National Indian Health Board

Statement on April 1,2025 by the National Indian Health Board, attributable to Chairman William "Chief Bill" Smith, Valdez Village Native, in part of in whole.

NIHB Calls for Immediate Tribal Consultation on HHS Reorganization

The National Indian Health Board (NIHB) remains concerned about the ongoing reorganization at the U.S. Department of Health and Human Services (HHS) and its impact on Tribal Nations and Tribal programs. NIHB formally requested Tribal Consultation in a letter to the HHS Secretary on April 1, emphasizing the need for transparency and accountability. Tribal Consultation is required whenever federal actions and policy have Tribal implications and it is the official policy of HHS.

The consequences of failing to engage with Tribal Nations are already being felt in Indian Country:

- Approximately \$6 million in grants from various HHS agencies have been cancelled, funds that were intended to:
 - Support substance use disorder treatment in Tribal communities.
 - Strengthen public health infrastructure in Indian Country.
 - Advance research dedicated to improving Native health outcomes.
- Key Tribal-serving staff and programs have been eliminated as part of the restructuring, including:
 - The CDC's Healthy Tribes program, which works directly with Tribal communities to promote health and wellness.
 - The Office of the Assistant Secretary for Health's (OASH) Center for Indigenous Innovation and Health Equity, which addresses persistent health disparities in Native populations.

The Substance Abuse and Mental Health Services Administration's (SAMHSA)
Center for Mental Health Services, which administers critical programs like
Circles of Care, designed to strengthen mental health care infrastructure in
Tribal communities.

Tribal Nations agree that HHS would benefit from increasing efficiencies for our programs, but the federal government has a trust and treaty obligation to uphold the health and well-being of Tribal Nations. The decision to move forward with this reorganization without consulting Tribes impinges both the spirit and the letter of that responsibility.

NIHB calls on Secretary of Health and Human Services Robert F. Kennedy, Jr. to uphold the Department's Tribal Consultation Policy and convene formal Tribal Consultation on these changes in hopes that the consultative relationship between HHS and Tribes can continue throughout this process. The health of Indian Country cannot be an afterthought—it must be a priority. Tribal sovereignty is fundamental, and the federal government must act as a true partner. Meaningful progress requires collaboration that respects the rights, knowledge, and leadership of the Tribal Nations.

