

DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATEMENT
OF
RANDY GRINNELL
DEPUTY DIRECTOR
INDIAN HEALTH SERVICE
BEFORE THE
UNITED STATES SENATE
COMMITTEE ON INDIAN AFFAIRS
OVERSIGHT HEARING ON
“FACING FLOODS AND FIRES – EMERGENCY PREPAREDNESS
FOR NATURAL DISASTERS IN NATIVE COMMUNITIES.”

JULY 21, 2011

STATEMENT OF THE INDIAN HEALTH SERVICE
ON

“FACING FLOODS AND FIRES – EMERGENCY PREPAREDNESS
FOR NATURAL DISASTERS IN NATIVE COMMUNITIES.”

July 21, 2011

Mr. Chairman and Members of the Committee:

Good afternoon. My name is Randy Grinnell, and I am the Deputy Director of the Indian Health Service (IHS). I am pleased to have this opportunity to appear before you today, and discuss the important issue of emergency and disaster preparedness and response in Indian Country.

The need to plan and prepare for naturally occurring and manmade emergencies and disasters is the responsibility of Federal, State, local and Tribal officials, as well as individual communities and families. Potential threats, risks, and response methodologies may vary across the country, but the core principles of having well integrated and coordinated preparedness, training, response, and recovery plans and programs in place before disaster strikes, is essential, regardless of where we live.

Compared to our Federal, State, local and Tribal partners, IHS has a relatively small and limited support role in emergency and disaster preparedness, response, and recovery in Indian Country. However, we recognize the importance of that role, and strive to ensure the provision and continuity of health services to American Indian and Alaskan Native (AI/AN) communities, regardless of conditions on the ground. IHS is committed to provide the delivery of these services, no matter the hazard or environment. Likewise, IHS is committed to improving our communication, integration, and coordination with Tribal emergency preparedness and management programs, and those of our Federal, State, local and non-government organization (NGO) partners.

I would like to provide a short overview of IHS special trust responsibilities to the Tribes, and our support role in emergency and disaster preparedness, response, and recovery.

IHS/ Federal Special Trust Responsibilities

The IHS plays a unique role within the U.S. Department of Health and Human Services (HHS), to meet the Federal special trust responsibility by providing health services and resources to the five-hundred-sixty-five (565) Federally recognized AI/AN Tribes. IHS provides comprehensive health services to approximately 1.9 million AI/ANs through a system of IHS, Tribal, and Urban Indian (I/T/U) operated health service units and programs, based on authorities founded in treaties, judicial determinations, and Acts of Congress.

The mission of the Agency is to raise the physical, mental, social, and spiritual health of AI/ANs to the highest level, in partnership with the population we serve. The Agency aims to assure that comprehensive, culturally acceptable personal and public health services, including traditional medicine, are available and accessible to the service population. Our obligation is to promote healthy AI/AN people, communities, and cultures, and to honor the inherent sovereign rights of Tribes.

The IHS seeks to work in partnership with the Tribal communities it serves and, as such, IHS health care facilities and their administration includes Tribal representatives who closely participate, as key stakeholders, in the health services preparedness and delivery system. Current public laws, Federal policies, and individual Tribal governance decisions determine the role and relationship IHS has with each Tribe, and the corresponding level and methods of health services delivery, support, oversight, control, and resources IHS provides. These governing authorities often affect Federal-level support to Indian Country during emergencies and disasters.

IHS Organization and Capabilities

The IHS Headquarters (IHS-HQ) is located in Rockville, Maryland. The Agency has twelve (12) strategically located Area Offices across the United States, which includes IHS and Tribally operated hospitals and ambulatory health centers, as well as 34 Urban Indian health programs, located in thirty-six (36) states. The I/T/U health care system provides patient care and public health services within Indian reservations and communities, and has well-established ongoing partnerships with Tribal governments and programs. These daily interactions between the IHS and Tribal staff have proved to be invaluable during emergency responses to disasters.

Based on a number of variables, the IHS Area Offices vary in staff capabilities of essential health service, including: preventive, clinical, surgical, and trauma medicine; behavioral health; environmental and public health; facilities, water, and sanitation engineering; and, to a very limited extent, emergency and disaster management.

Provision of Health Services in Indian Country, in the Context of Emergency and Disaster Preparedness and Response

IHS and Tribally operated health care facilities are generally located on or near Tribal lands, along with the 34 Urban Indian health programs, to provide the most convenient and accessible health resources and services to local Tribal eligible populations. As emergencies and disasters occur in their respective areas, the health care programs will continue operations, often in highly stressed environments, for as long as they can sustain the operations-tempo, and for as long as it remains safe for staff and patients to work and receive care at the primary health care facility. Due to their location however, and depending on the scope of the emergency or disaster, these facilities and staff may be: quickly overwhelmed by the volume of patients seeking aid and assistance; understaffed during a disaster or emergency period; or often, forced to evacuate their primary facility with little or no notice and relocate health services and patients to alternate commercial or private care facilities away from the hazard, and generally outside of the I/T/U health services system.

For preparation of plans and training, and in preparation for and response to actual emergencies and disasters, IHS staff work with Tribal emergency management programs and provide essential technical advice, services, and on-scene support. IHS medical, environmental health, engineering, and behavioral health staff frequently work with the health care facilities and Tribes to help prepare for known seasonal and recurring events such as flooding, wildfires, tornados, and hurricanes. In the event of unforeseen emergencies and disasters, IHS staff may respond to help Tribes assess damage and needs, locate necessary support and resources, and serve as liaisons between Tribal emergency management leadership and teams, and other Federal partners responding to the incident. If a Federal emergency or disaster is declared, IHS staff will assume the role of Tribal liaison in support of the HHS led Emergency Support Function (ESF#8; Public Health and Medical Services) contributing to the broader Federal response.

Regardless of the status of a Federal declaration, IHS support to Tribes includes, but is not limited to the provision of: medical care and medicines; physical and environmental health safety; potable water and sewage system engineering, acquisition, and operational support; food safety inspection; assessment of dwellings, structures, and infrastructure; satisfying emotional and behavioral health needs, including suicide prevention and cluster response; and, medical logistics and patient transport. IHS staff also support the relocation of medical records and health services equipment to temporary or alternate facilities of opportunity outside the hazard areas. The primary purpose of the IHS is not to provide for emergency and disaster preparedness, response, or recovery planning and operations. However, surge events, may result in the temporary deployment of staffing and resources between Area Offices and local health care facilities.

Inherent in all aspects of the above discussions, and regardless of the status of any given State or Federal emergency or disaster declaration, IHS HQ, Area Offices, and I/T/U staff seek to maintain proactive communication and coordination with all appropriate Tribal, local, State and Federal partners to maximize assured integration, efficacy, and efficiency of plans and response.

Complexities Affecting Health Service, and Emergency and Disaster Support to Tribes

Under the Indian Self-Determination and Education Assistance Act (ISDEAA), many Tribes across the country have assumed responsibility for health care delivery and emergency preparedness within their communities during emergency situations. IHS Area Office and HQs staff provide technical assistance and support, as appropriate.

When an emergency or disaster does not receive a Stafford Act Presidential emergency or disaster declaration, Tribes may not independently request a Presidential emergency or disaster declaration. Rather, in such circumstances, Tribes would only be authorized to request support and resources from Federal, State, local, NGO and private sources. If there is a Presidential declaration, tribes may become direct grantees.

It is important to note that Tribal leadership and emergency management program leaders may find governing statutes, policies, regulations, and procedures confusing, and have expressed their frustration at times during Tribal listening sessions with Federal departments and agencies. IHS

also appreciates the attention this Committee has given to these expressed concerns by working with Tribes to better understand various policies and authorities in how they intersect or overlap.

Summary

In summary, IHS seeks to provide the best culturally acceptable health services to all Federally recognized Tribes, while respecting their sovereignty, and self-determination. IHS is committed to providing comprehensive health services to Indian Country in response to emergencies and disasters, whether Presidentially declared, or not. In addition, IHS will continually seek opportunities to improve our communication, integration, and coordination with all Federal, State, local, Tribal and NGO partners.

Finally, IHS participates in forums to review, discuss, and improve Federal-level coordination, resourcing, and response to Indian Country emergencies and disasters.

This concludes my remarks, and I will be happy to answer any questions you may have.

Thank you.