



**Mayo Clinic/IHS
Memorandum of Understanding
Signing Remarks**

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Rochester, Minnesota

by

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Good afternoon. It is a great pleasure, and very exciting for me, to be here to initiate this promising partnership between the Mayo Clinic and the Indian Health Service (IHS). We at the Indian Health Service are much honored to enter into a partnership with the Mayo Clinic because of your distinguished reputation and legendary tradition of service. The Mayo philosophy that “the needs of the patient come first” perfectly matches our own philosophy.

We have great confidence that the wellness of American Indian and Alaska Native people will be much improved in the future through our collaboration. I would like to take a moment to offer our thanks to:

- Denis Cortese, M.D., President and CEO of Mayo Clinic Foundation, who has been a supporter of the IHS initiatives from the start;
- Glenn Forbes, M.D., Chief Executive Officer, Mayo Clinic Rochester, who has supported the initiative at Rochester and helped facilitate the process by which projects under the Memorandum of Understanding (MOU) will be carried out;
- Victor Trastek, M.D., Chief Executive Officer, Mayo Clinic Arizona; and George Bartley, M.D., Chief Executive Officer, Mayo Clinic Jacksonville, for their work with IHS and the Indian community in the past and for their support of initiatives under the MOU in the future;
- Franklyn Prendergast, M.D., Ph.D, Director of the Mayo Clinic Cancer Center, who has supported the Indian initiatives from their inception and for meeting with me personally to discuss the cancer centers commitment to this MOU effort as well as his promotion of this partnership at every level of the Mayo organization;
- Gloria Petersen, Ph.D., Associate Director of the Mayo Clinic Cancer Center (Population Sciences), and Associate Director for Research (Bioinformation) who represented the cancer center at every meeting with the IHS and helped sheppard this MOU through each stage of its approval; and finally
- Judith Kaur, M.D., Director of Native American Programs, and one of only two American Indian oncologists in the U.S., who has personally and through her staff promoted greater effort and attention on cancer prevention and control for Native Americans. She helped facilitate the many meetings between our organizations and I know she personally endorsed the relationship between our organizations that we are about to formalize today.

The text is the basis of Dr. Grim’s oral remarks at the Mayo Clinic/IHS MOU Signing ceremony held in Rochester, MN, on July 10, 2006. This text should be used with the understanding that some material may have been added or omitted during presentation.

I am grateful to each of you for your special roles in making this partnership a reality.

As an enrolled member of the Cherokee Nation of Oklahoma, my work as Director of the Indian Health Service is both a personal as well as a professional passion for me, as it is for the majority of IHS employees. Over 70% of our staff are members of many of the 561 federally recognized Tribes in the United States.

This brings me to one of the most important guiding principles of the IHS. We have found repeatedly in the IHS that the best health care and research approaches are those guided by those most affected by the outcomes; in our case, the American Indian and Alaska Native people themselves. Not unlike the Mayo philosophy, the IHS is committed to patient- and community-centered health care.

For those of you who are not familiar with the Indian Health Service, it is the principal federal agency responsible for the provision of comprehensive health care services to approximately 1.8 million American Indians and Alaska Natives who are members of 561 federally recognized Tribes. The mission of the IHS, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest possible level.

The administrative structure of the IHS consists of a national headquarters, 12 Area or regional offices, and 164 service units located across the United States. The Indian health care system consists of comprehensive health care services provided either directly by the IHS or through tribally operated health programs, with some services purchased from private providers. Health care services are delivered through a nationwide system of 48 hospitals, 279 health centers, 135 health stations, and 162 Alaska Village clinics. In addition, the IHS supports 34 Urban Indian health programs that provide a variety of health and referral services.

In 2005, the IHS celebrated its 50th anniversary. This provided us an opportunity to review our progress and assess the challenges ahead. Among the accomplishments have been raising life expectancy, controlling TB, significantly reducing infant mortality, greatly increasing immunizations, and making water supplies safe.

Many tough challenges face the IHS in meeting the myriad health needs of diverse Indian communities in the future. In recent years, the Agency has established three initiatives focusing on Health Promotion/Disease Prevention, Chronic Disease Management, and Behavioral Health. These initiatives are linked together and have the potential to achieve major improvements in the health of Indian people. Partnerships such as the one we are establishing today clearly are needed to provide the holistic approach that is essential for wellness for our patients and their communities.

The IHS-Mayo partnership, I believe, can strengthen the vision of the IHS in how we relate to and provide health care for our patients, their families, and their communities.

Let me tell you about the future I see for Indian people. I see a future where our elders spend their final days living a higher quality of life in comfort and dignity and where our children grow up strong and healthy to face a future full of promise and opportunity free from the diseases that afflict our population today. Together, through our exciting new partnership, I believe we CAN make this vision a reality.