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IHS/SAMHSA National Conference 2005

“Weaving Visions for a Healthy Future”

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Closing Remarks

by

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Good afternoon. As we bring this very important conference to a close, I would like to acknowledge the positive attitude and professional energy that have been the driving force behind a most successful conference. To everyone who participated in the presentations throughout the week, I thank you for your professional and personal contributions to this conference, which are a reflection of your continued commitment in the fields you represent.

I would also like to acknowledge the contributions of the planning committee members and the contractor, Jo Ann Kauffman and Associates, Inc., who helped make this conference a successful and smooth-running event.

I am especially pleased and encouraged to have seen so many Tribal Leaders and traditional healers at this conference. We have repeatedly seen the positive effects of involving Indian people in the planning of health strategies and the formulation of health policies that directly affect them. The input of traditional viewpoints and values, and the first-hand knowledge that you bring to the table, are invaluable resources in our efforts to bring the highest quality, culturally appropriate health care services to American Indian and Alaska Native people.

I believe this conference and others like it are a vital part of our efforts to reach our goal of eliminating health disparities and preparing our people and communities for a healthier future. We know that mental health issues such as depression can make chronic disease management more difficult and less effective. In order to adequately address mental health

This text is the basis of Dr. Grim's oral remarks at the IHS/SAMHSA National Conference on June 30, 2005. It should be used with the understanding that some material may have been added or omitted during the presentation.

issues, Tribes and the Indian Health Service (IHS) must continue to work in concert with other Federal agencies, such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health, as well as with multiple 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.

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. Death rates for alcoholism and suicide are significantly higher for Indians compared to the U.S. general population. In fact, the mortality rate for alcoholism is more than six times the U.S. all-races rate. And suicide rates are nearly twice as high in the Indian population.

This is why I have established behavioral health as one of my Director's Initiatives for the IHS, in order to focus on screening and primary prevention in mental health in Indian country. And that is why this annual National IHS/SAMHSA Conference is very important to all of us, as it brings together not only our Federal partners but also representatives from state agencies and other public and private organizations dedicated to the promotion of mental health, including national Tribal and Urban Indian health programs and organizations, as well as representatives from the indigenous populations of other countries.

If we hope to successfully combat mental health and substance abuse conditions, we must address a host of interrelated factors and illness contributors — the “causal web” — and we must do so in partnership with the many other Tribal, Federal, state, and private organizations that are targeting these issues. Health status is not just a health care issue. It is about ensuring that there are educational opportunities; it is about ensuring that we have safe communities; it is about ensuring that adequate housing is available; and it is about ensuring adequate economic and employment opportunities. These things, and more, all work in concert to affect mental and physical health status. It is therefore vital that all available resources, Federal and private sector, be brought to bear on Indian health issues.

The high level of mental illness and concurrent substance abuse and suicide rates among American Indian and Alaska Native youth are of particular — and paramount — concern to the Indian health system and Indian communities. Not only is suicide the third leading cause of death for Indian youth ages 15-19, but the tragic truth is that the rates of suicide among Indian youth are the highest of any racial group in the Nation. These are statistics that hit at the heart of the devastating effects of mental illness on the rates of disease and mortality in Indian communities.

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, especially among our young people.

I would like to take a moment to give a special acknowledgment and thanks to all the Federal, Tribal, and community members who assisted in helping the community in the aftermath of the Red Lake tragedy and to all those who continue to assist in the recovery process. I am impressed with and somewhat awed by the strength and dedication of these people, and of the Red Lake Tribal community, as they go forward with courage and hope in planning and working for a better future for their people.

I am very proud of how far we have come with Indian health, even as we acknowledge how far we still have to go. The Indian health care system presents a successful model for rural and Urban Indian health programs as well as for indigenous people around the world because of

its respect for cultural beliefs, its blending of traditional practices with the Western medical model, and its emphasis on public health and community outreach activities.

In July of 1955, the IHS was officially transferred from the Bureau of Indian Affairs to the Public Health Service, making fiscal year (FY) 2005 the 50th anniversary year for the IHS, an important milestone in our history as a health care organization.

In FY 2005 we have embarked on a special year of celebrations and special events. A 50th Anniversary reference library of historical documents and photographs is being compiled, which will be available on the IHS Web site and on a special 50th Anniversary CD. Also, we are publishing a special edition of the “Gold Book,” which was first published in 1957 as a comprehensive report to Congress on the status of the health of American Indians and Alaska Natives around the time of the transfer. The new version will highlight the progress made in the last 50 years and our plans for facing the challenges of the next 50 years — many of which you discussed at the meeting this week.

I hope all of you here will join us as we recognize this important date in the history of the Indian Health Service.

This annual conference continues to be a valuable venue for sharing and promoting effective research, planning, and implementation methods for behavioral health programs and strategies. This national effort has helped make the best and most successful behavioral health models available across Indian Country, and I am sure it will continue to result in the successful replication of programs and processes that help our people and our communities most effectively deal with behavioral health challenges.

This conference also affords individuals an opportunity for extensive networking and contributes to the development of personal and professional partnerships to assist with ongoing program development and new approaches for success.

For these reasons, and more, the IHS is committed to facilitating the continuance of this conference on an annual basis. I believe it is an important part of our ongoing efforts to initiate and maintain continued dialog among all the Federal, state, Tribal, and Urban Indian programs and many other organizations involved in Indian health care.

This is a time of great potential but also a time of challenge for the Indian health system. It should also be a time of celebration and reflection on the successes that are occurring throughout Indian Country. And it is a time, as the theme of this conference states, to “Weave Visions for a Healthy Future.”

I look forward to continuing our work together towards meeting this goal of a healthy future for all our people.

Thank you.

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