

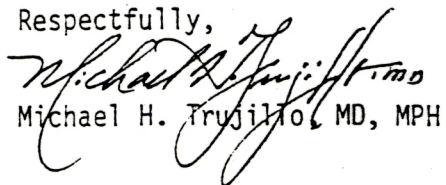
I have had direct IHS experiences in the Albuquerque, Phoenix, Aberdeen, Bemidji Areas, and now the Portland Area in managing and directing field and Area programs. I am presently the Area Chief Medical Officer for the Portland Area that serves the tribes in Idaho, Washington and Oregon. In addition, I know the Navajo Area well. Earlier, I served as the Deputy Area Director/Chief Medical Officer and also the Director of the Quality Assurance Program for the Phoenix Area. I worked closely with the Tucson programs when I was the Director of the IHS Headquarters Clinical Support Center in Phoenix. I have been to Sells many times in the past.

I have served on numerous national, regional and local committees and task forces in various capacities throughout my career. I have worked closely with '638 and urban Indian programs. I am now involved in the new self-governance process of the IHS and the Portland Area where we have eight tribes in the self-governance process. Most recently, I have been involved in the IHS CHS and Managed Care initiatives for IHS and tribal programs. I know the operations well at the service units, the Area Offices and at Headquarters, including Headquarters at Albuquerque and Tucson. Besides that, I am knowledgeable of other PHS agencies and their inter-relationships and responsibilities. I also know a number of individuals well throughout these agencies.

I believe the next years are critical in addressing the gap in health care needs of American Indians and Alaska Natives. The challenge and opportunities of having an increasing number of tribes take responsibility for their health care programs through self-determination and self-governance provides the IHS a chance to be at the forefront of health care policy-making. The involvement of tribes in the operations of the IHS programs and in the decision making, rather than just in "consultation", is essential to the process. Based upon my past professional experiences, my knowledge of many IHS areas and programs, and my sensitivity, I am confident I would be able to bring the right personnel together to address the challenges of the IHS and the needs of the tribes. The available resources to meet the numerous needs are limited and will not be growing greatly in the foreseeable future. That means we all have to work together towards common goals to get the job done.

In the packet, I have included my recent resume, curriculum vitae, and other material relating to various appointments to national professional committees and letters of recommendations for awards and promotions. I hope this will give you and the Health Board information on the breadth of my experience, my dedication to improve health care programs for our people, and the reasons I do what I am doing. I intend to serve the Health Board and other tribal leaders well if I am named as the IHS Director. I would appreciate any support you may give me in the selection process.

Respectfully,


Michael H. Trujillo, MD, MPH