



Sovereignty Symposium XX

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Making Medicine

by

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Good morning. O si yo. As a member of the Cherokee Nation and a native Oklahoman, I am really honored and pleased to be a member of this distinguished panel on Native languages and cultural preservation.

What do these two topics have to do with the Indian Health Service? In a single word: plenty! Like many health care organizations today, the Indian Health Service is acutely aware that we must do our best to treat the mind, body, and spirit of each patient in a holistic way. Because of the extreme diversity in the histories and cultures of American Indian and Alaska Native communities, we at the IHS have asked our 12 Areas to develop individual cultural competency policies and programs that reflect the Tribes they serve and that will introduce their new staff members to the local culture. While we are very proud that more than 70% of the IHS staff is Native, we realize that even they, as well as the other 30 percent who are non-Indian, need to learn about the cultures of the people they are serving and caring for.

We define cultural competence as being able to understand, appreciate, and utilize culturally appropriate strategies in the delivery of health care to our patients. Cultural competence helps practitioners avoid stereotypes and biases that can undermine health care delivery efforts. It also promotes a focus on the positive characteristics of a particular group. Cultural competence acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

To help illustrate what these concepts mean at the local level, I would like to cite the example of a new chief medical officer for the Taos/Picuris Service Unit. As part of his overall orientation process, he was introduced to important areas of tribal culture and invited to observe

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traditional activities so that he could better understand what is at the heart of this community. During his training for cultural competency, the CMO also learned that if a tribal member passed away, IHS and tribal employees who are members of that pueblo might be called away because of their cultural or family obligations. The CMO would need to make staffing adjustments and possibly take other measures because the pueblo would be closed out of respect for the deceased. Knowing what outcomes to expect from these and other important tribal customs allows an IHS executive to plan for the smoothest possible operation in the face of temporary change.

Cultural competency for IHS employees who provide health care service to Jicarilla Apache tribal members now has been expanded from a 30-minute overview to an in-depth presentation of language and culture at the tribal cultural center. Fifty IHS staff members recently attended this presentation and agreed this was their first real understanding of local culture. All staff members were presented with a booklet explaining Jicarilla etiquette and prohibitions. What a welcome breakthrough this must have been for our employees! Most important is the outcome that they will be better able to understand and communicate with patients and treat their needs. Again, the concept of treating the mind, body, and spirit as one is our ultimate goal for improving the health and well being of American Indians and Alaska Natives.

Language and culture also have a special place in many of our treatment facilities. One outstanding example of this is in New Mexico at the New Sunrise Residential Treatment Center, which serves Indian youth. With an enduring focus on Native cultural pride, the center currently is marking its 20th anniversary with the theme “Celebrating and Honoring Native Pride, Youth, and Sobriety.” New Sunrise is proud to acknowledge that promoting tribal heritage has been a part of its daily operation for two decades. This has included youth activities such as building a pueblo oven for baking bread and roasting corn and meat; sweat lodge ceremonies conducted by pipe carriers and sundancers; Native humor and teasing; praying with corn meal; and drum singing.

I can’t think of anything more therapeutic for our troubled Indian youth than reconnecting them with their Native language and culture. This is definitely Making Medicine!

When the IHS celebrated its 50th anniversary in 2005, we selected the National Museum of the American Indian in Washington for a special day of keynote speakers who reflected on our challenges and achievements. Just being in that beautiful, curving museum, filled with the best representation of Native cultures past and present, strongly connected us on that 50th anniversary day to our mission of caring and curing.

It wasn’t very long ago that the Assimilation Era nearly wiped out our cultures and languages through the dominant society’s program of forcing attendance at boarding schools, banning ceremonies, and breaking up tribal lands.

What a long way we have come since those dark days. Within the IHS, I am especially proud of how all of our newly built health centers and clinics reflect the cultures and traditions of the Tribes we serve. Each new design is created in close consultation and collaboration with the Tribes.

For example, the new Clinton Indian Health Center is designed to recall the Tribes’ winter camp at Red Rock Canyon. The center’s surrounding new landscape includes sage that can be gathered by medicine men. And at the new Sisseton Wapheton Oyate Health Care Center in South Dakota, the rotunda floor is patterned in a star design using the colors red, black, yellow, and white to represent the four directions and the four races of man.

For members of the Navajo Nation, there is special meaning in the new Four Corners Regional Health Center because tribal culture is reflected in such features as the lobby dome, which represents a traditional Hogan with eight cedar panels. Additionally, the main lobby floor

incorporates the Navajo four sacred colors in its design, and the building's entrance canopy supports are faced in sandstone to recall the Red Mesa. Traditional Healing programs at facilities such as the Fort Defiance Indian Hospital also combine the proven and accepted ways of Native medicine with the modern technology of the federal Indian health care system. That I believe is true progress in the Native view.

We at the IHS and the Tribes involved in designing these health facilities hope that these familiar cultural references will provide comfort and hope to all who pass through the doors of these facilities.

Making Medicine has found a home at the IHS in a blend of the most advanced health care with the time-honored traditions of Native cultures. Thanks for your kind attention this morning.
