30% provider vacancy rate and 36% vacancy rate for physicians. Protecting the entire workforce of IHS, an agency tasked with raising the health status of AI/AN people to the highest level possible, is essential to fulfilling the United States' trust and treaty obligation to provide healthcare to AI/AN people. Beyond the direct healthcare providers who serve our communities, IHS administrative staff are also essential to maintaining our clinics through their support of patient care, scheduling, oversight, and billing. To ensure the stability and retention of the IHS workforce that serves our communities, we request a written permanent order that will exempt the IHS from policies that freeze or restrict hiring, reduce workforce, and terminate staff. IHS also needs to have the option to make strategic decisions on a case-by-case basis to ensure retirement incentives and other personnel changes do not harm critical operations.

Furthermore, all HHS agencies have a tremendous impact on Indian Country, and uplifting AI/AN health to the highest status possible requires the preservation of all HHS staff that support Indian Country. Tribal Affairs offices, Tribal-serving programs, and programs with Tribal grantees are essential to supporting the specific AI/AN health needs across agencies and play an essential role in fulfilling the federal government's

legal trust obligations to Tribes. We sincerely urge exemptions for Tribal Affairs offices and other Tribal-serving programs throughout HHS from Executive actions that would negatively impact this workforce that is essential to fulfilling the government-to-government relationship and protecting public safety in Indian Country.

EO 14210 permits agency heads to exempt positions they deem necessary to public safety from DOGE workforce optimization initiatives including the implementation of reductions in force and the hiring ratio. IHS fulfills the federal trust responsibility by raising the health status of AI/AN people and exempting IHS from EO 14210 is essential to protecting the public safety of Indian Country. There is a precedent for exempting IHS from federal hiring freezes. Following President Trump's January 23, 2017, memorandum instituting a hiring freeze, HHS issued guidance in which HHS identified HHS-wide positions and occupational series that were exempt.<sup>2</sup> The IHS positions that were involved in direct patient care were exempt, as well as a number of ancillary mission-critical support positions without which patient care providers and facilities could not function.

Additionally, we express sincere gratitude for the reinstatement of Dr. Karina Walters, PhD to her position as Director of the Tribal Health Research Office (THRO) at the National Institutes of Health (NIH). During her tenure at NIH THRO, Dr. Walters has been a valuable and essential partner in fostering the government-to-government relationship between Tribes and the federal government. Her work is highly important to AI/AN health, and we thank you for your responsiveness to our request to reinstate her position.

### ***Take Immediate Action to Protect Indian Health System from DOGE Cuts to Leases***

It has come to the attention of the STAC that the Department of Government Efficiency (DOGE) intends to end leases or sell property of Indian Health Service offices in the Navajo, Bemidji, California, Nashville, and Phoenix IHS Service Areas.<sup>3</sup> Among the threatened lease terminations is the Gallup Indian Medical Center Administration Building in New Mexico. The Gallup Indian Medical Center is one of the largest hospitals in the Indian Health Service and relies on the staff in the Administration Building to provide efficient access to human resources managers, Purchased/Referred

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<sup>2</sup> Presidential Memorandum Regarding the Hiring Freeze, published January 23, 2017, available at: <https://trumpwhitehouse.archives.gov/presidential-actions/presidential-memorandum-regarding-hiring-freeze/>, accessed on January 23, 2025.; Letter from Chris Buchanan, Acting Dir., Indian Health Service, to Tribal Leaders and Urban Indian Organization Letters (Feb. 10, 2017), [https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/2017\\_Letters/DTLL\\_UIOL-L-HiringFreeze\\_02102017.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2017_Letters/DTLL_UIOL-L-HiringFreeze_02102017.pdf); see also U.S. Department of Health and Human Services. Re: 2017 HHS Hiring Freeze Exemptions, published February 6, 2017, available at: <https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:7300b189-a51d-4b5e-acc7-80f391f08fa3?viewer%21megaVerb=group-discover>, accessed on January 23, 2025.

<sup>3</sup> <https://doge.gov/savings>

Care specialists, and contracting and procurement personnel – all essential for hospital operations. Other, smaller facilities with threatened leases include many of IHS's offices for environmental health and engineering, which play a critical role in supporting Tribes as they develop infrastructure for healthcare facilities, water, and sanitation. IHS staff must be able to remain close to the Tribes they serve. We, therefore, urge you to ensure that IHS facilities are removed from the DOGE list of impending lease cancellations and support efforts to appeal these listings. Any changes to leasing arrangements should be made with careful consideration of IHS needs and priorities, and in consultation with Tribes, who would be harmed by the arbitrary closing of these facilities. Tribes can work in partnership with the Administration to support strategic objectives that are mutually beneficial to Tribes, such as lease transfers or hosting critical staff.

### ***Protect Indian Country's Access to Medicaid Coverage and Reimbursement***

Medicaid, Medicare, and CHIP payments to the Indian health system are a necessary and indispensable method for fulfilling the federal trust and treaty responsibilities. Over 1 million of the 2.6 million AI/AN people served by IHS are enrolled in Medicaid. These Centers for Medicare and Medicaid Services (CMS) programs are critical to providing resources to support expanded services and staff. Congress amended the Social Security Act in 1976 to authorize Medicare and Medicaid reimbursement for services provided in IHS and Tribally operated healthcare facilities. The House Report explained that "These Medicaid payments are viewed as a much-needed supplement to a health care program which has for too long been insufficient to provide quality health care to the American Indian. . . ."

The STAC and the CMS Tribal Technical Advisory Group (TTAG) exist to advise CMS through any significant reforms to any of its programs impacting AI/AN people. Before any reforms to CMS programs are made, Tribal consultation must be held in accordance with the United States' legal obligations to Tribes. As Chief Hoskin stated during the STAC meeting, "We can be partners in achieving an efficient system...Every Medicaid dollar is going to a Tribal citizen and a community that needs a clinic. We are the best stewards of these dollars. Tribes and our communities will be disproportionately harmed if Medicaid spending contracts. While they seek to cut the fat, they would be cutting our muscle and bones."

### ***Promote Efficiency Through Tribal Self-Governance***

Tribal Nations are experts at using dollars efficiently. The Indian health system is chronically underfunded, and Indian Country makes every cent count.<sup>4</sup> As the Federal

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<sup>4</sup> For more information, see: National Tribal Budget Formulation Workgroup. (2024, April). A path forward to Fully Fund Tribal Nations by Embracing the Trust Responsibilities and Promoting the Next Era of Self-Determination and Health Care Equity and Equality. National Indian Health Board. <https://www.nihb.org/resources/NIHB-FY26-Budget.pdf>

government seeks out ways to increase its efficiency, the STAC recommends further implementation of Tribal self-governance across the agency. It has been a longstanding priority of Tribal Nations to expand self-governance at HHS to other operating divisions beyond IHS. Self-governance transfers federal functions to Tribes, and our models can achieve outstanding outcomes.

We have been working with HHS for the past year and made substantial progress to refine the concept for an ISDEAA Title VI HHS Self-Governance Demonstration Project. Tribal Self-Governance has proven to improve services which increase efficiency of these resources. As this Administration values government efficiency, we hope you will further support Tribes taking over their own health programs through self-governance, transferring these federal functions and services to Tribal local levels. Tribes look forward to working with you as a champion of Tribal self-governance to expand this initiative throughout HHS.

### ***ISDEAA Contract Support Costs and Section 105(I) Lease Payments***

The IHS budget already struggles to cover its obligations, such as direct services or Contract Support Costs (CSC) and Section 105(I) leases. The Indian Self-Determination and Education Assistance Act, or ISDEAA, requires IHS to compensate Tribes for CSC and Section 105(I) leases thus making these payments legally mandatory.

Now more than ever, these funds must be reclassified as mandatory. In FY 2024, IHS budget cuts were made to fund these obligations, affecting essential services and facilities, including electronic health record modernization. We expect similar decisions may be made on the FY 2025 full-year continuing resolution. The U.S. Supreme Court's ruling in *Becerra v. San Carlos Apache Tribe* and *Northern Arapaho Tribe* has resulted in significant increases to the obligations for CSC in particular. In FY 2025, the draft appropriations bills in the Senate and the House marked the CSC and Section 105(I) Lease cost increases as 87% and 93% of the total agency increases, respectively. We urge you to work with the Office of Management and Budget to include the reclassification of CSC and 105(I) Lease costs in the FY 2026 President's Budget Proposal. This budget request to Congress will demonstrate the Administration's serious commitment to preserving Indian health care into the future.

### ***Increase Infrastructure to Deliver Traditional and Local Foods to Tribes***

Tribal Nations have been stewards of traditional ecological knowledge and traditional medicines for millennia. We greatly appreciate your concern for the protection of our traditional food systems, and we look forward to partnering with you further to ensure current and future generations of our Tribal citizens have access to these healing, culturally significant foods.

***Conclusion***

The STAC Tribal leadership sincerely appreciates your commitment to Tribal sovereignty, the federal trust and treaty responsibilities, and your focus on preventing chronic disease and promoting healthy living. Tribes are looking forward to working together to Make America Healthy Again, starting with American Indians and Alaska Natives. Your family's intergenerational commitment to fulfilling promises to Tribal Nations, your extensive professional record serving Tribes, and your enthusiasm for supporting the Indian Health Service is greatly heartening. We look forward to working with you in your capacity as HHS Secretary to improve AI/AN health to the highest status possible in our American Indian and Alaska Native communities.

Sincerely,

A handwritten signature in black ink that reads "Victor Joseph". The script is fluid and cursive, with the first letters of "Victor" and "Joseph" being capitalized and prominent.

Victor Joseph, HHS STAC Chairman  
Native Village of Tanana

cc: Devin Delrow, Principal Advisor for Tribal Affairs