

United States Senate

COMMITTEE ON INDIAN AFFAIRS

WASHINGTON, DC 20510-6450

AMBER EBARB, MAJORITY STAFF DIRECTOR
JENNIFER ROMERO, MINORITY STAFF DIRECTOR

May 9, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Kennedy:

We write to express concern regarding your March 27 announcement outlining reductions in force (RIFs) and Reorganization plans for the U.S. Department of Health and Human Services (HHS). The restructuring of HHS, including job cuts and consolidating agencies, will result in significant changes and further harm programs serving Tribes and Native communities. We urge you to convene consultations and seek meaningful input from American Indians, Alaska Natives, and the Native Hawaiian Community on impacts from HHS RIFs and Reorganization efforts across HHS, including all Tribal and Native Hawaiian-serving programs.

The work that HHS provides in fulfilling the trust responsibility to American Indians and Alaska Natives goes well beyond the programs at the Indian Health Service (IHS). HHS' trust responsibility to the Native Hawaiian Community likewise goes beyond the Native Hawaiian Health Care Systems Program at the Health Resources & Services Administration (HRSA).¹ For decades, HHS has administered programs that provide essential support to Native communities, including programs within the Administration for Children and Families (ACF), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and other agencies. As you know, the programs administered by these federal agencies support the federal government's commitment to provide health care services to Native people grounded in treaties, statutes, executive orders, other federal laws, and agreements.² The termination of staff responsible for managing these programs threatens the health, safety, and well-being of Native communities across the country.

Specific concerns regarding impacts of HHS RIFs and Reorganization that have been brought to our attention include:

¹ Pub. L. No. 100-579, 102 Stat. 2916 (1988) (codified as amended at 42 U.S.C. § 11701 et seq.).

² President Richard Nixon, Special Message on Indian Affairs, H.R. Doc. No. 91-363, at 2 (1970).

- **Closure of Regional Offices at the Administration for Children and Families:** The closure of ACF regional offices in Regions 1, 2, 5, 9, and 10 has directly affected an estimated 458 Tribes in 13 states – approximately 80 percent of all federally recognized Tribes. Many Tribes rely heavily on regional staff for technical assistance with complex federal grant programs, including Head Start, Child Care Development Funds, Low Income Home Energy Assistance Grants (LIHEAP), and Family Violence Prevention and Services Grants (FVPSA). The elimination of these offices without transition planning has left Tribal programs without points of contact, guidance and access technical assistance, or a means to build internal capacity.
- **Termination of CDC’s Healthy Tribes Program:** The termination of CDC’s Healthy Tribes program has eliminated crucial public health initiatives in Indian Country, including Good Health and Wellness in Indian Country, Tribal Practices for Wellness in Indian Country, and support for Tribal Epidemiology Centers. These chronic disease prevention programs address health disparities in Tribal populations through culturally appropriate interventions to improve health care delivery and access.
- **Staff Reductions at the Substance Abuse and Mental Health Services Administration:** SAMHSA staff reductions have impacted critical mental health and substance abuse programs in Tribal communities, including the Circles of Care program and potentially the Native Connections program, at a time when these services are desperately needed.
- **Termination of Key Agencies Serving Native Communities:** SAMHSA, ACF, HRSA, the Administration for Community Living (ACL), the National Institute of Health (NIH), and other HHS agencies improve health care for Native communities, yet these agencies are being considered for termination (or have already faced devastating staff reductions).
- **Staff Support for Tribal Advisory Councils (TACs):** While the impact of RIFs and Reorganization Plans on key TACs at ACF, CDC, SAMHSA, HRSA, and other agencies is unclear, there are growing concerns that TACs will be weakened as they require staff in Tribal HHS offices in D.C. in order to fulfill their missions.

Staffing reductions were implemented without proper consultation in accordance with the Department’s own Tribal consultation policy and the Native Hawaiian Health Care Improvement Act, and we are unaware of any plans to convene consultation sessions regarding upcoming RIFs and Reorganization efforts to date. Meaningful consultation with Tribes and the Native Hawaiian Community on any changes to HHS that may impact Native health care – from IHS to HRSA to CDC – is crucial to ensure that health disparities are not further exacerbated.

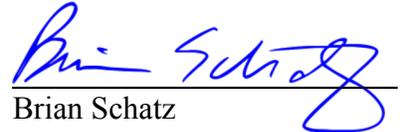
We ask that the same consideration that held the IHS harmless from previous staffing reductions be given to non-IHS programs at HHS that support the well-being of Tribes and the Native Hawaiian Community. HHS must take every precaution to ensure that any administrative changes, including the termination of federal agency employees, do not compromise the ability of Tribes and the Native Hawaiian Community to access health care programs and services. We accordingly urge you to honor the federal trust responsibility by engaging in meaningful consultation and ensuring that the Department’s RIFs and Reorganization efforts do not undermine the critical services and support Native communities' health care needs.

Thank you for your attention to this important matter. We look forward to your response.

Sincerely,



Lisa Murkowski
United States Senator
Chairman, Committee on
Indian Affairs



Brian Schatz
United States Senator
Vice Chairman, Committee
on Indian Affairs