

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

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August 10, 2018

Mick Mulvaney, Director
Office of Management and Budget
725 17th St., NW
Washington, DC 20503

Alex M. Azar II, Secretary
Office of the Secretary, HHS
200 Independence Avenue, SW
Washington, DC 20201

ADM Brett P. Giroir, M.D.
Office of the Assistant Secretary for Health
U.S. Department of Health and Human
Services
200 Independence Avenue, SW
Room 716G
Washington, DC 20201

VADM Jerome M. Adams, M.D., M.P.H.
Office of the Surgeon General
U.S. Department of Health and Human
Services
200 Independence Ave SW
Humphrey Bldg. Suite 701H
Washington, DC 20201

RE: Delivering Government Solutions in the 21st Century, Reform Plan and Reorganization Recommendations

Dear Director Mulvaney, Secretary Azar, ADM Giroir, and VADM Adams:

On behalf of the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC), I write to inform of our full support for the U.S. Public Health Service Commissioned Corps (Corps) and to bring your attention to the impact of the reduction of the Corps as outlined in the Delivering Government Solutions in the 21st Century, Reform Plan and Reorganization Recommendations on the Indian healthcare delivery system throughout the United States. The TSGAC represents over 360 federally-recognized Tribal governments participating in Self-Governance, and advises the Director of IHS on health policy and other matters affecting Tribes.

The Indian healthcare system relies heavily on Corps officers for the delivery of healthcare to American Indian/Alaska Natives (AI/AN) throughout Indian Country. The reform plan states “Transform the U.S. Public Health Service Commissioned Corps into a leaner and more efficient organization that is better prepared to respond to public health emergencies and provide vital health services, including by reducing the size of the Corps and building up a Reserve Corps for response in public health emergencies.”

The Fiscal Year 2019 Budget raised questions about the value of having Corps officers in roles that civilians can fill, given they are more expensive than equivalent civilians. Only a small percentage of Corps officers deploy for public health emergencies, and many officers encumber positions that could be filled by civilians. In addition, a 1996 Government Accountability Office

(GAO) Report raised questions about the need for Corps officers in positions that did not provide direct health services. The TSGAC understands the questions raised, however, we want to ensure that you understand the Corps officers provide a valuable resource as direct service providers within the Indian healthcare system.

Even though Corps officers may be more expensive, there is much more latitude in the assignment of such officers which outweighs the additional cost. Civilian employees cannot be assigned to different rural locations in hard to fill positions as the Corps officers. These officers fulfill an incredible need at IHS and Tribal facilities, with the ability to be quickly assigned to rural and remote health facilities to address critical staffing needs that must be sustained to maintain quality health services. A consistent number of Corps personnel serving as a portion of the Indian health system workforce has a stabilizing effect by balancing the frequent civilian vacancies that occur in remote healthcare facilities. The additional cost of recruiting, hiring and training to fill a civilian vacancy multiple times actually makes the use of the Corps a much more affordable option for certain locales and positions.

The proposal as outlined would reduce the Corps force from approximately 6,500 officers to no more than 4,000 officers, and create a Reserve Corps that can provide additional surge capacity during public health emergencies.

The TSGAC supports the proposal that would require that Corps officers initially work in a hard-to-fill area and continue to serve there, or deploy as needed in a public health emergency. In fact, the TSGAC recommends that all calls to active duty for the Corps go to the Indian healthcare system to fill vacant direct care positions to the most vulnerable populations.

We appreciate your continued support of Corps officers to the Indian healthcare system and consideration of this request. If you have any questions or would like to discuss these comments in further detail, please contact me at lmalerba@moheganmail.com. Thank you.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe of Connecticut
Chairwoman, IHS TSGAC

cc: Jennifer Cooper, Director, Office of Tribal Self-Governance, IHS
TSGAC Members and Technical Workgroup
Chester Antone, Legislative Council, Tohono O'odham Nation and Chairman, HHS
Secretary's Tribal Advisory Committee (STAC)