ACTIVITY/MECHANISM BUDGET SUMMARY
Department of Health and Human Services
Indian Health Service
Indian Health Facilities - 75-0391-0-1-551
Facilities and Environmental Health Support

Program Authorization: Program authorized by U.S.C. 13, Snyder Act, and P.L. 83-568 Transfer Act, 42 U.S.C. 2001.

	2000 Actual	2001 Appropriation	2002 Estimate	2002 Est. +/- 2000 Actual	2002 Est. +/- 2001 Approp.
Budget Authority:					
Fac. Sup....	$56,990,000	$59,907,000	$63,032,000	$6,042,000	+$3,125,000
Envir. Sup..	49,162,000	50,997,000	52,856,000	3,694,000	+$1,859,000
OEHE Sup....	10,130,000	10,432,000	10,887,000	757,000	+$455,000
Total BA....	$116,282,000	$121,336,000	$126,775,000	$10,493,000	+$5,439,000
FTE:					
Fac. Sup....	535	550	557	22	+7
Envir. Sup..	440	459	460	20	+1
OEHE Sup....	62	65	65	3	0
Total FTE...	1,037	1,074	1,082	45	+8

PURPOSE AND METHOD OF OPERATION

FY 2001 Base

The Indian Health Facilities programs, managed at Indian Health Service (IHS) Headquarters by the Office of Environmental Health and Engineering (OEHE) and carried out by Area, field, and service unit staff, provide an extensive array of real property, health care facilities and staff quarters construction, maintenance, and operation services; as well as community and institutional environmental health, injury prevention, and sanitation facilities construction services. Services are delivered directly by Federal employees or by tribal contractors. In addition to staffing costs, funds appropriated for this activity are used to pay costs for utilities in IHS health care facilities, certain non-medical supplies and personal property, biomedical equipment repair, and some rents. This umbrella account is further managed and distributed through three categories; facilities support, environmental health support, and office of environmental health and engineering support. Currently, costs for permanent positions that constitute the Federal portion of this national Engineering and Environmental Health program are paid from this account. Cost for approximately 197 additional temporary and permanent sanitation facilities construction support personnel are paid from specific sanitation facilities project accounts. Costs for positions in tribally contracted environmental health activities are included among the permanent positions paid from this account. Costs for health facilities/staff quarters operation and maintenance personnel are paid from this account or from reimbursements.

The OEHE Headquarters staff includes components in Rockville, Dallas, and Seattle. The staff has management responsibility for IHS facilities and environmental health programs, provides direct technical services and support to Area personnel, and performs critical management functions.

Headquarters OEHE management activities include national policy development and implementation; budget formulation; project review and approval; congressional report presentation; quality assurance (internal control reviews, Federal Managers Financial Integrity Act activities, and other oversight); technical assistance (consultation and training for both tribal and IHS personnel); long-range planning; meetings (with Members of Congress and their representatives, with tribes, and with other Federal agencies); and recruitment and retention. In addition, IHS Engineering Services staff provides architectural, engineering, construction, contracting, and real property services to IHS and tribal health care facilities programs.

There are counterparts of most facilities and environmental health organizational elements in each IHS Area Office. Staff of facilities and environmental health related programs in IHS Area Offices vary in size depending on program scope; the number and size of IHS facilities served; the number, size, and complexity of construction projects; the number and location of Indian communities served; transportation considerations; and the method of providing technical services within the Area. Area facilities and environmental health personnel include engineers, sanitarians, real property and quarter's management specialists, biomedical technicians, facilities planners, injury prevention specialists, construction inspectors, utility operations consultants, draftspersons, and land surveyors.

Area personnel perform local management functions while devoting a predominance of time and effort to providing direct support to service unit, district office, and tribal contracted personnel. Typical of direct support functions are services performed by Area-based technical experts who visit IHS facilities and Indian communities to make institutional (hospital, school, restaurant, water supply) inspections, complete sanitation facilities construction survey work, train water/wastewater treatment plant operators or hospital maintenance personnel, survey real property and IHS staff quarters, perform epidemiological studies of injury occurrences, provide onsite construction inspection services, troubleshoot mechanical/electrical problems in IHS facilities, etc.

The management functions performed by IHS Area personnel parallel those performed by Headquarters but are focused on Area and service unit needs and, therefore, are less broad in quantity and scope. They include Area policy development and implementation, quality assurance in Area/service unit operations (oversight), technical assistance (consultation and training), long-range planning, recruitment, and retention.

District Offices are opened when professional/technical services are needed at two or more IHS health care facilities or sanitation facilities construction projects, which are not large enough to merit full-time staff coverage, when the Area Office is too distant, or when the size of the service area is too large to provide suitable services, oversight, or technical assistance from the Area Office. Currently, IHS has approximately 30 such offices, staffed by engineers, sanitarians, construction inspectors, land surveyors, environmental health and construction technicians, and support personnel. All provide direct program support services.
Funding levels for the last 5 fiscal years follows:

Year	Funding	FTE
1997	$91,021,000	1,212
1998	$101,617,000	1,192
1999	$107,682,000	1,178

2000	$116,282,000	1,037	
2001	$121,336,000	1,074	Enacted

Facilities and Environmental Health Support is divided into three program sub-activity descriptions (facilities support, environmental health support, and office of environmental health and engineering (OEHE) support).

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST – The request of $126,775,000 and 1,082 FTE is a net increase of $5,439,000 and 8 FTE over the FY 2001 Enacted level of $121,336,000 and 1,074 FTE. The increases include the following:

Built-in Increases - +$4,275,000

The request of $172,000 for inflation/tribal pay cost and $4,103,000 for Federal personnel related costs would fund the built-in increases associated with on-going operations. Included is the FY 2002 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

IHS continues to strive to increase access for the IHS patient population. Maintaining the current I/T/U health system is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

Phasing-In of Staff for New Facilities - +$1,164,000 and +8 FTE:

The request of $1,164,000 and 8 FTE provides for the phasing-in of staff and related costs for new facilities. The staffing of new facilities also contributes to the recruitment and retention of medical staff and promotes self-determination activities. The following table displays the requested increase.

Facilities	Dollars	FTE
Ft.Defiance,AZ Hospital	+$131,000	+1
Parker,AZ Health Center	1,033,000	7
Total	+$1,164,000	+8

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Indian Health Facilities
Facilities and Environmental Health Support
Facilities Support

	2000 Actual	2001 Appropriation	2002 Estimate	2002 Est. +/- 2000 Actual	2002 Est. +/- 2001 Approp.
Budget Authority..	$56,990,000	$59,907,000	$63,032,000	$6,042,000	+$3,125,000
FTE.....	535	550	557	22	+7

PURPOSE AND METHOD OF OPERATION

FY 2001 Base

Funds appropriated for the Facilities Support sub-activity are used to pay certain personnel and operating costs at the Area and Service Unit levels[1]. The personnel paid from this account operate and maintain health care facilities and staff quarters. Staff functions supported by this sub-activity includes management, operation, and maintenance of real property, building systems, medical equipment, and planning and construction management for new and replacement facilities projects. Also, related Area and Service Unit operating costs, such as utilities, building operation supplies, facilities related real and personal property, and biomedical equipment repair and maintenance, are paid from this account.

The IHS is committed to ensuring that health care is provided in functional and safe structures. Because many IHS facilities are located in isolated and remote environments far from urban centers, the IHS builds and maintains residential quarters at those locations to house non-local health care personnel.

The IHS owns approximately 851 000 square meters of Federally owned space and 809 hectares of land. The nature of space varies from sophisticated medical centers to residential units and utility plants (see following table). Facilities range in age from less than 1 year to more than 100 years. The average age of our health care facilities is 32 years. Many IHS facilities were built when medicine was practiced much differently than it is today and service populations were much smaller.

In addition to federally owned space the IHS manages direct lease and GSA assigned space.

1/Costs for these functions performed by P.L. 93-638 contractors at non-Federally-owned or previously Federally-owned facilities are funded from the Services appropriation.

Space Occupied by IHS and Tribal Health Care Programs				
Type of Facility	Federally Owned	Direct Federal Lease	GSA Assigned	Tribal
Hospitals and Health Centers	446 029 M^2	88 192 M^2	-0-	205 108 M^2*
Staff Quarters	258 200 M^2	5 395 M^2	-0-	*
Other	146 431 M^2	3 996 M^2	56 000 M^2	144 169 M^2
Total	850 660 M^2	97 583 M^2	56 000 M^2	349 227 M^2

- *Tribal Space listed for Hospitals and Health Centers includes all space at locations where direct medical services are provided under P.L. 93-638 contracts in non-IHS owned buildings. Of the 349 227 M^2 tribal total, approximately 26 653 M^2 are leased by tribes from 3rd party vendors. Staffing and operations costs (including lease costs) are funded from the Services appropriation.

STAFF FUNCTIONS

Four principal staff functions are funded at the Area and service unit levels through the Facilities Support sub-activity.

- Facilities Engineers

  Area and Service Unit facilities engineers are responsible for ensuring that IHS building systems are operated properly, facilities and grounds are maintained adequately, utilities are managed appropriately, environmental compliance requirements are met, and buildings are safe. The need for maintenance and improvement projects is determined at the Area level and identified in Area Facilities Engineering Plans.

- Clinical Engineers

  The IHS has highly sophisticated medical equipment in its inventory. Skilled-specialized personnel are employed to maintain and service that equipment because the lives of patients and level of patient care depend on accurate calibration and safe operation. Clinical engineers and technicians perform this critically important function. Additional funding to repair biomedical equipment is obtained from Medicare/Medicaid and private insurance reimbursements. Larger IHS facilities have clinical engineering personnel on-site, but most IHS and tribal facilities depend on Area, district, or service unit-based clinical engineers and technicians, who travel to several facility locations, to repair and maintain biomedical equipment.

- Real Property Management

  Area Realty Officers provide technical and management assistance for realty activities associated with direct-leased, GSA-assigned, and IHS owned (and to some degree tribally owned) space. The program includes facility and land acquisitions and disposals, licensing/easement processing, use-permit issuance, quarters management and rent setting activities, lease administration, and budget functions. The program also helps tribes and tribal organizations acquire, administer, and/or manage excess federally owned and tribally leased real property.

- Facilities Planning and Construction

  Some IHS Areas have facilities planning and construction-monitoring components that assist in the planning and construction management of new and replacement health care facility and staff quarters projects. The need for new facilities is determined by applying the IHS Health Facilities Construction and Quarters Construction Priority System methodologies. Area staffs develop initial proposals for new and replacement facilities, prepare Program Justification Documents, Program of Requirements Documents, and Project Summary Documents for projects. While construction is underway, Area facilities management staff may be supplemented with construction management personnel to oversee Federal interests in the construction of new and replacement facilities.

OPERATION COSTS

- Utility Costs

  Utility costs include heating and air conditioning expenses, fuel oil, natural gas, propane, water, sewer, and electricity for lighting and equipment operation.

- Building Operation Supplies and Equipment

  Funds for building operation supplies and equipment, such as, special tools to perform maintenance, heating and air conditioning supplies, etc.

- Biomedical Equipment and Repair

  The clinical engineering program provides technical service and support for biomedical equipment at IHS and tribal health care facilities. The program also administers service contracts for biomedical maintenance and repair, where clinical engineering personnel are not available to perform this service.

- Leased Space

  The IHS continues to apply its Lease Priority System (LPS) methodology in order to plan/budget for federally funded IHS and tribal program space. The LPS improves lease management by establishing specific criteria for evaluating Federal and tribal health program space requests.

All lease costs are paid from the Service appropriations.

Funding levels for the last 5 fiscal years follows:

Year	Funding	FTE
1997	$38,838,000	560
1998	$48,219,000	560

1999	$53,857,000	580	
2000	$56,990,000	535	
2001	$59,907,000	550	Enacted

Accomplishments

In FY 2000, Facilities Support provided Area offices and service units with staff to operate and maintain the health care buildings and grounds, and to service medical equipment. This responsibility includes an inventory of approximately $306 million of medical equipment, hospitals, health centers, staff quarters, smaller health stations and satellite clinics, school health centers, and youth regional treatment centers. IHS will continue these functions in FY 2002.

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST -- The request of $63,032,000 and 557 FTE is an increase of $3,125,000 and 7 FTE over the FY 2001 Enacted level of $59,907,000 and 550 FTE. The increases include the following.

Built-in Increases - +$2,031,000

The request of $82,000 for inflation/tribal pay cost and $1,949,000 for Federal personnel related costs would fund the built-in increases associated with on-going operations. Included is the FY 2002 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

IHS continues to strive to increase access for the IHS patient population. Maintaining the current I/T/U health system is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

Phasing-In of Staff for New Facilities - +$1,094,000 and +7 FTE

The request of $1,094,000 and 7 FTE provides for the phasing-in of staff and related costs for new facilities. The staffing of new facilities also contributes to the recruitment and retention of medical staff and promotes self-determination activities. The following table displays the requested increase.

Facilities	Dollars	FTE
Ft. Defiance,AZ Hospital	$131,000	+6
Parker,AZ Health Center	$963,000	1
Total	$1,094,000	+7

	2000 Actual	2001 Appropriation	2002 Estimate	2002 Est. +/- 2000 Actual	2002 Est. +/- 2001 Approp.
Budget Authority..	$49,162,000	$50,997,000	$52,856,000	$3,694,000	+$1,859,000
FTE.....	440	459	460	20	+1

PURPOSE AND METHOD OF OPERATION

FY 2001 Base

Funds in the Environmental Health Support sub-activity are used to pay for personnel who accomplish environmental health services, injury prevention activities, and sanitation facilities construction activities, at the IHS Area, district, and service unit levels and operating costs associated with provision of those services and activities.

Most American Indian and Alaska Native (AI/AN) people live in environments typified by severe climatic conditions, rough, often treacherous geography, extreme isolation, infestations of disease carrying insects and rodents, limited and sub-standard housing, unsanitary methods of sewage and garbage disposal, and unsafe water supplies. Such harsh environments, coupled with decades of economic deprivation and compounded by the lack of basic environmental essentials in many homes (such as running water and toilet facilities) historically have contributed significantly to the exceptionally high incidence of disease, injury, and early death among the AI/AN people.

Developing solutions to the many environmental concerns affecting AI/ANs requires knowledge and expertise possessed by a variety of professional and technical environmental health and skilled health specialists. The Area, district and service unit environmental health staffs include engineers, sanitarians, environmental health technicians, engineering aide, injury prevention specialists and institutional environmental control officers.

PROGRAM EMPHASIS AREAS

- General Environmental Health

  Concurrent with the provision of technical and consultative environmental health services, Area, district and service unit environmental health services staff provide a wide range of technical services to American Indian and Alaska Native communities including water quality, waste disposal, hazardous materials management, food sanitation, institutional environmental health, vector control, and occupational safety and health. A critical component of this effort is the provision of technical assistance to the Tribes in developing environmental health program management capacity.
  In 1999, IHS environmental health services staff in consultation with tribes and other federal partners developed a five year strategic plan that outlines a strategy for building safe and healthy communities and for building tribal capacity. A protocol for identifying and prioritizing community environmental health needs will be completed during fiscal year 2000. During fiscal year 2001 community environmental health needs assessments will be conducted in 25 percent of all AI/AN communities, and IHS staff will work with the

Tribes and other federal programs to develop community action plans to address the identified needs in fiscal years 2001 and 2002.

- Injury Prevention

  Injuries have a significant, adverse effect on AI/AN populations. Between 1991 and 1993, over 4,000 AI/AN residing in the IHS service area, died from unintentional injuries (motor vehicle crashes, home fires, drowning, poisoning, etc.), suicide, homicide, averaging almost 1,400 such death per year. During 1991-1993 injuries and poisoning deaths resulted in 132,856 years of potential life lost (persons dying before age 65).

  On average, AI/ANs are dying at a rate 2.2 times the U.S. All Races rate for injuries and poisonings. The rates for Aberdeen and Navajo Areas were 3.5 times the U.S. All Races rate. The rate for Alaska was 3.6 times the U.S. All Races rate. The IHS estimates conservatively that $100,000,000 is spent each year on transportation and acute care of injured Indian people; however, costly critically needed re-constructive surgeries, prosthetic devices, and rehabilitative services often cannot be provided. Frequently overlooked is the effect that injuries have on the injured person's family. Severe disabling injuries often affect the financial and social fabric of the family and the community, causing a "burden" unparalleled by other health problems.

  For many years the IHS has been aware of the significant drain on its limited health care resources that is caused by stabilizing, transporting, treating, and rehabilitating injury victims. In 1981, an Injury Prevention Program was initiated within the environmental health activity. Early efforts by Area, district, and service unit personnel at improved surveillance and targeted intervention were so encouraging that a formal injury prevention training program was established.

  One of the most important advancements in the field of injury prevention was dispelling the myth that accidents or accident occurrences are responsible for most, if not all, injuries. In fact, today it is known that injuries are predictable occurrences that can be successfully prevented with properly targeted interventions. There is mounting quantitative evidence that community-base prevention programs, patterned on the public health model, can reduce the incidence of severe injuries requiring hospitalization.

  For instance, when Centers for Disease Control and Prevention personnel evaluated the effect of the Navajo Nation's motor vehicle safety belt law, they found that the number of severe injuries attributable to motor vehicle crashes was reduced by 28 percent. This reduction represents estimated savings to the Federal Government of more than $2,000,000 in direct care expenditures alone. An analysis of deaths among Alaska Natives in the Yukon River delta region indicated 30 percent reduction in drowning deaths. This reduction is attributed to a 5-year drowning prevention education effort sponsored by the Yukon Kuskokwim Health Corporation's Injury Prevention Program.

  The IHS Injury Prevention Plan "Immunizing against the Injury Epidemic" calls for collaboration among IHS, tribes, and other Federal, State, and local agencies in efforts to reduce the incidence of severe injuries. These efforts include placing special emphasis

on primary prevention, developing programs on sound epidemiological bases, and funding community-based prevention projects. The IHS has developed formal injury prevention networking arrangements with the Bureau of Indian Affairs, the Center for Substance Abuse Prevention, the National Highway Traffic Safety Administration, and many states, in order to collaborate more effectively with tribes in co-sponsoring injury prevention projects.

Also during the past 9 years, IHS has developed injury prevention training programs specifically for the community-based practitioner. To support tribal capacity building, IHS provides technical training in the area of community injury prevention to approximately 60 tribal health personnel annually through the Injury Prevention Practitioner Level I course.

Support for the IHS Injury Prevention Program is found in the Indian Health Amendments of 1992, Public Law 102-573, and in "The Year 2000 Objectives for the Nation." Three of these objectives target reductions in unintentional injuries, motor vehicle crash injuries, and alcohol-related motor vehicle crashes.

- Institutional Environmental Health

  Institutional Environmental Health (IEH) specialists, where available on IHS staffs, work with managers of health care, educational, childcare, and correctional facilities. Such institutions have diverse clientele but share many common problems (such as risks and hazards of new technologies). Emerging disease risks and hazards, stricter regular requirements and escalating costs resulting from claims for compensation for work related injuries sustained by health care workers make institutional environmental problems ever more complexing and challenging.

  The IEH specialists are trained to anticipate, recognize, and evaluate potential hazards and recommend control procedures. Periodic, formal evaluations of institutions serving AI/AN populations are performed in order to assess environmental conditions, identify those that may cause adverse health effects, and make recommendations to prevent or minimize harm. Among operational areas of interest to IEH specialists are as follows: infections control, industrial hygiene, radiation protection, safety management, and general environmental health conditions.

  Assistance is provided to institution managers/operators in developing appropriate program for protecting clients and employees, and in complying with legislation and executive orders regarding environmental health and safety management issues. Advice is also offered regarding compliance with accreditation and/or certification standards. Maintaining accreditation ensures that IHS continues to have access to third-party funding.
  An evaluation research grant of $116,000 was funded for FY 1997. This joint initiative conducted by the Office of Environmental Health and Engineering and the Office of Public Health was intended to evaluate the effect of primary prevention and case management in reducing the incidence and associated costs of work place injuries. The program targeted the 25 largest IHS hospitals and 4 hospitals associated with self-governance tribes. Grant funds were used to purchase injury tracking software, interactive safety training software, occupational rehabilitation training, and reference

materials, as well as provide funds for special projects and bio-statistical support.

- Sanitation Facilities Construction

  Concurrent with the provision of technical and consultative environmental health services, Area, district and service unit environmental health personnel provide technical services required to construct critically needed sanitation facilities for AI/ANs. Considering the diverse climatic and geologic conditions and varied cultural values, much pre-design engineering work is required, consultation with the tribes, to identify economical and technically feasible projects. Once a sanitation facility is built. The Indian family and/or community for which was constructed assume operation and maintenance responsibilities including payment of associated costs. Therefore, a primary responsibility of IHS Area, district and service unit environmental health personnel is to provide technical assistance and guidance to Indian families and communities regarding the operation and maintenance of essential water supply and sewage disposal facilities.

  Where appropriate, IHS engineers, sanitarians and technicians help the tribes and communities create operation and maintenance organizations and establish ordinances and user fee schedules so that operation and maintenance expenses will be borne fairly by all system users. The availability of technical assistance from IHS has contributed significantly to the ability of small communities and rural families to keep their facilities in working condition. Sustained attention to proper operation and maintenance of these facilities, by tribes, communities, and individual homeowners, is an important contribution to continued strengthening of community infrastructure for AI/AN. In addition, it is necessary to protect the enormous preventive health investment made by the Federal Government on behalf of AI/AN.

TRIBAL HEALTH PROGRAMS

The IHS Area, district and service unit environmental health personnel also train tribal employees to provide environmental health services, under contact with IHS wherever a tribe desires, provided that funds are available and other considerations make such arrangement practicable.

As a result of training provided by IHS, tribal environmental health personnel are better prepared to provide higher levels of service to the Indian people and to support the provision of direct patient care services. For example, some tribes have chosen to contract for the provision of the full range of environmental health services as typically provided by the IHS direct delivery program.

The tribes have been an integral part of the sanitation facilities program for years. In recent years they have administered more than 50 percent of the project funds for the provision of sanitation facilities to AI/AN homes and communities. A Navajo tribal enterprise, the Navajo Engineering and Construction Authority, exemplifies this successful effort. It constructs virtually all sanitation facilities provided by the IHS on the Navajo Indian Reservation and employs approximately 350 Navajos on IHS funded construction projects.

Area, district and service unit environmental health personnel work with tribes/tribal organizations to encourage maximum participation in planning health services delivery programs. Also, they provide technical assistance to the tribal officials who carry out administrative/management responsibilities associated with operation of federally supported programs. Their support of self-determination for tribal organizations will continue. However, the extent to which there is participation in the self-determination process depends on, and is determined by, the individual tribes/tribal organizations.

Funding levels for the last 5 fiscal years follows:

Year	Funding	FTE	
1997	$41,474,000	550	
1998	$42,463,000	550	
1999	$44,548,000	503	
2000	$49,162,000	440	
2001	$50,997,000	459	Enacted

Accomplishments

In FY 2000, provided professional engineering services to Indian homes and communities by implementing approximately 3,023 projects to provide sanitation facilities. Worked cooperatively with other agencies to secure additional funding, which was combined with the FY 2000 IHS appropriation to initiate projects to provide sanitation facilities for 205 HUD housing units, 314 Bureau of Indian Affairs units, 3,367 new/like-new housing units, and 14,490 existing housing units. Funded personnel to manage the injury prevention program, and performed environmental health services. IHS will continue these efforts in FY 2002.

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST – The request of $52,856,000 and 460 FTE is an increase of $1,859,000 and 1 FTE over the FY 2001 Enacted level of $50,997,000 and 459 FTE. The increases include the following.

Built-in Increases - +$1,789,000

The request of $72,000 for inflation/tribal pay cost and $1,717,000 for Federal personnel related costs would fund the built-in increases associated with on-going operations. Included is the FY 2002 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

IHS continues to strive to increase access for the IHS patient population. Maintaining the current I/T/U health system is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

Phasing-In of Staff for New Facilities - +$70,000 and +1 FTE

The request of $70,000,000 and 1 FTE provides for the phasing-in of staff and related costs for new facilities. The staffing of new facilities also contributes to the recruitment and retention of medical staff and promotes

self-determination activities. The following table displays the requested increase.

Facilities	Dollars	FTE
Parker, AZ Health Center	$70,000	+1

Office of Environmental Health and Engineering Support

	2000 Actual	2001 Appropriation	2002 Estimate	2002 Est. +/- 2002 Actual	2002 Est. +/- 2001 Approp.
Budget Authority..	$10,130,000	$10,432,000	$10,887,000	$757,000	+$455,000
FTE.....	62	65	65	3	+3

PURPOSE AND METHOD OF OPERATION

FY 2001 Base

The Office of Environmental Health and Engineering Support sub-activity funds personnel and operating costs for Headquarters Office of Environmental Health and Engineering (OEHE) which includes two divisions of Engineering Services (ES) in Dallas and Seattle.

Headquarters and ES personnel have management responsibility for IHS facilities and environmental health programs, provide direct technical services and support to Area personnel and perform critical management functions. Headquarters management activities includes national policy development and implementation; budget formulation; project review and approval; congressional report preparation; quality assurance (internal control reviews, Federal Managers Financial Integrity Act activities and other oversight); technical assistance (consultation and training); long range planning; meetings (with Members of Congress and their representatives, with tribes, and with other Federal agencies); and recruitment and retention. Typical direct support functions performed by DFEE personnel who serve as project officers for health facilities construction projects are: to review and/or write technical justification documents, participate in design reviews and site surveys, conduct onsite inspections, and monitor project funding status.

The OEHE Headquarters and ES funded positions are in Rockville, Dallas, and Seattle. Headquarters personnel include engineers, sanitarians, health facilities planners, real property managers, and support personnel. Engineering Services staff provides architectural, engineering, construction services, contracting services, and real property services to the IHS health care facilities program. They provide direct services and support to Headquarters and Area personnel in preparing the project justifications, construction cost estimates, and project designs, contracting for design and construction of new health care facilities and existing facility improvements, conducting construction inspections and facility inspections; leasing space for IHS program operations; and providing management support.

Funding levels for the past 5 years are as follows:

Year	Funding	FTE

1997	$10,709,000	120	
1998	$10,935,000	110	
1999	$9,277,000	95	
2000	$10,130,000	62	
2001	$10,432,000	65	Enacted

ACCOMPLISHMENTS

Funded personnel who have management responsibilities for National policy development and implementation, budget formulation, congressional report preparation, health care facilities construction and other national program related duties.

RATIONALE FOR BUDGET REQUEST

Total Request -- The request of $10,887,000 and 65 FTE is an increase of $455,000 over the FY 2001 Enacted level of $10,432,000 and 65 FTE. The increase includes the following:

Built-in Increases - +$455,000

The request of $18,000 for inflation/tribal pay cost and $437,000 for Federal personnel related costs would fund the built-in increases associated with on-going operations. Included is the FY 2002 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

IHS continues to strive to increase access for the IHS patient population. Maintaining the current I/T/U health system is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.