



SEP -7 2007

Dear Tribal Leader:

As the seventh Director of the Indian Health Service (IHS), I have had the honor of working in partnership with American Indian and Alaska Native people to raise their physical, mental, social, and spiritual health to the highest level possible. Since being sworn in as Director on August 6, 2003, I directed the primary Federal agency responsible for carrying out the treaty obligations of the U.S. Government to provide health services for 1.9 million American Indians and Alaska Natives. Leading a complex and comprehensive national Federal health care delivery system with a multi-billion dollar budget and more than 15,000 employees would not have been possible without the support and unity of all Indian health stakeholders - Tribal and Urban Program Leaders, Agency employees, and the Department of Health and Human Services (HHS).

Throughout my career as a dentist, program administrator, executive, and leader, I have been devoted to raising the health status of American Indian and Alaska Native people. Every career decision that I have made has proven to be fulfilling personally and rewarding to my family and me. During the process of seeking renomination for a second term as IHS Director, I have had an opportunity to examine my personal responsibilities and priorities to make sure that they were still supported by my professional goals. As a consequence, I have made a deliberate decision to withdraw my request for renomination. The choice to withdraw from serving a second term as Director was difficult, but continuing in this role would be even more difficult for my family and me.

As I reflect on my service as Director, I am very proud to have had your support in initiating a wide range of positive organizational changes. We have focused the IHS on specific health initiatives to address the goals, needs, and health status trends of American Indian and Alaska Native people: Chronic Diseases, Behavioral Health, and Health Promotion and Disease Prevention. We have also worked intently for passage of the pending reauthorization of the Indian Health Care Improvement Act.

We successfully leveraged opportunities to advocate for improved health status for American Indian and Alaska Native people and to further the Federal Government's continued commitment to Tribal Self-Determination and Self Governance. With extensive Tribal consultation, and HHS and Office of Management and Budget support, we successfully justified increases to IHS budget appropriations even during the current fiscal constraints that reflected the health needs of Tribal stakeholders.

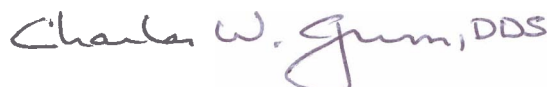
We embraced the President's Management Agenda (PMA), a Government-wide management improvement initiative to ensure greater oversight and accountability for Federal programs. The IHS has made consistent progress in addressing management areas included in the initiative

since the PMA was first introduced. We have responded to an environment of increased Federal accountability by restructuring our approach to performance management agency-wide. In 2005, I activated the IHS Performance Achievement Team to guide the Agency toward a more consistent, efficient, and effective performance management approach. Accountability for performance measures is now a part of the performance appraisal criteria at all organizational levels, which has directly contributed to the IHS earning Exceptional ratings from HHS for overall Agency performance for two consecutive years. The Agency has consistently demonstrated improvement on these targeted performance measures and translated this success into greater opportunities to advocate for improvements to the health status of American Indian and Alaska Native people.

We enhanced our collaboration about Indian issues both within HHS and outside the Government. During my service as the Vice-Chair of the Secretary of Health and Human Services' Intradepartmental Council on Native American Affairs, we expanded Tribal Government access to HHS programs and promoted the Tribal/Federal Government-to-Government relationship on a Department-wide basis. We formalized beneficial health care improvement partnerships between the IHS and renowned entities such as the Mayo Clinic, Harvard University, Johns Hopkins University, and NIKE. We have also established very important partnerships with the Veterans Health Administration and Health Canada, as well as working relationships on indigenous health issues with Australia, New Zealand, Mexico, and the Pan American Health Organization.

Your partnership has anchored our shared accomplishments. As our partnership advanced, the Agency's organizational culture incorporated a more formalized role in the decision making process for Tribal leadership. I am encouraged that the future is promising for the health of American Indian and Alaska Native people. We have accomplished many things together and I have no doubt that the quality of care will continue to improve, the innovations will continue to expand and mature, and that the IHS will continue to be a national, as well as, an international model of comprehensive health service delivery. Thank you for the opportunity to have been an advocate and a leader to further the mission of the IHS.

Sincerely yours,



Charles W. Grim, D.D.S., M.H.S.A.
Assistant Surgeon General
Acting Director

cc: Headquarters Executive Staff
Area IHS Directors