



USET

SOVEREIGNTY PROTECTION FUND

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December 20, 2024

Roselyn Tso
Director
Indian Health Service
5600 Fishers Lane, Mail Stop: 08E86
Rockville, MD 20857

Dear Director Tso,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we write today to express our concerns regarding a comment made during an Indian Health Service (IHS) update provided to the IHS Tribal Self-Governance Advisory Committee (TSGAC) on December 16, 2024 concerning the IHS Reorganization Plan. During this update, it was suggested that the IHS is considering a reduction in the number of IHS Area Offices. While we appreciate the transparency in sharing updates on agency reforms, USET SPF is deeply concerned about the potential negative impacts such change would have on Tribal Nations in the Nashville Area.

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.

The IHS Nashville Area Office (NAO) is a critical hub of services and resources in our Area. The Nashville Area is one of the largest IHS Areas in terms of geographic span, serving upwards of 35 Tribal Nations across more than 25 states, and the Tribal Nations in the region are vastly diverse in terms of population,

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).

Because there is Strength in Unity

size, rurality, and other factors. An attempt to combine the NAO with another IHS Area would result in a very large and diverse Area that would likely struggle with resource allocation and service delivery.

USET SPF recently communicated concerns to the Bureau of Indian Affairs (BIA) regarding a similar effort for the Eastern Regional Office, where services for our Tribal Nations were shifted to another Region and weren't given adequate attention, resulting in extreme delays in service offerings. We fear that reducing the number of IHS Area Offices could have a similar impact. As the Indian Health System is already underfunded and under-resourced, creating a larger Area with significantly more Tribal Nations to serve would more than likely result in more inefficiencies, service delays and strain on the Area Office staff.

In addition, USET SPF reminds IHS that the Tribal Nations in the Nashville Area are "first contact" Nations, meaning that we first encountered colonizing forces in the 16th century, and have experienced the effects of colonization in ways that may be different from Tribal Nations further west, which has resulted in myriad effects on our Nations. For example, Tribal Nations in the Nashville area are more likely to lack large reservation lands or may have the majority of our citizens residing in urban areas. The Nashville Area Tribal Nations also lack access to an IHS hospital – as there are only two Tribally operated hospitals in the entire Nashville Area – leaving almost all of the citizens in our Area reliant on non-Tribal emergency and/or specialty services as their only option. These differences in experience result in the Nashville Area occasionally having differing priorities or positions on healthcare issues as compared to other Areas. USET SPF fears that if the Nashville Area is consolidated into another IHS Area our priorities and positions may be incompatible at times, potentially resulting in the Nashville Area's priorities being given less weight in national discussions.

USET SPF reminds IHS that a change as significant as consolidating the Areas within the IHS system must not be done without proper Tribal consultation. While this letter is in response to a verbal comment and not to a documented effort by IHS, USET SPF is concerned with even the suggestion of such a significant change with the potential for wide-reaching effects is even being considered by IHS leadership. USET SPF welcomes opportunities to discuss Area deficiencies and how services and resources may be improved, but we caution against any reflex to reconfigure the current Area system in an attempt to address issues that likely wouldn't exist if the IHS were fully funded and resourced.

USET SPF appreciates this opportunity to express these concerns, and we hope that our comments might inform any future discussions regarding reorganization of the IHS Areas. Should you have questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at Lmalerba@usetinc.org or 615-838-5905.

Sincerely,



Kirk Francis
President



Kitcki A. Carroll
Executive Director