National American Indian and Alaska Native Heritage Month

"Strengthening the Spirit"
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Department of Commerce Heritage Ceremony
Washington, D.C.

"Heritage and Health:
Sovereign Nations and the Federal Health Program"

by

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Good morning, I appreciate the invitation to speak to you today, during National American Indian and Alaska Native Heritage Month, about the Indian Health Service – the Federal health program for American Indians and Alaska Natives.

The month of November is designated as a time to recognize and honor the contributions of American Indians and Alaska Natives to the unique culture and greatness of America. It is also an opportunity to share information with others about the special relationship between the Federal Government and the more than 560 Sovereign Nations within the United States. American Indians and Alaska Natives enjoy the rights and benefits of every American citizen, since the Indian Citizenship Act was passed in 1924 granting U.S. citizenship to this country's original inhabitants, and, unlike other American citizens, they also have treaty rights. American Indian and Alaska Native rights were formalized by the initial treaties of 1784, in which the federal government acknowledged certain responsibilities toward the indigenous people. The government's obligations were subsequently reconfirmed and defined by Supreme Court decisions, legislation, Executive Orders, and other federal policies. The relationship between tribal governments and the federal government is founded in the U.S. Constitution, which recognizes that federally recognized Indian Tribes are sovereign nations with inherent rights. This distinguishes American Indians and Alaska Natives from all other ethnic groups in the United States.

Just as there is a federal health program for members of the armed forces, for our country's veterans, and for our prisoners – there is the Indian Health Service, which is the primary agency for carrying out the federal government's treaty obligations to Indian Tribes to provide health services: Health services that were guaranteed by treaties entered into between the Federal Government and Sovereign Nations in exchange for land, mineral rights, resources and, during certain periods of American history, some personal rights and freedoms.

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There are two federal agencies carrying out the trust responsibilities of the Federal Government for tribal governments and American Indian and Alaska Native people – the Indian Health Service (for health services) and the Bureau of Indian Affairs (for all other federal program services). After my presentation today, if you remember nothing else, you will know that the Indian Health Service is within the Department of Health and Human Services and the Bureau of Indian Affairs is within the Department of the Interior.

The Indian Health Service was once part of the Department of Interior, but has not been there since 1955. Looking out at this audience – hardly any of you look like you were born before 1955, so in your lifetime the Indian Health Service has never been part of the Interior Department or the BIA – yet that perception continues to this day. The location of the Indian Health Service seems to be an urban myth that continues despite facts to the contrary. At least I know that the myth will no longer have a foothold in the Department of Commerce!

The Indian Health Service was transferred in 1955 to the Department of Health and Human Services, then known as the Department of Health, Education, and Welfare, and became an independent agency of the Department in 1988. The Indian health care system is composed of health care services directly administered by the Indian Health Service, those administered by Tribes under the authority of the Indian Self-Determination and Education Assistance Act, and those administered by urban Indian health programs.

Services provided by the IHS and Tribes are administered through a decentralized system of 12 Area Offices and 155 service units, 60 of which are managed by the IHS, and 95 are tribally managed. The Indian health system consists of 49 hospitals, 236 health centers, 176 Alaska village clinics, 133 health stations, and 33 residential treatment centers. Overall, approximately 48% of the IHS appropriation is retained to provide direct services to Tribes and the remaining 52% is transferred to Tribes to operate the programs and facilities they have contracted from the IHS to provide for their members. In addition, there are 34 urban Indian health projects, which receive some funding from the Indian Health Service, that provide some medical, dental, and other individual health care services while some projects provide only outreach and referral.

Of the Indian health system, the IHS professional staff includes approximately 900 physicians, 2,600 nurses, 300 dentists, and 430 pharmacists with annual vacancy rates from 8 to 23 percent depending on the discipline. Of the approximately 15,000 IHS employees, 69 percent are American Indian or Alaska Native. Excluding medical and engineering professionals, 88 percent of the IHS employees are Indian. Primary care and community health services are the main focus of our care system; a few of the hospitals provide secondary care with specialists – such as surgeons and obstetricians, but the majority of our services are provided by generalists such as family physicians, pediatricians, general practice dentists, physician assistants, and others. Much of the specialty care, both inpatient and outpatient, is purchased from private or other public sector providers.

The 2000 census identified number of American Indian and Alaska Native people in the U.S. is approximately 2.6 million. The Indian health system serves those who are members of the more than 560 federally recognized Tribes in 35 States, which includes approximately 1.6 million American Indians and Alaska Natives residing on or near reservations. Annually, the IHS provides approximately 11.5 million health services. In addition, approximately 330,000 Indian people are served in urban Indian health clinics –So, the Indian health system serves approximately 62 percent of the total Indian population in the United States.

Our annual appropriation is approximately $3 billion and we collect an additional $500 million from third-party payers like Medicare, Medicaid, and private insurance. This results in approximately a per-capita amount of roughly $1,900 per person that the agency spends on those eligible for IHS services. The Medicare expenditure per enrollee is approximately $6,000; for Veterans, $5,200; for prisoners $3,800. Federal Employees receive approximately $3800 in medical care through the Federal Employee Health Benefits program. Again, those eligible for IHS services receive roughly $1,900.

In order to help fill this funding gap, the IHS and Tribes must depend more and more on partnerships with foundations, academic medical centers, and other state and federal health programs as we try to meet the health needs of our families and communities. We also advocate and encourage programs that affect the lives of rural and reservation communities to focus on those populations as well. An example of this is the awarding of economic grants by the Department of Commerce (through its Economic Development Administration) to 65 Indian Tribes to help those communities build the capacity to focus on long-term economic challenges. By helping to strengthen the economic infrastructure of Tribes, these grants also contribute to related factors, such as improvements in socioeconomic status, that impact heavily on health and wellness in the community. Study after study confirms those connections. The higher someone's education level, the

higher their health status. The higher someone's health status, the greater their potential for educational achievement and success. Higher education level results in increased earning power. Greater income results in higher health status. Improving the economic infrastructure of Indian communities is critical to improving the health status of that community. Eliminating health disparities also means that we must make a commitment to eliminate all disparities – such as disparities in housing, education, employment opportunities, business investments, political influence, and economic development.

As you can see, the federal health program for American Indians and Alaska Natives is a comprehensive and complex program striving with its partners to meet the health needs of a steadily increasing and aging population. But health disparities between American Indians and Alaska Natives are still significant. Since the 1955 transfer of the Indian Health Service into the Department of Health and Human Services, there have been significant health challenges that have been overcome.

Mortality rates have decreased in almost all categories, including maternal deaths, gastrointestinal disease, tuberculosis, infant deaths, unintentional injuries, pneumonia, influenza, homicide, alcoholism, and suicide. And the lifespan of Alaska Natives and American Indians has increased from 51 years in 1940 to 71 years today, but that is still 6 years below the average life span of other Americans. And over this timeframe, our illness and disease challenges have transitioned away from infectious disease control to challenges of chronic disease and the consequences of behavioral and lifestyle choices.

Even with significant improvements in health status, Indian people continue to experience health disparities and death rates that are higher than the rest of the nation:

- Alcoholism - 770% higher
- Diabetes - 420% higher
- Accidents - 280% higher
- Suicide - 190% higher
- Homicide - 210% higher

And all of these are influenced by lifestyle and behavioral-related choices. The latest statistics from the Centers for Disease Control and Prevention indicates that among the top 10 leading causes of death for all Americans are heart disease, cancer, cerebrovascular disease, injuries, and diabetes – all of them can likely be traced back to a lifestyle or behavioral influence. For American Indians and Alaska Natives that list of five is the same with the additional causes of suicide and, because of high rates of hepatitis A and C in our communities, liver-disease. Like the rest of America, the greatest factor for improving health status is to focus on making health-positive lifestyle and behavioral choices. Behavior choices result in 50% of the disease burden in this country. Genetic factors account for 20% and environmental conditions account for another 20%. Access to care accounts for only 10% of the country's disease burden.

While lifestyle and behavioral-related choices can be cited as a contributing cause of illness and disease – lifestyle and behavioral-related choices can also be cited as a contributing factor in eliminating or delaying an illness or disease.

The history of Indian health begins much earlier. The story of American Indian and Alaska Native people bears little resemblance to what we read about in most history books and what we see romanticized or villainized on the movie screen. The history, as told by Indian people and other reliable scholars, is still emerging. It wasn't until after World War II that an appreciation of the multi-cultural nature of America began to emerge.

The Americas were originally settled by Indian people more than 10,000 years ago. During the course of their history, as tribal groups scattered thinly across the continental expanse, they established diverse sophisticated social structures with unique languages, religious practices, intricate customs and distinct identities.

American Indian and Alaska Native people share a complex, sometimes turbulent history with the European settlers and other immigrants. Some Indian Tribes and cultures have managed to endure through centuries while many Tribes and traditional cultures did not survive. Many rich cultural treasures, including over 150 unique native languages, are lost forever. This vanished history and heritage is a tragic national loss.

During the late 1700s, European immigrants brought small pox, plague, tuberculosis, and other infectious diseases to this continent. American Indians and Alaska Natives did not have immunity from foreign contagions, and American Indians were particularly vulnerable to these maladies. Thus, illness spread rapidly through Indian communities and decimated many tribal groups.

When the Europeans arrived on this continent there were approximately 10 million native people. By 1890 the Indian population had decreased to 250,000. During this same time period the population of Europeans went from zero to 75 million. And today the U.S. population is around 293 million and the tribally recognized Indian population is around 2.6 million.

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By the early 1800s, scores of Indian people living near Army posts succumbed to infectious diseases, which then threatened the health of military personnel and other army post workers. To curtail the spread of disease among its own, the Army physicians began providing medical treatment to Indians with contagious diseases living nearby. This marked the initial provision of health care by the U.S. Government to American Indians. Improvements in the health of Indian people were made after physician services were formally established in 1849; the first nurse joined the medical staff in the 1890s; and field matrons (later Public Health Service nurses) began their health education efforts in 1891. Eventually, in 1922 the government formalized this arrangement with the passage of the Snyder Act, agreeing to provide medical treatment to federally recognized Indians and their descendants for "the relief of distress and conservation of health." Efforts to improve the health of Indian people in the mid- and late-1800's were contrasted with other public policies designed to eliminate Indian people and their culture. As a result, many Tribes and families were lost. Later still, when it was believed that the best way to help Indian people become part of the dominant society and enjoy its benefits, assimilation programs were imposed on them. The Indian boarding school program was one such assimilation experiment, which included not allowing Indian children to speak their native language, acknowledge their tribal culture, or to honor their heritage. I am sure this forced exclusion of their culture contributed to the deaths of many Indian children while attending the boarding schools because they were physically, and spiritually, unable to recover from illness and disease as a result of an impoverished way of life, isolation, and discrimination.

For more than 120 years, the responsibility for Indian health care was transferred among different Federal Government branches. Finally, in 1955, it settled permanently within the Department of Health and Human Services.

The influence of the great spirit of American Indians and Alaska Natives on the culture of America has been profound. Indian art, language, philosophy, and spirituality are woven into the fabric of our nation. America's political system also owes a debt to early American Indian and Alaska Native influence. The Great Peace Law, which made it possible for the confederation of five Iroquois nations to function in harmony for several centuries, was used by colonists as a model for the United States constitution . . . and a model for democracy.

During this week and the celebration of Veterans Day last Tuesday, I am reminded that our country's freedom has been won and defended by Americans from diverse backgrounds and cultures – but they serve and served for the same reason; to protect the rights and benefits that come with freedom and defend the principles of democracy. There was a time when many American Indians and Alaska Natives were not able to serve in the military services – because their health was so poor they could not pass the physical requirements. That was as recent as 1955, at the time when the Indian Health Service was transferred to the Department of Health and Human Services. Now they serve in proportionally greater numbers than any other population group in the U.S. In fact, they have a long history of military service to this great nation. American Indians and Alaska Natives have participated with distinction in every war this country has ever known. Indian soldiers served as auxiliary troops in the Civil War and were active in the American West in the late 1800s and early 1900s, accompanying Gen. John J. Pershing's troops on expeditions. American Indians were also recruited by Teddy Roosevelt's Rough Riders and saw action in Cuba in the Spanish-American War in 1898. More than 12,000 American Indians served in the United States military in World War I. In World War II, more than 44,000 American Indians and Alaska Natives, out of a total population of less than 350,000, served with honor.

The now famous Indian code talkers helped win historic battles of World War I and II, transmitting messages in their native languages. The code talkers of World War I came from the Tribes of the Cheyenne, Comanche, Cherokee, Choctaw, Osage, and Yankton Sioux. The code talkers of World War II came from the Tribes of the Chippewa, Choctaw, Comanche, Creek, Hopi, Kiowa, Menominee, Muscogee-Seminole, Oneida, Pawnee, Sac & Foc, Sioux, Winnebago, and Navajo. The now famous Navajo Indian code talkers earned their historic reputation by taking part in every assault the U.S. Marines conducted in the Pacific from 1942 to 1945, transmitting messages in their native language -- a code that the Japanese never broke. Battles like Guadalcanal, Tarawa, Peleliu, and Iwo Jima – the code talkers were there and never made a mistake in transmission.

During the two World Wars, American Indian and Alaska Native men and women on the home front also served their country with pride. More than 40,000 Indian people left their reservations to work in ordnance depots, factories, and other war industries. American Indians and Alaska Natives also invested more than $50

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million in war bonds, and contributed generously to the Red Cross and the Army and Navy Relief societies.

Indian troops also fought during the Korean conflict, and approximately 42,000 American Indians and Alaska Natives, more than 90 percent of them volunteers, fought in Vietnam. In the 1980s and 1990s, they saw duty in Grenada, Panama, Somalia, and the Persian Gulf. And it continues today, as American Indian and Alaska Native soldiers serve in Afghanistan and Iraq, alongside their brother and sister soldiers. Soldiers like Jessica Lynch from West Virginia, Shoshana Johnson from Texas, Patrick Miller from Kansas, and Lori Piestewa from the Hopi Tribe in Arizona, who is the first American Indian woman killed in combat, whose spirit endures through her children and family, and in America's memory.

The great spirit of American Indian and Alaska Native people has endured, and with all our help, will continue to endure and to strengthen – and, in turn, will continue to help define the American spirit.

Thank you again for this opportunity to participate in your celebration of National American Indian and Alaska Native Heritage Month.

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