



January 17, 2025

Dear Tribal Leader and Urban Indian Organization Leader:

As I conclude my tenure as the 11th director of the Indian Health Service, I am truly humbled and grateful for the incredible opportunity to serve Native communities across Indian Country. This journey has been one of the greatest honors of my life, and it would not have been possible without the support and collaboration of so many. I thank all those who contributed to our shared mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

I extend my heartfelt appreciation to the Tribal nations, leaders, communities, and organizations that have allowed me to be of service to them. On day 1 of my appointment, I set forth the expectations and priorities for the Agency. The first was to protect and strengthen our relationships with our Tribal nations and our urban programs. The Indian Health Service (IHS) stands side-by-side with sovereign Tribal nations to ensure our people have the resources they need to get the care they deserve. To that end, I spent approximately 60 percent of my time as the director out in Indian Country. I traveled to many, many Tribal communities.

I appreciate how leaders within the different Tribal health care systems and Tribal governments helped me understand how to best assist each Tribal nation with their specific needs and priorities. Being out in Tribal communities, on Tribal lands, for the last 28 months was critical not just for building this understanding, but also for restoring trust between Tribes and the Indian Health Service. This is work that must continue.

While Federal agencies like the IHS play a critical role in improving health outcomes for Native people, it must be a role that supports Tribal nations in advancing *their* priorities, not in directing sovereign nations in what to do. We have endeavored to bring Tribes back to the table and have meaningful dialogue as true nation-to-nation partners. I am proud of our work with the Onondaga Nation and the Colville Confederated Tribes, and so many others willing to engage in authentic collaboration.

I am similarly grateful to all the Tribal citizens who participated in advisory committees, Tribal consultations, and our many town halls and listening sessions to provide the critical feedback that informs the work of the Agency as a whole. These conversations were instrumental in crafting improvements to our Purchased/Referred Care Program, responding to the U.S. Supreme Court's decision on contract support costs, and many other key initiatives.

I am especially thankful for the many health care providers and staff that I have encountered throughout my career with IHS. These are the unsung heroes of the Indian Health Service, working tirelessly to improve health care access and outcomes for Native people, often under extraordinarily challenging circumstances. Whether you serve in our clinics, hospitals, or offices, your efforts to innovate, improve, and deliver health care make a profound difference in the lives of those we serve, their families, and entire communities. Your dedication is the backbone of our collective progress and I have learned so much from you.

I am also deeply appreciative of the many Federal partners, policymakers, and stakeholders who have collaborated with the IHS in advancing health care solutions for Indian Country. Together, we have addressed critical issues such as advance appropriations, safe water infrastructure, and service to veterans to name just a few.

While I am proud of the historic achievement of advance appropriations and the inroads to improving efficiencies throughout the Agency through our One IHS work, data collection and monitoring, and enhanced mechanisms for accountability, much more work needs to be done. Our efforts have just begun with Purchased/Referred Care. And while our communities are already experiencing positive outcomes from the historic investments in water infrastructure, we know the need remains great. Our progress with the Electronic Health Record system, strengthening our quality assurance and risk management team, launching a new Agency strategic plan, and centralizing Agency human resources will undoubtedly improve our administrative responsibilities. Still, it is my hope that the bar that I set asking for deeper transparency and greater Agency accountability will continue to be raised.

Achieving advance appropriations was a historic milestone that was years in the making, with contributions from many. And yet we still know how important ensuring adequate funding for the Indian Health Service—the 18th largest public health system in the nation—is to achieving our goal of providing the safe and quality care that our Native people deserve.

And so, the work will move forward. And while I may not be leading this work as the Agency director, my support for the Indian Health Service will continue.

Lastly, I want to express my gratitude to my family and friends. When I pledged to spend at least 60 percent of my time as director visiting the Tribal communities that the IHS serves, we knew it would entail making sacrifices as a family. Thank you for your support as I did my best to serve our Native people.

It has been an honor to serve our people. My primary goal has always been to contribute to the betterment of our communities and to be of service. This position has provided a once-in-a-lifetime opportunity to do that in true partnership with Tribal communities.

As we look to the future, I have no doubt that the Indian Health Service will continue to move forward with resilience, innovation, and unparalleled commitment to improving Native health and strengthening Tribal sovereignty. I am truly grateful for your trust, collaboration, and the opportunity to serve as the director of the Indian Health Service.

With deep appreciation and respect,

Roselyn Tso -S Digitally signed by Roselyn Tso -S
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Director