



## **Sovereignty Symposium XIX**

“Promoting Health and Wellness for the Future”

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by

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Good afternoon. As always, it is great to return home to Oklahoma and to participate in the Sovereignty Symposium. I thank everyone involved in this important event for giving us the chance to examine and discuss key issues. Today I would like to talk about the Indian Health Service’s (IHS) major ongoing challenges in promoting health and wellness. Last year the IHS marked its 50<sup>th</sup> anniversary, which gave us a rare moment to reflect on our progress and the considerable challenges that lie ahead.

As many of you know, the Indian Health Service was established in 1955 through an Act of Congress that transferred the health facilities and personnel of the Bureau of Indian Affairs to the new IHS. High rates of infectious disease, particularly tuberculosis, and a terrible rate of infant mortality were among the problems we inherited.

Over the past half century of IHS health care, life expectancy for American Indians and Alaska Natives has increased by 10 years, homes with indoor plumbing have increased four fold, and infant mortality has been reduced tremendously. Still, huge challenges remain in many areas. For example, despite impressive advances in sanitation construction, almost 12% of Indian homes still lack a safe indoor water supply, compared to 1% of all U.S. homes. In some areas, such as Alaska, up to 35% of homes lack safe indoor water supplies. The current Indian life expectancy is 74.5 years, while much improved from 50 years ago, it is still more than 2 years less than that for the U.S. general population.

With the advent of a Western diet high in fat, the prevalence of diabetes, in particular, has reached epidemic proportions in Indian communities. The IHS public health functions that were effective in eliminating certain infectious diseases, improving maternal and child health, and increasing access to clean water and sanitation, are not as effective in addressing health problems that are behavioral in nature. Methamphetamine addiction and teenage suicide are particularly troubling issues that we are addressing currently.

All of this explains why I have established three closely related Director’s initiatives for the IHS:

- Behavioral Health
- Health Promotion and Disease Prevention
- Chronic Disease Management

It has become obvious to all of us in Indian health that the health disparities experienced by American Indians and Alaska Natives cannot be addressed solely through the provision of

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health care services. Chronic disease has replaced acute disease as the dominant health problem in our nation and in Indian Country, and is now considered by many to be the principal cause of disability and use of health services. Changing behaviors and lifestyles and promoting good health and a healthy environment are critical in preventing disease and improving the health of American Indian and Alaska Native people.

Through Tribal consultation, self-governance, and self-determination processes, the IHS and Tribes have worked together to identify focus areas for Indian health that address these issues and make the most of limited resources. These focus areas are being targeted at health outcomes that will have a beneficial impact, demonstrate measurable achievements, and attempt to change basic practices and procedures as well as unhealthy behaviors.

The Native concept of considering every important decision in the context of how it will affect the next seven generations is, I strongly believe, wise leadership indeed. In fact, aspects of our traditional Native ways can lead us to a healthier future whether it is the importance of having a medicine man as an integral part of the Crownpoint Comprehensive Health Care Facility or including traditional herbal medicine at the Winslow Health Care Center. Being attuned to your community's needs and providing them is a key step into the circle of wellness.

A number of our programs, such as the partnership with the Boys and Girls Clubs of America through the National Congress of American Indians, are deeply rooted in this concept of improving life for future generations in Indian communities. By helping our children see the value of exercise, healthy living, community involvement, and respecting and valuing others, we are indeed looking ahead and planting the seeds for new generations of healthier American Indians and Alaska Natives.

In February the IHS signed a memorandum of understanding with Harvard University to identify areas of collaboration to improve the health and wellness of American Indian and Alaska Native people and communities.

Other IHS programs, such as our Division of Diabetes Treatment and Prevention, are renowned models for treating chronic diseases and speaking to the future by changing present habits. It is clear through these and other excellent program examples within the IHS that we have excellent frameworks and reference points to embark on a new IHS-wide way of doing business.

Our Chronic Care Workgroup has identified five related key tasks to care for chronic diseases that I believe are the basis of holistic patient care. They are:

- New ways of working, new ways of thinking, and new designs for the delivery of care.
- Optimal use of technology.
- The empowerment and full engagement of individuals, families, and communities in health care.
- Utilization of all of our professional and lay health personnel resources in the most creative and effective ways.
- A focus on the risk factors and underlying causes of chronic illness.

Through the steady growth of Tribal Self-Governance, I am pleased to say that Tribes are now contracting well over half the IHS budget to provide health care for their people that is culturally appropriate and most responsive. This is the future of Indian health care and we at the

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IHS are doing everything possible to ensure the success of this key sovereign right of tribes to improve the health and wellness of their communities.

I have some important concrete, factual numbers for you that demonstrate the commitment and accomplishments of IHS and tribal components to the concept and realization of self-governance and self-determination. In the past 10 years:

- The number of Self-Governance compacts and funding agreements has more than doubled, going from 29 compacts and 41 funding agreements in 1996 to 72 compacts and 92 funding agreements in 2006.
- The number of Tribes in the Tribal Self-Governance Program has risen from 225 (representing 42% of federally recognized Tribes) to 321 (representing 57% of federally recognized Tribes).
- The funding level for the Tribal Self-Governance Program has more than tripled, and the percent of the overall IHS budget that is allocated to the program has more than doubled.

From these numbers, we can clearly see the strength of the self-governance program growing; we see more Tribes exercising their self-determination rights; and we see more of the IHS budget going directly to Tribes to exercise that right. And we can see the commitment of the IHS and tribal communities to supporting and strengthening the concept of self-determination through increased self-governance.

Self-Governance is fundamentally designed to provide tribal governments with more control and decision-making authority over the federal financial resources provided for the benefit of Indian people. More importantly, Self-Governance fosters a partnership between Indian Tribes and the United States in their government-to-government relationships. Self-Governance provides, administratively, the opportunity for tribal governments to exercise their sovereignty with minimal intrusion and involvement.

As one great Self-Governance leader, Joseph DeLaCruz, former President of the Quinault Indian Nation, declared:

*No right is more sacred to a nation, to a people, than the right to freely determine its social, economic, political, and cultural future without external interferences. The fullest expression of this right occurs when a nation freely governs itself.*

As always, a close working relationship with our Tribal communities and their leaders is an optimal goal in our work. Tribal leaders who are engaged in improving the health and well being of their citizens are our leading allies in creating the change I have just spoken about. Just a few months ago I was very moved while reading a news story focusing on how Tesuque (too-sook-eh) Pueblo Governor Gil Vigil (Vee-hill) is challenging his people to make better use of a new health facility that has a gym, weight room, senior center, and after school programs. At 23,000 square feet and a cost of \$4.6 million, the new center is a testament to the Tesuque Pueblo's resolve for a healthier future. Yet it took Governor Vigil to encourage the community to "just move it" as we like to say. We wish him great success in achieving full community participation.

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Throughout Indian Country we are seeing a renewed Tribal interest in promoting health and wellness. We at the IHS respect this exercise of sovereignty and will do all we can to encourage and assist this effort.

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