

MAY 2 2002

Indian Health Service Rockville MD 20857

Dear Tribal Leader:

This letter is to inform you of my decision on distributing the \$15 million increase for the alcohol program that the Indian Health Service (IHS) received in fiscal year (FY) 2002.

I have decided to allocate the \$15 million increase (totaling \$14.967 million after subtracting the congressionally directed rescission) on a non-recurring basis again for FY 2002. Last year, \$3 million was set-aside for alcohol and substance abuse program (ASAP) data collection improvements. This year, I have decided that \$2 million will be used for this purpose, one half of which will be distributed to the 12 Areas to be used at the Area level. Thus, the remaining balance to be allocated in FY 2002, on a non-recurring basis, is \$12.967 million.

This year's allocation will be based on each Area's proportional share of the total ASAP FY 2001 budget, not including the Alaska Area, which receives a separate congressionally mandated setaside. For example, if an Area received 10 percent of the IHS ASAP budget for all programs in the lower 48 States, then it will receive 10 percent of this increase. This approach received wide acceptance by most Tribes in the FY 2001 allocations.

The distribution of resources to communities and locations is delegated to the Areas in consultation with Tribal leadership. During your Area consultation, please consider allocating these resources between Tribal and urban providers based on the greatest health need and to programs with proven effective interventions.

I have convened an Alcohol and Substance Abuse Workgroup to assist in planning for the national summit and to prepare recommendations for the distribution formula of these recurring funds for consideration of Tribal Leaders during the national summit. This Workgroup held their first meeting at the end of February and plans to conclude their work in September. This timeframe will allow the Workgroup additional time to plan for the national summit and to develop allocation recommendations for Tribal Leader consultation.

The national summit on alcohol and substance abuse will be convened in September 2002 in Albuquerque, New Mexico in conjunction with "Healing Our Spirit Worldwide," International Indigenous People's Conference. The purpose of the summit is to seek Tribal Leader consultation on future alcohol activities over the next 3 to 5 years and to develop a distribution formula for these new funds to be applied in FY 2003 on a recurring basis. Ideally, this national summit will include the participation of the Department of Justice, the Department of Interior, and other agencies in the Department of Health and Human Services to clarify further approaches to joint funding that will best serve our communities.

I look forward to working with you in improving the health of American Indian and Alaska Native people.

Sincerely yours,

Michael H. Truj M.D., M.P.H., M.S.

Assistant Surgeon General

Director

Enclosure