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Region I Tribal Consultation

Welcoming Remarks by
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Good morning. It is a pleasure to have been invited to Region I's tribal listening conference. The value of consultation cannot be underestimated for establishing a vision for Indian health and developing ways to make that vision a reality for American Indians and Alaska Natives.

Our ancestors established many forms of government. There was a common theme from nation to nation – that the government must provide for representation as well as participation. Our tribal governments and tribal councils today reflect that legacy.

These listening conferences are similar in purpose and they are also a reflection of the Administration and the Department's commitment to consultation. They are also another way for tribal voices to be heard.

It is important that tribal priorities be shared with the leadership present at these conferences so that a national strategy can be developed or strengthened to improve the health of Indian people. At the national level, the health status of Indian country can be determined by things such as data and surveys and research, but additional health priorities and solutions come from you. You humanize the cold statistics and help us see your community and the challenges it faces. It is important to increase understanding of how national priorities or policies are interpreted and implemented at the regional and local level – and if they need improvement or change. Your ideas for making improvements or changes within the authority of the Department of Health and Human Services are critical to sustain our programs, establish new ones, and improve the health of our people.

It is also important for the Indian Health Service to hear from you. That importance is underscored by my asking the IHS Area Directors to also attend these listening conferences – not just those from this Region, but all 12 of the IHS Area Directors. It is important for us all to hear your concerns and the concerns throughout the nation so that we are able to broaden our focus and effectively make decisions that can benefit Indian country.

Many of you, or your representatives, have shared your wisdom and presented your recommendations for change through the legislative process – specifically, through the tribal-consultation process that developed proposed language for the reauthorization of the Indian Health Care Improvement Act. Through that process you conveyed your blueprint for shaping the future of Indian health care programs for years to come.

Others of you have demonstrated the health priorities of your Tribes and communities through your applications for Department of Health and Human Services grants. The Secretary has re-established the Intradepartmental Council of Native American Affairs and one of its goals is to expand tribal participation in more of the 320 programs the Department has to offer. As Director of the Indian Health Service, I serve as the Vice-Chair for the Council, which is helping to coordinate the resources and programs of the Department.

As Secretary Thompson said to the Council: *“We must do more with our existing programs to make them work better for Native Americans and consult with our partners to improve our policies and services to their communities.”*

And the Secretary has made it part of his vision for Indian health that the responsibility for raising the health status of American Indian and Alaska Native people is a responsibility shared throughout the One Department. It is not the exclusive responsibility of the Indian Health Service. The Secretary's support of self-

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determination extends beyond increased accessibility and includes identifying Department programs and services that can be subject to tribal contracts and compacts.

These are just some of the examples of the commitment of the Department to meeting the health needs of Indian country and to help Department programs be more responsive to you.

As the Director of the Indian Health Service, I can say with confidence and pride that we too are committed to consultation and tribal and urban Indian participation to improve the health status of American Indian and Alaska Native people.

At my confirmation hearing and in meetings I attended this week with Alaska Native tribal leaders, I mentioned that I also share the same concern as the Secretary and the Administration that to improve the health status of all Americans, we must do more health promotion and disease prevention. Providing our people a higher quality of life for many years can only be accomplished through supporting programs that will help them make positive behavioral and lifestyle choices. We will continue our treatment programs, but our goal is to eventually reduce the demand for treatment because our people are healthier longer.

Sustaining a health promotion program cannot be done in isolation from other factors that influence health status. Factors such as education level, employment opportunities, community development, environmental health, and cultural support can drastically affect lifestyle choices and behavioral patterns, and consequently, health status.

The socioeconomic problems and lifestyle factors underlying the decreased health status of Indian people are entrenched, long-standing, and pervasive, and therefore difficult to eradicate. That is why it is important that we work together and we work with others to build the infrastructure of our communities so that all these interrelated factors come together in balance for mutual benefit.

I am aware of some of the issues of concern for the Tribes of Region I and I look forward to hearing your proposed solutions or obstacles you have overcome that could be useful in developing additional solutions. For example, the relatively small population of the Tribes of Region I and their disparate locations are not favorable toward economies-of-scale purchasing strength or negotiating to reduce contract health care rates. Some of you have suggested that a legislative solution may be needed that could ensure contract health care services are not billed above the Medicare rates. The issues of homeland security funding, border issues regarding health services, even the ability to conduct interstate billing all have varying factors that make it an issue and, therefore, there are opportunities to address the factors and develop solutions or strategies to account for them. This listening session is a way for you to propose solutions. The Department representatives sharing the dais with me will take your proposals back to the Department and give them careful consideration. Ever since the Tommy G. Thompson was sworn in as Secretary of the Department of Health and Human Services he has repeated again and again, he is not satisfied with the status quo. He is committed to making a difference. And my colleagues and I share that commitment.

And we can best accomplish this goal by listening to each other and to our partners. We must listen to our communities when they tell us where their greatest needs are and what the most effective, culturally sensitive methods of meeting these needs are; we must listen to our federal partners when they tell us how to best strengthen our infrastructures and coordinate our resources; and we must listen to our people when they tell us how to best help them overcome unhealthy lifestyle choices and behavior patterns. We can learn from each other, but only if we listen with an open mind and a caring heart.

It is a privilege to be here today at this Consultation Conference to listen and learn from you. Thank you.