



# Healing Our Spirit Worldwide Conference Albuquerque, New Mexico September 5, 2002



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## “Leadership in Self-Determination” by

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For the sovereign nations of indigenous people of the United States, Self-Determination is working. Sometimes it works imperfectly, but it works.

Self-Determination is a choice. Without self-determination there is no choice, only paternalism.

Self-Determination to succeed requires Tribal participation. Only the Tribes know “what is best for them.” Therefore, on the part of the Federal Government, for Self-Determination to succeed requires the government to listen, learn, and respond.

In the arena of health services for the indigenous people of the United States, health services are guaranteed based on the Constitution of the United States, treaties entered into between the Federal Government and Tribal Governments, and numerous laws, Supreme Court decisions, and Presidential orders.

By law, Tribal Governments have 3 choices of how to have these health services provided. The first choice is to have their health services provided by the Federal Government, primarily through the agency that I lead, the Indian Health Service. The second choice for Tribes is to contract with the Indian Health Service for those programs or services they wish to provide for their own members. And the third choice Tribes have is to choose to assume, through compacts, the total operation and control over their health systems from the Indian Health Service; we refer to those Tribes as Self-Governance Tribes. The Self-Governance Tribes receive the portion of the Indian Health Service budget that would have been expended on that Tribe, and the Tribe sets their own health priorities and programs to meet the health needs of their members.

Regardless of the choice that the Tribe makes, tribal consultation between the Tribes and the Indian Health Service is constant and consistent. Health priorities are established in consultation with the Tribes. Funding priorities are established in consultation with the Tribes. And health policy and many program management decisions are made in consultation with the Tribes.

*The text is the basis of Dr. Grim’s oral remarks at the Healing Our Spirits Worldwide Conference in Albuquerque, New Mexico, on Thursday, September 5, 2002. It should be used with the understanding that some material may have been added or omitted during presentation.*

The government-to-government relationship between the Federal Government and Tribal Nations of the United States has existed from when the Constitution recognized Tribal Nations as sovereign nations. However, the spirit and intent of self-determination has evolved over time, particularly over the past 25 years.

I want to take you through a brief history of Indian health care and sovereign nations. Initially the Federal Government provided American Indians health care as a means of protecting the health of soldiers living among Indian communities. Perhaps unlike the indigenous people of other countries, the American Indian population was almost decimated just by the arrival of the Europeans to our shores – not because of fighting or wars, although those were contributing factors – but because of the contagious diseases that the Europeans brought with them that Native people had no immunity to. When the Europeans arrived on this continent, it is estimated that there were approximately 10 million native people. By 1890 the Indian population had decreased to 250,000 – they were almost eliminated. During this same time period the population of Europeans in this country went from zero to 75 million. And today the total U.S. population is around 280 million, and the American Indian and Alaska Native population is around 2.6 million. They have come back many fold in a short period of time.

The contributions of the American Indian to the culture and government of the United States are invaluable, as they are also to the world – were it not for the various Native agricultural products that were exported to the nations of Europe, the physical health of those nations would not have flourished as they have. For instance, the American potato, first grown by American Indians, was instrumental in changing the course of history of Great Britain, as the health and stamina of the social classes improved along with their nutritional standard.

Yet even with their contributions in the arena of agriculture, government, arts, traditional education, and medicine, the health of the American Indians and Alaska Natives continued to deteriorate because of diseases to which they had no immunity and for lack of access to care, government policies of forced relocations, and social experiments at assimilation. Health status deteriorated so badly that few American Indians could pass the basic physical health requirements to join the military services and fight in World War I and World War II.

Then in 1955 the Indian Health Service was transferred to what is now the Department of Health and Human Services. A concerted effort was undertaken to raise the health status of Indian people

and primarily through a vaccination program, safe water and sanitation program, and disease prevention efforts, dramatic improvements were achieved – even though the overall health status was still lower than the general population, it was vastly improved.

Taking this brief path through history is necessary to appreciate how important self-determination is to achieving success over disparities in health status, economic status, and education status, which all affect the wellness of an individual and a nation. The concept and practice of self-determination has always been present in the governments and traditions of our Tribal nations. It wasn't until the 1970s that self-determination was reflected in the laws of the United States and now serves as the foundation for the partnership between the government and Tribal Governments in meeting the health, education, and economic needs of Indian people. Since that time, Tribal Leadership and the capacity and infrastructure of Tribal communities has steadily increased. Once a Tribe decides to enter into a contract with the Indian Health Service or completely assume responsibility for their health program, the Indian Health Service, the Department of Health and Human Services, and the Federal Government supports them in that choice and assists them in whatever way we can for a successful transfer to take place.

Sometimes the door to self-determination had to be pushed open an inch at a time. Tribes have been contracting with the Indian Health Service for many many years. However, it was only in the 1990s that the law was amended to allow Tribal Governments to assume complete control over their health programs. That process started small, but after less than 10 years, approximately 27 percent of the Indian Health Service budget is going directly to Self-Governance Tribes, representing 279 of the more than 560 federally recognized Tribes of this nation, to fund services and programs. Combined with the number of Tribes who have contracted with the IHS to administer a portion of their own health programs, overall, 52% of the now almost \$3 billion IHS budget appropriation is administered by Tribes. And the door to self-determination is opening wider and wider all the time for the indigenous people of the United States.

For the health representatives of other countries attending this conference I offer this advice. Do not try and meet the health needs of your indigenous people alone – ask them, listen to them, involve them. They will tell you what they need, and they will help you meet those needs. Together, you will be more successful than either of you will be on your own.

Thank you.

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