



February 27, 2026

Clayton Fulton  
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5600 Fishers Lane  
Rockville, MD 20857

## **Re: IHS Strategic Realignment**

Mr. Fulton,

On behalf of the National Indian Health Board and the 575+ federally recognized American Indian and Alaska Native (AI/AN) Tribal Nations we serve, I write today to submit comments regarding the proposed realignment of the Indian Health Service (IHS). The proposed realignment of the IHS represents a unique opportunity to strengthen the agency for better direct care service delivery and increased capacity to assist Tribal Nations that wish to exercise their inherent right to assume delivery of their health care systems. However, as the IHS moves forward with reshaping the agency into a modernized health system, each step must be carefully measured, and each decision should be driven by broader consensus among Tribal Nations. Meaningful progress will require the IHS to clarify the goals of this restructuring, outline how the proposed changes will drive health outcomes, and demonstrate to Tribal leaders that the realignment will fully equip the agency for its future.

### **Further Clarity is Essential**

At this phase of the realignment, one of the greatest challenges the NIHB sees is the lack of clarity regarding the central purpose of the realignment. Throughout this round of consultations, Tribal leaders have repeatedly expressed uncertainty and confusion about how the proposed changes strengthen the agency. Tribal leaders clearly understand the need to modernize the agency so it can effectively balance its role as both a direct health care provider and a funder of Tribal health systems. However, what remains unclear is how the specific elements of the realignment will drive measurable improvements in health outcomes or increase access to care. The agency must focus on quality, accountability, and patient outcomes and clearly articulate how each proposed structural change helps move Indian Country closer to these goals. Tribes must understand what is changing, why, and how those changes will improve outcomes.

Tribal leaders continue to raise concerns about the shifting roles of Headquarters and Area Offices. While the proposal and creation of may offer long-awaited improvements for direct service Tribes, the proposal also establishes numerous new offices within Headquarters without clearly defining their functions, particularly whether engagement activities such as negotiations will be centralized. Because the roles and objectives of both Headquarters and Area Offices remain unclear, Tribal Nations and NIHB cannot fully assess the potential benefits or risks of the new structure. There is also a lack of clarity regarding how Tribes will engage with the IHS after the realignment is implemented. Overlapping office descriptions and a perceived lack of transparency have left Tribal leaders fearful they will lose the institutional knowledge, expertise,



and long-standing relationships necessary to address the unique challenges facing Indian Country. In NIHB's conversations, Tribal leaders expressed an overall fear that, on the other side of the realignment, they will have fewer or less clear pathways to meaningful engagement, less access to subject-matter expertise, and greater distance between decision-makers and the communities they serve.

The agency must provide substantive clarification to assure Tribal leaders of these concerns. Again, these clarifications should flow back to what we believe is the central purpose of this realignment: improved health outcomes for our people. These assurances cannot be theoretical. The IHS must clearly demonstrate how this realignment either strengthens Tribal self-determination or the direct delivery of care. These clarifications must be directly measurable, with a clear explanation of how each change, new office, or position will lead to improvements in direct patient care, the exercise of self-governance authority, and better health outcomes for all IHS and Tribal patients.

### **Consensus Must Guide the Path Forward**

It is clear that aspects of the proposed realignment reflect the vision that Tribal leaders have long communicated to the IHS. With the aspects that Tribal Nations and IHS do not yet have broad agreement on, we urge IHS to pause and regroup to allow for additional engagement to build consensus among Tribes. The conclusion of this round of Tribal consultation provides the IHS with a natural opportunity to assess the feedback gathered and then use that as a springboard to build consensus on the proposed realignment. To build that consensus, the IHS must make clear the feedback it received and how the agency incorporated that feedback into the proposed realignment. We highly encourage the IHS to release a post-consultation report. If Tribes can see a clear path of how the agency is incorporating Tribal comments, it may help ease concerns Tribal leaders expressed during consultation. If the agency can show a continued dialogue and a full-hearted consideration of Tribal comments, it may help assure Tribal leaders that the agency has their best interests at heart and views this realignment consultation as a collaborative endeavor that honors the Nation-to-Nation relationship.

### **Conclusion**

If implemented in partnership with Tribes, the proposed realignment can equip the IHS for its future as a direct care provider and as an entity built to assist Tribes as they exercise self-governance authority. This realignment will only succeed if Tribes understand precisely how each change within the proposed realignment will improve health outcomes by either increasing access to direct care or improving the exercise of a Tribes inherent self-governance authority. The NIHB supports a streamlined, accountable system that delivers quality care and improves outcomes for Tribal Nations and communities. However, success depends on transparency, clarity, and sustained, meaningful partnership with Tribal Nations. We look forward to continued dialogue grounded in trust, transparency, and mutual respect.

Yours in Health,



Chief William "Bill" Smith, *Valdez Native Tribe*  
Chairman  
The National Indian Health Board