



December 26, 2024

Dear Tribal Leader and Urban Indian Organization Leader:

I am pleased to write to you, along with the Assistant Secretary for Health ADM Rachael M. Levine, MD, to share information about the joint efforts being made by the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH) and the Indian Health Service (IHS) to address the escalating cases of syphilis and congenital syphilis in our Tribal communities.

On August 5, 2024, OASH engaged in Tribal Consultation to discuss the rise in adult syphilis and congenital syphilis cases within American Indian and Alaska Native communities. The discussion focused on how HHS and the newly established National Syphilis and Congenital Syphilis Syndemic Federal Task Force (Task Force) can support Tribal efforts to address these issues in Indian Country.

Based on the feedback provided by Tribal Leaders during the Tribal Consultation, the Task Force has already worked to expand access to syphilis testing and treatment, enhance data collection and heighten surveillance, increase awareness and education among provider groups, and engage communities and health departments. In October 2024, the Indian Health Service (IHS) also announced the allocation of \$12.3 million to 17 Tribal and Urban Indian Organizations across 11 states as part of the Ending the HIV/HCV/Syphilis Epidemics in Indian Country initiative. This funding comes from OASH through the Minority HIV/AIDS Funds.

Recently, the OASH reached out to the Great Plains Area IHS with the desire to support a deployment of Commissioned Corps officers to support local public health efforts on the ground to address syphilis infections. The OASH intends to support the deployment of up to 45 officers starting January 5, 2025, through March 31, 2025. It is the intention of the IHS to utilize the officers deployed in various capacities, including support of outreach initiatives, such as community testing events, and public health nursing that would consist of case tracking and contact tracing. Officers will be located throughout the Great Plains Area, with an emphasis on regions experiencing the highest syphilis case rates.

Although the rise in syphilis cases served as the impetus for this engagement, the IHS and OASH believe the scope of this deployment should be widened more broadly to include other sexually transmitted infections, as well as maternal and prenatal care, as the implications of congenital syphilis infections are longer and less reversible than infections in adults.

We are grateful for the support of HHS and look forward to sharing with you our ongoing activities around reducing the impact of syphilis on our Tribal communities.

Sincerely,

/ Roselyn Tso /

Roselyn Tso
Director

/ Rachel L. Levine, M.D. /

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