



Mega Meeting
August 9, 2006
Anchorage, Alaska

“Empowering Our Youth”
by
Charles W. Grim, D.D.S., M.H.S.A.
Assistant Surgeon General
Director, Indian Health Service

Thank you for the opportunity to speak today on this critical topic concerning our Native youth. Empowering our youth is a goal shared universally by Alaska Native communities and Tribes throughout the Lower 48. I believe the title of this conference “Empowering Youth Through Tribal Leadership” gets it exactly right. The Indian Health Service (IHS) recognizes that effective Tribal Leadership, in helping empower the youth of each community, is the single most powerful and effective solution. Tribal Leaders know their communities best and have the wisdom and experience to lead their people to healthy and fulfilling lives. Cultural knowledge, traditional diets, and the proud examples of our ancestors are just a few of the tools I know that you as Tribal Leaders can use to give our young people hope for the future and a firm example to follow. Nothing is more powerful than the Native concept of basing each community decision on how it will affect seven generations ahead.

We at the Indian Health Service see teen suicide and alarming youth health problems, such as obesity and diabetes, as some of our most important and troublesome challenges. We have many effective and innovative new programs and initiatives in place to combat these issues.

I want to share with you some of the current IHS efforts to assist you in your efforts to ensure the wellness of your communities. In FY 2006, the IHS will provide nearly \$3 million in Tribal Equipment funds that will be used to match Denali Commission clinic construction funding to build new and improved village clinics. In FY 2006, the IHS also will provide Small Ambulatory Clinic funding in the amount of \$2 million for Kake and \$1.7 million for Hooper Bay to fund new clinics in those villages.

We also support Alaska Native Behavioral Health, which does an excellent job of providing village-based behavioral health capacity to ensure the health and well-being of the next and following generations. The Behavioral Health Aide Program provides a meaningful response to

The text is the basis of Dr. Grim’s oral remarks at the Mega Meeting on August 9, 2006, in Anchorage, Alaska. It should be used with the understanding that some material may have been added or omitted during presentation.

the high rates of disease, disability, and death experienced by Alaska Natives, both young and old, related to various behavioral health issues.

In Alaska, the issue of suicide is indeed a troubling one. We have confronted some harsh and troubling statistics:

- Alaska Native (all) age-adjusted accident mortality rate is 3.7 times that of all U.S. races.
- The suicide death rate for all Alaska Natives is 4.6 times that of all U.S. races.
- Though Alaska Natives are 19% of the State population, they are 37% of the inmate population (94% are male and 6% female).
- Alaska Native male suicide death rate is 4 times that of the U.S. all races males.
- 47% of Alaska Native men are current smokers, compared to 28% of other Alaska men.
- 7% of Alaska Native men report that they are just as likely to drink and drive, compared to 5% of other Alaska men.
- Alaska Native female suicide death rate is 5.3 times that of the U.S. All races females.
- Alaska Native female accidental death rate is 3.3 times that of the U.S. all races females.

As these statistics show, suicide is a pervasive reality that we must strive to eliminate. The IHS National Suicide Initiative that I established for the IHS in September 2003 as a multiyear, multifaceted approach to suicide intervention, education, and prevention is one tool we have on hand. This initiative is complemented by our Behavioral Health initiative, which seeks to address suicide prevention through a holistic, community-centered approach.

Today we are hosting the 3rd Tribal Leader roundtable with Tribal leadership.

We have held them in Phoenix, Arizona, and Billings, Montana. These listening sessions provide us an opportunity to hear ways that we can better serve you. We do not know the answers, especially for the methamphetamine crisis, but we hope that through these listening sessions, we can find ways to combat drugs like this.

We are partnering as a Department with the National Congress of American Indians and the Department of Justice to ensure that we are effectively utilizing our resources and expertise.

I want to open the session up to hear from you. Trudy Anderson and James Whitfield will help us monitor our open discussion here today.

Thank you.