

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education
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January 27, 2017

Norris Cochran
Acting Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Rear Admiral Chris Buchanan
Acting Director
Indian Health Service
5600 Fishers Lane
Mail Stop: 08E86
Rockville, MD 20857

RE: Support for Broad Exemption of Indian Health Service from Federal Hiring Freeze

Dear Acting Secretary Cochran and Acting Director Buchanan:

On January 23, 2017, the White House issued a presidential memorandum (Memo) that ordered an immediate freeze on the hiring of all Federal civilian employees, except in certain circumstances. On behalf of the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC), I am writing to state our strong support for an exemption from the hiring freeze for certain staff and contracted positions at the IHS. To provide clarity across the Indian health care system, we request that the Department of Health and Human Services (HHS) release a statement indicating how the Memo will apply to the IHS. Specifically, we seek clarification that the hiring freeze will not apply to positions (filled through direct hiring or under contract) involved in direct delivery of health care services, as well as to positions critical to maintaining accreditation and licensing that permit the delivery of these services.

The Memo provides the secretary of HHS with the authority to exempt from the hiring freeze any positions needed to maintain public health. The Memo indicated that the “head of any executive department or agency may exempt from the hiring freeze any positions that it deems necessary to meet national security or public safety responsibilities.”¹ A White House spokesperson subsequently clarified that the reference to “public safety” in the Memo encompasses “public health.”²

As is the case with the other lead Federal agency that has direct health care service delivery as its primary mission (*i.e.*, the Veterans Health Administration at the Department of Veterans Affairs (VA)), the IHS provides critical, life-saving services—including inpatient, ambulatory, emergency, dental, public health nursing, and preventive health care. In the case of the VA, the acting secretary has stated that the department “intends to exempt anyone it deems necessary for public safety, including frontline caregivers.” We believe that the same rationale also applies to the IHS, if not even more so. As you well know, the IHS serves American Indians and Alaska Natives (AI/ANs) nationwide, including many AI/ANs who are veterans.

¹ “Presidential Memorandum Regarding the Hiring Freeze,” White House Office of the Press Secretary, Jan. 23, 2016, <https://www.whitehouse.gov/the-press-office/2017/01/23/presidential-memorandum-regarding-hiring-freeze>.

² Lisa Rein, “Federal hiring freeze will be waived for VA jobs with ‘public safety’ missions, agency says,” Washington Post (Washington, DC), Jan. 25, 2017.

Among other obstacles, the IHS faces the challenge of oftentimes having to furnish services in extremely remote areas and does not have adequate resources to pay market salaries. These factors make it extremely difficult to recruit and retain health care providers. Imposing a hiring freeze on IHS health care providers and support staff would further strain the already overburdened Indian health care system, potentially leaving many AI/ANs without access to life-saving services.

Imposing a hiring freeze on the IHS is a critical issue even for Tribally-operated health care programs. There are a number of Indian Tribes have taken over from the IHS the responsibility, in full or in part, of managing and providing health care services to Tribal members. Nonetheless, the success of the IHS in the delivery of health care services—and the threat a hiring freeze poses to that mission—is critical to the health of AI/ANs who primarily rely on Tribal health care programs. For example, health care professionals frequently are detailed from the IHS to fill critical positions in Tribal health care programs. The IHS then works to backfill the positions. If the IHS was blocked from filling vacancies, it could not continue to partner with Tribal health care programs in this manner, as it would come at the possible detriment of fulfilling its own mission. Preventing the detailing of IHS personnel to Tribal health care programs as a result of a hiring freeze imposed on the IHS will directly, immediately, and negatively impact the operation of these programs.

Thank you for your attention to this important matter. We hope you will consider our request as soon as possible. The TSGAC appreciates the continuing partnership of IHS and HHS to meet the health care needs of AI/ANs nationwide and remains willing to assist you and your staffs in this endeavor in any way possible. If you have any questions or wish to discuss these comments further, please contact me at (860) 862-6192 or via email at lmalerba@moheganmail.com.

Sincerely,



Marilynn "Lynn" Malerba
Chief, The Mohegan Tribe of Connecticut
Chairwoman, Tribal Self-Governance Advisory Committee

cc: P. Benjamin Smith, Deputy Director Intergovernmental Affairs, IHS
Jennifer Cooper, Acting Director, Office of Tribal Self-Governance, IHS
TSGAC Members