



OCT 16 2000

Dear Tribal Leader:

In 1997 the Indian Health Service (IHS) initiated action to implement the Indian Health Design Team (IHDT) recommendations on redesigning the IHS Headquarters. The purpose of this letter is to continue our communication with you about how IHS Headquarters continues to change to provide the leadership and advocacy to improve the health status of American Indians and Alaska Natives.

The 1997 IHDT final report, "Design for a New IHS," made its recommendations based on thorough consultation with tribal leaders and other Indian health stakeholders including national Indian organizations, the Congress, and IHS employees. Included in these recommendations was a major structural and functional change of the IHS Headquarters offices, which eliminated nine Headquarters offices and created three in their place. That change was accomplished in 1997. I am pleased to share with you some additional changes that I believe strengthen IHS Headquarters in performing the critical functions of advocating for the health of Indian people and promoting the programs that provide that care at the highest levels of government.

Over the past 5 years the role of IHS Headquarters has evolved from one of oversight and training and technical assistance to an enhanced role of advocacy and public health leadership. During this time tribes and IHS staff have raised the awareness of the Congress and the Executive Branch about Indian health issues. Our success in this area highlighted the need for change in the nature of the work performed by the Headquarters staff.

In this light, I want to share with you an important organizational change within the Office of Public Health (OPH), one of three major offices at Headquarters. The reorganized OPH will be structured to meet the growing role for public health leadership in advocating for Indian health. This national role is of critical importance to the health of Indian people everywhere.

In reorganizing the OPH and its programs formerly located at Headquarters-West in Albuquerque, New Mexico, I remain sensitive to tribal concerns about the overall size of Headquarters. First, I assure you that the reorganization continues to be accomplished within the existing resources currently available to the OPH. It does not result in the creation of additional organizational layering but will integrate the overall organization of the OPH to more accurately reflect the complexity of the work now performed by OPH and the national program staff in Albuquerque. Second, continued reorganization of the OPH represents a reduction of about 10 percent in the Office's authorized positions. Third, functions and positions will be consolidated and existing positions within the Office will be upgraded to better reflect organizational responsibilities.

When reorganization is integrated, the OPH will have four offices: Executive Management, Program Support, Clinical and Preventive Services, and Environmental Health and Engineering. The senior executive staff and business office functions will be located in Executive Management. Epidemiology, statistics, medical research, and planning and evaluation programs will be located in Program Support. Behavioral health, clinical and community services, nursing services, dental services, and contract health care and risk management will be located in Clinical and Preventive Services. Environmental Engineering, Environmental Health Services, Facilities Operations, Facilities Planning and Construction and Engineering Services will be located in Environmental Health and Engineering.

The reorganization provides the structure needed to meet the changing role of the OPH and the Agency as we partner with tribes to advocate with the Congress, the Department of Health and Human Services, and other Federal and state agencies. We have learned that in order to operate effectively at the highest levels of government it is extremely important that IHS staff have comparable status with individuals from other Federal agencies if IHS staff are to be accepted as peers. This new structure provides that comparability. My objective in these actions is to strengthen the core functions that support our mission, vision, and goals as well as strengthen our capacity to effectively advocate on behalf of Indian tribes in the national arena.

Page 3 - Tribal Leader

In summary, I believe this reorganization will expand the capacity of the Agency now and in the future to advocate for the health needs of Indian people by increasing the ability of the entire Agency to recruit high quality applicants for senior leadership positions within the OPH, by creating a structure which supports the work performed by the OPH, and enhancing the credibility of IHS staff with their colleagues in other agencies. Ultimately it will result in a stronger more effective total Indian health system.

Sincerely Yours,

/Michael H. Trujillo/

Michael H. Trujillo, M.D., M.P.H., M.S.  
Assistant Surgeon General  
Director