# Letter of Gratitude and Acknowledgement

First, I want to thank the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Infectious Disease, and HIV/AIDS Policy for granting the Indian Health Service many years of [Minority HIV/AIDS Fund](https://www.hiv.gov/federal-response/smaif/overview) (MHAF) resources, making this Indigenous National HIV/HCV/STI Strategy (we call it *Indigi-HAS*) possible.

With *Indigi-HAS*, the Indian Health Service and our partners wove together three national strategies (1) [*The HIV National Strategic Plan for the United States: A Roadmap to End the Epidemic 2021-2025*](https://files.hiv.gov/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf); (2) [The Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021-2025](https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf); and (3) [The Sexually Transmitted Infections National Strategic Plan](https://www.hhs.gov/sites/default/files/STI-National-Strategic-Plan-2021-2025.pdf) – known as *the syndemic*. We think of this creation as an Indigenous pathway – complementary to the national strategies – allowing Indigenous stakeholders to formulate their own response to the syndemic in their communities by incorporating local governance and Indigenous knowledge. As members and leaders of our Indigenous communities, we will encourage the Indigi-HAS as a process-based roadmap for all stakeholders to guide the development of policies, services, programs, initiatives, and other actions to achieve the nation’s vision of ending the syndemic by 2030.

Before we formalized *Indigi-HAS* resources, IHS, in collaboration with the National Indian Health Board and the National Council of Urban Indian Health – and with MHAF resources – hosted a series of national tribal and urban Indian listening sessions in 2019 and 2020. These listening sessions supported IHS’s initiative to eliminate new diagnoses of HIV, HCV, and STIs in Native communities. In addition, the listening sessions provided a forum and platform for Native communities across the country to express their community’s circumstances, needs, perspectives, and interests.

Next, IHS, the Northwest Portland Area Indian Health Board (NPAIHB), various Native Hawaiian health care agencies, Cardea Services, KAT Marketing, and our tribal and urban Indian health partners combined energies to align the *Indigi-HAS* with the national strategies and maintain a focus on

1. Preventing new HIV/HCV/STI diagnoses;
2. Improving related health outcomes of people living with HIV, HCV, or STIs;
3. Reducing related disparities and health inequities (i.e., substance use disorder); and
4. Achieving integrated and coordinated efforts that address the syndemic among all partners and stakeholders.

Our conceptualizations of wellness focus on promoting a holistic approach that emphasizes the balance between the spirit, mind, emotions, body, and relationship with land, community, and all creation. This way of being requires an integrated strategy to address conditions such as HIV, STIs, and viral hepatitis. We hope a syndemic approach will promote a broader array of interventions, centering a holistic perspective that aligns with the needs of our communities and honors the principle of Indigenous Sovereignty.

To guide the development of our syndemic strategy, IHS and NPAIHB convened an Advisory Committee. The Advisory Committee (1) identified promising programs and practices across Indigenous communities; (2) contributed their clinical, professional, and community perspectives; (3) provided wisdom and feedback on select documents; and (4) guided the direction of our syndemic strategy. In addition, with guidance from the Advisory Committee, we conducted listening sessions, including 22 key informant interviews and two focus group discussions with established networks, to gather insight from Indigenous communities and inform our Syndemic Strategy. As a result, our syndemic strategy centers on core values that partners agreed were common across Indigenous communities. For example, the *Indig-HAS* relies on the Medicine Wheel as a framework for improving the well-being of Indigenous people and incorporates traditional medicines to acknowledge the fundamental role of Indigenous culture and ways of knowing that support Indigenous health and well-being.

As the National HIV/HCV/STI Consultant for IHS, I look forward to many cooperative, Indigenous-based opportunities to incorporate the Indigi-HAS roadmap. In addition, I encourage you to use the *Indigi-HAS* and the various national strategies as a guide in developing policies, services, programs, initiatives, and other actions to achieve the nation’s vision of ending the syndemic by 2030. Finally, please reach out with any questions, comments, or ideas that can make this strategy a living, dynamic, and impactful resource.

Together we are stronger,

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