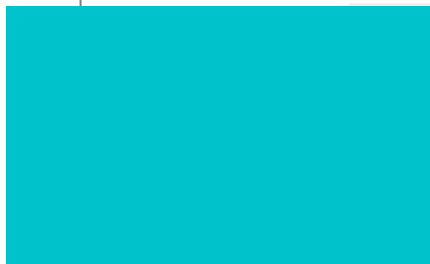
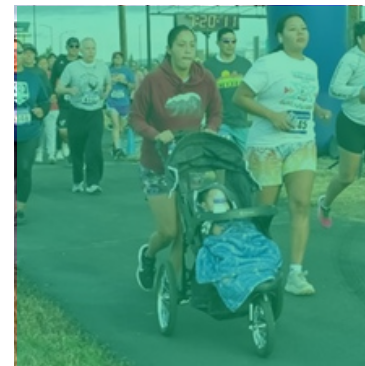
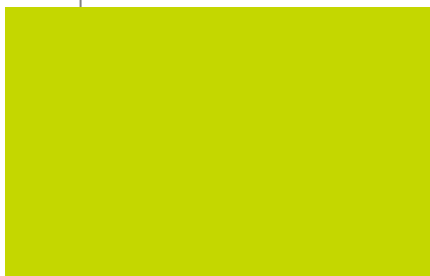


INDIAN HEALTH SERVICE



2025 Accomplishments Report YEAR IN REVIEW



Message from Leadership



In 2025, the Indian Health Service (IHS) marked 70 years of service and partnership with Tribal nations and urban Indian organizations. Since July 1, 1955, when the IHS began with a small network of hospitals, health centers, and health stations, the mission has remained constant: to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

This annual report highlights progress achieved in 2025 through sustained collaboration with Tribes, Tribal organizations, urban Indian organizations, and partners. It reflects the priorities of the U.S. Department of Health and Human Services, and what we heard from the Tribal communities we serve and deliver together: stronger health infrastructure, expanded services, targeted clinical initiatives, and investments in the workforce, coupled with the responsible stewardship required to sustain care for future generations.

As we look ahead, the IHS remains committed to honoring its trust and treaty responsibilities with Tribal nations through accountability, innovation, and partnership. The progress reflected in this report is the result of our shared dedication and resilience, and it reinforces our collective responsibility to strengthen health systems that are responsive to the needs and priorities of Tribal nations and urban Indian communities. Together, we will continue to build on this foundation to ensure high-quality, culturally responsive care for generations to come.

Clayton W. Fulton
Chief of Staff
Indian Health Service



Executive Summary

The Indian Health Service is the nation's 18th largest public health system, serving about 2.8 million American Indian and Alaska Native people from 575 federally recognized Tribes across 37 states. In 2025, IHS delivered care through more than 600 federally and tribally operated facilities and 41 urban Indian organizations, supported by roughly 14,000 employees and strong Tribal and urban Indian partnerships. IHS received advance appropriations in the FY 2025 Full-Year Continuing Appropriations and Extensions Act, providing \$5.2 billion for FY 2026 services and facilities. Under ISDEAA, Tribes administered about 65 percent of the IHS budget. In 2025, systemwide efforts focused on practical improvements, including modernized facilities and supply systems, expanded programs, and clinical pathways that support earlier diagnosis and better outcomes. Key progress in 2025 included:

- Expanded access to care through facility investments, service transitions that protected continuity of care, and new programs that improve coordination for our patients, including Native veterans.
- Improved clinical outcomes through evidence-based initiatives and culturally grounded approaches such as Food Is Medicine, cardiovascular health improvements, and expanded dementia and liver disease support.
- Stronger Tribal self-governance support through compacting and contracting progress, management grants, and continued consultation and dialogue on how the IHS can better support the evolving Indian health system.
- A stronger workforce pipeline through leadership development, clinical and operational training, and safety and quality support.
- Better stewardship and modernization through acquisition and supply-chain improvements and earlier, more proactive infrastructure planning.

We are pleased to share this accomplishments report, which is by no means comprehensive of *all* the agency's accomplishments, but highlights key progress toward goals included in the most recent *IHS Strategic Plan*. In the upcoming year, the IHS will endeavor to deliver the highest quality care to our relatives throughout Indian Country.



The IHS at 70

Built on service, strengthened through partnership

On July 1, 1955, approximately 2,500 health program personnel and a network of facilities transitioned into the newly established Indian Health Service. Seventy years later, approximately 14,000 IHS employees, together with Tribal and urban Indian partners, deliver care across a health system shaped increasingly by Tribal self-determination and innovation. For 2025, a glance at IHS “by the numbers” includes:



New Leadership and Continuity

Strengthening leadership capacity to ensure high-quality services

The year 2025 began with a new administration, and with it came several leadership transitions. Throughout, the IHS remained focused on continuity of services, stable operations, and government-to-government partnership.



Clayton W. Fulton
Chief of Staff

Clayton W. Fulton (Cherokee Nation) joined the IHS as chief of staff to coordinate key agency activities and support agency priorities. In November, HHS Secretary Robert F. Kennedy, Jr. assigned all delegable authorities of the role of IHS director to Fulton while the director position remained vacant. Both the agency and HHS thanked outgoing IHS Acting Director Ben Smith for his service as he returned to his permanent role of IHS deputy director.



Dr. Kim Hartwig
Director of Strategic Initiatives

Dr. Kim Hartwig (Nez Perce Tribe) was appointed director of strategic initiatives to advance substantive program and policy efforts that elevate Tribal health and improve clinical outcomes.



SPOTLIGHT

Secretary Kennedy's Make American Healthy Again Tour Prioritizes Indian Country

From the beginning of his tenure, U.S. Department of Health and Human Services Secretary Robert F. Kennedy, Jr. made clear that his pledge to engage with Indian Country was not a promise, but a practice. In 2025, Secretary Kennedy prioritized direct, consistent, and meaningful collaboration with Indian Country. Through in-person visits, listening sessions, and formal consultations, these efforts reflect a sustained commitment to honoring Tribal sovereignty, strengthening partnerships, and centering Tribal voices in policy and program decisions. The following dates highlight key moments in this ongoing engagement.

February

- Secretary's Tribal Advisory Committee (STAC) Meeting, Washington, DC

April

- Coalition of Large Tribes Meeting, Washington, DC
- Tribal Self-Governance Conference, Chandler, AZ
- Native Health, Mesa, AZ
- Navajo Nation, Window Rock, AZ

June

- Oklahoma City Indian Clinic, Oklahoma City, OK

July

- Tribal Roundtable on Behavioral Health, Boise, ID
- Nez Perce Tribe and Hatchery, Lenore, ID

August

- Alaska Mega Meeting and Alaska Native Medical Center, Anchorage, AK
- Tanana Chiefs Conference, Fairbanks, AK
- Native Village of Tanana, Tanana, AK
- Kenaitze Indian Tribe, Kenai, AK

September

- STAC Meeting at the Wampanoag Tribe of Gay Head, Aquinnah, MA

November

- Native American Connections, Phoenix, AZ
- Salt-River Pima Maricopa Indian Community, Scottsdale, AZ



Alaska Mega Meeting



Nez Perce Tribe



Navajo Nation



OKC Indian Clinic



STAC meeting at the Wampanoag Tribe of Gay Head

Expanding Access to Comprehensive, Culturally Responsive Care

Investing in Modern Care Settings to Meet Community Needs

New Facility Groundbreakings and Grand Openings

In 2025, the IHS marked 14 new facility groundbreakings and grand openings across Indian Country, reflecting continued investment in expanding access to care. Many individuals served by the IHS live in rural areas or reservation communities and face barriers to accessing care, such as limited transportation options or insufficient telehealth connectivity. As a result, proximity to affordable, in-person health care facilities remains critical.

To address these challenges, the IHS has supported the planning, construction, and expansion of health care facilities nationwide, while also commemorating key milestones through groundbreakings and grand opening events. These investments strengthen local health infrastructure, reduce access barriers, and improve health outcomes for Tribal communities.



Small Ambulatory Program (SAP): \$25 Million to Expand Access

Since 2001, SAP has funded more than 91 projects totaling more than \$203 million. In 2025, the IHS awarded \$25 million to eight Tribes and Tribal organizations to construct, expand, or modernize small ambulatory facilities supporting outpatient care where many communities receive most of their services. These projects expand preventive and chronic disease services and strengthen the delivery of culturally responsive care.

Why Ambulatory Care Matters

Ambulatory facilities are often the front door to prevention, early diagnosis, and ongoing chronic disease management, especially for those with diabetes and at high cardiovascular risk. The Indian Health Service provides care to patients from rural, reservation communities, many of whom reside up to hundreds of miles from the nearest comprehensive care hospital. Small ambulatory care facilities are integral to their care. Each newly constructed or improved small ambulatory care facility helps expand access to care for these communities.

Expanding Access to Comprehensive, Culturally Responsive Care, cont.

Supporting Native Veterans

In 2025, IHS established the Office of Indian Veterans Support within the Division of Intergovernmental and External Affairs to strengthen coordination with the Department of Veterans Affairs and advance care for American Indian and Alaska Native veterans. The office leads implementation of the VHA-IHS Memorandum of Understanding, strengthening governance through an activated executive committee and workgroups, advancing performance-driven goals and metrics, addressing GAO recommendations, resolving operational issues such as telehealth coordination, and enabling data sharing through interagency agreements. The office is led by Capt. Carmen “Skip” Clelland, citizen of the Cheyenne and Arapaho Tribes.



Water and Sanitation: Infrastructure that Protects Public Health

The IHS announced FY 2025 allocation decisions totaling \$700 million from the Infrastructure Investment and Jobs Act (IIJA), enabling earlier project planning and stronger execution of critical infrastructure investments. These funds support improvements to drinking water, wastewater, and solid waste systems, which are foundational to public health in Tribal communities. The FY 2025 allocation was projected to deliver sanitation facilities for more than 14,450 households, improving health, safety, and quality of life across Indian Country.

New Sanitation Facilities Construction (SFC) Projects Funded:

- Total new SFC projects: 306
- Funded with FY 2025 IIJA resources: 66
- Funded through FY 2025 annual appropriations: 240



Improving Health Outcomes Through Evidence-Based, Community-Centered Care

Food is Medicine

The IHS is advancing innovative, evidence-based approaches that integrate clinical care with community strengths to improve health outcomes. Nutrition-focused initiatives, grounded in Indigenous knowledge and local food systems, demonstrate how culturally responsive care can address chronic disease, food insecurity, and health equity. The following programs highlight how Food is Medicine strategies are improving patient outcomes while strengthening community partnerships and food sovereignty.

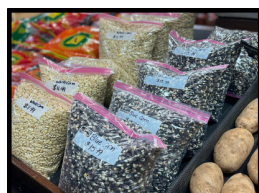
Gallup Indian Medical Center: Food is Medicine for Heart Failure

Gallup Indian Medical Center in New Mexico piloted a medically tailored meal program incorporating traditional Navajo foods and local supply partners. Early results showed reductions in food insecurity and improvements in patient outcomes. Expansion is underway to serve more patients and evaluate longer-term impact and support for local food systems and food sovereignty.



Produce Prescription Pilot Program (P4): Strengthening Indigenous Food Systems

Program grantees shared progress and stories at the Annual Conference on Native American Nutrition, including the release of *P4: Establishing Roots*. The program continues to elevate Tribal interventions that expand access to healthy foods while strengthening Indigenous food priorities.



Did You Know?

The P4 Program was highlighted as a “Bright Spots” story on the HHS *Food Is Medicine* platform, recognizing collaborative approaches to nutrition and community health.



Improving Health Outcomes Through Evidence-Based, Community-Centered Care, cont.

Cardiovascular Care

IHS National Native Hearts Initiative

American Indian and Alaska Native people experience disproportionately high rates of cardiovascular disease and premature death. In 2025, IHS advanced the National Native Hearts Initiative to promote guideline-based care for heart disease, hypertension, heart failure, and atrial fibrillation. Through 14 Native Hearts Pilot Community Development Projects, the initiative supports consistent clinical practices and improved continuity of care, helping federal, Tribal, and urban Indian organization programs reduce cardiovascular morbidity and mortality.

New Pacemaker Clinic

The Chinle Comprehensive Health Care Facility launched a Pacemaker Clinic to close a critical gap in cardiac specialty care in the central Navajo Nation. Patients who once traveled hundreds of miles for device checks every three to six months now receive routine care locally, improving access and continuity. The primary care team partners with an industry pacemaker representative to provide onsite evaluations, cardiology consultation as needed, and patient education. The clinic also supports the Native Hearts Pilot.



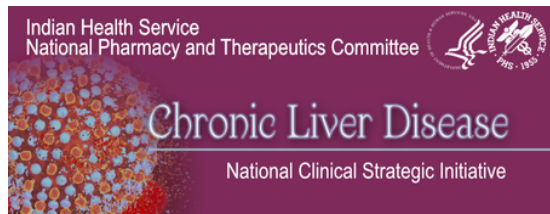
Liver Disease

Hepatitis C Elimination

The IHS is addressing persistent health disparities through targeted, data-driven initiatives focused on early detection, treatment, and prevention. By strengthening clinical pathways, expanding access to testing and treatment, and partnering with Tribal and federal stakeholders, IHS advances comprehensive approaches that improve outcomes across the lifespan. These efforts highlight progress in liver disease and hepatitis C elimination, along with expanded support for dementia care, infectious disease prevention, and community safety.

Hepatitis C Elimination Pilots

The IHS launched the National Chronic Liver Disease Initiative to strengthen prevention, screening, diagnosis, and treatment of liver disease, with the goal of eliminating hepatitis C



in Indian Country. Chronic liver disease is a leading cause of death and a major health disparity for American Indians and Alaska Natives. Recently, Fort Berthold Elbowoods Memorial Health Center became the 18th Hepatitis C Elimination Pilot, expanding the initiative's reach.

Improving Health Outcomes Through Evidence-Based, Community-Centered Care, cont.

Dementia, Infectious Disease, and Community Safety

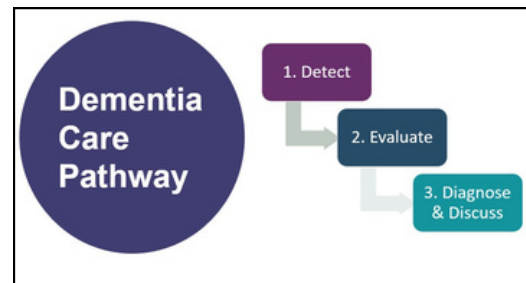
As the IHS continues to expand care and support for patients and families, new investments are strengthening community-based responses to some of the most pressing health challenges facing Tribal and urban Indian communities. The following programs reflect this continued progress.

Dementia Care: \$2 Million Expansion Awards

In September, the IHS awarded additional funding through cooperative agreements to strengthen local capacity for dementia services and support sustainable models of care in Tribal and urban Indian communities. Ten organizations received a combined \$2 million through the 2025 Enhancing Sustainable Models of Dementia Care Program to improve care and support for American Indian and Alaska Native people living with dementia, as well as their caregivers.

Dementia Care Pathway Launched

In September, IHS launched a step-by-step Dementia Care Pathway to support early recognition, evaluation, and care planning in primary care. Developed with IHS, tribal, and urban Indian health providers, the pathway guides care for American Indian and Alaska Native patients and reflects the most current clinical evidence as of June 2025.



Rapid Testing Access for HIV/HCV/Syphilis

In June, the IHS Division of Clinical and Community Services HIV/HCV/STI Branch partnered with the National Supply Service Center to provide free HIV, HCV, and syphilis rapid point-of-care test kits and supplies to IHS, Tribal, and urban Indian facilities. This initiative supports on-site rapid testing, improves timely diagnosis, and strengthens linkage to care for patients.



Support for Survivors: National Indigenous Domestic Violence Hotline

In September, federal partners announced support to expand 24/7, culturally responsive services through the National Indigenous Domestic Violence Hotline (1-844-762-8483), operated by StrongHearts Native Helpline. A projected \$15 million, five-year grant authorized by the Family Violence Prevention and Services Act will support Native survivors of domestic and sexual violence by centering safety, sovereignty, and support, including for those in rural and under-resourced communities.

Supporting Self-Determination and Partnerships

Self-Determination in Health Care Delivery

Tribal self-determination is a core expression of the nation-to-nation relationship between the United States and sovereign Tribal nations and a foundational principle of the Indian health system. By empowering Tribes to design, manage, and deliver health care services that reflect their communities' priorities, cultures, and needs, self-determination strengthens accountability, and improves health outcomes.

Indian Self-Determination and Education Assistance Act

Under ISDEAA, Tribes may assume control of IHS health programs through self-determination contracts (Title I) or self-governance compacts (Title V), enabling care models that reflect Tribal priorities, cultures, and community needs. Title I allows Tribes to propose management of IHS programs, with IHS required to act within 90 days. Title V authorizes negotiated compacts and a final-offer process, with a 45-day approval window. By 2025, more than 65 percent of the IHS budget was administered by Tribes under ISDEAA.

Section 105(/) Leases

Section 105(/) of ISDEAA authorizes Tribes and Tribal organizations to lease facilities to IHS for use in carrying out contracts and compacts. These leases support Tribal self-determination by enabling Tribes to operate and maintain health care facilities that meet community needs, while ensuring IHS pays fair market rental and operating costs. In 2025, IHS continued to strengthen the program through improved coordination, standardized processes, and enhanced technical assistance.

New Transitions into Self-Governance

In 2025, two Tribes, the Tuolumne Band of Me-Wuk Indians and the Spokane Tribe of Indians, and one Tribal organization, the Sonoma County Indian Health Project, transitioned to self-governance under Title V of ISDEAA. They joined 395 Tribal nations compacted with IHS, expanding Tribal authority over health care operations, strengthening local capacity, and supporting the long-term sustainability of services.

Claremore Indian Hospital Transfer

The October 1, 2025 transfer of Claremore Indian Hospital to the Cherokee Nation marked a major ISDEAA milestone, strengthening Tribal leadership in managing complex health systems, enhancing continuity of care, and demonstrating the effectiveness of self-governance in delivering locally driven health solutions.



Secretary Kennedy signs transfer of Claremore Indian Hospital to the Cherokee Nation

Promoting Tribal Self-Governance and Strengthening Partnerships, cont.

Tribal Consultation and Urban Confer: Listening to Improve

Meaningful Tribal consultation and urban confer are essential to honoring the federal trust responsibility and strengthening the nation-to-nation relationship with Tribes, as well as ensuring meaningful engagement with urban Indian organizations. These forums provide critical opportunities for Tribes and urban partners to inform IHS policies, priorities, and resource allocation based on community needs and lived experience. In 2025, IHS hosted 39 Tribal consultations and urban confers, reinforcing its commitment to listening, collaboration, and continuous improvement across the Indian health system.

Ongoing Consultation: IHS Realignment

In 2025, the IHS initiated Tribal consultation and urban confer on a proposed agency realignment designed to better reflect the evolving Indian health system. As the IHS enters its eighth decade, this effort focuses on strengthening agency support of the Tribal nations and urban Indian organizations we serve, improving internal coordination and accountability, and enhancing the delivery of high-quality, culturally responsive care.



What We Did

- Hosted eight in-person and virtual consultation sessions, and one virtual urban confer to maximize participation and accessibility.
- Invited recommendations and feedback on how IHS operations, governance, and support functions can better align with the current landscape of Indian health care delivery at an additional 39 events and engagements throughout Indian Country
- Engaged Tribal leaders and urban Indian organizations in open discussion on opportunities to improve responsiveness, clarity, and partnership.

What We Heard

- The need for clearer roles and responsibilities, more efficient service delivery, and consistent support across IHS Areas.
- Strong expectations for transparency, continuity, and sustained partnership, particularly during periods of organizational change.



Promoting Tribal Self-Governance and Strengthening Partnerships, cont.

Supporting Self-Determination

The IHS continues to invest in Tribal capacity-building to support self-determination and strengthen the effective management of health programs. Through targeted grants, training, and negotiation support, the IHS helps Tribes and Tribal organizations plan, administer, and sustain health services under ISDEAA. The following showcases key tools and resources available to support Tribal leadership and program success.

Tribal Management Grants

In FY 2025, the IHS awarded Tribal Management Grants in two funding rounds to strengthen Tribal administrative, financial, and operational capacity in support of self-determination. IHS awarded more than \$600,000 in the first round announced in March 2025 and more than \$1.4 million in the second round to 13 Tribes and Tribal organizations. These grants help Tribes prepare to assume IHS programs and strengthen health management capacity under ISDEAA Title I and Title V agreements.

Strengthening Negotiations and Implementation

Meaningful and effective ISDEAA negotiations are essential to advancing Tribal self-determination and achieving successful compacting and contracting outcomes. To promote consistency, responsiveness, and fairness for all Tribes, the Indian Health Service invests in preparing its negotiators to engage in well-informed, coordinated, and respectful negotiations. In support of this effort, the IHS delivered Title I and Title V training for Tribal negotiators and implementation teams, fostering consistent policy application, a shared understanding of statutory authorities, and stronger support across the compacting and contracting lifecycle.

In 2025, IHS conducted a series of monthly ISDEAA trainings, comprising 12 in-depth sessions on regulatory requirements, best practices, and operational processes. These sessions were led by more than 20 in-house subject matter experts and were designed to expand ISDEAA awareness and ensure that all activities are carried out in full compliance with applicable laws, regulations, and organizational policies.



Building a Skilled, Resilient Workforce

Developing Leaders and Strengthening the Pipeline

The IHS continues to strengthen its workforce by investing in leadership development, succession planning, and skills-building programs that support high-quality care and long-term organizational resilience. The programs below highlight these efforts.

Executive Development Program (EDP)

In October, the Office of Human Resources concluded the EDP with 28 participants graduating from Cohort 2 following capstone presentations. The year-long program prepares high-potential IHS employees for senior leadership roles by strengthening strategic thinking, executive presence, and organizational leadership skills. Participants completed a comprehensive curriculum focused on strategic decision-making, effective communication, and leading organizational change.

The EDP reflects IHS's commitment to building a strong, resilient workforce and developing the next generation of leaders.



Lead, Engage, and Develop Others (LEAD) Program

In July, participants in the LEAD Program convened at IHS Headquarters in Rockville, Md., for a week-long leadership training course. This annual, hands-on program strengthens skills in team leadership, project management, and effective communication, capabilities essential to individual growth and mission success. The LEAD Program represents a strategic investment in the IHS leadership pipeline across headquarters and area offices, supporting continuity and excellence in critical roles. By identifying and developing emerging leaders, the program helps prepare a strong, capable, and future-ready workforce to advance health care in Indian Country.



Building a Skilled, Resilient Workforce, cont.

Supporting Teams with Training, Readiness, and Standards

The IHS advanced a culture of safety and preparedness through leadership engagement, emergency readiness training, and system-wide standards that support safe, patient-centered care. The following highlights demonstrate how these efforts are being translated into consistent, safe, and patient-centered care across IHS and Tribal health systems.

Nursing Leadership Summit

In September, the Nursing Leadership Summit convened in Corpus Christi, Texas, bringing together IHS, Tribal, and urban nursing leaders to share evidence-based practices, leadership strategies, and innovations that improve quality, safety, and patient outcomes. Themed “Leading, Guiding, and Empowering Nurses,” the summit provided a forum for current and future leaders to advance safe, high-quality care through innovative leadership. Dynamic keynotes, breakout sessions, and collaborative discussions strengthened skills, fostered resilience, and supported improved outcomes for patients and communities.

FEMA Tribal Nations Training Week

In September, IHS supported emergency preparedness and shared learning alongside Tribal responders and health care workers during the 2025 FEMA Center for Domestic Preparedness Tribal Nations Training Week in Anniston, Ala. Designed for Tribal emergency responders, the training strengthened skills in emergency management, hazardous materials response, and health care preparedness through realistic, hands-on scenarios. Dozens of IHS staff from across the system participated in multiple training tracks, including emergency management program development, public information management, and hospital emergency response, strengthening coordination and readiness for public health and disaster response.



Stewardship, Efficiency, and Modernization

Making Systems Work Better for Patients and Programs

In 2025, the IHS continued to modernize its systems and processes to strengthen stewardship, improve operational efficiency, and better support federal, Tribal, and urban Indian health programs. The following initiatives demonstrate how these efforts are improving internal operations while enhancing IHS's ability to deliver timely, high-quality services.

Acquisition Modernization: HHS Consolidated Acquisition System (HCAS) Accelerator Pilot

In October, the IHS Division of Acquisition Policy launched the HCAS Accelerator Pilot to streamline the acquisition lifecycle, improve transparency, and strengthen collaboration between program and contracting teams. As the first of four HHS Operating Divisions to implement this module, IHS demonstrated leadership in acquisition modernization. The kickoff engaged nearly 200 participants from program and contracting offices. The pilot introduces structured Requirements and Acquisition Workspaces that improve consistency, reduce rework, and provide end-to-end visibility from requirements development through contract award, advancing HHS's vision for a more efficient, connected, and data-driven acquisition enterprise.

Supply Chain Modernization: LINK ERP System

In October, the National Supply Service Center launched LINK, a modern enterprise resource planning system that improves supply chain visibility, safety, and timeliness for federal, Tribal, and urban health facilities. LINK integrates procurement, inventory, logistics, finance, and performance data into a single system, increasing efficiency, reducing duplication, and enabling real-time decision-making. The system aligns with key federal directives to strengthen public health supply chain visibility and preparedness, particularly during pandemics, natural disasters, and other emergencies.



The Next 70 Years of the IHS

Responsibility

For the next 70 years, the Indian Health Service carries forward a responsibility grounded in its mission to raise the physical, mental, social, and spiritual health of American Indian and Alaska Native people to the highest level. This responsibility extends beyond the delivery of care to the stewardship of systems, policies, and resources that honor the federal trust obligation and support Tribal self-determination. As health challenges evolve and innovation advances, IHS must remain accountable for strengthening health systems, modernizing infrastructure, and removing barriers to access and quality.



*Responsibility
Relationships
Relatives*

Relationships

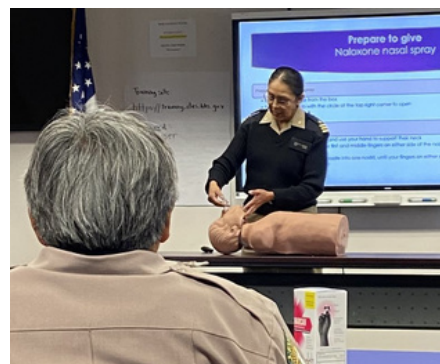
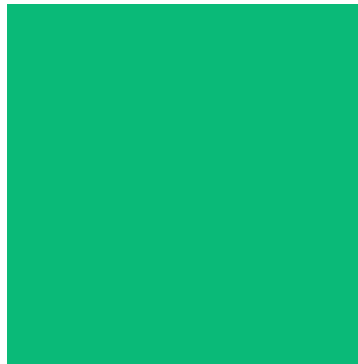
The future of the Indian Health Service will continue to be shaped by relationships. Achieving the IHS mission and advancing its strategic goals depends on strong government-to-government partnerships with Tribes, meaningful engagement with urban Indian organizations, and collaboration across the broader health system. Over the next 70 years, these relationships must deepen through consultation, transparency, and shared responsibility. By listening and working alongside partners, IHS strengthens trust and ensures that health systems evolve in ways that reflect Tribal values, community needs, and a shared commitment to improving health outcomes.

Relatives

At the heart of the Indian Health Service are relatives—patients, families, elders, youth, caregivers, and the workforce who serve their own communities. The IHS mission recognizes health as holistic, and the future calls for continued focus on whole-person and culturally grounded care. Over the next seventy years, IHS must honor traditional knowledge alongside modern medicine, support intergenerational wellness, and invest in future generations of Native health professionals. By centering relatives in every policy, program, and practice, the Indian Health Service affirms its commitment to sustaining life and wellbeing for generations to come.

Stronger Together

The progress achieved in 2025 reflects collective efforts across the Indian health system: Tribal nations, Tribal and urban Indian organizations, patients, and a dedicated workforce striving toward shared goals. Through investments in facilities and infrastructure and clinical initiatives that improve outcomes, the IHS continues to build a responsive system aligned with community priorities. Looking ahead, IHS remains committed to putting patients first, honoring government-to-government relationships, and supporting Tribal self-determination. Thank you to our patients, partners, and workforce; your dedication makes this progress possible.



INDIAN HEALTH SERVICE

