

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

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Clayton Fulton, JD, MBA
Chief of Staff and Serving as the Acting Director
U.S. Department of Health and Human Services Indian
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5600 Fishers Lane
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P. Benjamin Smith, MBA
Deputy Director
U.S. Department of Health and Human Services
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

Re: IHS Proposed Realignment

Dear Chief of Staff Fulton and Deputy Director Smith:

On behalf of the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC), I write to follow up to our comment letter of August 28, 2025, and the Agency's December 5, 2025, Dear Tribal Leader Letter (DTLL) requesting input from Tribes on the IHS proposed realignment and consultation sessions.

While we understand the Agency's desire for change under the current environment of Self-Determination and Self-Governance—and the need to more effectively manage its internal health operations—we do not believe there is sufficient information or an understanding by Tribes to move forward with the realignment on such an aggressive timeline. We recognize that the IHS has been at this for a while and that agency leadership has explained IHS shared information over the last year and specifically in June 2025 when it began Tribal consultation on realignment. However, it was not until the December 5th DTLL that specific details of the IHS realignment began to emerge. Tribes had very little time to review this information and prepare for the rigorous Tribal consultation schedule. The Tribal consultations were scheduled so quickly following the DTLL and so close to the holidays that many Tribes did not participate in the consultations because of scheduling conflicts or travel issues.

At every Tribal consultation session IHS heard Tribes explain the lack of detailed information and timing of the proposed realignment was not adequate and that the IHS timeline to implement realignment was unreasonable. We are also concerned that the lack of sufficient focus on Self-Governance and Self-Determination contracting and compacting, especially when approximately 65% of the agency's budget is transferred to Tribes and Tribal organizations requires more thoughtful deliberation with Tribes and significant changes to the plan. Tribes were disappointed that Self-Governance and Self-Determination was not established as a distinct Division on equal footing with IHS direct patient care operations, and that the Area Offices must be more than just Tribal relations offices with real authority to support compacting and contracting Tribes.

IHS has explained that the realignment will not result in a reduction in workforce, however a significant structural change of this type will inevitably consolidate and reduce positions as the Agency realigns essential functions and elects not to fill vacancies (like many of the unfilled positions now). Tribes are extremely concerned about this type of consolidation and resulting savings that must be transferred to Tribes for health care operations as required under ISDEAA, not retained by IHS for agency administrative needs. We request that IHS be clear about any reductions in the Area residuals—if these positions will no longer

be performing essential functions on full time and permanent basis for Area Tribes, then the portion of this savings should be distributed to Area Tribes. Tribes are concerned about the lack of financial transparency and accountability regarding the realignment.

TSGAC appreciates the IHS for extending the consultation deadline by a few weeks; however, in light of these circumstances and the significant importance of this consultation, the TSGAC respectfully requests that the IHS extend the Tribal consultation period on its proposed realignment by at least six months. This approach will support IHS and Tribes in reaching a clearer understanding of the proposed realignment, allow for the development of a more practical implementation timeline, and, most importantly, give IHS additional time to carefully review and respond to Tribal feedback received through the comment process—ensuring that concerns are thoughtfully addressed rather than constrained by the current expedited schedule.

I also extend an invitation to IHS leadership to discuss the realignment and related issues at the upcoming April 2026 Self-Governance Conference.

In closing, I reiterate that about 65% of the IHS budget is managed through Indian Self-Determination and Education Assistance Act (ISDEAA) agreements and that nearly 400 Tribes in the United States administer ISDEAA agreements. This significant shift is a key reason cited by IHS leadership for its realignment—to respond to its evolving federal responsibilities and staffing needs. To do this effectively and appropriately, Tribes need more time to understand these issues and must be included in the development of the IHS proposals.

Should you have any questions or wish to discuss my letter further, please do not hesitate to contact me at (508) 272-5160; or via email: chris.anoatubby@chickasaw.net.

Sincerely,



Chris Anoatubby
Lieutenant Governor, Chickasaw Nation,
and Chairman, IHS TSGAC

cc: Mark Cruz, Senior Advisor to HHS Secretary
Devin Delrow, Acting HHS Principal Advisor for Indian Affairs
Rena Macy, Acting Director, Office of Indian Self-Determination, and Self-Governance
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