



“The Future of the IHS: The Next 50 Years”
Mandan, Hidatsa, and Arikara Nation
Lewis and Clark Signature Event
New Town, ND

by
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Dosha! (*good afternoon*). Thank you Tex Hall and the Tribal Business Council for your kind invitation to speak at this very special Reunion at the Home of Sakakawea. My comments today will be about the Indian Health Service and its 50 year history as you requested. But first I'd like to take a moment to congratulate all of you on this successful Lewis and Clark National Signature Event here at Fort Berthold. I know you are tremendously and rightfully proud of the role of Sakakawea in guiding Lewis and Clark and their Corps of Discovery. How very lucky they were to have a smart and strong Indian woman to lead them! This bicentennial commemoration is an important opportunity to add the American Indian perspective to our national commemoration of this historic journey.

We at the Indian Health Service also have been fortunate to have many smart and strong Indian women to help guide us during our 51 years in service! And a few of us men. Just one year ago at the National Museum of the American Indian in Washington, D.C., the IHS took a day to celebrate and reflect on its half-century effort to improve the health and well being of American Indians and Alaska Natives. This milestone in Indian health history provided a rare opportunity to examine our first 50 years of service and to begin to chart the course for the next 50 years of the IHS. As the seventh Director of the IHS, it was an honor to serve and lead during that special year. For this anniversary, we produced a report titled “Caring and Curing: The First 50 Years of the Indian Health Service” that is now available on the IHS website at www.ihs.gov under the

“Fact Sheets” section of the Press and Public Affairs webpage. I encourage you to read this publication.

I would like to begin this presentation with a statement of the IHS mission and goal, as a reminder of why the IHS is here and how we should direct our future actions. The successes of the first 50 years have resulted from having a single, shared mission – elevating the health status of American Indian and Alaska Native people – and this mission will continue to guide our future.

The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Our goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

In addition, the Indian Health Care Improvement Act preamble provides the following: “...and to encourage the maximum participation of Indians in the planning and management of those services.”

We have come a long way in 50 years, thanks to the dedication and hard work of many IHS, HHS, Tribal, and Urban Indian health program staff, and the support and advocacy provided by Tribal leaders across the nation. We have traveled a long and difficult path to get where we are today; sometimes in small steps and sometimes in great strides. Significant improvements in the health and wellness of American Indian and Alaska Native people have been made; and we are confident many more will be made over the next 50 years.

At the end of that span, I hope a future IHS Director will be celebrating the 100th anniversary of the Indian Health Service by announcing that all health disparities between Indian people and the rest of the nation have been totally eliminated; that their life expectancy equals or surpasses the rest of the nation’s; that the despair and desperation that comes of poverty, prejudice, and lack of opportunity no longer have a stranglehold on our people; and that the Indian population as a whole has thrived and grown.

Through these five decades, we can chronicle a remarkable effort of many people, Indian and non-Indian, all from diverse backgrounds, who focused their efforts on a mission to build healthy communities, and working diligently to achieve that goal. The Transfer Act of 1955, which established the Indian Health Service, brought wide recognition of the deplorable state of the health of Indian people, together with a challenge to address this situation through a new organization.

As we look to the future of Indian health, we must remember to learn from the past. We are taught in Indian communities to respect and learn from our elders, and from those who came before us. That is why I often look to the example set by my predecessors, and the wisdom they imparted directly or indirectly to me, to help me as I attempt to be the kind of health director that

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Indian people deserve. I would like to take a moment to reflect on what they accomplished and the example they set for all of us who have to follow in their giant footsteps.

From the example of the first IHS Director, Dr. James Shaw, we learned that to have great results, you must have a great vision. He really had a challenge when he began as the first director. He went after tuberculosis with a vengeance and mobilized the whole public health system to focus as a team to bring it under control. I've looked at what he did, and we are planning I plan to use some of the same public health principles and strategies to address new initiatives to improve the health status of Indian people.

But perhaps the greatest part of his legacy was his dedication to the concept of community involvement. He took steps to change the health focus from doing things *to and for* Indian people to doing things *with* Indian people and getting the communities involved. We have continued to build upon that concept to become partners in health care with American Indian and Alaska Native communities and Tribal leaders.

The second IHS Director, Dr. Carruth Wagner, taught me that a strong organization must have strong leadership. He focused on the need to build our management capabilities and provide specialized training for our employees and leadership. Those training programs served us well, and I am continuing our efforts to improve our present management capabilities and employee skills, as well as prepare the next generation of Indian health leadership.

The next Director, Dr. Edwin Rabeau, taught me the importance of continuous innovation. He recognized the unique environment in which we serve and the capabilities of our community-based employees, and established a specialized training center. The products and legacy of those early training programs are still with us, and have added to the knowledge of the public health community at large. I will continue to look for innovative and creative ways to carry out our mission.

The fourth Director, Dr. Emery Johnson, taught me the value of perseverance in reaching a goal. He devoted his career and his life to Indian health. He came on duty under the Bureau of Indian Affairs and the next day as the Transfer Act went into effect, he was part of the new IHS. He stayed and ultimately served as Director longer than any of us, and in retirement, he continued to work tirelessly to advance Indian health. He maintained a steadfast vision and confidence that Tribes and local communities could effectively run their own health care programs. He was the Director when landmark self-determination and Indian health care improvement legislation was enacted. He helped to set the course so the intent of the legislation could reach fruition, and he was with us long enough to see the day when fully half of the total service funding came under tribal management.

Dr. Everett Rhoades, the fifth IHS Director, taught me the importance of having a personal commitment to the mission you serve. He was an inspiring leader who demonstrated a profound sense of service to Indian people. His appointment as the first American Indian Director marked a great milestone in the history and culture of the Indian Health Service.

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He arrived at a very challenging time, as federal budgets became tighter than we had previously experienced. Amid the challenges, he brought a new cultural perspective and a special grace to the office. Under his leadership, the IHS was elevated from a bureau under the Health Resources and Services Administration to a full HHS Operating Division. I look to him for continued counsel and wisdom.

And finally, Dr. Michael Trujillo, the sixth IHS Director, taught me that to be a truly great leader, you must have the support of the people you lead. He built upon the vision of earlier Directors that the health program should have greater direct Tribal involvement and leadership. He incorporated the legislative changes that supported self-determination and worked extensively with Tribal leaders and Tribal organizations to encourage and assist them in assuming new responsibilities and leadership for federal Indian health programs. Today, this partnership is an essential element in meeting our mission, as Tribes now manage over half of the service resources in our communities.

As the present Director, I stand on a firm foundation that each of the past Directors have contributed to through their vision and determination. I am dedicated to building upon the strength that they have provided. Together with our Tribal partners, our communities, and our family of employees, I am confident we will move continually closer to meeting our goal of raising the health status of Indian people to the highest level possible.

I want to share with you some of the present challenges we face and the initiatives that will help us to address them.

Although we have come a long way, we all know there is still a long way to go. With the lessons we have learned from the past, and from the strength and wisdom we have gained from our great leaders, we are ready and capable of meeting the challenges that face us today in Indian health.

The current Indian life expectancy of 74.5 years, while much improved from 50 years ago, is still about 2.4 years less than that for the U.S. general population.

And there are still wide gaps in general health status between Indian people and the rest of the U.S. population. Complicating the situation is the type of health problems confronting American Indian and Alaska Native communities today. Death rates for tuberculosis, alcoholism, diabetes, accidents, suicide, and homicide, among others, are significantly higher for Indians compared to the U.S. general population. The mortality rates from tuberculosis and alcoholism are more than 6 times the all U.S. all races rate. Mortality rates from diabetes are nearly 3 times as high as in the rest of the U.S. population. American Indian and Alaska Native death rates for unintentional injuries and motor vehicle crashes are 2½ to 3 times higher than the national rates. And suicide and homicide rates are nearly twice as high in the Indian population.

The prevalence of diabetes, in particular, has reached epidemic proportions in the Indian community. The IHS public health functions that were effective in eliminating certain infectious

diseases, improving maternal and child health, and increasing access to clean water and sanitation, are not as effective in addressing health problems that are behavioral in nature, which are the primary factors in the current mortality rates noted previously.

It has become obvious to all of us in Indian health that the health disparities experienced by American Indians and Alaska Natives cannot be addressed solely through the provision of health care services. Chronic disease has replaced acute disease as the dominant health problem in our nation and in Indian Country, and is now considered by many to be the principal cause of disability and use of health services. Changing behaviors and lifestyles and promoting good health and a healthy environment are critical in preventing disease and improving the health of American Indian and Alaska Native people.

Through Tribal consultation, self-governance, and self-determination processes, the IHS and Tribes have worked together to identify focus areas for Indian health that address these issues and make the most of limited resources. I want to describe three campaigns that the IHS and Tribes are working closely together on to help achieve significant improvements in health that are critical to the future of Indian communities. These focus areas are being targeted at health outcomes that will have a beneficial impact, demonstrate measurable achievements, and attempt to change basic practices and procedures as well as unhealthy behaviors.

To address these main focus areas, I have established three closely related Director's initiatives for the IHS:

Behavioral Health
Health Promotion and Disease Prevention, and
Chronic Disease Management

It has become obvious to all of us in the Indian health system that addressing behavioral health and mental health issues in our communities is crucial. We need to focus on screening and primary prevention in mental health.

The shooting incident at the Red Lake Reservation last year 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.

In particular, the high level of mental illness and suicide rates among American Indian and Alaska Native youth are of paramount concern to the Indian health system and Indian communities. Not only is suicide the third leading cause of death for Indian youth ages 15-19, but the tragic truth is that the rates of suicide among Indian youth are the highest of any racial group in the nation, and are especially dramatic if you look at young males.

These are statistics that hit at the heart of the tragic effects of mental illness on the rates of disease and mortality in Indian communities. We know that mental health issues such as depression can make chronic disease management more difficult and less effective. In order to adequately address mental health issues, Tribes and the IHS are working in concert with other

HHS OPDIVS, and federal, state, 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.

As a nation we are struggling with chronic diseases such as diabetes, obesity, cardiovascular disease, cancer, and injuries. This is an area that we have long been aware of in Indian Country. 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, the IHS and Tribes have taken a number of actions aimed at health promotion and disease prevention, which include various programs and partnerships to promote healthy lifestyles, including, among many others:

- The establishment of the Healthy Native Communities Fellowship to mobilize local groups to improve community health;
- Working with the National Boys & Girls Clubs of America to help reach their goal of increasing the number of Boys and Girls Clubs on Indian reservations to 200. I'm happy to say that now there are more than 200 Boys and Girls Clubs on Indian reservations;
- Working with the NIKE Corporation to focus on the promotion of healthy lifestyles;
- Establishing partnerships this year with Harvard University and the Mayo Clinic to maximize research, training, and educational opportunities, and
- Participating in the "Just Move It Campaign" with a goal of getting one million Native people *up and moving*.

There are many, many other innovative health and fitness projects underway in Indian communities across the nations that are being initiated at the local, regional, and national levels. And we are continuously working with Tribal and Urban Indian programs and organizations to increase our efforts to supply the ways and means to promote healthy lifestyles among our people.

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 the clinical care of our patients. It is also vital that we continue to promote and develop community resources and involvement, in order to target health promotion efforts at the local level.

The IHS also works to continually include current medical advances that show great promise for a healthier future for all Americans. Never before have we known so much about how to prevent chronic disease problems — and how to address the lifestyle changes that help prevent them. For instance, there have been more effective developments in the field of cardiovascular disease in the past 10 years than in the previous 50 years.

We work diligently to keep pace with new medications and treatment techniques as they are developed. And we also remain committed to innovations in service delivery methods that enhance outreach and access, while maintaining respect for cultural tradition and beliefs.

An important aspect of these initiatives is having a health care model to guide and support health promotion activities and goals, one that incorporates the unique culture and mission of the Indian health system. Within the IHS, we emphasize more than exceptional health care for those who are already ill. We strive to employ a holistic approach that incorporates all aspects of wellness.

To meet the changing needs of our population, we are now involved in a major effort to re-engineer our systems for chronic disease care. The IHS has developed a model of care for chronic disease that prioritizes health promotion and disease prevention, behavioral health, and chronic disease management. This model is based on the “chronic care model” of clinically supported patient self-management and empowerment. The Indian health system model will include new tools for prevention and treatment, tools that include improved applications of standards of care, community and organizational partnerships, and newer technologies and approaches to care, such as telehealth and case management.

Working together with Tribes and in concert with the principles of Self-Determination and Self-Governance, we can use these new tools to make a real difference in the health and well-being of our patients, families, and communities.

If we hope to successfully combat chronic conditions such as diabetes and cardiovascular disease, we must address a host of inter-related factors and illness contributors – the “causal web” – and we must do so in partnership with many other Tribal, Federal, state, and private organizations that are targeting these issues. Health status is not just a health care issue. It is about ensuring that there are educational opportunities; it is about ensuring that we have safe communities; it is about ensuring that adequate housing is available; and it is about ensuring adequate economic and employment opportunities. These factors, and more, all work in concert to affect health status. It is therefore vital that all available resources, Federal, state, and private sector, be brought to bear on Indian health issues.

Good leadership at every level is important not only to our current efforts to ensure quality health care delivery, but also to the future effectiveness of the Indian health system.

We can take great pride in the accomplishments that have been achieved by the Indian health system, in concert with American Indian and Alaska Native people. But our work is not done. We are at the beginning of our next 50 years of service, and each of us, Tribal and IHS, will play an important role in creating that future. We have many challenges, but we also have a rich history full of valuable lessons and the wisdom from many great leaders. We will continue to learn, and with the guidance from all those who have gone before us, those who still live in our minds and our hearts, we will step confidently into the future.

I am excited about what we can do together to continue to improve the health and well-being here at Fort Berthold and throughout Indian Country.

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