Region VI Tribal Consultation Session

"Consultation Works"

by

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Thank you for that kind introduction. I am very happy to have this opportunity to attend your Region VI Tribal consultation session and speak before you here today. These consultation sessions are an invaluable part of ensuring the formulation of healthcare policy that will most effectively address the needs of American Indian and Alaska Native people.

I would like to begin by saying a special thank you to Regina Schofield for the exceptional work she does in promoting and facilitating consultation and advocacy. As many of you know, in addition to her duties as Director of the Office of Intergovernmental Affairs, she is also the White House Liaison at the Department of Health and Human Services (HHS). In that role she hires all HHS political appointees. She has traveled extensively to Indian County and a number of you have met her in your home communities. She is a strong advocate for American Indians and Alaska Natives and she works very hard for you back in Washington, D.C.

I would also like to acknowledge Linda Penn, Regional Director; Don Perkins, Executive Officer; and Ashlea Quinonez, Intergovernmental Affairs Specialist. Linda and her staff have done a great job in coordinating this session and serving as very gracious hosts for Tribal leaders.

Region VI contains portions of several Indian Health Service (IHS) Areas and I am pleased to see two of those Area Directors here today - Mr. Jim Toya from the

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Albuquerque Area and Mr. John Daugherty from the Oklahoma Area. Over the past several years, IHS Area Directors and HHS Regional Directors have forged a strong partnership in coordinating these sessions and supporting senior HHS staff trips to Indian county. We look forward to continuing to build upon that partnership in the years to come.

Finally let me acknowledge all the Tribal leaders and staff who are here today. Without your support, these sessions would not happen. I would especially like to thank those of you who helped plan this session and those who are facilitating various portions of the consultation session, including Lt. Governor Jefferson Keel of the Chickasaw Nation; Lt. Governor Ken Daugherty of the Absentee Shawnee Nation; and Bob Newcomb from the Alamo Navajo School Board.

If you take away only one thing from my remarks today, please take away this: **CONSULTATION WORKS**. We have seen the results and positive effects in the development of the IHS budgets and other areas, and I am confident we will increase those benefits as we revise and refine the consultation process.

At these regional sessions over the past 2 years, Tribal leaders have been very clear about the critical role consultation plays in the government-to-government relationship between HHS and Indian Tribes, as well as their desire that we revise both the HHS and IHS policies. We heard you, and with your help, we are working to strengthen the consultation process.

Suffice to say that the policy revision process was itself a significant consultation event spanning several years. Tribal representatives and HHS staff from many divisions worked diligently for many months to craft recommended revisions to these two policies. Their work on the HHS policy is complete, and their work on the IHS policy is nearly complete. In the coming year we will witness other HHS Divisions revising their consultation policies and plans to comply with the revised HHS policy. The work of this Tribal/Federal Team will no doubt serve as a model for HHS Divisions to follow as they undertake this policy revision process.

I would like to acknowledge the great work of all those who participated in this effort. Tim Martin served as one of the Tribal co-chairs of the workgroup, and Gena Tyner Dawson with Doug Black as one of the federal co-chairs. They worked very hard to arrive at a recommended policy that addressed the needs and concerns of both the Tribes and HHS.

Another example of consultation that works is the IHS reorganization. This effort was underway before I became Director. When HHS announced plans to reorganize and restructure 4 years ago, it was acknowledged up front that the IHS portion of that restructuring would require Tribal Consultation. In addition Tribes made it clear at these sessions 2 years ago that they did not want IHS Human Resource (HR) programs included in the consolidation of all other HHS Human Resource programs. The Secretary heard your concerns, and as a result, today the responsibility for IHS HR functions remains within the IHS. As the one who participated in that internal decision-making process, I can tell you without question that your voices were heard.

Let me now take a few minutes to update you on our progress with the IHS Headquarters Restructuring. First, I want to make you aware of some of the things I have done to reorganize Headquarters and the way we do business. This year there were significant changes to the Headquarters organizational structure. These changes are intended to improve our support of those in the field, our responses to the Department and Congress, and achieve the management and performance goals of the President and the Secretary. I am in the process of filling key Headquarters positions, beginning with the selections of Robert McSwain as the IHS Deputy Director and Phyllis Eddy as the Deputy Director of Management Operations for the IHS.

Let me provide one final example of consultation that works. During the 2005 Regional Tribal Consultation Sessions and the HHS Budget Consultation Session, Tribes were very clear about the need for additional resources as well as their budget priorities. Those priorities were full pay cost increases, contract support costs, increases to address population growth, and contract health services. HHS responded and worked very closely with others in the Administration to include those priorities in the 2006 President's Budget Request. We all agree that needs remain to be addressed; however, in this extremely difficult budget environment, the IHS is recommended for an increase of $63 million. This is in sharp contrast to a reduction in excess of $500 million for Centers for Disease Control and Prevention, a reduction in excess of $400 million for Administration for Children and Families, and a reduction in excess of $800 million for Health Resources and Services Administration, to name but a few.

The proposed IHS budget authority for FY 2006 is $3 billion. As I said, this is a $63 million, or approximately 2%, increase over the FY 2005 enacted budget level. Adding in funds from health insurance collections estimated at $642 million, designated diabetes appropriations of $150 million, and $6 million for staff quarters rental collections, increases the proposed budget for the IHS to $3.8 billion in program level spending.

The challenge for the IHS is to continue to provide access to quality health care for an increasing population. An estimated 1.8 million American Indians and Alaska Natives will be eligible for IHS services in 2006, an increase of 1.6% over 2005 and 9.4% since 2001. The FY 2006 budget includes new funds to help provide for the additional 29,000 people who are expected to seek services in FY 2006, cover increased pay costs for the Federal and Tribal employees who provide these services, and meet rising costs. Funds will go primarily to Clinical Services (operation of hospitals and clinics, and purchase of medical care), but also to other IHS programs that are providing additional services and support functions. Some highlights of the FY 2006 proposed budget include:

- An additional $32 million toward covering increased Federal and Tribal employee pay costs.
- A total of $3 million to fund the construction of 24 units of new and 5 units of replacement staff quarters for the Harlem and Hays outpatient facilities in Montana.
- An additional $35 million to add staffing for six outpatient facilities

- An additional $5 million for contract support costs, for a total of $269 million.
- An additional $27 million for contract health service costs.
- $150 million for diabetes prevention and treatment grants. Through the Special Diabetes Program for Indians, the IHS has awarded $650 million in grants over the past 5 years to over 300 Tribes and Indian organizations to support diabetes prevention and disease management at the local level.

My remarks focus primarily on the IHS Budget Request but I would like to spend just a moment on making some very general comments on the HHS budget. As I said earlier, FY 2006 presents a very challenging budget environment. I have referenced a number of reductions proposed for several of the IHS's sister agencies, however, programs across HHS that are targeted for American Indians and Alaska Natives have received requests for increases which total $96.4 million. In addition to the IHS this included increases for the Administration for Children and Families of $24.4 million. For more information on the specific program requests please refer to page 12 of the 2004 HHS Tribal Consultation Report which has been distributed today.

In 2004, HHS resources that were provided to Tribes or expended for the benefit of Tribes increased to approximately $4.55 billion. This is an increase of approximately $195 million or 4.5% over the 2003 amount of $4.35 billion. The increase came in appropriated funding as well as increased tribal access to non earmarked funds and increases in discretionary set asides.

Both the 2004 expenditures and 2006 request indicate that while much need remains, tribal resources at HHS continue to increase in a tight budget climate. I believe this is directly attributable to the effects of tribal consultation.

I believe that now more than ever before, we need to be people working together to achieve our mission — the Tribal programs, the IHS Service Units, the Area Offices, Headquarters, and even the Department are a whole community of people, working together in our own ways to improve the health status of Indian people. I would like to talk to you today about a number of things going on within this community of people working to improve Indian health care. I hope you will join me in working on some of the initiatives that I am going to talk about, as you engage in consultations on budget and other Indian health issues.

The growth in the American Indian and Alaska Native population and chronic disease rates, as well as socioeconomic constraints, are increasing the challenge of effectively improving the health status of this population. Therefore, as an Agency, the IHS is establishing three major focus areas, or director's initiatives. They are:

1. Health Promotion and Disease Prevention
2. Chronic Disease Management
3. Behavioral Health

Early on in my tenure as Director of the Indian Health Service, I announced my Health Promotion and Disease Prevention Initiative. As a Nation we are struggling with chronic diseases such as diabetes, heart disease, obesity, cancer, asthma, and depression. This initiative is a reflection of my conviction that we must address the primary prevention of these chronic diseases if we are to critically influence the future health of

our patients and our communities. To that end, I have taken a number of actions aimed at health promotion and disease prevention, which include the following:

- Indian Health Summit; Health Promotion and Disease Prevention Policy Advisory Committee; Area HP/DP coordinators; Healthy Native Communities Fellowship; "Just Move It Campaign"; Boys and Girls Clubs; MOUs with Canada and NIKE… to name a few.
- Stop The Pop Campaign - 8 emerging leaders from the Department of Health and Human Services have been assigned to work on this campaign.
- An obesity workgroup will be launched in April.

As I mentioned earlier, as a nation and in Indian country, we are struggling with chronic diseases such as diabetes, heart disease, obesity, cancer, asthma, and depression. We must address not only the primary prevention of these chronic diseases if we are to critically influence the future health of our communities, but we must look at better chronic disease management in our clinical care of our patients. I have asked Dr. Kelly Acton and Dr. Craig Vanderwagen to bring together a team to develop a strategic plan to address chronic disease. They had their first meeting in December and I look forward to hearing about their recommendations for our health systems.

Addressing behavioral health and mental health issues in our communities is also crucial. We need to focus on screening and primary prevention in mental health. The recent shooting incident at Red Lake has been a tragic reminder to all of us in Indian country, as well as to the Nation as a whole, of the importance of increasing our efforts to effectively address mental health issues. We know that mental health issues such as depression can also make chronic disease management more difficult and less effective. In order to adequately address mental health issues, we need to work in concert with federal, public, and private organizations to address all the contributing factors to mental illness, such as poverty, lack of educational opportunities, domestic violence, social isolation, and perhaps most devastating of all, low expectations and the hopelessness of our youth. We also need to work with organizations such as the Substance Abuse and Mental Health Services Administration, as well as many of the Tribal organizations and foundations that can help us with these problems.

I've highlighted several of the actions that I have taken to jump start a change in the culture of our organization to one that not only continues to provide exceptional health care, but also one that really does make preventive health, behavioral health and chronic disease management a priority. We can no longer simply complain about the scarcity of resources for preventive health, behavioral health and chronic disease management -- we have to do something about it.

I would like to thank Tribal leaders for participating in the planning of these sessions and supporting HHS by participating. I have committed that I or my senior staff will attend every session. With your help I know we will continue to honor your sovereignty and strengthen our already outstanding partnership. Thank you.

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