



July 18, 2025

Darcie L. Johnston
Principal Deputy Director
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

RE: Tribal Listening Session on the HHS Reorganization

Dear Ms. Johnston,

On behalf of the National Indian Health Board (NIHB) and the 574+ federally recognized American Indian and Alaska Native (AI/AN) Tribal Nations we represent, we write today to submit written comments related to the U.S. Department of Health and Human Services (HHS) Reorganization and the series of virtual Tribal listening sessions held on July 16 and 17, 2025. Our letter supplements comments provided on Agency-specific programs and funding levels during those listening sessions and our initial letter dated May 12, 2025 to Secretary Kennedy. We urge the HHS to extend the comment period beyond July 18, 2025, to allow Tribal leaders sufficient time to assess and communicate the potential impacts of the proposed changes to their Tribal citizens.

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. Since 1972, NIHB has advised the U.S. Congress, IHS, and other federal agencies under HHS about health disparities and service issues experienced in Indian Country. These disparities are exacerbated by pervasive inaccessibility of health services, chronic underfunding of the Indian health system, and high provider shortages within IHS, Tribal, and urban Indian (I/T/U) clinics and hospitals. As a result, AI/AN communities face higher disease morbidity and mortality rates and lower life expectancy and quality of life.

Initiate Tribal Consultation on the Reorganization

We request HHS immediately initiate Tribal consultation regarding the proposed reorganization. Since HHS announced its reorganization efforts, Tribes and Tribal leaders have been united in our calls for the department to initiate Tribal Consultation.

HHS has a legal obligation to consult with Tribes on government actions or proposed policies that are likely to impact Tribes, such as this reorganization. Federal statute, HHS'

Tribal Consultation Policy,¹ and Executive Order 13175² all detail federal requirements for Tribal consultation and should guide the department's Tribal consultations on this matter.

Meaningful and robust Tribal consultation is essential to ensuring that Tribal Nations maintain access to federal resources and that the federal government upholds its trust and treaty obligations. Tribal consultation provides a critical forum for Tribal leaders to engage in substantive dialogue with HHS, allowing for a thorough discussion of potential impacts on Tribal communities and ensuring that Tribal-serving programs, dedicated set-asides, and key staff are preserved. Without formal Tribal Consultation with Tribal leaders, the HHS reorganization is likely to impede the effectiveness of Tribal programs, devastate Tribal health, and impinge on the government-to-government relationship between the United States and Tribes.

Uphold the Federal Trust and Treaty Responsibility

The proposed reorganization must respect the federal government's trust and treaty responsibility. The United States and the Department of Health and Human Services (HHS) have a unique historical, legal, and political relationship with Tribal Nations, established through and confirmed by the Constitution, federal law, federal 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 AI/ANs.

The United States' provision of AI/AN health programs and healthcare services is based on political status and the federal trust relationship. As such, our healthcare programs and services must not be interrupted or reduced; the public safety of our people depends on them. We appreciate HHS' recent recognition of our political status in the February 25, 2025, [HHS Advisory Opinion 25-01](#), which acknowledges 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. The same holds true for proposed reorganization which must not impede the department's obligation to provide public health programs and healthcare services to Tribes.

¹ U.S. Department of Health and Human Services. (2010). *U.S. Department of Health and Human Services Tribal consultation policy*. Retrieved from:

<https://www.hhs.gov/sites/default/files/iea/tribal/tribalconsultation/hhs-consultation-policy.pdf>

² Exec. Order No. 13175, 65 F.R. 218 (2000). <https://www.govinfo.gov/content/pkg/FR-2000-11-09/pdf/00-29003.pdf>. Federal agencies have a legal obligation to consult with Tribal Nations on government actions or proposed policies that are likely to impact Tribes. Requirements for Tribal Consultation are detailed in several Executive Orders and in statute.

Expand Self-Governance Opportunities Across HHS

During the reorganization, HHS should work collaboratively with Tribes to expand self-determination and self-governance opportunities across HHS operating divisions. Five decades of Tribal self-determination and self-governance policy have demonstrated that empowering Tribes is the best policy to improve programmatic efficiency and achieving meaningful health outcomes.

Tribal leaders have long requested HHS to work with Tribes to develop a proposal for expanding self-governance at the HHS outside of the Indian Health Service (IHS). However, we have seen limited progress with previous HHS leadership on this matter. The proposed reorganization presents an opportunity to work collaboratively with Tribes to develop policy solutions and proposals to Congress that would expand self-governance opportunities across all HHS operating divisions. We know that self-governance can break down funding barriers, improve program efficiency and functionality, and provide much-needed relief to Tribes from bureaucratic grant management. We recommend the Secretary utilize existing authorities to expand flexibility now to limit the burdens of funding access, reporting, and use of funds for Tribal Nations. Further, we encourage the Department to work in partnership on larger efforts to legislatively expand authority for Tribal self-governance within the agencies to further improve efficiency for HHS programs and Tribal Nations.

Preserve Tribal Funding

All federal dollars used to support Tribes and Tribal-serving programs are part of the United State's obligation to uphold its trust and treaty responsibilities to Tribal Nations. When federal funding is cut or withheld from Tribes, we lose funding for our local programming, preventing Tribes from serving their Tribal citizens. Any proposed reduction in funding is a direct violation of the federal government's trust and treaty obligations to Tribes.

Although current pauses and eliminations in federal payments may appear to have a fiscal impact on the federal government, they represent essential lifelines in Indian Country for addressing chronic health conditions that disproportionately impact Tribal communities. These delayed payments must be released immediately to enable Tribes and Tribal-serving programs to meet the needs of their citizens and communities.

At a minimum, federal funding for Tribes and Tribal serving programs must be maintained at FY25 funding levels across all HHS agencies and programs that carry out trust and treaty responsibilities. To the extent that any HHS programs are eliminated or relocated under the ongoing reorganization, HHS must preserve existing funding levels for Tribes, Tribal organizations, and urban Indian organizations. These resources must continue to be distributed through trusted and effective funding mechanisms such as ISDEAA contracts and compacts, dedicated Tribal set-asides, and non-competitive grant

opportunities. To promote efficiency, HHS divisions should also expand opportunities for self-determination by streamlining the delivery of funds to Tribal communities. This includes increasing the flexibility and accessibility of funding pathways that align with Tribal sovereignty and decision-making authority of Tribal governments. HHS must consult with Tribes on the best methods for funds to reach Tribal programs.

To ensure transparency and accountability during the HHS reorganization, we request that HHS provide a detailed crosswalk outlining the funding streams, programs, and services that will be impacted. This crosswalk can help to serve as an analysis to which funding streams will impact Tribal Nations and urban Indian organizations (UIOs) prior to finalizing any restructuring decisions. This analysis should clearly outline how proposed changes will affect Tribes and Tribal-serving programs and funding mechanisms.

Ensure HHS Retains Tribal Advisory Committees

We are concerned that the consolidation of multiple HHS divisions may result in the removal of Tribal Advisory Committees (TACs). TACs are a vital component of the government-to-government relationship and support a robust system for policy input and feedback as HHS agencies develop public health and healthcare initiatives. For example, the Substance Abuse and Mental Health Services (SAMHSA) Tribal Technical Advisory Committee has developed best practices to increase engagement with Tribes, which contributed to the extension of the Tribal Opioid Response funding from 2 years to 5 years.

To ensure the continued role of TACs during the reorganization, we respectfully request clarification on the future of the TACs within the Center for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR), SAMHSA, Health Resources and Services Administration (HRSA), the Office of the Assistant Secretary for Health (OASH) Center for Indigenous Innovation and Health Equity (CIIHE) TAC, and the Secretary's Tribal Advisory Committee (STAC). We also recommend the creation of a TAC under AHA to support the government-to-government relationship of the new Agency. To address the impacts of HHS consolidation, we request HHS consult with Tribes on changes to TACs under the new agency. Further, advice from the STAC's Tribal leaders and technical assistants can support planning for possible changes, in coordination with the Secretary, Senior Advisor, and respective Tribal Affairs Offices.

Ensure all HHS Operating Divisions Retain Tribal Affairs Offices

We request that HHS preserve its Tribal affairs offices across all operating divisions. Tribal affairs offices across various HHS operating divisions play a vital role in fulfilling the federal government's trust responsibility, serving as liaisons between HHS leadership, Tribal-serving programs, and Tribal leaders as policies and programs are developed and

implemented. These offices also serve as essential bridges between Tribal Nations and HHS, helping to facilitate the government-to-government relationship by facilitating Tribal consultation and Tribal outreach. Additionally, to ensure Tribal issues continue to be prioritized and addressed effectively, HHS must embed Tribal Affairs offices within the leadership structures of each operating division, agency, and bureau. This reorganization provides a prime opportunity for the CDC Office of Tribal Affairs and Strategic Alliances into the Office of the Director. This placement guarantees that Tribal issues are elevated to the highest levels of decision-making and integrated into agency priorities from the top down.

Fill the IHS Director Position and Elevate the IHS Director Position

We respectfully request that the IHS Director position be filled without further delay, as this leadership role is essential to any meaningful discussion and movement on the HHS reorganization. To further strengthen the federal government's trust and treaty obligations to Tribal Nations, we also urge that the IHS Director position be elevated to the level of Assistant Secretary. Elevating this role would enhance interagency coordination and provide greater visibility and accountability for Indian health priorities across the federal government.

Continue to Exempt IHS Administrative Staff from the Reorganization

HHS should continue to exempt the IHS from the proposed reorganization, including exempting IHS administrative support staff from potential centralization efforts. We want to thank Secretary Kennedy for exempting the IHS from the HHS reorganization and for rescinding the mass termination of IHS employees in February. IHS is an essential actor in fulfilling the United States' legal and trust obligation to provide health care to AI/AN people and preserving the structure of IHS is critical to realizing that. We request that IHS administrative employees, like human resources, communications, information technology, and finance staff, stay within the IHS organizational structure. These roles and responsibilities must not be reorganized or centralized under HHS, as doing so would compromise IHS' capacity to effectively serve Tribal communities.

Protecting the IHS workforce is essential to maintaining IHS operations and raising the health status of AI/AN people to the highest level possible. Because IHS delivers on a mission of both providing direct services and supporting self-governance Tribes, its administrative workforce must maintain a highly specialized skill set while carrying out IHS' mission. Retaining staff who possess both technical expertise and a deep understanding of Tribal health systems is essential to IHS' day-to-day operations and its ability to carry out its trust and treaty obligations effectively. Retaining these administrative staff members remains a priority for us.

Exempt HHS Tribal Support Staff During the Reorganization

HHS must retain programmatic support staff who assist Tribes in implementing healthcare programs. The proposed reorganization of HHS, combined with a considerable reduction in force (RIF) across other HHS operating divisions, threatens key support staff of Tribal-serving programs. While cancelling these programs and reducing support staff may have a minimal fiscal impact on the federal government, these programs and federal employees are critical to Indian Country.

The effect of the large-scale RIF has left communication gaps between Tribes and federal offices. Tribal-serving programs and key support staff provide transparency and technical assistance, but losses threaten the efficacy of these programs due to delays in communication and misunderstandings with federal agencies. To address the large communication gaps, Tribal Nations must be properly informed, through email or mailing services, about changes to program administration which includes the appropriate points of contact for any HHS office closures or realignments.

As sovereign political entities, Tribes deserve access to dedicated federal personnel who support the operation of local programs. We request RIF exemptions and the preservation of HHS employees within Tribal-serving programs, which includes both Tribal Affairs Offices staff and programmatic staff. These federal staff are vital to delivering legally mandated services to AI/AN populations and are essential extensions of the government-to-government relationship.

Conclusion

We thank HHS for the opportunity to offer written comments as a part of its recent listening sessions soliciting Tribal feedback on the proposed HHS reorganization. The proposed reorganization must not impede the department's obligation to provide health programs and healthcare services to Tribes. To ensure that the federal trust responsibility is not impeded by the HHS reorganization efforts, the HHS must immediately initiate formal Tribal consultation on the proposed reorganization. We look forward to future engagements on the HHS' reorganization.

Sincerely,

A handwritten signature in black ink, appearing to read "Wm Smith". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Chief William "Bill" Smith (*Valdez Tribe*)
Board Chairman
National Indian Health Board