



April 18, 2025

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

RE: Imminent Harm to Tribes from Proposed HHS Cuts

Dear Secretary Kennedy:

On behalf of the undersigned organizations that collectively serve the majority of sovereign Tribal Nations, their citizens, and communities, we write to express our deep concern regarding the substantial proposed budget cuts to various divisions within the Department of Health and Human Services (HHS), including the Indian Health Service (IHS) and other HHS offices that together deliver critical Tribal programming, as outlined in the Office of Management and Budget's (OMB) HHS 2026 Discretionary Budget Passback.

As Secretary, you have identified Indian health as a top priority and have demonstrated your commitment by prioritizing meetings with Tribal leaders and visiting Indian Country. As you know, Tribal Nations have political, government-to-government relationships with the United States, and we prepaid with our lands and resources for the federal government's trust and treaty obligations which are carried out, in part, through a series of federal statutory mandates. Any Tribal program or federal funding delivered to Tribal Nations—including IHS and HHS Tribal-serving programs—is provided in furtherance of the United States' trust and treaty obligations. Any proposed cuts are a direct violation of the federal government's trust and treaty obligations to Tribal Nations.

Indian Health Service. The OMB proposal includes a nearly 30 percent reduction to the IHS base allocation for FY 2026, a cut that would dismantle essential services and have devastating consequences on the health and well-being of American Indian and Alaska Native (AI/AN) people. We know you understand that IHS is already underfunded—by recent estimations at approximately 11% of the true level of need. We urgently implore you to restore the funding cut from IHS in the OMB proposal, just as the Secretary of the Interior took swift action to appeal similar proposed reductions to Tribal Nations within the Bureau of Indian Affairs passback.

Other HHS agencies and programs. The proposal also eliminates key HHS agencies and programs that provide critical services to the most vulnerable populations in Indian country. Specifically, the consolidation of key HHS agencies into the Administration for a Healthy America has already created significant funding uncertainty for Native-serving programs and the IHS, Tribal, and Urban Indian Organizations that provide these critical services. The elimination of key HHS agencies, including the Administration for Strategic Preparedness and Response (ASPR), Administration for Community Living (ACL), Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) will severely harm Tribal citizens and their communities, eliminating programs that are essential for



addressing chronic health conditions in Indian Country. The elimination of the Office of Infectious Disease and HIV Policy (OIDP) and the uncertain status of the Minority HIV/AIDS Fund (MHAF) threaten the progress made in Indian Country combatting HIV, hepatitis C (HCV), and sexually transmitted infections (STIs).

Programs under Administration for Children and Families (ACF) are designed to provide critical supportive services to low-income families. The elimination of programs such as Head Start and the Low-Income Home Energy Assistance Program (LIHEAP) will eliminate lifelines for Native communities and hamper Tribal Nations' sovereign authority to provide for the health and well-being of their citizens. Our communities also directly rely on these programs to support our children and our elders. In Tribal communities, AI/AN Head Start programs are frequently the only source of early childhood education. Community Services Block Grant (CSBG), LIHEAP, and Temporary Assistance for Needy Families (TANF) are essential to maintaining healthy economies and communities in rural and remote areas where unemployment is often higher due to fewer job opportunities.

Tribal recommendations. We implore you to recognize that the lives of AI/AN people and the well-being of our communities will be impacted by any proposed funding reductions. These amounts are financial lifelines that support the operation of critical health care services, retain our health care professionals and essential staff, and provide AI/AN people with prevention and treatment services, medication, specialty care, and other critical services. The discontinuation of these programs, and the uncertain future of other Tribal-serving programs, threatens the sustainability of health systems across Indian Country. Cutting these programs and systems will increase morbidity and mortality rates of AI/AN people and ultimately harm to Tribal Nations and our future generations.

Unless dedicated Tribal set-asides, Tribal funding, and Tribal Advisory Committees are preserved, either through existing agencies, new departments, or new mechanisms (such as an expansion of self-governance authority), underfunded Tribal programs will face compounding reductions that will require large-scale service cuts. History has shown those cuts will inevitably make Indian Country sicker and increase health disparities and negative outcomes.

We urge you to immediately appeal the harmful recommendations contained in the OMB proposal that target IHS and HHS Tribal-serving programs and, at minimum, maintain current funding levels for the IHS and all programs that fulfill the federal trust and treaty obligations. Indian Country requests your leadership to protect the lives of Native people. We stand ready to support you in taking a stand for Indian Country and Indian Health.

Sincerely,

Affiliated Tribes of Northwest Indians (ATNI)
American Indian Higher Education Consortium (AIHEC)
California Tribal Chairpersons' Association (CTCA)
Great Plains Tribal Chairmen's Association (GPTCA)
Inter Tribal Association of Arizona (ITAA)



National American Indian Housing Council (NAIHC)
National Congress of American Indians (NCAI)
National Council of Urban Indian Health (NCUIH)
National Indian Child Welfare Association (NICWA)
National Indian Education Association (NIEA)
National Indian Health Board (NIHB)
National Indigenous Women's Resource Center (NIWRC)
Northwest Portland Area Indian Health Board (NPAIHB)
Self-Governance Communication & Education Tribal Consortium (SGCETC)
United South & Eastern Tribes Sovereign Protection Fund (USET SPF)

CC: Senate Committee on Indian Affairs
Senate Appropriations Committee
House Natural Resources Committee
House Appropriations Committee
Office of Management and Budget