



ENCLOSURE

The following provides our responses to your eight questions regarding medical care services at the GIMC during the spring and summer months of 2025.

1. When did GIMC begin scaling back ultrasound services, general surgery, labor and delivery care, and other medical services? Please be specific.

The following services were reduced on the dates indicated: *(See the responses to questions #5 and 6 for current status.)*

- Ultrasound Services: Effective June 30, 2025, staff call-back coverage was unavailable Monday through Friday, from 5:30 p.m. through 7:00 a.m. Daytime and weekend coverage remained available.
- General Surgery: Effective July 7, 2025, services were limited to emergency and trauma cases. Elective procedures and referrals were temporarily suspended.
- Labor and Delivery Care: Effective July 10, 2025, services were limited to prenatal care and active labor only; inductions and trials of labor after cesarean (TOLAC) were not performed.
- Medical-Surgical Units: Effective July 1, 2025, inpatient bed capacity was reduced from 38 beds to 20 beds due to insufficient nursing support.

2. Prior to GIMC's recent reductions in service, how many open positions did GIMC have in affected departments? Please include a breakdown by department, if possible.

- Ultrasound: All authorized permanent positions are vacant (2/2); coverage maintained through contract staff.
- General Surgery: (7) total positions; (5) vacant. Vacant positions were staffed by contractors.
- Labor and Delivery: (6) total OB/GYN provider positions; (3) vacant.
- Medical-Surgical Units: (43) nursing positions; (31) vacant. Eighteen (18) contract nurses provided supplemental coverage.

3. After GIMC's recent reductions in service, how many open positions did GIMC have in affected departments? Please include a breakdown by department, if possible.

- Ultrasound: 2 vacant positions remain staffed by contract providers.
- General Surgery: 5 vacant positions remain staffed by contract providers.
- Labor and Delivery: 3 vacant positions; no current OB/GYN contract providers available.
- Medical-Surgical Units: 31 vacant positions; contract nurses are being onboarded to restore capacity. However, delays in contracted staffing companies identifying qualified candidates and completing required background checks have slowed the process, resulting in continued reductions in staffed patient beds.

4. Please identify any efforts IHS is taking to address longstanding staffing shortages in affected departments.

GIMC currently has 1,562 permanent full-time positions with 591 **vacant positions** across all units. Many clinical roles have been unfilled for extended periods, requiring reliance on contract staffing services to maintain continuity of care and patient safety.

To improve recruitment and reduce vacancy rates, the IHS is implementing several strategies, including:

- Employing dedicated recruitment professionals to attend national medical and professional conferences;
- Advertising critical vacancies in professional journals and online platforms;
- Enhancing special pay rates and retention incentives for health care professionals;
- Implementing flexible work schedules;
- Expanding school loan repayment opportunities;
- Sponsoring Agency-funded site visits for provider candidates; and
- Improving and expanding staff housing near health care facilities (The GIMC currently has no staff quarters).

5. Following the recent reductions in services, has IHS taken any steps to address the scaling back of ultrasound services at GIMC? If not, why not?

- The GIMC has reinstated full ultrasound services, which are now staffed with contract technicians. Full 24/7 coverage was restored on July 23, 2025.

6. Is IHS taking any steps to address the scaling back of general surgery, labor and delivery care, and the reduction in medical-surgical beds at GIMC? If not, why not?

- **General Surgery:** Full coverage was restored August 1, 2025, with (3) part-time contract surgeons supplementing two permanent general surgeons to ensure 24/7 coverage.
- **Labor and Delivery:** With the hiring of additional contract nurses, the Labor and Delivery Unit has resumed labor inductions. Patients requiring trials of labor after cesarean (TOLAC) continue to be referred due to provider shortages.
- **Medical-Surgical Units:** Bed capacity remains limited due to nursing shortages. The Nursing and Clinical divisions have implemented a proactive approach to ensure adequate staffing and continuity of care. New contract requests are initiated at least 6 months in advance, and purchase requisitions for ongoing contracts are processed at least 3 months before the contractor's services are required. As a result, on October 14, 2025, the GIMC increased the number of available staffed beds in the ICU from four to six, and the Medical/Surgical beds increased from twenty to thirty.

7. How does IHS plan to address longstanding and new recruitment and retention challenges at GIMC? Please include any specific actions taken to address staffing challenges impacting ultrasound, surgical, and labor and delivery services.

A. Recruitment and Retention Challenges

Recruiting and retaining health care professionals at rural federal hospitals such as the GIMC has historically presented significant challenges. The federal hiring process is often lengthy, with onboarding for qualified candidates taking several months. This extended timeline reduces the Federal Government's competitiveness compared to private sector organizations that can offer expedited hiring and onboarding. To enhance recruitment and retention, federal hiring systems must be modernized to become more timely, flexible, and responsive to current health care labor market conditions.

The IHS plans to address longstanding and emerging recruitment and retention challenges at GIMC through the largest agency-wide hiring initiative in IHS history. On January 29, the IHS announced an unprecedented hiring effort that represents a major investment in rebuilding and strengthening the IHS workforce. With full support from HHS Secretary Robert F. Kennedy, Jr., the IHS has implemented a comprehensive workforce plan that prioritizes filling positions essential to maintaining core clinical services. Hiring efforts will focus on physicians, nurses, and other critical clinical staff whose availability directly impacts ultrasound, surgical, and labor and delivery services. This initiative is intended to stabilize staffing, reduce service disruptions, and support long-term workforce sustainability.

B. Leadership Restructuring and Accountability

Recognizing these longstanding challenges, the IHS has implemented a leadership restructuring at the GIMC to foster a culture of accountability, transparency, and improved communication. This initiative is enhancing management oversight, responsiveness, and coordination, particularly in departments facing critical staffing shortages, such as ultrasound, surgical, and labor and delivery services.

C. Strategic Alignment with the IHS Vision

In alignment with the IHS Vision adopted by the Gallup Service Unit (GSU) to enhance the lives of Tribal members and build a health system that embraces traditional knowledge and practices, the GIMC leadership has developed a forward-looking strategy centered on modernization, workforce excellence, and sustainable service delivery.

The GSU Executive Leadership Team has outlined a comprehensive long-term vision to strengthen health care delivery and sustainability. Key priorities include the following:

- Construction of a new, state-of-the-art health care facility to meet the growing needs of the community;

- Expansion of specialty and primary care services to improve access and continuity of care;
- Recruitment and retention of highly qualified staff, ensuring the right professionals are placed in the right roles;
- Integration of advanced technologies, including artificial intelligence and enhanced electronic health record systems, to improve efficiency and clinical decision-making.
- Acquisition of state-of-the-art medical and diagnostic equipment to support high-quality patient care;
- Improved patient outcomes through emphasizing wellness, prevention, and community health initiatives;
- Infrastructure enhancements, including the development of a new parking facility to better accommodate patients and staff; and
- Revenue optimization strategies to promote long-term operational and financial sustainability.

Collectively, these initiatives form a comprehensive strategy to address both longstanding and emerging challenges in recruitment and retention, ensuring that the GIMC remains fully equipped to provide high-quality, culturally competent health care to the communities it serves.

8. Are you aware of any other challenges faced by GIMC resulting in impacts to services? If so, please describe.

Among the factors affecting the GIMC's capacity to sustain essential services is the shortage of highly trained and experienced contract specialists, combined with a limited pool of qualified candidates for federal contracting positions. The federal acquisition process requires strict adherence to complex regulatory and procedural requirements, necessitating a highly skilled and adequately staffed contracting workforce to ensure the effective and timely management of procurement activities.

These challenges are particularly acute in rural and remote locations, where the recruitment and retention of qualified contracting personnel can present ongoing and persistent obstacles to achieving quality-of-care objectives. The resulting staffing gaps contribute to delays in securing critical service contracts, which in turn affect the continuity of clinical operations and patient care delivery.