



USET

SOVEREIGNTY PROTECTION FUND

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Transmitted electronically to
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February 10, 2026

Clayton Fulton
Acting Director
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

Dear Acting Director Fulton,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we submit these comments in response to the Indian Health Service's (IHS) request for input on a proposed agency realignment. [USET SPF submitted comments to IHS during the first round of consultation last summer](#). These comments build upon our original recommendations and address concerns that have arisen in the second round of Tribal consultation, including concerns regarding over-centralization of IHS functions at Headquarters, as well as our disappointment in certain aspects of the consultation process itself. USET SPF agrees that there are persistent operational issues affecting delivery of care and administration of services across IHS, but the solutions to these issues must be reflective of and guided by Tribal priorities, uphold federal trust and treaty obligations, and be mutually agreed upon through meaningful Tribal consultation. This will require IHS to share additional, more specific information regarding the realignment plan prior to implementation to ensure that the practical application of these proposals does not inadvertently create unfavorable consequences for Tribal Nations and so that we may provide meaningful feedback. USET SPF hopes that these comments will be useful as IHS refines its realignment plan in this phase of Tribal consultation, and we look forward to additional opportunities to engage with IHS on this important issue.

USET SPF is a non-profit, inter-tribal organization advocating on behalf of thirty-three (33) federally recognized Tribal Nations from the Northeastern Woodlands to the Everglades and across the Gulf of Mexico¹. USET SPF is dedicated to promoting, protecting, and advancing the inherent sovereign rights and authorities of Tribal Nations and in assisting its membership in dealing effectively with public policy issues.

¹ USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chickahominy Indian Tribe (VA), Chickahominy Indian Tribe—Eastern Division (VA), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Monacan Indian Nation (VA), Nansemond Indian Nation (VA), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Rappahannock Tribe (VA), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), Upper Mattaponi Indian Tribe (VA) and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

Concerns with Over-Centralization and Area Office Structure

USET SPF remains concerned with proposals in the realignment plan to change the Area Office structure, including proposals to centralize many functions currently performed by the Area Offices and strip them of decision-making authority. While USET SPF agrees that steps could be taken to improve Area Office performance across the IHS system, current proposals that seem to call for a transition of Area Offices into mere liaising entities and shift ISDEAA negotiations to Headquarters may have unintended consequences on service delivery, technical assistance and the ability to tailor solutions to unique Tribal circumstances. Further, IHS has not provided specific information on how the Area Offices would be structured and staffed, which makes it difficult for Tribal Nations to provide meaningful feedback.

When IHS was asked during the in-person Tribal consultation on January 8, 2026, to explain the functions and delegated authorities that would be performed by Area Directors under the new structure, IHS stated that certain details had not yet been decided but would be explained in a future Federal Register notice. Without properly detailed proposals delineating which functions will be retained at the Area level and which will be centralized at Headquarters, Tribal Nations cannot adequately analyze how these changes might affect us.

USET SPF has consistently advocated for a strong Area Office presence and for services to be administered at the Area level in response to previous proposals to reduce or eliminate IHS presence in our Area. Centralizing or devolving functions away from our Area office has resulted in our Area receiving inadequate services. With this in mind, we worry that, in the absence of a more specific and considered proposal, final realignment decisions may not align with Tribal priorities for the Area Offices and/or reduce the level or types of service we currently receive at the Area level.

The success of the entire IHS system, particularly self-governance contracting and compacting activities, largely hinges on functions and relationships at the Area Offices. Taking all managerial and supervisory responsibilities from the Areas and centralizing them at IHS Headquarters may not achieve the intended effect. IHS states that these changes are intended to increase accountability and standardization amongst the Areas, but it seems unclear how IHS will accomplish these goals if those with decision-making power are far from the communities they serve and the facilities they oversee. If IHS truly wishes to improve accountability and efficiency and maintain a robust nation-to-nation relationship with Tribal Nations, the agency should invest in Area Offices and create processes to ensure responsiveness at the Area level. Tribal Nations have created and maintained strong working relationships with staff at the Area Offices for many years, and suddenly stripping the Areas of all authority will likely have adverse impacts on operations and the trust Tribal Nations have built in the IHS through Area relationships.

USET SPF is also concerned with proposals to restructure the ISDEAA negotiation process at IHS. Thus far, the information provided by IHS on this change is unclear and we fear it may not fully represent the changes that would happen as a result of realignment. A critical function at Area Offices is negotiating and amending ISDEAA contracts and compacts. Agency Lead Negotiators (ALNs) often have strong working relationships with Tribal Nations in their Area which help ensure that local context and priorities are understood and considered through the negotiation process. While IHS continues to state in supporting documents that negotiation activities will remain at the Area level, these statements appear to be somewhat misleading. When taking all the information across the documents together, it seems as though IHS plans to keep the ALNs themselves “in the field” but all oversight and managerial functions will take place at Headquarters. Since IHS has stated that final oversight over agency negotiation activities has always been retained at Headquarters while the day-to-day negotiation functions have been delegated to the Area level, the agency must share additional information on how the proposed changes would be implemented on a practical basis. IHS must provide additional details, including on how ALNs will function and where they will

work, the decision-making and oversight processes, and how Tribal Nations can expect to interact with the new structure. In the absence of detailed proposals explaining how these changes will be practically implemented, we worry that IHS's interpretation and perceived impact of negotiation activities remaining "at the Area level" may be different than Tribal Nations'.

USET SPF strongly encourages IHS to reconsider these proposals and work with Tribal Nations to determine ways to strengthen Area performance across the system instead of broadly centralizing functions and roles. We acknowledge that variations in Area performance contribute to many issues, but relationships and institutional knowledge held at the Area level must not be compromised. Tribal Nations in the Nashville Area enjoy a strong working relationship with our Area staff, and we wish to see all Areas perform at a high level. Rather than centralizing critical functions at Headquarters, IHS should consider actions that would support Area performance, such as creating uniform ISDEAA negotiation guidance like the Bureau of Indian Affairs (BIA) or investing in training and capacity building at the Area level.

IHS Must Meaningfully Solicit and Incorporate Tribal Input in Realignment

USET SPF acknowledges that the IHS must be modernized to make the agency more accountable, efficient, and responsive; but the plan and process for modernization must be developed and implemented in close consultation with Tribal Nations. In the years since the Indian Self-Determination and Education Assistance Act (ISDEAA) was enacted, IHS has shifted from an exclusively direct care service provider to a multifaceted agency providing care through a complex network of federally operated, Tribally operated, and Urban Indian Organization programs and facilities. While the federal obligation to provide robust direct care services remains unchanged, it is also true that the scope of IHS's work in Indian Country has changed over time. This requires the agency to adapt to balance fulfilling its trust and treaty obligations to Tribal Nations with meeting Tribal priorities and the evolving nature of IHS's work in Indian Country. However, these changes must be mutually agreed upon and created in close consultation with Tribal Nations to ensure that our priorities for both direct service and Tribal self-governance are reflected and accounted for in the realignment process.

Unfortunately, USET SPF has identified several concerns with the Tribal consultation process for IHS realignment thus far. Through both rounds of consultation, IHS consistently limited consultation opportunities to a few locations and failed to share proposed plans with Tribal Nations in a timely manner. IHS announced in November that it would hold the second round of consultation in just four physical locations – none of which were planned in the Nashville Area. After pressure from Tribal leaders to add locations and a virtual consultation option, IHS announced on December 5, 2025, that it would add four more in-person consultation options and a virtual consultation. Unfortunately, the Nashville Area was again left out of the consultation schedule, which significantly limits the ability of Area Tribal Nations to provide feedback. USET SPF sent this [letter to IHS sharing our concerns about the lack of consultation opportunities in our Area.](#)

IHS has also failed to share information regarding proposed realignment actions in a timely manner. IHS finally released the first details of the proposed realignment plan as part of the December 5th, 2025, letter – only 10 days before the first in-person consultation. Not only does this violate IHS's own Tribal Consultation Policy – which states that that IHS should provide this information at least 30 days prior to the start of consultation – but it also hampers the ability of Tribal Nations to adequately analyze the potential impact of such actions and provide appropriate feedback. This is particularly concerning given the lack of specific detail in the proposals as well.

Further, USET SPF urges IHS to take the appropriate time needed to analyze and incorporate Tribal Nation input into the final realignment plan. We acknowledge that IHS slightly amended the proposed

implementation timeline in the second round of consultation (from a February/March implementation to a May/June implementation) but we caution against imposing a specific implementation deadline to ensure IHS has enough time to conduct further consultation on the plan's details that have not yet been shared with Indian Country. USET SPF strongly urges IHS to hold a third round of Tribal consultation when more realignment implementation details and logistics have been developed and shared with Tribal Nations. Realignment is a significant undertaking that will shape the IHS for years to come; therefore, the agency should take the appropriate time to consult with Tribal Nations and ensure the final plan is fully guided, understood, and supported by Indian Country.

Realignment Must Not Compromise Direct Services

USET SPF acknowledges and celebrates the increased uptake of Tribal self-governance authorities as a major driver of this consultation process, but we remind IHS that it maintains an obligation to provide quality and robust direct care services to Tribal Nations while fulfilling its obligation to protect, promote, and expand Tribal self-governance authorities. One way in which Tribal Nations exercise our sovereignty is in choosing how we will receive the services that we are due, and the trust obligation requires IHS remain committed to providing and adequately supporting direct services for those that choose this path. USET SPF encourages IHS to provide more specific information in a future round of consultation as to how realignment will strengthen and improve direct care services (e.g., specific actions it will take to improve services and the workforce, the ways it will alleviate the current administrative burden on IHS-operated facilities, etc.).

IHS Advocacy for Full and Mandatory Funding

As USET SPF stated in our [comments during the first round of consultation](#), USET SPF appreciates IHS's focus on improving services through realignment but urges the agency to join Tribal Nations in advocating for full and mandatory funding for IHS as a primary way by which IHS can improve service quality and delivery. The Indian Health System is chronically underfunded, and this lack of resources, paired with other harmful federal policies, has resulted in AI/AN people experiencing the greatest health disparities among all populations in the country. These profound disparities have also resulted in unacceptably high mortality rates for Native peoples. While USET SPF agrees that there are internal improvements at IHS that could be made to enhance service delivery, addressing the root causes of our health disparities and uplifting AI/AN health status will require substantially increased and sustained resources.

A fully funded IHS budget, ideally achieved through mandatory appropriations, is the primary way to see true, meaningful improvement in the Indian Health System. Many of the issues IHS is trying to solve for in this realignment are directly caused or exacerbated by lack of funding. Delays in contract negotiation and execution are often the result of chronic understaffing at IHS – a problem caused largely by lack of resources to recruit and retain professionals at both the Area and Headquarters levels. The same can be said for delays in the Section 105(l) leasing process or delays in negotiating contract support costs (CSC). Increased IHS funding would allow IHS to better recruit and retain professionals, thus mitigating the issues IHS is trying to solve with reorganization and ensuring improved accountability and efficiency.

USET SPF urges IHS to engage actively in advocacy efforts to secure full and mandatory funding for the agency. Chronic underfunding has hindered IHS from effectively fulfilling its part of the federal trust and treaty obligations to provide for AI/AN healthcare, and as a primary entity charged with fulfilling those obligations, IHS has a duty to advocate for the necessary resources.

Conclusion

USET SPF appreciates this opportunity to provide input on this critical matter. Agency realignment is a major undertaking that will shape the IHS for years to come. It is therefore essential for IHS to ensure the realignment plan has been shaped by robust Tribal consultation, is reflective of Tribal priorities, and has been fully vetted for potential impacts to service and program delivery. USET SPF strongly urges IHS to release additional details and conduct further Tribal consultation on how the proposed realignment actions would work on a practical level, particularly how positions would work at the Area level, where decision-making authorities will be held, and how self-governance negotiation activities would change under realignment. USET SPF hopes that together, Tribal Nations, IHS, Congress, and the Administration can develop and implement a realignment strategy, guided by Tribal consultation, that meets the priorities of Indian Country and creates a better system for healthcare delivery. USET SPF stands ready to support IHS in its efforts to create a stronger, more effective and accountable Indian Health System.

Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at LMalerba@usetinc.org or 615-838-5906.

Sincerely,



Kirk Francis
President



Kitcki A. Carroll
Executive Director