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"The IHS and the 108th Congress"

by

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I appreciate the opportunity to meet and speak with you here today. Last year you honored Secretary Thompson with an NCAI Leadership Award on behalf of the Department's efforts to consult with tribal governments; and, in addition to extending the wishes of the Secretary for a successful Executive Session, I want to let you know that your award is displayed in the lobby at the Department's main entrance at the Humphrey Building. Everyone who enters the building sees the honor you bestowed on the 65,000 plus employees of the Department. The Secretary and his administration work very hard for programs that benefit the health and quality of life for all people of our nation and he has a personal interest in the health programs for Indian people. Your Leadership Award is validation that their efforts are recognized and valued.

It is an honor to be with you in this room and among those who will address this session of the National Congress of American Indians. It is the diversity of participants represented here today that has been the key to the health, prosperity, and freedom that has become the birthright of all Americans, wherever they may live.

I am here today to advocate that American Indian and Alaska Native people must have the same opportunities afforded to all Americans—the opportunity to receive an education, to have meaningful employment, to share in the economic development of a community, to benefit from the advantages of a technological society, and to enjoy a safe community. Our organization is committed to raising the health status of American Indians and Alaska Natives, and it is not just about access to care, or just about improving the educational opportunities for our people, or establishing a safe community or building homes. It is about all these things, and many more, that are interdependent and necessary. One aspect of well-being builds on another. Each of these things is required.

And in this room today are those who can make it happen. Not independently, but together. I begin my presentation to you today borrowing from the words of John Fire Lame Deer:

> *"We believe that it is up to every one of us to help each other. We want no angel or saint to gain it for us and give it to us second-hand."*

It is a privilege to be a part of efforts to benefit American Indians and Alaska Natives. As we improve the health of American Indians and Alaska Natives, we increase the stamina and performance of the Indian workforce. Our children must become healthier and better able to succeed in school. A stronger and better educated workforce encourages investments in the infrastructure of communities which then leads to more jobs and more opportunities. And as the infrastructure of our communities improves, so does the health and well-being of those who live in those communities. We can eliminate some of the consequences of poverty and despair by working together on these things.

I am pleased that I can serve Indian people as the Interim Director of the Indian Health Service for as long as the President and Secretary wish me to serve. The Department has forwarded my name, along with their endorsement, for the White House to submit my nomination before the Senate for confirmation. As the Interim Director, appointed by the President, I have all of the responsibilities and authorities to carry out the work of the Agency for the benefit of American Indian and Alaska Native people. It would be an honor to serve as the 7th Director for an agency that has done so much for Indian people.

Helping one another, I believe, will be critical in the foreseeable future. The country faces many challenges causing shifts in priorities, realignment of resources, changes in populations, and restructuring of the economy and the government that will require sacrifices that will affect the future for our families, cultures, and traditions. There is an emerging recognition that one agency can make a difference, but not do it all. Partnerships and alliances must be developed and strengthened. In my 20 years working in Indian health, I have never seen our alliances stronger and more necessary than now. Not just the alliances we have with one another, but our alliances with businesses, foundations, and academic institutions, as well as with other government agencies, programs, and organizations.

Last week the 2003 budget appropriation bill was completed. It reflects an approximately $110 million increase over the 2002 funding level for the Indian Health Service.

Last week it was the 2003 budget appropriation. The week before that it was the President's 2004 budget request. That is a request for a 2.6% increase above the President's 2003 funding request, or a 0.7% increase over the just passed 2003 appropriation. In this era of war and economic challenges, there are austere budgets for many government programs, and any increase is viewed as a success. As with any budget request, it is subject to change by the Congress.

The difference between the need and appropriations is where the importance of our alliances comes into play – not just at budget time but throughout the year. For example, the Secretary has revitalized the Intradepartmental Council on Native American Affairs, composed of the senior leadership in the agency from each Operating Division and each program office within the Office of the Secretary. I serve as co-chair for this important Council. We are determining which of many programs within the Department could be made available to benefit Indian people. For example, we are working closely with the Health Resources and Services Administration to identify opportunities for tribal programs to benefit from the Community Health Centers program. Another example is the Substance Abuse and Mental Health Services Agency and their Alcohol and Substance Abuse funding. Over the next 3 years, SAMHSA will receive $600 million to help addicted Americans find treatment and there may be opportunities within that program to possibly fund some of the IHS, Tribal, and urban Indian alcohol and substance abuse programs as well as for faith-based and traditional health programs in Indian country.

Our collaborations with other agencies of the Department do produce results. A recent success, in conjunction with tribal workgroups and advocacy efforts, was with the Centers for Medicare and Medicaid Services regarding their implementation of a new fee structure, the Outpatient Prospective Payment System. We discussed with them the impact implementation would have on Indian country. We also presented information to the Department and they took an active interest in the outcome – and, as you may now know, the IHS and Tribes are exempt from implementing the OPPS system. This collaboration alone saved $30 million in one year for implementation, and it will save us $17 million a year on a recurring basis. This type of collaboration and involvement can pay big dividends for Indian country.

There are also large increases proposed in the President's Budget for bioterrorism and homeland security, and we are all looking for ways to participate in those activities and receive funding to prepare our Indian communities for any health hazards that may be a threat to our people – particularly, as President Tex Hall mentioned in his State of the Indian Nations address, along the borders of our country and within the vast tracts of land that comprise the reservations of Indian Country.

The Secretary is very interested in how the OPDIVs can work together to address a health need of the nation's people. And there are suggestions on what OPDIV programs can be strengthened or focused on a particular health issue such as asthma, diabetes, AIDS, and numerous others. These health issues are reflected to some degree in Indian country. The Department has in excess of 320 health programs and initiatives, 90 of them specifically targeted to the American Indian and Alaska Native population, but Tribes are accessing only 46 of them. It is our goal to see that number increase substantially.

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Collaborations between the Indian Health Service and tribal and urban Indian health programs should also not be overlooked as an avenue for conserving funds and maximizing business practices. For example, to continue to be eligible to collect third-party payments from federal programs such as Medicare and Medicaid, covered health care providers must be in compliance with the Transaction Rule of the Health Insurance Portability and Accountability Act. The Indian Health Service has expended significant workforce time and effort to develop the computer software upgrades, forms, policies, and procedures required to meet compliance implementation dates. These compliant items are available from the IHS website for tribal and urban Indian health programs to use, if needed, and can be modified to meet the needs of their health plan and provider activities in order to meet HIPPA requirements. Not only does this sort of compliance conserve the funds and workforce efforts of Tribes and urban Indian health program staff – it also ensures that we all can continue to bill and collect from Medicare and Medicaid, which, for the IHS, accounts for nearly half-a-billion-dollars a year in additional resources.

There are also alliance opportunities to meet the health needs of Indian Country beyond those that can be funded by the Federal Government. For example, the American Cancer Society has a program to help individuals and communities access timely and quality health care services. The program, aptly called "Patient Navigation," is one that can benefit American Indians and Alaska Natives. The program works by providing patients with a person from the community who can help them move through the system and access timely prevention services and treatments and help them navigate around barriers to access. This concept of patient navigation is also mentioned in legislation before the Congress – information about the legislation and the program itself can be obtained from the American Cancer Society. This is just one example where helping a program succeed for all communities can then specifically assist Indian communities.

I believe there are many organizations and individuals who want to become actively involved, or expand their involvement, in helping meet the health needs of American Indians and Alaska Natives. To that end I am initiating the process to have legislation introduced in the Congress that will establish an Indian Health Service Foundation. The Foundation would connect ideas with individual, philanthropic, and corporate donors to significantly promote Indian health, expand health services, and develop new initiatives to encourage solutions for conditions affecting American Indian and Alaska Native people and communities.

I want to also share with you some of the internal issues affecting the agency. The topic of restructuring the IHS Headquarters has received a great deal of attention, and I am overwhelmed and respectful of the interest Tribes and organizations have shown. I can assure you that the reorganization, whatever the ultimate outcome will be, will be structured along some basic principles – that tribal shares will not be affected and that the long-term consequences to agency and Indian Country health programs and services will be taken into account, and, most importantly, that Tribal sovereignty and the government-to-government relationship will be considered and reflected in any changes. The proposals for restructuring the IHS and the IHS Headquarters coincide with the consolidation activity of the Department. Each will have an affect on the other but they are independent of one another. The IHS restructuring is in response to the Restructuring Initiative Workgroup under the leadership of the tribes. The HHS consolidation is in response to the President's Management Initiatives.

Another area of interest is in the upcoming decisions I will make regarding the distribution methodologies for Alcohol and Substance Abuse funding, for Contract Health Service funding, and for the funding distribution of the additional $50 million for the diabetes initiative.

I will be announcing my decision within the next few weeks regarding the distribution of the Alcohol and Substance Abuse funding and Contract Health Service funding. I have delayed my decision pending the completion and passage of the 2003 appropriation bill. I will announce that my final decision will include a provision for distribution of funds on a recurring basis. In general, three formula options have been presented for my consideration – maintain the current formula, change to a new formula, or blend the current and the new formulas. Because of the critical need for Contract Health Service care, I have also determined that my decision on that funding will include a "hold harmless" clause so that no Tribe will receive less CHS funding than they currently receive. And soon a decision regarding the distribution of the additional $50 million for special diabetes funding will also be announced.

Lastly and most importantly, let me speak about the status of health of our people. It is totally unacceptable to me, both as an American Indian and the Interim Director of the Indian Health Service, that in our prosperous nation, Indian people continue to experience health disparities and death rates that are

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significantly higher than the rest of the U.S. general population:

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

Those statistics are startling, yet they are so often repeated that some view them as insurmountable facts. But every one of them is influenced by behavior choices and lifestyle. Making significant reductions in health disparity rates, and even eliminating them, can be achieved by implementing best practices, using traditional community values, and building the local capacity to address these health issues and promote healthy choices. Some of these efforts will require resources and some of them will not.

And to help eliminate health disparities, we need to focus on disease prevention and treatment. Preventing disease and injury I consider a worthwhile financial and resource investment that will result in long-term savings by reducing the need for providing acute care and expensive treatment processes.

To help us focus our efforts and achieve our goals for health promotion and the elimination of health disparities, the IHS now has a strategic plan. It has been developed over the last 18 months by a diverse group of clinical and business stakeholders from the IHS, Tribes, and urban Indian health programs. There are four primary goals – build healthy communities, achieve parity in access by 2010, provide compassionate quality health care, and embrace innovation. Some of the outcomes are to decrease obesity rates for children, decrease the years of potential life lost, increase the number of homes in Indian country with a safe and adequate drinking water supply, increase the number of Indian children who receive dental sealants, and ensure that we do everything we can so that those receiving health care from IHS facilities perceive it to be good, very good, or excellent.

These goals are ambitious. I believe these goals can be achieved – but not alone. Not without helping one another. One activity that will go a long way toward achieving these goals is the passage of the Indian Health Care Improvement Act reauthorization along with funding the authorized programs. The 108th Congress will be the third session of Congress to introduce and consider such legislation. Tribal leadership has worked long and hard to develop this legislation, and together we must see that it receives the full attention of Congress at a time when their focus is on threats and external pressures. They too have a role in assuring that we improve the health of American Indians and Alaska Natives.

In closing, there are significant leadership challenges confronting each of us in our various roles. We are operating within a dynamic and ever-changing set of factors that will influence decisions affecting Indian health programs now and for years to come. We must act to ensure that we maintain the valuable and necessary infrastructure that we now have and at the same time look for future opportunities to strengthen our programs and partnerships. Our people are counting on us.

Thank you for inviting me to join you here today, and I look forward to working with you as we continue our journey of health leadership together.

Thank you.

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