



## **Administration for Children and Families National Tribal Consultation and Native American Conference**

### **IHS Keynote Address**

by

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Good morning. Thank you Commissioner Stamps for that kind introduction. I really appreciate the opportunity to talk with you today on some important Native family and youth topics. The theme of this consultation and conference, “Strengthening the Future of our Native Communities,” sums up what we at the Indian Health Service strive to achieve every day in our diverse work throughout Indian Country.

These are extremely challenging times for American Indian and Alaska Native communities and families. Among our central issues are an alarming rise in polysubstance abuse, particularly crack and Methamphetamines; a suicide rate for those aged 15-24 that is double the national average; the looming threat of Avian flu; and a spate of life-changing natural disasters such as hurricanes Katrina and Rita.

I’ll address some of these serious topics in a moment. But first I’d like to note that this final month of the year 2005 also marks the end of our commemoration of the Indian Health Service’s 50<sup>th</sup> year of operation. July 1, 1955 was the beginning of the new IHS as it was transferred by Congress from the Bureau of Indian Affairs. While we marked this significant half-century mark during 2005, we had a brief but valuable period of reflection and evaluation as we also prepare for the next 50 years of serving American Indian and Alaska Natives. As a part of this effort, the IHS published “Caring and Curing: The First 50 Years of the Indian Health Service.” Copies of this publication should be available outside our meeting room this morning.

From 1955 to 2005, the IHS achieved a dramatic improvement in the health status of Native peoples. We have been successful in virtually eliminating high rates of tuberculosis; stemming high infant mortality rates; and increasing the rate of vaccination among children to 83

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percent, as of 2001. Other significant improvements overseen by the IHS include an increase of 10 years in life expectancy and a four-fold increase in home indoor plumbing.

Today the IHS is focused on a new and worrisome set of health problems. But, with the experience and problem-solving skills gained over the past half century and a strong and growing alliance with our Tribal partners, the IHS of the 21<sup>st</sup> Century is determined to make significant inroads in reducing and eliminating these current health threats. And by coordinating programs with partnerships among the IHS, other HHS agencies, Tribal governments, Urban Indian programs, and our Indian people, we will achieve the best prospects for continuing and surpassing the accomplishments of the past 50 years.

I also want to take this opportunity to announce that Wade Horn, the Assistant Secretary for Children and Families, and I have had discussions that we believe will lead to an expanded partnership arrangement between IHS and the Administration for Children and Families (ACF). We at the IHS have partnered for the past 30 years with the ACF Head Start program to support Indian children's healthy development and will continue that very successful collaboration. Our recent discussions have centered on three additional areas: finalizing an arrangement for the review of design and construction of Indian Head Start facilities; exploring opportunities in promoting programs that increase Indian family wellness in appropriate parenting skills, healthy marriage, and responsible fatherhood; and programs that will decrease domestic violence in American Indian and Alaska Native communities.

This is an important partnership that brings the health and human services sectors of HHS together to join forces with American Indian and Alaska Native communities to address very difficult and troubling issues that continue to plague our communities. I want to publicly thank Wade and both IHS and ACF staff for their continued assistance and willingness to consider expanding our partnership into these other important sectors.

I want to also take this opportunity to thank Quannah Stamps, Commissioner for the Administration for Native Americans (ANA), for her outstanding partnership with the Indian Health Service. We have worked closely on several issues, including elder health, children and youth initiatives, and training for community health representatives (CHR). The elder health initiative provided assistance to Tribes and Urban Indian communities to develop self-sustaining long-term care services for elders. The child and youth initiative supported health promotion and wellness services for our youth. We have also worked together to increase our training for more than 240 CHRs as First Responders, as well as providing training for more than 250 individuals in emergency medical training on weapons of mass destruction and bioterrorism. Over the last 2 years, the ANA has contributed almost \$2 million towards these programs, and I am deeply appreciative of Commissioner Stamps efforts to bring this about. Commissioner Stamps was also a strong ally to the Red Lake community in the aftermath of the tragic shooting incident at Red Lake. Under her leadership, the ANA assisted the Tribe with a grant to refurbish community centers and to hire youth activity directors, counselors, and community volunteers to work along side AmeriCorps staff on numerous community youth projects. The ANA also was instrumental in the training and certification of 76 Red Lake members in a variety of medical and emergency response activities.

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On the Tribal level, there are many exciting programs and initiatives in Head Start. For example, at the San Felipe Pueblo in New Mexico, the San Felipe Special Diabetes Program for Indians works with its local Head Start program to provide classroom physical activity instruction for the children and wellness opportunities. The San Felipe Special Diabetes Program also provides fresh produce vouchers for the community farmers market.

The Cherokee Nation of Oklahoma Boys and Girls Club is one of many American Indian Boys and Girls Clubs teaming with its local Head Start centers to mentor the younger children, share gym space, and promote healthy lifestyles. I'm proud to say that an IHS partnership with the Boys and Girls Clubs of America has expanded the number of reservation-based Boys and Girls Clubs to 189. Thirty more new clubs more are in the planning stage and we expect to top 200 in the near future. Various reports show that 375 gangs are now active in our communities, and that homicides have increased by 80 percent since 1992. It is clear that mentoring Native youth at an early age and providing attractive alternatives to gangs and drug use is one of the best ways of preventing future behavioral and community problems. I encourage you to consider adding a Boys and Girls Club for your community if you don't already have one.

The First Lady's Helping America's Youth program provides models and resources for Native and other families, schools, and communities. The IHS is now collaborating with the Johns Hopkins Center for American Indian Health to develop and implement a family wellness program based on Hopkins Family Spirit Program developed with the White Mountain Apache and Navajo nations. The program promotes the best health and life outcomes for the youngest, most at-risk reservation-based families. It targets much needed areas such as better parenting knowledge and skills, increased family cohesion, and more engagement by young fathers in the lives of their children and partners.

In the IHS Bemidji Area, the Ride Safe Program will distribute approximately 460 child safety seats to its seven Head Start centers during this fiscal year. The Sleep Safe Program provides home fire-safety training and distributes smoke detectors to selected Head Start center families. The Sleep Safe Program will distribute 3,168 smoke detectors during this same period. As I'm sure you are aware, the need to improve safety measures in Indian Country is of critical importance.

In almost every region of the country, oral health professionals are working with Head Start Programs, WIC Programs, and some child-care programs to promote reduction of dental caries through a variety of Methods, which includes fluoride varnishes and the use of Xylitol chewing gum. There also is continued emphasis on community water fluoridation as well as healthy, low sugar diets.

As many of you are painfully aware, the use of Methamphetamines in Indian Country is reaching staggering, almost epidemic proportions. Healthy young people who form this addiction can quickly ruin their health for life and be at risk for suicide. Meth use knows no socioeconomic boundaries. Sadly, this epidemic has affected many of the fine Native families we know and love. Few of us have been spared the entry of Meth into our diverse and geographically separate Indian communities. We now know all too well how Native youths and families can be ravaged by this terrible drug. Here in California, the statistics are particularly

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alarming. From 1998 through 2005, there were more than 8,000 outpatient visits to IHS facilities for amphetamine related problems. That constitutes a 40 percent rise, which is the more than twice that of any of the other 11 IHS Areas. And we assume there is an underreporting of actual visits because patients do not usually admit to illegal drug use.

As always, IHS resources to deal with the prevention, treatment, and consequences of Meth use are not adequate. But the resolve and dedication of our professionals goes a significant distance in trying to make ends meet. Still, the per capita budget allocation for American Indians and Alaska Natives in the 2006 fiscal year is \$107 for the treatment of mental health and alcohol and substance abuse compared, to the national average of \$259.

As in the past, we forge on in search of new, better, and more efficient ways of coping with these challenges. This includes improving technology access and trending data and research capabilities; developing alternative funding sources; creating leadership development; implementing a "Call to Action" for Indian Youth; establishing community education, awareness and prevention; encouraging professional development; developing new partnerships; and increasing intervention, treatment, and aftercare.

The future of behavioral health in Indian Country must increasingly be vested in the self-determination and self-governance of Tribal Nations, Villages, and Urban Programs. The Crow Nation's Wellness Center is an outstanding example of how Tribal programs can be innovative in searching for viable and economically sound solutions to treatment of the Meth explosion. The wellness center is examining how it can best utilize and modify existing Tribal resources, IHS services, and current private services such as the Thunder Child Treatment Center. We wish the Crow Nation great success in finding the best balance and synergy in treating its people.

The current threat of a worldwide pandemic flu outbreak, which also now is termed as the Avian Flu, is of utmost concern to the IHS, HHS, and the Administration at large. Planning for effective and coordinated Federal, State, Tribal, and local responses is well underway. Pandemics, which are caused by the emergence of a new influenza virus in humans, certainly are not new. A flu outbreak from 1918-19 caused 500,000 deaths in the U.S. and a flu in 1968-69 caused 34,000 deaths.

Our intent is not to alarm people, but to prepare for the possibility of a pandemic in a systematic and responsible manner. Starting in 2001, the IHS reviewed the first HHS Influenza Pandemic Plan. Following the SARS pandemic outbreak in 2003, the IHS Division of Epidemiology began developing an IHS Influenza Pandemic Plan. We are working closely with the Johns Hopkins University School of Health and Preventive Medicine Program to complete this new plan in the next few weeks. Based on the new HHS plan, the IHS plan will determine the roles and responsibilities of the IHS in each activity. This will include an estimate of the impact of a flu pandemic on the IHS user population and the needed funding, the number of antiviral courses to have on hand, and storage and distribution plans. The IHS will keep all of our partners well informed in the coming year of our progress and planning on this serious health threat.

I would now like to give you an update on the new Medicare Prescription Drug Coverage (Part D). For over 8 months this year, the staffs of local IHS units, Tribal programs, and Urban

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programs have participated in two training programs, four nationwide conference calls, and numerous e-mail information exchanges. The IHS developed a website for these entities to be able to access the latest information related to their patients' needs on Medicare Part D. I encourage you to take note of the website address: (<http://www.pharmacyissues.ihs.gov>). These IHS, Tribal, and Urban sites have provided outreach and education to Medicare beneficiaries through a variety of mechanisms:

- All sites began working on marketing campaigns in June 2006. Many sites have reported visiting senior centers, using poster displays in waiting rooms, and mailing informational letters to beneficiary's homes. CMS and SSA have also done a great deal of outreach in local communities on Part D and how to sign-up for extra help.
- All Medicare beneficiaries were mailed a letter in October or early November notifying them about Medicare Part D and that the IHS, Tribal, and Urban healthcare system meets CMS creditable coverage guidelines.
- Full dual-eligible beneficiaries (those with Medicare and Medicaid) received a letter from their particular health site telling them about Medicare Part D and the auto enrollment process and that they would be receiving a yellow colored auto enrollment letter from CMS. Beneficiaries were asked to come into their clinic to talk to a staff person about their prescription drug plan. Further information about this is contained on the website I described a moment ago.

I'll take a moment now to commend the extraordinary partnership effort demonstrated by the Tribes and IHS staff members and departments in responding to the terrible aftermath of Hurricanes Katrina and Rita. Our legendary Indian generosity has come to the fore once again to help Tribal and non-Tribal people in need. In addition, more than 300 Indian Health Service Commissioned Officers were deployed to various assignments in the Gulf Region to assist with medical, environmental, and other needs following the devastation of Hurricane Katrina and Hurricane Rita. Overall, approximately 500 IHS officers have been a part of the deployment effort.

All of this effort has been coordinated very effectively by a new IHS Office of Emergency Preparedness. Because of the increasing incident of natural disasters and other threats, I have established this new office in Rockville as a part of the Office of the Director. This office is an important addition to the IHS and will stand ready to meet future challenges with established plans and procedures to assist all of Indian Country.

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.

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

Behavioral Health

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Health Promotion and Disease Prevention, and  
Chronic Disease Management

Additional information about these initiatives and related issues is available at:  
<http://www.ihs.gov/NonMedicalPrograms/dqwg/index.asp>. 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 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.

There are many, many other innovative health and fitness projects underway in Indian communities 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.

Thank you for inviting me to speak here today. I look forward to continuing our vital work towards improving the health status and overall wellness of Indian people and communities.