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“The Role of Self-Determination and Tribal Sovereignty in Health Care Delivery”

by

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Good afternoon, and welcome to this panel discussion on the role of Self-Governance in promoting health and wellness in Indian communities.

Let me begin by saying that promoting Self-Governance, Tribal consultation, and Tribal Sovereignty are at the heart of the Indian Health Service (IHS) mission. I believe strongly in our obligation to ensure that the promises made to our people are kept, and that the rights of American Indian and Alaska Native people are fully upheld in accordance with the treaties and laws establishing those rights. This is an obligation that we at the IHS, with the full support of the Secretary of Health and Human Services,

take very seriously as we work daily to fulfill our mission of bringing quality health care services to American Indian and Alaska Native people across the Nation.

Self-Determination and Self-Governance are fundamental rights that Indian Tribes practiced before the formation of the United States. In that context, the current concept of Self-Governance is really one of returning decision making authority and management responsibilities to Tribes. It is about Tribes regaining authority and control over their own affairs, to carry out Tribal governmental responsibilities for their people—economically, socially, politically, and culturally—by empowering Tribal Governments with control and decision making authority over the Federal financial resources provided for the benefit of Indian people. More importantly, Self-Governance promotes a partnership between Indian Tribes and the United States based on mutual respect and input into the Government-to-Government relationship. Self-Governance provides, administratively, the opportunity for Tribal

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Governments to exercise their Sovereignty. Self-Governance is not equal to Sovereignty; but Self-Governance can provide the administrative freedom and the framework for Tribes to make decisions appropriate to the authority of sovereign entities.

Self-Governance and the Tribal consultation process are evolving concepts directed by participating Tribes in cooperation with the Federal Government. How to exercise their rights of Self-Governance and Self-Determination is ultimately the choice of each Tribal Government. Each Tribal Government determines its relationship with the United States and the IHS; a relationship that may include either direct Federal service delivery, Self-Determination contracts, Self-Governance compacts, or some combination of these options — and let me say that I believe choosing to receive direct health care services is as much an expression of Self-Determination as is a Tribe operating its own program under a Self-Determination agreement.

Whatever decision is made regarding the delivery of health services, when these individual Tribal decisions are made regarding the preferred relationship with the Federal Government, they cause organizational and functional changes in the Federal/Tribal relationship. This redefinition of roles and responsibilities serves to strengthen the Government-to-Government relationship and to help meet the Trust and other obligations of the United States to Indian Tribes and people. The ability of Tribal Governments to determine their own destiny, their own future, creates a more meaningful Government-to-Government relationship between Tribes and the United States.

Self-Governance does not solve all problems, particularly the problem of limited or inadequate resources, but it does allow Tribal Governments to develop their own solutions.

Self-Governance and Tribal Sovereignty are not only concepts that we embrace in the abstract; they are concepts that have practical applications in health care management and delivery. To put it briefly, Self-Governance WORKS. It works because it is based on a principle that all of us who work in Indian health are very aware of and dedicated to: that having health services planned and delivered at the local level is the most effective and efficient means of ensuring high-quality health care for our beneficiaries. And this planning begins with Tribal input and consultation.

A vital component of Self-Governance is Tribal/Federal consultation. We at the IHS are dedicated to the application and promotion of consultation for all Indian health issues. We have repeatedly seen the results and positive effects of involving Indian people in the formulation of health policies that directly affect them, such as 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 regional consultation 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 them, and with their 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 Operating Divisions (OPDIV) 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 OPDIVs to follow as they undertake this policy revision process.

These consultation sessions are an invaluable part of ensuring the formulation of health care policy that will most effectively address the needs of American Indian and Alaska Native people.

The President's FY 2006 budget request for the IHS is a clear indicator that Tribal priorities, as communicated through the consultation processes, are being heard. The FY 2006 budget request

focuses on current services needs, which have been the highest priority for Tribes during the past several years.

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 included full pay cost increases, increases to address population growth, and contract health services. The HHS responded and worked very closely with others in the Administration to include those priorities in the 2006 President's Budget Request.

Through Tribal consultation, Self-Governance, and Self-Determination processes, the IHS and Tribes have worked together to identify the focus areas for Indian health. 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. These main focus areas include three closely related initiatives:

1. Behavioral Health
2. Health Promotion and Disease Prevention, and
3. 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 recent shooting incident at Red Lake Reservation, which many of you are aware of, 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, Tribes and the IHS are working in concert with 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, heart disease, obesity, cancer, asthma, and depression. 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 the following:

- The Indian Health Summit held in D.C. last September;
- The establishment of a Health Promotion and Disease Prevention (HP/DP) Policy Advisory Committee;
- The appointment of Area HP/DP coordinators; and
- The Healthy Native Communities Fellowship;
- Various partnerships to promote healthy lifestyles, such as
 - Participation in the "Just Move It Campaign";
 - Increasing the number of Boys and Girls Clubs;
 - Establishing Memoranda of Understanding with Canada and NIKE to address these issues; and

- Stop The Pop Campaign - 8 emerging leaders from the Department of Health and Human Services have been assigned to work on this campaign; and
- An obesity workgroup to help address this important issue in Indian communities.

As I just mentioned, 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.

Within the IHS, we emphasize more than exceptional health care for those who are already ill. Our model of care also prioritizes preventive health, behavioral health, and chronic disease management. It 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 these 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.

Our model for care continues to change and to improve. This model is developing based on the “chronic care model” of clinically supported patient self-management and empowerment. This model also includes 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, and private organizations that are targeting these issues.

This is an exciting and very promising time in Indian health, as we strive in concert with Tribal Governments and the American Indian and Alaska Native people to move closer and closer to our goal of eliminating health disparities and preparing our people and communities for a healthier future. Working together, with mutual respect and goals, I know we will continue to honor Tribal Sovereignty and strengthen our already outstanding partnership with Tribal Governments.

Thank you.

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