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NOMINATION OF CHARLES W. GRIM TO BE DIRECTOR OF THE INDIAN HEALTH SERVICE

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED TENTH CONGRESS

FIRST SESSION

JULY 26, 2007

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NOMINATION OF CHARLES W. GRIM TO BE DIRECTOR OF THE INDIAN HEALTH SERVICE

THURSDAY, JULY 26, 2007

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Washington, D.C.

The Committee met, pursuant to notice, at 9:30 a.m. in room 485, Senate Russell Office Building, Hon. Byron L. Dorgan, Chairman of the Committee, presiding.

OPENING STATEMENT OF HON. BYRON L. DORGAN, U.S. SENATOR FROM NORTH DAKOTA

The CHAIRMAN. We will call the hearing to order.

This is a hearing of the Senate Indian Affairs Committee, a hearing on the nomination of Charles Grim to be Director of the Indian Health Service.

The two witnesses today I will introduce: The Honorable Chad Smith, Principal Chief, Cherokee Nation of Oklahoma; and Dr. Charles Grim, who is the Director of the Indian Health Service, U.S. Department of Health and Human Services.

This hearing, as I said, is about the renomination or the nomination for Charles W. Grim to continue to serve as Director of the Indian Health Service.

If I could ask the two witnesses to take their place at the table.

Today, the Committee meets to consider the nomination of Dr. Charles Grim to be Director of the Indian Health Service. On May 21 of 2007, President Bush sent Dr. Grim's nomination to the Senate. This is a reappointment for another term of 4 years. Previously, Dr. Grim was confirmed by the Senate as Director and was sworn into office in the summer of 2003.

I will ask today that we hear an introduction from the Chief of the Cherokee Nation. I will call on my colleague, Dr. Coburn, for remarks in a moment. I note that Dr. Grim is no stranger to this Committee. I believe you have already appeared on three occasions in this year alone to present the Department's views on the Fiscal Year 2008 budget request, the Special Diabetes Program, and reauthorization of Indian Health Care and other matters.

All of us know that the Indian Health Care Improvement Act was last reauthorized in 1992. Legislation to amend and reauthorize the Health Care Improvement Act has been considered by the 106th, 107th, 108th, 109th and now the 110th Congress.

At our hearing on the Indian health bill in early March, Dr. Grim, you accompanied Dr. John Agwunobi, the Assistant Secretary for Health, and both of you pledged to work with this Com-

mittee toward the enactment of reauthorization of the Indian Health Care Improvement Act. I reiterate my goal of accomplishing reenactment during this Congress.

The Committee has received statements of support today from a wide number of people and interests for Dr. Grim's nomination: The Choctaw Nation of Oklahoma, the Commissioned Officers Association of the U.S. Public Health Service, the Cherokee Nation, the American College of Obstetricians and Gynecologists, the Albuquerque Area Indian Health Board, the Chief of Psychology at Massachusetts General Hospital of Harvard Medical School, the Seminole Nation of Oklahoma, and let me include all the rest of them in the record. Those are just a few.

I ask consent that these and other letters be part of the record of today's hearing.*

Before I recognize the Vice Chairman, I want to state what the process will be for moving this nomination forward. Committee members will ask questions this morning, and more will be submitted to you in writing, Dr. Grim. Once the Committee has received the responses and Members feel their questions have been answered, we anticipate we will seek to report out this nomination at the next scheduled business meeting, again providing that we have received the responses.

We appreciate your being here today, and appreciate your work on a wide range of issues.

The Vice Chair of the Committee is not yet here, but she is on her way. Let me call on Dr. Coburn.

STATEMENT OF HON. TOM COBURN, U.S. SENATOR FROM OKLAHOMA

Senator COBURN. Thank you, Mr. Chairman. I am grateful to you for this opportunity to introduce somebody we all know and respect and a fellow Oklahoman as the President's choice to head the Indian Health Service for another 4 year term.

He really needs no introduction to our Committee. He has been a friend to this Committee and all of us who seek a new direction for Indian health care for many years. His efforts to modernize the delivery of health care in Indian Country have often been met by resistance within the bureaucracy and here in Congress, but he continues his fight nonetheless with class, integrity and a tireless commitment to the people he serves. If you can't tell by his accent, Dr. Grim is a proud Oklahoman and he is also a proud member of the Cherokee Nation.

While his distinguished career has taken him all over the Country, and now to Rockville, much of it has taken place in our home State of Oklahoma. He was born in Tulsa, lived in Cushing and grew up in Cushing, graduated from the University of Oklahoma. He has served his State as a practicing dentist, as well as at the Indian Health Service as Administrator in Oklahoma City.

In his later capacity as Oklahoma City Area Director, Dr. Grim was responsible for the delivery of IHS programs for all of Oklahoma, Kansas and parts of Texas. If you don't know what an awesome task that is, let me kind of describe it. In addition to Kansas

*The information referred to has been printed in the Appendix.

and Texas operations, the system served over three dozen Oklahoma tribes, an estimated 12,000 hospital admissions a year, and 1.3 million outpatient visits a year. His system hospital region delivered almost 2,700 babies a year as well.

The experience in Oklahoma City gives Dr. Grim a very unique and important perspective on the state of Indian health care. I would guess the Oklahoma region is probably the most diverse within the system. Among our nearly 40 tribes, you see everything from cutting edge health care to near Third World conditions. You will see tribes operating their own standalone health care facilities like the Cherokee Nation and others, and then you will see traditional IHS-directed health care. You will see innovative prevention-based medicine and you will see long Soviet-style lines for treatment of chronic disease.

Dr. Grim has seen it all, the good, the bad and the ugly. More important, he has seen how Federal policies, funding priorities, and bureaucracies can rob tribal citizens of even the most basic health care options.

I want to applaud Dr. Grim for his commitment to collaborating with other Federal and non-Federal agencies to make the most of the scarce resources he has had, and for his particular passion for disease prevention, which is the answer for our health care problems.

In a very real sense, the future of Indian health care is in the hands of this Committee and Dr. Grim. We can choose to fight business as usual and policies that say the current system is good enough, or we can take this historic moment to revolutionize health care for tribal citizens.

Do we empower tribal citizens to make their own health care decisions? Or do we leave them hostage to a system designed for the last century? The choice is ours to make.

In the months ahead, we must turn our attention to reauthorization of the Indian Health Care Improvement Act. The experience of Dr. Grim as Director will continue to be an invaluable asset as we move forward. We should leave no option off the table, and I believe one of those options must be health care portability and competition for those in Indian Country.

Tribal citizens have a right to quality health care, not the right to a promise of quality health care. If the current system isn't serving their needs, the ought to be given the right to access that need wherever they can find it. I am looking forward to the hard work that lies ahead of us.

In closing, I want again to express my confidence in you, Dr. Grim, in your leadership. The man before us has proven that. He is up to the task and capable and committed to the mission at hand. Government programs and bureaucracies matter little when they fail the very people they are intended to serve. Dr. Grim realizes this and that is why I am extremely pleased that President Bush has asked for us to confirm him yet again.

And one final note I would note. There is a great personal sacrifice for Dr. Grim in fulfilling this mission. His wife and kids remain at home in Hobart. He has a 1-year old. The travel and time away is extremely stressful on both him, his wife and his kids.

Your example of sacrifice to serve this Nation does not go unnoticed.

The CHAIRMAN. Senator Coburn, thank you very much.

Vice Chairman Murkowski?

STATEMENT OF HON. LISA MURKOWSKI, U.S. SENATOR FROM ALASKA

Senator MURKOWSKI. Thank you, Mr. Chairman.

You know, it seems like just yesterday that Chuck Grim was sworn in to lead the Indian Health Service. It was August 6 of 2003. I was there. On August 6, Chuck Grim was sworn in as the seventh Director of the Indian Health Service on the campus of the Alaska Native Medical Center in Anchorage. Secretary Tommy Thompson was there. You took the oath in the company of Aleuts, of Eskimo, Indians, and the health care providers that serve them. I thank you for honoring Alaska's native people in this way. I don't believe that you have let us down in any way.

Four years later, you are back before this Committee seeking confirmation for a second term. I appreciate the comments of my colleague here from Oklahoma. There are probably a few people that are wondering why you are back for the re-up and why do you want this job again. You will certainly have an opportunity to answer that question this morning. But we recognize that this is not an easy job. You can be assured that this Senator understands that. It is not easy coordinating health care delivery in some of the most remote corners in the Country. It is not easy recruiting health care professionals to work in those remote places. It is not easy to recruit people to work in facilities that are too old, that are too small, that lack decent employee housing, and in some cases lack running water and indoor plumbing.

We know that it is not easy to address the perplexing rates of chronic disease in Indian Country. It is not easy to hold the responsibility for lowering the rates of diabetes and suicide in Indian Country.

We also know that it is not easy doing your job knowing that Administrations, past and present, have chronically under-funded Indian health care delivery. It is not easy to see other elements of your department, like NIH and CDC, get generously plussed-up on the Senate floor, while you are lucky to make by with single digit increases, not even enough to cover inflation.

And we know that it nos easy facing the Chairman's ever more creative questions about how much money you think this Nation can spend on Indian health care delivery. And it is not easy answering him knowing full well that these decisions are in no way within your control.

It is not easy to do your job knowing that this Nation spends more money providing health care to prisoners than it does to Indians. And it is not easy to confront slogans like "don't get sick after June" because the contract health money has run out.

So if you were to choose to stand down after six very successful years, four as Director and two as Interim Director, I would certainly understand. But I am glad that you have decided to re-up, if you will, for another term. I am not alone in this. The Committee has received letters of endorsement from the Friends of Indian

Health and from tribes and tribal organizations who have written on your behalf. Mr. Chairman, I would ask that they be made a part of the record. I have here 22 different letters of support.*

I personally appreciate your unwavering support for the Dental Health Aide Therapist Program for Alaska. We know that without your support, we might not have been able to work out what I believe was truly a win-win situation with the dental profession that ended the lawsuits and puts the focus on care where it needs to be.

In the exercise of our responsibilities, the Committee, as you know, will probably have some tough questions for you this morning, but as you tackle those questions, don't forget for a minute that we all appreciate what you have done and what you have to work with.

We don't get to say "thank you" often enough, so I want to close on those words.

Thank you, Mr. Chairman.

The CHAIRMAN. Senator Murkowski, thank you very much.

Let me call on the Honorable Chad Smith, Principal Chief of the Cherokee Nation of Oklahoma. Chief Smith, why don't you proceed, following which I will call on Dr. Grim.

Let me ask you to hold for a moment. I see our colleague Senator Tester has arrived. I would like, before we take testimony, Senator Tester, if you have any opening comments, I would be happy to have them at this point.

STATEMENT OF HON. JON TESTER, U.S. SENATOR FROM MONTANA

Senator TESTER. Thank you, Mr. Chairman. Sorry I am late.

I would just say that there is plenty of work to do in Indian Country when it comes to health care and making it function. I will be interested to hear your comments. I will ask some questions afterwards, but I think that you know as well as we the kind of situation that is going on Indian Country and how we need to have some real proactive work to get it fixed.

So thank you.

The CHAIRMAN. Senator Tester, thank you very much.

Chief Smith?

STATEMENT OF CHAD SMITH, PRINCIPAL CHIEF, CHEROKEE NATION

Mr. SMITH. Thank you very much.

My name is Chad Smith, Principal Chief of the Cherokee Nation. It is my honor to appear in front of you this day to express our support and desire that you confirm Charles—we usually call him Chuck—as the leader of the Indian Health Service. Charles Grim has been a great friend to Indian Country. He has great support.

The thing that we share with him is a vision about increasing the health care for Indian Country. One of the great initiatives that we have had in partnership with the Indian Health Service helped led by Dr. Grim is the Joint Venture Program. For example, in Muskogee we are just finishing the touches on a $24 million facil-

*The information referred to has been printed in the Appendix.

ity, 200,000 square feet, which will provide 200 jobs and create several hundred thousand patient visits in the next few years. It is that kind of collaboration and cooperation that is helping us make a change in the quality of health care.

For example, the Cherokee Nation since 2002, in cooperation with Dr. Grim and the Indian Health Service, we have been able to deliver 1.2 million patient visits. Eight years ago when I took office, the highest complaints we received in the Cherokee Nation was health care complaints. Of course, those complaints have diminished each year.

Now, to my great delight, we are receiving compliments, compliments from people about the quality of health care, how it is increasing, how we are getting funding for cancer treatment and the equipment for the diabetes epidemic.

So we are very thankful for Dr. Grim and his leadership. We believe in Indian Country we all share that same kind of sentiment. What is unique in the situation is that Dr. Grim is well received in not only Indian Country, but in the State of Oklahoma.

I have the opportunity to present to him at this time a declaration by the Governor of the State of Oklahoma declaring this day Dr. Charles Grim Day in Oklahoma. I will just read a very few paragraphs: "Whereas Charles Grim, the Director of the Indian Health Service, Assistant Surgeon General, holds the rank of Rear Admiral in the Commissioned Corps of the United States Public Health Service, and is a native of Oklahoma and a citizen of the Cherokee Nation, whereas on July 16th, 2003 the U.S. Senate unanimously confirmed Dr. Charles Grim to serve a 4-year term as the Indian Health Service Director, now I Brad Henry, Governor of the State of Oklahoma, proclaim July 26, 2007 as Charles W. Grim Day in the State of Oklahoma."

The information referred to follows:]

STATE OF OKLAHOMA

EXECUTIVE DEPARTMENT

Proclamation

Whereas, *Charles W. Grim, D.D.S, M.H.S.A, Director of the Indian Health Service, is an Assistant Surgeon General, holds the rank of Rear Admiral in the Commissioned Corps of the United States Public Health Service a is a native of Oklahoma and a citizen of the Cherokee Nation; and*

Whereas, *Dr. Grim, a 1983 graduate of the University of Oklahoma College of Dentistry, has served in the Indian Health Service for nearly twenty-four years; and*

Whereas, *on July 16, 2003, the United States Senate unanimously confirmed Dr. Charles W. Grim to serve a four-year term as Indian Health Service Director, and was sworn into office on August 6, 2003; and*

Whereas, *on May 17, 2007, President George W. Bush nominated Charles W. Grim to serve another four-year term as Indian Health Service Director; and*

Whereas, *as Director of the Indian Health Service, Dr. Charles W. Grim administers a nationwide multi-billi dollar health care delivery program providing preventive, curative, and community health care to approximately million of the nation's 3.3 million American Indians and Alaska Natives in hospitals, clinics, and other settings throughout the United States; and*

Whereas, *on July 26, 2007, the Senate Committee on Indian Affairs will consider the nomination of Dr. Char W. Grim, followed by confirmation before the full Senate;*

Now, therefore, I, Brad Henry, *Governor of the State of Oklahoma, do hereby proclaim July 26, 2007, a*

"Charles W. Grim Day"

in the State of Oklahoma,

in honor and recognition of this great accomplishment.

In Witness Whereof, *I have hereunto set my hand and caus the Great Seal of the State of Oklahoma to be affixed.*

Done at the Capitol, in the City of Oklaho City, this 24th *day of* July *in Year of Our Lord two thousand and seven and of the State of Oklahoma in the* ninet *year.*

SECRETARY OF STATE Acting Assistant GOVERNOR

That, with the letters that the Committee has received and the support of the State of Oklahoma and the Cherokee Nation, and everybody that he comes in contact with, I think is great evidence that he has done a good job in dealing with a great and serious demand of health care.

Thank you very much.

The CHAIRMAN. Chief Smith, thank you very much. We appreciate your being with us and your testimony.

Dr. Grim, thank you. You have an opening statement, I believe. Is that correct?

Dr. GRIM. Yes, sir.

The CHAIRMAN. You may proceed with your opening statement. We will then ask a series of questions.

STATEMENT OF CHARLES W. GRIM, D.D.S., M.H.S.A, ASSISTANT SURGEON GENERAL; DIRECTOR, INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. GRIM. Mr. Chairman, Madam Vice Chair—and I have not gotten to congratulate you in person, Senator Murkowski, congratulations on your new role with this Committee—and other distinguished Members of the Senate Committee on Indian Affairs.

The CHAIRMAN. Will you pull that microphone closer to you, Dr. Grim?

Dr. GRIM. OK. It is a pleasure and an honor for me to have been nominated by the President, supported by tribal governments across the Nation, endorsed by Secretary Leavitt, and for this Committee to consider renewing my term as Director of the Indian Health Service.

I would also like to personally thank Senator Coburn for introducing me.

To be nominated for a second term to lead the Indian Health Service and to be in a position to continue my service on behalf of so many Indian people is a wonderful and a humbling opportunity, as well as a great honor and a challenge. As I sat and listened to some of you speak about the challenges that there are across Indian Country, we have a lot of work yet ahead of us.

I want to acknowledge members of my family who could not be here today, and thank Senator Coburn for recognizing their sacrifice. My wife, Dr. Gloria Grim, our sons Steven, Jake, Chance and the newest one, Nicholas. I would also like to introduce my family members who are here with me this morning. They are sitting right back here: my mother, Mrs. Ruth Grim, my sister Ms. Denise Grim, and my daughter, Ms. Kristen Grim.

All of my family have been very supportive of me while I have held this role and they have also sacrificed to allow me to be in this position.

I also want to acknowledge my late father, Charles Grim, who along with my mother has always been a source of strength and pride to me.

For those on the Committee and for those attending this hearing, I will quickly introduce myself. Most of you know me, but my name is Charles Grim. I am a member of the Cherokee Nation of Oklahoma. I come from the town of Cushing, Oklahoma. I am a doctor of dental surgery and I also have a master's in health services ad-

ministration, which focuses on the management and administration of health services, dental care and hospital and ambulatory care.

I have been a member of the U.S. Public Health Service for 24 years, which include 5 years as the Director of the Indian Health Service. The IHS is one of the largest operating divisions within HHS, with a program-level budget of over $4 billion in 2007, and more than 15,000 employees. The agency responds to the needs of more than 560 federally recognized sovereign tribal nations in 35 different States.

Indian tribes are IHS's partners, as well as our customers in providing approximately 60,000 in-patient admissions, 9.4 million outpatient visits, and almost 1 million dental visits annually to approximately 1.8 million American Indians and Alaska Natives at more than 500 sites across the Nation. We also serve 600,000 more American Indians and Alaska Natives at 34 urban sites across the Nation.

The IHS has a proud history of dramatically improving the health of Indian people. Since the passage of the Indian Self-Determination and Education Assistance Act in 1975, the greater involvement of Indian tribes and Indian people in the decisions affecting their health has produced significant health improvements. Indian life expectancy has increased by 8.7 years since 1973. While significant disparities still exist, mortality rates have decreased for maternal deaths, tuberculosis, gastrointestinal disease, infant deaths, unintentional injuries and accidents, pneumonia and influenza, homicide, alcoholism and suicide.

Rates of some health disparities are decreasing, but the 2001 through 2003 rates of most leading causes of death for Indian people still remain more than double the rates for the rest of America.

In the early history of the IHS, the greatest achievements in reducing these disparities were through increased medical care and public health efforts, that included massive vaccination programs and bringing safe water and sanitation facilities to reservations and communities. I believe future reductions in these disparities of any significance will be made through health promotion and disease prevention efforts and programs, rather than through treatment.

In fulfilling the Federal Government's commitment to American Indian and Alaska Natives to provide high quality health service, in the past 4 years I have focused the IHS on specific health initiatives to address the goals, needs and the current health status trends of our people. I believe the future of tribal communities depends on how effectively the IHS system addresses chronic diseases, and therefore we initiated a chronic care initiative in 2003.

Preventing and treating chronic diseases requires an entirely different approach for care delivery. I am proud to inform this Committee that in 2007, there are now 14 sites within the Indian health system who are applying new evidence-based approaches to managing chronic care as a result of this initiative. We are receiving assistance from a full partnership that has been established with the renowned Institute for Health Care Improvement. They have commented that with the models that we are implementing, if we are able to carry it out throughout our entire system over

time, it could be a model for the Nation on how to deal with chronic care in the years ahead.

A second initiative that we have implemented is around behavioral health. It has three programmatic parts, and I don't think these items will be of any surprise to the Committee and why we have prioritized them. It is methamphetamine intervention, suicide prevention, and family safety and protection.

This initiative increases the emphasis on both clinical and community-based health promotion and disease prevention efforts. Our collective ability is focused on implementing programs designed to prevent disease, rather than relying exclusively on treatment. One half of IHS's areas will be integrating behavioral health into local tribal area health board plans. They are sharing now best and promising practices of how to integrate behavioral health with our other two initiatives of chronic care and health promotion disease prevention.

We are also forging numerous collaborations with other organizations like the National Boys and Girls Clubs of America to increase clubs on reservations; the Nike Corporation, to promote healthy lifestyles; CDC, to fund IHS positions supporting epidemiology and disease prevention activity; the Mayo Clinic, to support efforts to reduce cancer and other related health burdens; Harvard and Johns Hopkins Universities to improve American Indian health and wellness; and the VA, to better coordinate the numerous efforts to enhance the health care provided to American Indian and Alaska Native veterans. Those are just a sample of the partnerships we have forged over the last 4 to 5 years.

The third initiative is health promotion and disease prevention. Our goal is to create healthier American Indian and Alaska Native communities by developing and disseminating proven strategies through collaboration with key stakeholders. Again, a few examples. Together with the Mothers Against Drunk Driving, we are addressing underage drinking by training Indian youth. We have a partnership with the University of New Mexico Prevention Center, who developed the American Indian Across the Lifespan Physical Activity Kit, which Indian communities can use to promote more active lifestyles.

Now, all 12 of the IHS area offices have a health promotion disease prevention coordinator to support the IHS tribal and urban programs in developing, implementing and evaluating health promotion and chronic disease prevention activities. We focus on use of traditional practices and values to communicate effective model programs such as breast feeding, language and cultural training in early childhood and elementary settings.

One of my top business priorities has been to implement a market-based business plan that actively promotes innovation. The plan enhances the level of patient care through increased revenue, reduced cost and improved business processes. In Fiscal Year 2006, IHS generated approximately $700 million in third-party revenue and saved $352 million through the use of negotiated contracts with private providers to get the lowest cost possible when purchasing care.

In an environment of increased Federal accountability, it was important for me to institute the restructuring of IHS's approach to

performance management at the national level. In 2005, I activated the IHS Performance Achievement Team to guide the agency toward a more consistent, efficient and effective performance management approach to achieve a results-oriented organizational culture. Accountability for performance measures are now part of the performance appraisal criteria at all organizational levels.

I attribute the improved agency performance accomplishments to our strong focus on accountability. As an example, the IHS was recognized in 2006 as a national leader in the use of health information technology to electronically provide clinical quality measures related to monitoring the Government Performance and Results Act performance indicators. The agency implemented that program, and with our annual targets in 2002 when 72 percent of those targets were met. In the agency's latest report for 2006, 82 percent of the clinical and nonclinical targets were either met or exceeded, a documented increase of 10 percentage points since 2002.

Our tribal stakeholders have also helped support program assessment. As a result, 65 percent of tribally operated health programs voluntarily provided performance data and other information demonstrating their achievement of program goals and management standards.

We have made consistent progress in addressing the management areas that are included in the President's management agenda, the Government-wide management improvement initiative. The Indian Health Service has met standards for success in carrying out our action plans and we have earned green scores for progress for five management areas and one program initiative for 2006.

We continue to implement improvements in plans for six programs that were assessed by the program assessment and rating tool, a program evaluation instrument of the OMB. All six programs were rated adequate or higher, with the IHS having one of the highest overall averages in the Federal Government by 2005.

The IHS is the only Federal program delivering hands-on care to Indian people based on the government to government treaties. Today we are facing many challenges. Change and challenge is nothing new to the history of the Nation or to Indian nations. Our history attests to our ability to respond to these challenges, to overcome adversities that we sometimes face, and to maximize our opportunities.

I have a great passion about this organization and our mission to raise the health of our people to the highest level. My actions will always reflect the honor of being entrusted to provide health services to American Indian and Alaska Native people. I am ready to recommit to the job of the Director of the Indian Health Service and to working with this Committee and this Administration and tribal governments around the Country toward our shared goals and objectives.

I will be pleased to respond to any questions that you may have concerning my nomination.

Thank you.

[The prepared statement and biographical information of Dr. Grim follow:]

PREPARED STATEMENT OF CHARLES W. GRIM, D.D.S., M.H.S.A, ASSISTANT SURGEON GENERAL; DIRECTOR, INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman, Madam Vice-Chair, and other distinguished members of the Senate Committee on Indian Affairs:

It is a pleasure and an honor for me to have been nominated by the President, supported by tribal governments across the Nation, endorsed by Secretary Leavitt, and for this Committee to consider renewing my term as director of the Indian Health Service.

I'd like to thank and acknowledge my family who could not be here today. They have all sacrificed to allow me to serve in this position, my wife Dr. Gloria Grim, our sons Steven, Jake, Chance and Nicholas. I'd also like to introduce here today my mother, Ms. Ruth Grim, sister Ms. Denise Grim and my daughter Ms. Kristen Grim.

I am proud to renew the pledge I made at my first confirmation hearing before this Committee four years ago, to both the Federal and tribal governments, to do my best to uphold the Federal Government's commitment to raising the health status of American Indians and Alaska Natives to the highest level. I remain committed to working with this Committee, the Administration, and Tribal Governments toward our shared goals and objectives.

The IHS delivers health services to approximately 1.9 million federally-recognized American Indians and Alaska Natives through a system of IHS, tribal, and urban operated facilities and programs based on treaties, judicial determinations, and Acts of Congress. The mission of the agency is to raise the physical, mental, and social health of American Indians and Alaska Natives to the highest level, in partnership with the population we serve. The agency goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to the service population. Our foundation is to uphold the Federal Government's commitment to promote healthy American Indian and Alaska Native people, communities, and cultures.

For those on the Committee and those attending this hearing, I would like to provide some background about myself. I am Charles W. Grim, a member of the Cherokee Nation of Oklahoma. I come from the town of Cushing, Oklahoma. I am descended from those who walked the Trail of Tears. I would like to acknowledge my late father, Charles Grim and my mother Ruth Grim, whose confidence in me has always been a source of strength and pride. I draw my strong sense of heritage and culture from my family. From early in my life I envisioned working for the Indian Health Service as an important way to help Indian people. Upon my graduation from dental school, my aunt Ms. Dorothy Snake also encouraged me to work for the IHS as part of my National Health Service Corps educational scholarship pay back requirement.

My first assignment with the IHS was at the Indian health Center in Okmulgee, Oklahoma. Working there was like coming home and fulfilling the dream I had as a teenager to help Indian people. I knew then and I know now, just as strongly, that working for the Indian Health Service is a part of my life. I cannot imagine being as satisfied or having such a sense of reward working anywhere else. To be nominated for a second term to lead the Indian Health Service, and to be in a position to do so much for so many Indian people, is wonderful and humbling opportunity, as well as a great honor.

In addition to my personal connection and desire to lead the agency, I am a Doctor of Dental Surgery and I have a Masters degree in Health Services Administration with focus on the Management and Administration of health services, dental care, and hospital and ambulatory care. I have served with the U.S. Public Health Service for 24 years—through assignments to various offices and programs of the Indian Health Service, including five years as the Director of the Indian Health Service. I am ready to recommit to the job of Director of the Indian Health Service.

Rates of some health disparities are decreasing, but the 2001–2003 rates of most leading causes of death for Indian people remain more than double the rates for the rest of America—for injuries, the rate for Indian people is 154 percent of the rate for the general U.S. population; for alcoholism, 551 percent; for diabetes, 196 percent; for homicide, 108 percent; and for suicide, 57 percent.

The rate of diabetes-related kidney failure in American Indians and Alaska Natives is 3.5 times higher than the general U.S. population, although the incidence of new cases has declined 18.5 percent in our population since 1999 (while it is still going up in whites and African Americans). Cardiovascular disease (CVD) is the number one killer of American Indian and Alaska Native adults. CVD is increasing in American Indian and Alaska Native population while it is decreasing in the gen-

eral U.S. population. Diabetes is the strongest risk factor in up to 70 percent of the CVD seen in our population. Amputations due to diabetes still occur at rates 3 to 4 times the rates for the rest of the nation.

And the tragedy of Sudden Infant Death Syndrome (SIDS) occurs at two times the rate of the U.S. general population. American Indian and Alaska Native (15–24 years) suicide mortality within Indian families occurs at three times the rate than for other families.

In the early history of the Indian Health Service, the greatest achievements in reducing health disparities were through increased medical care and public health efforts that included massive vaccination programs and bringing safe water and sanitation facilities to reservation homes and communities. I believe future reductions in disparities of any significance will be made through health promotion and disease prevention efforts and programs rather than through treatment.

American Indians and Alaska Natives have the highest rate of type 2 diabetes for all age groups of any ethnic or racial group in the U.S. The prevalence of type 2 diabetes in American Indians and Alaska Natives is 2.2 times higher than for non-Hispanic whites and the death rate from diabetes is 3 times higher than the general U.S. population—but it has been shown that with moderate changes in diet and exercise, such as reducing body weight by 7 percent and walking for 30-minutes a day 5–6 days per week—the onset of diabetes can be delayed and, in some cases, can be prevented.

Cardiovascular disease is now the leading cause of mortality among Indian people, with a increasing rate that is nearly 1½ times that of the U.S. general population; but by modifying or eliminating health risk factors such as obesity, sedentary lifestyles, smoking, high-fat diets, and hypertension, that trend may be reversed.

We need to invest in our communities so that despair does not fill the lives of our children. The IHS suicide morality rate among Indian youth is three times that of the general population. There are many programs, not just those of the Indian Health Service, which can be implemented to reduce or eliminate the number of our children who are killing themselves.

I believe the more we focus on promoting good health the less will be needed for treating the consequences of poor health. The Indian Health Service has a proud history of dramatically improving the health of Indian people. Since the passage of the Indian Self-Determination and Education Assistance Act in 1975, the greater involvement of Indian Tribes and Indian people in the decisions affecting their health has produced significant health improvements for Indian people: Indian life expectancy has increased by 8.7 years since 1973 and while significant disparities still exist, mortality rates have decreased for maternal deaths, tuberculosis, gastrointestinal disease, infant deaths, unintentional injuries and accidents, pneumonia and influenza, homicide, alcoholism, and suicide.

Tribes are IHS's partners as well as customers in providing approximately 60,000 inpatient admissions, 9.4 million outpatient visits, and 954,000 dental visits annual to approximately 1.8 million American Indians and Alaska Natives at more than 500 sites and 600,000 more American Indians and Alaska Natives at 34 urban sites. The Agency responded to the needs of more than 560 federally recognized sovereign Tribal nations in 35 states.

I will continue to support the decision of Tribes to contract, compact, or retain the Indian Health Service as their provider of choice. The Indian Self-Determination Act allows Tribes to manage their own health programs. In addition, this Administration and the Secretary have put their words into action and increased the involvement of tribal representatives in advising and participating in the decision-making processes of the Department.

We also invest wisely in our communities and in promoting good health. Health status is the result of interwoven factors such as socioeconomic status, educational status, community and spiritual wellness, cultural and family support systems, and employment opportunities, to name a few. The connection between poverty and poor health cannot be broken just by access to health services or treatment alone.

Based on identified trends in Indian healthcare, I believe we must begin to lay the groundwork now for the health environment we want to have 5, 10 or 20, years in the future. I believe we must focus on emerging infectious and chronic disease patterns, and the related increasing cost of pharmaceuticals to treat and prevent disease. These issues can best be addressed through health promotion and disease prevention activities, so that our people will improve their health, which will decrease the demand for health services and pharmaceuticals.

Preventing disease and injury is a worthwhile financial and resource investment that will result in long-term savings by reducing the need for providing acute and chronic care and expensive treatment processes. It also yields the even more important humanitarian benefit of reducing pain and suffering and prolonging life.

In the past four years, I focused the IHS on specific health initiatives to address the goals, needs, and health status trends of American Indian and Alaska Native people. I believe the future of Tribal communities depends on how effectively the Indian health care system addresses chronic diseases, and therefore initiated a Chronic Care Initiative in 2003. Preventing and treating chronic disease requires an entirely different approach for care delivery.

I implemented strategies within the Indian health system that improve the health status of patients and populations affected by chronic conditions and reduce the prevalence and impact of those conditions by adapting and implementing a chronic care model. We are now committed to developing patient and family-centered care processes that apply across multiple chronic conditions (instead of care based on managing individual diseases). I am proud to inform the Committee that, in 2007, fourteen sites within the Indian health system are piloting new approaches to managing chronic care as a result of my Chronic Care Initiative with assistance from a full partnership established with the renowned Institute for Healthcare Improvement.

My Behavioral Health Initiative has three programmatic parts—methamphetamine intervention, suicide prevention, and family safety and protection—and increases the emphasis on both clinical and community-based health promotion and disease prevention (HP/DP) efforts. We are focusing on using our collective ability to develop and implement programs designed to prevent disease rather than relying exclusively on treatment of disease. One half of IHS Areas will be integrating behavioral health into local Area Tribal Health Board plans. They share best and promising practices of how to integrate behavioral health with the other two initiatives.

We are forging collaborations with other organizations like the National Boys and Girls Clubs of America to increase clubs on reservations, NIKE Corporation to promote healthy lifestyles, CDC to fund IHS FTEs supporting epidemiology and disease prevention activities, Mayo Clinic to support efforts to reduce cancer and related health burdens, and Harvard University to improve American Indian and Alaska Native health and wellness.

Through these initiatives, we target health outcomes that will have a beneficial impact, and attempt to change basic practices and procedures as well as unhealthy behaviors. Therefore, my third initiative is health promotion/disease prevention. American Indian and Alaska Native patients will see increased focus on screening and primary prevention in mental health, actions aimed at HP/DP to promote healthy lifestyles, and increased primary prevention of chronic disease.

My business emphasis focuses on strengthening the infrastructure of the Indian health system. The infrastructure supports a very comprehensive public health and clinical services delivery program, including such diverse elements as water and sewage facilities, diabetes prevention and wellness programs, and emergency medical services. The IHS is the largest holder of real property in the Department with over 9 million square feet of space. There are 48 hospitals, 272 health centers, 11 school health centers, 320 health stations, satellite clinics, and Alaska village clinics, and 11 youth regional treatment centers that support the delivery of health care to our people.

Just as the health challenge has changed since 1955 when the IHS was transferred to the Department of Health, Education, and Welfare; so too has the infrastructure needed to meet those new health demands. In 1955, our 2,500 employees and annual appropriation, of approximately $18 million ($124 million in today's dollars), provided health services for a population of 350,000 with a life expectancy 58 years for men and 62 years for women. In Fiscal Year 2006, we increased to a staff of approximately 15,000 and an appropriation of $3.2 billion, supplemented by over half a billion dollars from our third-party collection efforts, which provides health services for 1.9 million American Indians and Alaska Natives with an average life expectancy of 72.3 years.

Our collections are critical to the solvency of our programs because these funds return to the service unit to pay for additional staff, equipment, or other infrastructure elements to address the health needs of that community. One of my top priorities has been to implement a market-based business plan that actively promotes innovation. The plan enhances the level of patient care through increased revenue, reduced costs, and improved business processes. In Fiscal Year 2006, IHS generated approximately $700 million in third party revenue and saved $352 million through the use of negotiated contracts with private providers to get the lowest costs possible when purchasing care. For Fiscal Year 2007, the agency's overall program authority is over $4 billion dollars.

In an environment of increased federal accountability, it was important for me to institute the restructuring of the IHS's approach to performance management at the

national level. In 2005, I activated the IHS Performance Achievement Team to guide the Agency toward a more consistent, efficient, and effective performance management approach to achieve a results-oriented organizational culture. Accountability for performance measures is now part of the performance appraisal criteria at all organizational levels.

I attribute the improved Agency performance accomplishments to our strong focus on accountability. For example, the IHS was recognized in 2006 as a national leader in the use of health information technology to electronically provide clinical quality measures related to monitoring the Government Performance Results Act (GPRA) performance indicators. The Agency implemented reporting on GPRA annual targets in 2002 when 72 percent of the targets were met. In the agencie's latest 2006 report, 82 percent of the clinical and non-clinical targets were either met or exceeded. I am proud of the continuous improvement shown by the percentage that reached 82 percent in 2006, a documented increase of 10 percentage points since 2002.

Tribal stakeholders updated their health priorities in order to help support program assessment and as a result 65 percent of the Tribally-operated health programs voluntarily provided performance data and other information that demonstrated their achievement of program goals and management standards.

The IHS has made consistent progress in addressing management areas included in the President's Management Agenda, a government-wide management improvement initiative. The IHS met standards for success in carrying out action plans. The IHS continued to implement improvement plans for six programs assessed by the Program Assessment and Rating Tool, a program evaluation instrument. All six programs were rated Adequate or higher with IHS having one of the highest overall averages in the Federal Government by 2005.

We have continued to effectively implement results-oriented management by achieving a 10 percent relative increase in four areas of program performance by 2007. In 2006, IHS made significant increases in rates for all four program measures over their 2005 levels: screening for alcohol use among female patients of childbearing ages increased 16 percent, domestic violence screening increased 15 percent, diabetic patients assessed for LDL cholesterol increased 9 percent, and pneumococcal vaccinations for elders increased 8 percent. The Agency has consistently demonstrated ability to impact targeted performance measures and successfully leverage performance management to advocate for improved health status for American Indian and Alaska Native people.

The IHS is the only federal program delivering hands-on care to Indian people based on a government-to-government relationship and today we are facing many challenges. Change and challenge is nothing new to the history of the nation or to Indian nations. Our history attests to our ability to respond to challenges, to overcome adversities that we sometimes face, and to maximize our opportunities.

I have great passion about this organization and our mission to raise the health of our people to the highest level possible. My actions will always reflect the honor of being entrusted to provide health services to American Indian and Alaska Native people. I am ready to lead the Indian Health Service, with honor and respect for our ancestors, and to work with you and the Administration for the benefit of American Indian and Alaska Native people.

I am pleased to respond to any questions you may have concerning my nomination.

Thank you.

BIOGRAPHICAL INFORMATION

Name: Grim (LAST) Charles (FIRST) Walter (OTHER)

Position to which nominated: Director, Indian Health Service

Date of nomination: 05/17/07

Date of birth: 09 (DAY) January (MONTH) 58 (YEAR)

Place of birth: Tulsa, OK

Marital status: Married

Full name of spouse: Gloria Ann Grim

Name and ages of children: Kristen Nicole Grim - 20; Jacob Parker Teague - 13; Nicholas Charles Grim - 1; Steven Charles Grim - 15; Chance Jackson Buhl - 9

Education:

Institution	Dates attended	Degrees received	Dates of degrees
University of Michigan - Ann Arbor	09/90-05/92	MHSA	05/92
University of Oklahoma - College of Dentistry	09/79-05/83	DDS	05/83
University of Oklahoma	09/76-05/79	No degree conferred - accepted into dental school 1 year early	

Employment record: List below all positions held since college, including the title and description of job, name of employer, location, and dates.

07/03 to present - Director, Indian Health Service, Rockville, MD

08/02 to 07/03 - Interim Director, Indian Health Service, Rockville, MD

05/00 to 08/02 - Director, Oklahoma City Area IHS, Oklahoma City, OK

03/98 to 05/00 - Associate Director, Office of Health Programs, Phoenix Area IHS, Phoenix, AZ

05/92 to 03/98 - Director, Division of Clinical Services & Behavioral Health, Albuquerque Area IHS Albuquerque, NM

09/90 to 05/92 - Long Term Training, University of Michigan, Ann Arbor, MI

01/86 to 09/90 - Assistant Area Dental Officer, Oklahoma City Area IHS, Oklahoma City, OK

07/83 to 01/86 - Clinical Dentist, Creek Nation of Oklahoma, Okmulgee, OK

Military service: Enter all military service if not included above: service, dates, rank, type of discharge.

All dates above from 07/83 forward were served as a Commissioned Officer of the U.S. Public Health Service.

Honors and awards: List below all scholarships, fellowships, honorary degrees, military medals, honorary society memberships, and any other special recognitions for outstanding service or achievement.

AWARDS AND FELLOWSHIPS:

U.S. Surgeon General's Medallion, 2007
Bicentennial Unit Commendation, 2006
Meritorious Service Medal, 2005
State of Oklahoma Spirit Award Honoree, 2003
Officer in Charge Badge, 2003
State of Oklahoma Proclamation "Charles W. Grim Day, June 11, 2003"
USPHS Jack, D. Robertson Annual Dental Award, 2000
Phoenix Area Director's Superior Service Award, 1999
USPHS Commendation Medal for Consistent Exceptional Performance, 1998
IHS Albuquerque Area Director's Outstanding Management Award for Administration, 1995
Fellow of the Academy of General Dentistry, 1994
USPHS Achievement Medal, 1990
Oklahoma Area Director's Superior Service Award, 1990
USPHS Unit Commendation, 1989
USPHS Unit Commendation, 1988
USPHS Achievement Medal, 1987
USPHS Citation, 1986
USPHS Outstanding Unit Citation, 1986
Certificate of Appreciation, Tulsa County Vo-Tech, 1985

Memberships: List below all memberships and offices held in professional, fraternal, business, scholarly, civic, charitable and other organizations.

Organization	Office held (if any)	Dates
Commissioned Officers Association		1992 to present
American Dental Association		1983 to present
American Association of Public Health Dentistry		1986 to present
Society of American Indian Dentists		1990 to present
American Board of Dental Public Health		1993 to present

Published writings: List the titles, publishers and dates of any books, articles, or reports you have written.

PUBLICATIONS:

IHS tackles new Priorities in Health Care. U.S. Medicine, January, 2007:43:14-15

IHS Marks 50 years of Providing Service. U.S. Medicine, January 2006;42:20

IHS Focuses on Health Promotion and Disease Prevention. U.S. Medicine, January 2005;41:16

Mental Health's impacts on IHS Patients. U.S. Medicine, January 2004.

The health of American Indians and Alaska Natives: Health influence factors in common with other indigenous populations. British Medical Journal (editorial) – USA, May 2003; 9:1-2

Emerging Issues: Planning a Healthy Future for American Indians and Alaska Natives. U.S. Medicine, (editorial) January 2003; 36-37.

Grim CW, Broderick EB, Jasper B, Phipps KR. A Comparison of Dental Caries Experience in Native American and Caucasian Children in Oklahoma. Journal of Public Health Dentistry 1994;54:220-27.

[*Speeches and testimony, August 2002 to present, as the Interim Director of Indian Health Service are available at the Press and Public Relations website of the Indian Health Service at http://www.ihs.gov/PublicInfo/PressPub_index.asp, or by request.*]

Qualifications: State fully your qualifications to serve in the position to which you have been named.
(See background information)

Future employment relationships:

1. Indicate whether you will sever all connections with your present employer, business firm, association or organization if you are confirmed by the Senate.

Present position held is one I am being re-confirmed by the Senate for a second term. I am a career IHS employee of 24 years.

2. As far as can be foreseen, state whether you have any plans after completing government service to resume employment, affiliation or practice with your current or any previous employer, business firm, association or organization.

Not certain if I will continue to work for IHS after completion of this term.

3. Has anybody made you a commitment to a job after you leave government?

No.

4. (a) If you have been appointed for a fixed term, do you expect to serve the full term?

Yes, I would plan to serve the four-year term, pending change in administration & their desire for my continued service.

(b) If you have been appointed for an indefinite term, do you have any known limitations on your willingness or ability to serve for the foreseeable future?

Potential conflicts of interest:

1. Describe any financial arrangements or deferred compensation agreements or other continuing dealings with business associates, clients or customers who will be affected by policies which you will influence in the position to which you have been nominated.

None

2. List any investments, obligations, liabilities, or other relationships which might involve potential conflicts of interest with the position to which you have been nominated.

My wife serves as the medical director of the Cherokee Nation Health System in Oklahoma. I have a recusal letter on file that governs any interaction with that program.

3. Describe any business relationship, dealing or financial transaction (other than tax-paying) which you have had during the last 10 years with the Federal Government, whether for yourself or relatives, on behalf of a client, or acting as an agent, that might in any way constitute or result in a possible conflict of interest with the position to which you have been nominated.

None

4. List and describe any lobbying activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat or modification of any legislation at the national level of government or for the purpose of affecting the administration and execution of national law or public policy.

None

5. Explain how you will resolve any potential conflict of interest that may be disclosed by your responses to the above items.

With regard to my wife's employment, I have an ethics agreement. If any questions or issues arise, I will seek the advice of the department's ethics officials.

6. Explain how you will comply with conflict of interest laws and regulations applicable to the position for which you have been nominated. Attach a statement from the appropriate agency official indicating what those laws and regulations are and how you will comply with them.

The HHS Designated Agency Ethics Official has certified my Public Financial Disclosure (SF-278), indicating no conflict of interest or other issues under applicable laws and regulations. I am familiar with and will continue to observe applicable ethics laws and regulations, including the 14 Principles of Ethical Conduct of Government Officers and Employees set forth in Executive Order 12674 and the Standards of Ethical Conduct for Employees of the Executive Branch, 5 CFR 2635.101(b). In February 2003, as the Interim Director, I sent to all IHS employees, a written directive reminding employees of these principles and public trust.

Background Information

Charles W. Grim, D.D.S., M.H.S.A., Director of the Indian Health Service (IHS), is an Assistant Surgeon General, and holds the rank of Rear Admiral in the Commissioned Corps of the United States Public Health Services (USPHS). He was appointed by President George W. Bush as the Interim Director in August 2002, received unanimous Senate confirmation on July 16, 2003, and was sworn in by Tommy G. Thompson, Secretary of the Department of Health and Human Services (HHS), on August 6, 2003, in Anchorage, Alaska. Dr. Grim is a native of Oklahoma and a member of the Cherokee Nation of Oklahoma.

As the IHS Director, Dr. Grim administers a $4 billion nationwide health care delivery program composed of 12 administrative Area (regional) Offices. As the principal federal health care provider and health advocate for Indian people, the IHS is responsible for providing preventive, curative, and community health care to approximately 1.9 million of the Nation's 3.3 million American Indians and Alaska Natives in hospitals, clinics, and other settings throughout the United States.

Dr. Grim serves as the Vice-Chair of the Secretary's Intradepartmental Council on Native Americans Affairs (ICNAA). The ICNAA was established by the HHS Secretary to develop and promote HHS-wide policy to provide quality services for American Indians and Alaska Natives; promote departmental consultation with tribal governments; develop a comprehensive departmental strategy that promotes tribal self-sufficiency and self-determination; and promote the tribal/federal government-to-government relationship on an HHS-wide basis. Under Dr. Grim's leadership, the IHS has received numerous national awards for innovation and quality, including the 2005 Nicholas E. Davies Award for the IHS Clinical Reporting System.

In 2004 Dr. Grim established three closely related Agency-wide initiatives: Behavioral Health, Chronic Care, and Health Promotion and Disease Prevention. Through changing behaviors and lifestyles and promoting good health and health environment, critical steps are being taken in improving the health of American Indians and Alaska Natives. Already these initiatives are transforming the Indian health care system and the way Indian communities receive health care. Working with Tribes in concert with the principles of self-determination and self-governance, Dr. Grim's leadership has made a positive impact on the health and well-being of American Indian and Alaska Native patients, families, and communities. The initiatives also are closely aligned with the HHS Priorities such as prevention and health transparency established by HHS Secretary Michael O. Leavitt.

Dr. Grim graduated from the University of Oklahoma College of Dentistry in 1983 and began his career in the IHS with a 2-year clinical assignment in Okmulgee, OK, at the Claremore Service Unit. Dr. Grim was then selected to serve as Assistant Area Dental Officer in the Oklahoma City Area Office. He was appointed as the Area Dental Officer in 1989 on an acting basis.

In 1992, Dr. Grim was assigned as Director of the Division of Oral Health for the Albuquerque Area of the IHS. He later served as Acting Service Unit Director for the Albuquerque Service Unit, where he was responsible for the administration of a 30-bed hospital with extensive ambulatory care programs and seven outpatient health care facilities. Later career appointments included serving in the Albuquerque Area Office as the Director for the Division of Clinical Services and Behavioral Health, and Acting Executive Officer.

In April 1998, Dr. Grim transferred to the Phoenix Area IHS as the Associate Director for the Office of Health Programs. In that role, he focused on strengthening the Phoenix Area's capacity to deal with managed care issues in the areas of Medicaid and the Children's Health Insurance Program of Arizona. He also led an initiative within the Area to consult with Tribes about their views on the content to be included in the reauthorization of the Indian Health Care Improvement Act, Public Law 94-437.

In 1999, Dr. Grim was appointed as the Acting Director of the Oklahoma City Area Office, and in March 2000 he was selected as the Area Director. As Area Director, Dr. Grim managed a comprehensive program that provides health services to the largest IHS user population, more than 280,000 American Indians comprising 37 Tribes.

In addition to his dentistry degree, Dr. Grim also has a master's degree in health services administration from the University of Michigan. Among Dr. Grim's honors and awards are the U.S. Public Health Service Commendation Medal (awarded twice), Achievement Medal (awarded twice), Citation, Unit Citation (awarded twice), and Outstanding Unit Citation. He has also been awarded Outstanding Management and Superior Service awards by the Directors of three different IHS Areas. He also received the Jack D. Robertson Award, which is given to a senior dental officer in the United States Public Health Service (USPHS) who demonstrates outstanding leadership and commitment to the organization. The Governor of Oklahoma recognized Dr. Grim's achievements by proclaiming June 11, 2003 "Charles W. Grim Day." He was further honored by the State of Oklahoma by being selected as a Spirit Award Honoree during their American Indian Heritage Celebration on November 17, 2003. Dr. Grim was awarded the Surgeon General Medallion on February 26, 2007 at the annual meeting of the National Combined Clinical Directors.

Dr. Grim is a member of the Commissioned Officers Association, the American Board of Dental Public Health, the American Dental Association, the American Association of Public Health Dentistry, and the Society of American Indian Dentists. Dr. Grim was appointed to the Commissioned Corps of the USPHS in July 1983.

The CHAIRMAN. Dr. Grim, thank you very much.

We have been joined by Senator Barrasso. Senator Barrasso, welcome.

STATEMENT OF HON. JOHN BARRASSO, U.S. SENATOR FROM WYOMING

Senator BARRASSO. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Barrasso, do you have an opening statement that you wish to give? Or would you just like to take your turn at questioning?

Senator BARRASSO. Mr. Chairman, I don't have a statement at this time.

The CHAIRMAN. Thank you very much. Well, let us welcome you to this Committee. We are very pleased that you are here and that you will once again lend a Wyoming voice to the work that has been done previously on this Committee.

Senator BARRASSO. Thank you, Mr. Chairman.

The CHAIRMAN. Dr. Grim, let me make a couple of observations. First of all, you are a good guy. I have enjoyed working with you. I think you have a very strong background in public health. I admire your work and admire your commitment. I intend to support your renomination.

As you know, I have great trouble with what has happened with respect to Indian health. In many ways, I think you are required to manage a scandal. I regret that because of the scandal, at least 40 percent of the health care needs of American Indians is unmet. That means there is full-scale rationing going on with respect to health care. That normally would be front page headline news in this country, but it isn't these days. It just goes on all the time. We have to find a way to address it.

Now, in your past appearances before this Committee, you have talked about, let me quote, "the IHS is the Federal agency responsible for delivering health services to more than 1.9 million American Indians and Alaska Natives. Two major statutes are at the core of the Federal Government's responsibility for meeting the health needs of American Indians and Alaska Natives—the Snyder Act and the Indian Health Care Improvement Act."

That implies to me that you have previously indicated to this Committee that you believe there is a trust responsibility rooted in law for the health care for Native Americans or American Indians. Am I correct about that?

Dr. GRIM. I think the quotes that you gave and the two laws that I indicated are the cornerstone authority that lays out the government's responsibility to Indian people for health care.

The CHAIRMAN. Is there a disagreement on that in the Administration? The reason I ask the question is I understand the OMB has taken that language out of the testimony you have given today, and has a disagreement about that language.

Dr. GRIM. I don't believe there is any misunderstanding with the Administration that those two laws lay out clearly the government's responsibility to Indian people.

The CHAIRMAN. Why would the Office of Management and Budget take that language out of the testimony?

Dr. GRIM. As you are well aware, my testimonies and our bill reports and things like that get cleared through numerous levels. Sometimes changes are made. It was not communicated to me the exact rationale for that, but in past testimonies you have heard me make those quotes and these have cleared the department and the Office of Management and Budget.

The CHAIRMAN. And you stand by that responsibility that you previously described?

Dr. GRIM. Yes, sir.

The CHAIRMAN. Dr. Grim, let me ask a couple of questions about the quality of the Indian health care service. Before I do that, I in-

dicated that in previous testimony, you have admitted, and it has kind of been like pulling teeth, and I understand why—you have certain responsibilities at the witness table to the Administration—but you have admitted that the unmet needs of Indians with respect to their health care is somewhere around 40 percent. Am I accurate about that?

Dr. GRIM. Yes, sir. That was an actuarial study.

The CHAIRMAN. So if we have a population for whom we have a trust responsibility and my colleague, Senator Murkowski, pointed out that we spend about twice as much per person providing health care to those that are incarcerated in Federal prisons as we do for the health care needs of American Indians, and about 40 percent of the need is unmet, that is a very serious problem. My guess is that people die as a result of those unmet needs.

The question is the quality of the Indian Health Service. I want to ask you about that. I go to places where Indian Health Service professionals deliver health care. I walk away very often deeply admiring the folks who serve in the Indian Health Service and Public Health Service generally.

But we had testimony before this Committee, and let me read just a bit of it, and ask for your observations. This is testimony from doctors who are in the private sector who have seen American Indians. Let me quote one, "Quality of care at Indian Health Service facilities has been a documented problem. I have seen this problem since I have worked with the Indian Health Service in 1997 until today. A diabetic patient sees me with fluid in her knee joint. She has gone to the Indian Health Service for evaluation and was told by the physician to wrap her knee in cabbage leaves for several days. I obtained an MRI of her knee and found a torn anterior cruciate ligament."

Well, he goes on to describe a fellow on an Indian reservation who had a bad arm. He was a rancher, a 60 year old rancher with a bad arm. He said a one-armed rancher isn't worth a whole lot; couldn't earn much to eat, and so on. He finally got surgery, but it was one of those life and limb contract health issues. And the list goes on about these things. The same doctor described a woman that was brought into the hospital having a heart attack on the Indian reservation, put in an ambulance, brought into the hospital with an 8 by 10 piece of paper taped to her thigh, and as they unloaded her onto the hospital gurney to admit her to the emergency room, they looked at the 8 by 10 piece of paper taped to this woman's thigh and it said, "By the way, we are out of contract health care money, so if you admit this patient, understand you are admitting this patient at your own risk"—a woman having a heart attack.

So we have these stories coming to us. This is not about you or your leadership. It is about the dramatic under-funding of the Indian health care system. I ask about the quality with this question. Tell me about the quality issues, and when we hear this kind of testimony, what should we make of it?

Dr. GRIM. Well, first, I would like to remind the Committee that we have facilities in over 500 different locations in 35 States, in some of the most rural and isolated areas of the Country. The second thing I would like to remind the Committee is that we do hear,

you and I, I think all the Senators in here, probably get letters either about contract health services or about issues that have arisen over time like this. But we do provide 9 million outpatient visits, 60,000 in-patient, over 1 million dental visits. I don't even mention the mental health and all the other sorts of services we provide.

We get a few complaints on issues in that nine million plus visits over time. But all of our facilities have a quality assurance process in place. All of our hospitals are accredited by the Joint Commission on the Accreditation of Health Care Organizations. That is an external organization, as you know, that accredits private sector organizations. They all passed those. Those that aren't accredited by JCAHO undergo AAAHC for ambulatory health care. And all these organizations require a quality assurance program.

So we do have those in place, Senator. I want to assure you of that, and assure you that the things that you are raising are very rare exceptions as opposed to the rule of what is going on out there.

The CHAIRMAN. But the services are not near what is necessary. You and I have discussed the death of a 14 year old girl who didn't have access to mental health treatment after lying in bed in a fetal position for 90 days, missing school, no mental health capabilities, and not even a car to drive this little girl to mental health had somebody thought that maybe she ought to go there.

So there is a dearth of services available in many of these circumstances and that is a serious problem a well.

Senator Coburn raised a question about shouldn't American Indians, for whom we have a trust responsibility for their health care, simply be able to go to any hospital and get the health care? We pay the bill. I would support that. But wouldn't that cost a substantial amount of money? And I would support that, by the way. But there is not a ghost of a chance of getting that through this President's budget or this Congress.

But if we had a system where we say we have a trust responsibility, if you have a health care need and it is not available to be addressed where you live, go to a hospital and we will pay contract health support for it. What would that cost?

Dr. GRIM. I am not sure that we have a figure for that. We can see if there is a figure that could be placed on that. I am not sure that is a study that we have ever done. One of the things I can tell you is that whenever we are able to refer a patient for contract health services, as you know, the law states that that is to be the payer of last resort. So we try to make those services go as far as possible, and we try to make access for our patients to the services that they need through the use of making sure that any of them that are eligible for Medicare, Medicaid or private insurance are enrolled in that, and then we use the appropriate referral mechanisms for that particular type of insurance, and we make sure they get the care in the private sector, either with third-party revenue, and to the extent that CHS resources last, with CHS.

So in one essence, we are doing that to the extent we can within the existing programs that are available, both outside the Indian Health Service and within the Indian Health Service.

The CHAIRMAN. Dr. Grim, I am going to ask one more question, because we have many colleagues who wish to ask questions. I will

wait until the end to ask additional questions. But contract health funds run out early in the year. We have had tribal Chairs tell us that they run out of Contract Health Service money in January. Many of them tell us in June. And then it is life and limb, which is really rationing of health care.

But one final question, the IHS supports tribal management of their health programs through Self-Determination contracts and Self-Governance contracts, as you have said. The Supreme Court held that in the *Cherokee Nation* v. *Leavitt* case, the IHS was obligated to pay full contract support costs due to the tribes who operated health programs and facilities under the Self-Determination Act. Is the IHS still insisting that the new Self-Governance compacts contain clauses waiving the tribes' rights to contract support costs? I understand that was the case. Are we still doing that?

Dr. GRIM. What we are asking them to do is to just indicate in the contracts that they are able to operate a program if they want to assume it, with the possibility of there not being either 100 percent of the contract support costs available to them, or potentially any of those contract support costs. That is what we are asking them to agree to in the contracts now.

The CHAIRMAN. But that doesn't even make any sense, does it? If you want—well, I will leave it at that. That doesn't make any sense at all. If we are saying we would like you to move toward Self-Determination, and, oh by the way, if you do, you have to waive your right to contract support costs. I don't understand why the Administration is doing that.

Well, Dr. Grim, you are a good guy——

Dr. GRIM. I can answer that further if you would like.

The CHAIRMAN. Go right ahead.

Dr. GRIM. I mean, we have an existing line item or sub-activity for contract support costs. When that is insufficient to take care of the demand out there, that has necessitated us putting that into place. The Supreme Court decision told us, and that was before we had a cap on our appropriations, the Appropriations Committee has now put a statutory cap on the amount that is able to be spent. But prior to that cap, the Supreme Court said that you, the agency, and you, the Federal Government, should not be entering into commitment that you cannot meet.

So we are trying to allow the expansion of self-governance and self-determination still with the awareness that we don't have sometimes in a given year the CSC funds available for the number of contracts.

The CHAIRMAN. Dr. Grim, we either have the responsibility, the trust responsibility, or we don't. And if we do, we can't delegate that somewhere. I think it is a disincentive to the Self-Governance compacts that a tribe might wish to enter into if you say, oh, by the way if you do this, you are going to waive your right to contract support costs. As you said, it is a matter of money, but we are so far short of dealing with the health needs of these folks.

You are a good person. I am going to support your renomination. I have enjoyed working with you.

Dr. GRIM. Thank you, Senator.

The CHAIRMAN. But as I said, in many ways I think you are required to manage a scandal because of the rationing of health care,

which I deeply regret. But I think you are a nominee that has a terrific background for this job. If you had the money, coupled with your background, then we would have something. We are going to continue to push for that.

Dr. GRIM. I will continue to work with you, Senator.

The CHAIRMAN. Senator Murkowski?

We have been joined by several of our colleagues, and we had made opening statements. I don't know whether, and if some of you can't stay and would wish to make a brief opening statement.

Are you able to stay for questions? If not, you could make a brief opening statement and then I would ask Senator Murkowski to proceed.

Senator DOMENICI. I would like to make an opening statement."

The CHAIRMAN. Please do, and then I will recognize the Vice Chair.

STATEMENT OF HON. PETE V. DOMENICI, U.S. SENATOR FROM NEW MEXICO

Senator DOMENICI. First, Mr. Chairman, I want to thank you for joining me as a co-sponsor of a very important bill with reference to the Indian people, and that is the diabetic bill. A number of you on this Committee have joined us. We are going to pass another major diabetic funding bill, Dr. Grim, and you know that we started seven or 8 years ago with a little tiny bill and it has grown with the national commitment, and you have as a result a rather significant diabetes program for the Indians.

If the Indian people will just continue their participation, you may indeed prove that entire reservations like the Navajo Nation won't let themselves die because of the DNA factor that exists, and they are so heavily laden with diabetes. I commend you for insisting that this be run properly with the universities and that you get your share.

Mr. Chairman, I want to comment that we could look at all different aspects of the shortage that we have, but I think the basic one that we better get to and see if we can find a way, I am going to suggest it later in a bill form, but I think the infrastructure, that is the buildings, are so decrepit and so deficient that they are getting close to what we had 5 years ago, 4 years ago, with Indian education, where we could not in all good conscience tell people to go see Indian education buildings on the United States side. There were better ones in Alaska, a little better. But we couldn't invite friends to go see most of them because they were so bad.

What we did is we got a commitment out of the President that if he won, he would put up a huge amount every year for 5 years of his presidency and we just about wiped out the needs on education, on the new school buildings. I think we ought to consider a similar things for the candidates for President that are running in both parties, and get them to commit to us that they will have a certain amount in their budgets.

You know, this year we have $12 million in the budget for capital improvements for a deficiency of $3 billion. Now, that is almost asking the accountants, to hire some accountants and say we agree to pay you, and we hope in the process you will provide health

care; $12 million is such a small amount compared to $3 billion in needs. You can't pay the administrative costs.

We just have to get somebody up there in the White House to commit that on a regular basis for a number of years, we will get $500 million or $600 million and rebuild some old hospitals and do the things that are required.

This gentleman knows all about that, and he knows how to lead it. The problem is you can't lead that with nothing. I think he should be confirmed. I think, however, that we should ask him as he finally gets confirmed that regardless of his being an employee of the Administration, that he speak out on some of the more egregious situations.

I think some of them deserve your comment, even though you work for the Administration. There are facilities that deserve you saying, as a doctor, these ought to be fixed; they shouldn't be serving human beings, much less Indian people.

Thank you, Mr. Chairman.

Dr. GRIM. Thank you, Senator.

The CHAIRMAN. Senator Domenici, thank you very much.

Senator Tester is presiding on the floor of the Senate at 10:30. Let me call on Senator Murkowski, and if we can allow Senator Tester just following you, if he has the time, to ask a couple of questions. I would like to do that.

Senator MURKOWSKI. Well, if you really have to be there at 10:30, I will defer to you, Senator Tester, and then take my turn after that.

Senator TESTER. That is very kind of you, Senator. Thank you very, very much. I appreciate that.

Dr. Grim, I, too, want to reflect the statements of the Chairman that you are a good fellow, and I would be remiss if I didn't once again point out that you have a great haircut.

[Laughter.]

Dr. GRIM. I like yours, too.

[Laughter.]

Senator TESTER. The Native Americans, the system is upside down, the health care system. One of the issues that I have looked at a little bit is Native American people to provide health care for the Native Americans. Is there anything that Indian Health is doing to encourage more Native Americans to get into the health care profession and to come back to the reservations?

Dr. GRIM. Yes, sir. We are, actually. We have one program in particular, our scholarship program, that has about $12 million in it per year. We run between 400 and 500 students at any given time. The unique thing about our program compared to some scholarship programs is that we have a pre-professional component to it. We can pay for undergraduate work as well as the professional work. Over the course of the years Indian Health Service has been around, we have gone from, well just in the last 25 years, we have increased by 272 percent the number of Indian professionals we have. We have with that program provided 1,000 doctors, 2,200 nurses, and 300 dentists.

They also have an obligation back to our system, and we tallied the other day that obligation to date there have been over 11,000

service years that have been provided back to Indian people because of that program.

Senator TESTER. And those scholarships are available throughout every State in the Union?

Dr. GRIM. It is a nationally run program, so they are available nationally, yes.

Senator TESTER. Good. The VA has signed a memorandum of understanding with the Indian Health Service in five areas. You are probably familiar with them. They are all laudable. The VA has taken no action in Montana, at least, and I don't know if they have taken any action anywhere else.

What can you do to ensure that those areas of concern that are listed in that VA MOU, and I can list them to you, but you know what they are.

Dr. GRIM. Yes, sir. I do.

Senator TESTER. Follow through on them.

Dr. GRIM. Since you raised an issue that there is nothing there, we will look into it and get back to you. But there are a huge amount of things occurring and it varies across the Nation, but one of the things I will say that my counterpart at the VA and I have worked together closely to bring life to that MOU. We have had some historic meetings that had never occurred before between our regional directors and the VA VISN directors. They were working meetings on how we could bring life in all of the regions across the Country to that MOU.

Senator TESTER. That is good.

Dr. GRIM. So I know there are varying levels of achievement to date, but we are continuing to work on it.

Senator TESTER. A last question, and very quickly, in your written testimony, and you may have said it in your verbal testimony too, you talk about injuries 154 percent of norm; alcoholism, 551 percent; diabetes, 196 percent; homicide 108 percent; suicide 57 percent, the list goes on and on and on. I mean, it is a travesty and it is something that quite honestly anybody that would read this would be very, very concerned about.

As quick as you can, in three or four bullet points, what could we do to get this to reasonable figures? I am talking about the occurrences of these terrible things, you know, two times sudden infant death syndrome. The list goes on and on and on. What can we do? What can we do?

Dr. GRIM. I can give you a long answer, but I won't and we can provide more for the record. But quickly, we are partnering with groups that we have never partnered with before around all those things that you mentioned.

Second, we have recognized it is not just a health system issue, it is a societal issue. There needs to be safe housing, safe roads, and things like that. And so we are reaching out and so are the Indian leaders in those communities to address some of those issues, too.

I think the third thing that I would say is that as we looked at the epidemiology of all of those things that you just mentioned, that is how we settled with Indian Country on the three initiatives that we are working on. If you looked at all those things you mentioned—prevention—almost all of them are preventable. Many of

them, if not all of them, have behavioral health components. And then another load on our system is the chronic care.

So we chose those three things to focus on and we are starting to build and integrate all those three initiatives.

Senator TESTER. In closing, I just want to say one thing. That is, that you are very close to Indian health care as far as the delivery system. You are a decisionmaker that can really make a difference. I would hope, and I am not making any claims that the Administration is doing this, trust me. But I would just hope that if the Administration is doing things that you don't agree with, that you put your job on the line to make sure that they are done right, that the right thing is done.

I think you are a good person. I do think you are in a difficult situation, but there is plenty of opportunity here to improve the system, and that is a good sign.

Thank you very much.

Thank you, Senator Murkowski, once again, I appreciate it.

The CHAIRMAN. Senator Tester, thank you very much.

Senator Murkowski?

Senator MURKOWSKI. Thank you, Mr. Chairman.

Dr. Grim, I think that you should note that your appearance here this morning before the Committee has drawn out more Senators than we have seen up here in a while. It could be because everybody thinks you are a good guy, but I think probably the underlying reason is we all appreciate that when it comes to representing our constituents, whether they are Alaska Natives or Cherokees or where they are, that when it comes to health care and providing for the health and the well being of these constituents of ours, that we have an enormous responsibility. Our statistics are statistics that we simply are not proud of. It is a very challenging place that you are in. Again, I will repeat my thanks to you for the efforts that you take on this.

As a Committee, we have certainly agreed that the Indian Health Care Reauthorization Act should be our number one priority. What can you do at this point in this Congress to help us facilitate that? What can we be doing more of? What can you be doing at your level to make sure that the President has this on his desk this year?

Dr. GRIM. I think you could ask my Legislative Director or anyone on my staff that works closely with that bill. There has been more interest and involvement from the department and the Administration on this bill in the last few years than there ever has been. We have been working extensively and tirelessly, I might add, to try to get the bill report to the Committee. As you know, the bill changes slightly each year and we have to compare it to the last Senate and House bills to get comments in.

But we are still working on the bill report, and while I can't commit to a timeframe today, it is still going back and forth in clearance. It has not sat on anyone's desk since the last time I was here. And I will continue to work on it, Senator.

Senator MURKOWSKI. I appreciate your commitment to that, but I think, again for those of us that recognize the very, very high priority of this, we don't want to be doing this next year and checking what we did last year on the bill when it has been sitting around

for 10 years plus. Now is well past time that we again get this to the President for his signature. So I appreciate all that you can do to help us facilitate that.

I want to ask you, the Amnesty International report that came out several months back, I know that you have reviewed it. It was yet one more devastating report in terms of the statistics. But there were really some very damning messages that came from that in terms of what we are seeing at many of the IHS facilities, lacking the clear protocols for treating the victims of sexual violence; 44 percent of the facilities lack personnel trained to provide the emergency services; a statement that IHS has not prioritized the implementation of the nurse examiners, some really very, very troubling revelations that came out in this.

I would like for you, Dr. Grim, to just response to this report as it relates to the shortcomings in the IHS response. And also to ask you, there have been many that have approached me from the sexual and domestic violence community that have said that IHS is not devoting sufficient attention to addressing the needs of the victims, the survivors, to bring the perpetrators to justice. I want to know whether you feel that this criticism is valid, in your judgment, so if you can address some of the outcomes from that Amnesty International report.

Dr. GRIM. I have read the report, Senator Murkowski, as soon as it came out. We have had a group looking at it. As you know, the report was primarily focused on other issues in Indian Health—jurisdictional issues, law enforcement. But we did take seriously the recommendations that came forward that dealt with our system.

We have had a group looking at it. I don't personally believe that all of the criticisms that were leveled, all the recommendations are valid, nor able to be carried out in our system. First, let me say that.

Senator MURKOWSKI. Do you think that IHS has the mandate or the authority to address some of the issues that are raised by Amnesty International?

Dr. GRIM. I feel we have the authority to do it. The problem is the ability, if you will.

Senator MURKOWSKI. Ability financially or in what way?

Dr Grim. What they were measuring us against essentially was the sexual assault nurse examiner, which is the gold standard, if you will, for forensic examinations for sexual assault. It is really not just an Indian Health Service issue, it is a rural issue, if you will, all around the Country. Even some of our hospitals that might be capable of carrying out a SANE program or a SART program, defer to another hospital in their city that have it.

Part of it is the training is rather demanding for the sexual assault nurse examiners. Many of our nurses are community members. A high percentage of our nurses are American Indian or Alaska Native. The secondary trauma that they go through dealing with the victims make it an extremely difficult job to retain people in. Then the length of time that the examinations take, especially in our smallest and most rural facilities—you know, whenever you have the workload demands, sometimes it makes it impractical to do that.

What I will say, and I want to point out to the Committee, is that whenever a person who has been sexually assaulted does show up at our facilities, they are treated well. They are treated with compassion. We have 500 facilities, as I said, across the Nation.

I cannot assure you today, although I can try to find out, that 100 percent of them have protocols on domestic violence, but all of our major facilities, the facilities that I mentioned that are accredited by JCAHO, AAAHC, protocols for dealing with domestic violence and sexual assault patients are there. Many, many of our physicians and nurses have the required training to do the sexual assault exams. We get the rape kits. We do those. Those that aren't trained to actually do it can hold evidence until State troops or others, or tribal police show up.

So I guess what I want to leave the Committee with is that, number one, we are looking at all those recommendations and we are taking them seriously. Second, the people that are coming into our facilities are getting the care that is necessary, although it is not always a SANE program. Any of our facilities that are close enough for the patients to be easily transported to a SANE program are then transported. Usually, we refer out from our emergency departments when there is one of those close enough because we realize that right now it is measured as sort of the gold standard of care.

And the last thing I would say just in closing is that the report criticizes us for not having a national policy on this. But I told you that all of our facilities that are accredited are required to have such things. For many, many practice-related things, we don't develop national policies. There are policies and procedures in place that the medical staff have there locally that are just standards of care in the medical community.

So I don't want anyone who has read that report to think that people are being neglected. But when you go to the most isolated parts of Indian Country, sometimes they have to be taken a long ways to get to somebody that can do the forensic exam or to hold the evidence.

Senator MURKOWSKI. Well, we will followup with you on certain aspects of this.

Dr. GRIM. I will work with you on that. It is a big concern.

Senator MURKOWSKI. I appreciate that.

One last question, very quickly so that we can get to the rest of my colleagues here. You and I have discussed at great length the focus on prevention. I absolutely support your focus in this area in a way that we can help to reduce the health care costs and deal with so much of what faces so many in Indian Country.

You have been an advocate for healthy nutrition, which we know is a key aspect when it comes to prevention, particularly in some of the diseases that we are seeing, this escalation in numbers like diabetes and the complications.

What is going on specifically to improve the nutrition programs within Indian Country, within the Alaska Native communities? You know, in Alaska one of our great challenges is how you get fresh vegetables and fruits out to villages. The cost is impossible and the condition of the fresh produce is such that you are not will-

ing to pay the $3 for the black banana. What are we doing to make a difference in this area?

Dr. GRIM. You have perhaps in your State one of the largest challenges in that arena, perhaps as anyone except for poverty reasons in other locations that just flat-out don't allow people to do that.

One of the things that we are doing, and I think everyone—tribal programs, Federal programs, and urban—have recognized that nutrition is an important part of health care. More and more programs are trying to ensure that they have nutritionists and dieticians on staff. A lot of the work with the tribes and the tribal organizations or with the tribal communities that we work in are starting to focus on going back to more traditional diets. That is starting to have a lot of resonance and a lot of success in communities, as opposed to what a nutritionist in an urban area might suggest to someone that they do.

But we are trying to do what we can to improve. We have a list of issues that we could show you that we are doing. A lot of them are within our diabetes program. They really led the way across the Country on both nutrition, physical activity programs, and things like that.

But you do have some big challenges, as you mentioned, for a lot of the rural communities in your State.

Senator MURKOWSKI. Again, that is another one that we will look forward to working with you on. My colleague has suggested that the answer is frozen vegetables, and he forgets that in the icebox of the north, we don't have refrigerators up there.

Dr. GRIM. Good answer. I wish I would have thought of that.

Senator MURKOWSKI. Yes.

[Laughter.]

Senator SMITH. For the record, Mr. Chairman, Madam Vice Chair, they are fresher than fresh by the time they get to Alaska.

Senator MURKOWSKI. We just can't afford the cost to plug in the refrigerator for the freezer unit.

The CHAIRMAN. Senator Smith?

STATEMENT OF HON. GORDON H. SMITH, U.S. SENATOR FROM OREGON

Senator SMITH. Thank you, Mr. Chairman.

I appreciate very much Dr. Grim being here. I am honored to support your renomination and look forward to voting for that.

I also want to thank our Chair and Vice Chair and their staffs for working with me and my staff on an issue that—I am glad Senator Domenici is not here to talk about, he will have a different opinion on it—but it relates to the Health Care Improvement Act Amendments of the 2007 bill we are working on. What I am talking about is literally the construction formula, the health facilities and area distribution fund.

As it is now, New Mexico and Arizona benefit disproportionately to other tribes. I wish those tribes nothing but the best and I am anxious to support a larger budget if that is what it takes. I don't want to disadvantage them. But I do want to make clear that the current formula just is not fair to other tribes throughout the Country.

So what I want to find out from you is if the Indian Health Service has the authority under section 301 of S. 1200 to both pursue and implement an area distribution fund methodology.

Dr. GRIM. As I stated earlier, our views, our Senate bill report on that is still pending, and we have never implemented. We have a demonstration authority similar to that in our existing authorization in our current legislation. When our legislative and facilities people have looked at that, and we feel like it gives us the ability to do that, it has just never been done.

The Congress, we work with them very closely and they are fairly directive in the funds that they provide for our facilities program. So I guess my answer to you, Senator, would be it has never been tried, but we think that the authority probably exists in current legislation.

Senator SMITH. So there is no current time line to shift from the current list to the new work list? There is nothing like that at this point?

Dr. GRIM. The existing list has been there for about 15 years. We closed it about that many years ago because of the size of it. Those that are still in progress on the list, plus those that still exist, number about 20. We are right now preparing a final report to go through clearances with the department and OMB on the new facilities priority system. I believe that the multitude of options that that new system is going to allow is going to allow me to work with the Administration and with Congress to work on all the projects that have been initiated, plus look at the ways that we will implement the new methodology.

Senator SMITH. I just want to emphasize the importance of this because as important as our tribes are in New Mexico and Arizona, I do want to state for the record that the current distribution is inequitable. The system needs more money, but the new formula needs to get done and it needs a time line and we need a transition period.

We have nine federally recognized tribes in Oregon. There is hardly a time I go home and meet with them that they don't mention the importance of our coming up with an agreement on this issue and pass this bill. It is essential to have a decent health care facility if you are going to provide decent health care, and many of them simply don't have that. They are due that.

So I look forward to working with you, Mr. Chairman, Madam Vice Chair, to get this bill passed, get this new formula in place. It is long overdue.

Thank you.

[The prepared statement of Senator Smith follows:]

PREPARED STATEMENT OF HON. GORDON H. SMITH,
U.S. SENATOR FROM OREGON

Thank you, Chairman Dorgan and Vice Chair Murkowski for providing the United States Senate Committee on Indian Affairs with an opportunity to hold a confirmation hearing for Dr. Charles W. Grim. I want to take this opportunity to thank Chairman Dorgan, Vice Chair Murkowski and their staffs for working with me on improving the health facilities construction language to remedy the inequities associated with the allocation of construction resources in S.1200, the Indian Health Care Improvement Act Amendments of 2007. The reauthorization of the Indian Health Care Improvement Act (the Act) is so important to Native American families and communities, and they need us to finish our work.

As the current Indian Health Service (IHS) Director, Dr. Grim administers a four billion dollar nationwide health care delivery program composed of 12 administrative Area (regional) Offices. IHS is the principal federal health care provider and health advocate for Native Americans, and is responsible for providing preventive, curative, and community health care to approximately 1.9 million of the nation's 3.3 million American Indians and Alaska Natives (AI/AN) in hospitals, clinics, and other settings throughout the United States.

There are many serious health issues affecting our Native American population. Native American youth are at a much higher risk of dying by suicide than the general American population. Diabetes, substance abuse and tuberculosis also remain challenging problems to this population.

A report released in September of 2004 by the United States Commission on Civil Rights gives us a snapshot of what health crises Native Americans face:

- Native Americans are 770 percent more likely to die from alcoholism,
- 650 percent more likely to die from tuberculosis,
- 420 percent more likely to die from diabetes,
- 52 percent more likely to die from pneumonia or influenza than the rest of the United States, and
- Suicide is the second leading cause of death among Native American youth aged 10-24. According to the CDC, American Indian and Alaskan Natives also have the highest rate of suicide in the 15 to 24 age group.

Given these circumstances, the life expectancy for Native Americans is 71 years of age, nearly five years less than the rest of the United States population.

As the principal federal health care provider and health advocate for Native Americans, Dr. Grim runs and manages an agency that is critical to the health care and well-being of

millions of Native Americans. I look forward to hearing from Dr. Grim on how the IHS can strengthen Native American health care delivery.

As I noted earlier, there is an outstanding issue related to a provision in S. 1200 regarding the prioritization of funds for construction of health care facilities. The issue relates to an inequitable and outdated facilities construction priority system that was created in 1991. The list mostly favors construction projects in Arizona and New Mexico.

Since the bill was drafted, the IHS and Tribes have worked together to develop a new and more equitable construction priority system that more fairly allocates funds across Indian Country. This priority system includes the development of an Area distribution methodology. This proposed methodology would provide for a percentage of facility construction funds to be used to build health facilities that are not part of the current facilities priority system. Unfortunately, the language in S. 1200, does not explicitly account for this agreement made between the Tribes and the IHS, which the Tribes believe is more equitable. Many tribes in Oregon and around the country are concerned that the proposed language is outdated and will continue to cause their facilities to loose priority to the extent that it could be 20 to 30 years until facility upgrades occur.

There are nine federally recognized tribes in my home state of Oregon. Every time I meet with them, they emphasize the urgent need for Congress to come to an agreement on this issue, as well as to pass the bill. In response, I offered an amendment during the May 2007 Senate Committee on Indian Affairs markup of S. 1200 that would allow for a portion of health facility construction funds to be distributed equitably among all of the IHS Areas for local health facilities projects. I withdrew it because Chairman Dorgan gave assurances that he would to work with me to find a suitable compromise before the bill goes to the floor. Since then, I have been working with national Tribal organizations on the development of compromise language regarding the facilities construction issue that could be included in the bill's managers' package. Currently, there is no agreement on compromise language. However, I will continue to work with my colleagues because the services in S. 1200, especially those related to health care delivery, are vital to the health and well-being of their families and communities. They want us to finish our work.

I have several questions for Dr. Grim, but will only ask one in today's hearing. The remaining questions will be submitted for the record, and as I understand must be answered by Dr. Grim before he is confirmed. I would like to hear from Dr. Grim if the Indian Health Service has the authority, under Section 301 of S. 1200 to both pursue and implement an Area distribution fund methodology. A majority of Tribes across the country and many Tribal health boards favor this because it has the promise to bring some level of fairness to the distribution of these funds.

I, like most of my colleagues, feel that we are past due in passing a reauthorization of the Act. Since the enactment of the Act in 1976, this legislation has provided the framework for carrying out our responsibility to provide Native Americans with adequate health care. As we know, the Act has not been updated in more than 14 years, despite changes

in needs within this population. For the past eight years we have been working to write and markup this legislation, but we have failed to get a final bill signed into law.

We cannot allow the health of this population to remain in jeopardy for another year. The reauthorization legislation is a major step in addressing the growing health disparities that Native Americans face. The Act makes much needed changes to the way the IHS delivers health care to Native Americans and is the product of significant consultation and cooperation with tribes and health care providers.

Presently, in addition to the IHS operating hospitals for Tribes, Tribes are operating their own health programs under the Indian Self-Determination and Education Assistance Act, and 34 urban Indian health centers have been established to provide for the approximately 60 percent of the Native American population residing in cities. The Act was reauthorized in 1988 and again in 1992. Reauthorization is necessary so that improvements are made in the Indian health systems to improve the health status of Native American people to the highest level possible. Today, funding levels are only at 60 percent of demand for services each year, which requires IHS, tribal health facilities and organizations, and Urban Indian clinics to ration care, resulting in tragic denials of needed services. Reauthorization of the Act will facilitate the modernization of the systems, such as prevention and behavioral health programs for the approximately 1.8 million Native Americans who rely upon the system.

More than 30 years ago, President Ford had the wisdom and saw the great need to sign into law the Indian Health Care Improvement Act. His signature was a promise made to American Indians that the federal government would work to improve their health status. That promise is one that we must not back away from. Reauthorizing this Act is a reaffirmation of that commitment and proves that we understand there is work yet to be done to further improve Indian health.

Again, I am thankful to Chairman Dorgan and Vice Chair Murkowski for their leadership and for building on the momentum from the last Congress to reauthorize the Act. I hope that we can swiftly resolve any remaining issues and get this long-overdue bill signed into law. I look forward to continuing to work with Dr. Grim, Chairman Dorgan, Vice Chair Murkowski and my other colleagues to explore creative ways to find an approach that addresses everyone's interest and ensures that all Native Americans receive the health care they need and deserve.

The CHAIRMAN. Senator Smith, thank you very much.

Senator Barrasso?

Senator BARRASSO. Thank you very much, Mr. Chairman.

Dr. Grim, congratulations. It is so good to see your family here. Mrs. Grim, your son, you have a lot to be proud of. He does a remarkable job.

I am proud of the accomplishments you have had in the last 4 years. I know what you have done in terms of domestic violence; your efforts in vaccination, both for the very young and the elderly in terms of the flu; some of the screenings you have done for substance abuse.

In my previous life, I worked quite a bit with patients injured, and the concern I had with those that Senator Tester talked about earlier—the suicide, the unintended injuries, substance abuse, domestic abuse.

I am concerned also about some of the additional preventive things like the diabetic work. I know between the late 1990's and 2003, we have been the incidence of diabetes almost doubling in this population of folks. But I am seeing it also in younger people. I am seeing the teenagers. We used to think of as malnutrition back when we were in school is people starving, but now malnutrition seems to be on the other side, the obesity issue which is contributing to this.

So first, if I could ask you if you are really focused also on the younger folks, and not just for the diabetes. Then the second question will have to do with substance abuse, because sometimes I am taking care of very young folks who are injured, and you talk about when their substance use began, and abuse, and it is at a young, young age.

Dr. GRIM. First, let me say that we are concerned about the same thing greatly. Our statistics have shown some of the greatest increases in those younger populations. One of the things I would say about the moneys that Congress made available for us in the Special Diabetes Program for Indians, a huge amount of those dollars are going toward primary prevention, secondary prevention, a focus on childhood obesity. We are seeing that, too, as one of the largest problems.

And so, yes, we are strongly working on that. A lot of the work that is being done in those programs is primarily with the youth. We are taking care of our existing patients that have diabetes. We are watching those closely that have pre-diabetes, and working with them both with nutrition and physical activity sorts of therapy.

But a lot of the programs and the dollars are going on education to youth, on physical activity programs for those. And we have partnered, as I said earlier, with both the Boys and Girls Clubs of America to introduce programs into their clubs that are dealing with basically educational things for the youth about the decisions they make today and how it will affect their heath in the future.

We are partnering with several other agencies on that, too, with Boys and Girls Clubs. Nike has joined us in a drive to increase physical activity levels in Indian communities. So there is a lot going on in primary prevention and a lot of it is directed at youth.

Senator BARRASSO. Thank you, Mr. Chairman. Because along those lines, Dr. Grim, I see the folks in Wyoming who live in the general neighborhood of our Wind River Reservation, and know that the average lifespan of a man is in his late 70's, and a woman in the early 80's. Yet on the reservation itself, it is 49½. I just think that we still have a much bigger job to do and a significant responsibility to those citizens.

So anything you can do that will help we certainly would be grateful for. I certainly plan to look forward to supporting your nomination and voting in favor of you.

Dr. GRIM. Thank you, Senator.

The CHAIRMAN. Dr. Grim, the first thing I read this morning when I began looking at material after I woke up was from National Public Radio report last evening. The title was "Rape Cases on Indian Lands Go Uninvestigated." Most of this is about law en-

forcement. The circumstances are almost unbelievable, almost as unbelievable as the inability to get medical care for some.

I raise it for one reason. This is a young woman who was brutally raped, Leslie Ironroad. Nobody investigated the rape. She died about 10 days later. Nobody investigated it, not the BIA, not the FBI, nor anybody else. The Justice Department has said that one in three Native American women will be raped in her lifetime. My colleague from Alaska raised this issue of violence against women.

One of the things that I saw in this report, on this reservation, the Standing Rock Reservation, the reservation has one women's shelter. The health center and the shelter try to reach out and help these women. The health center doesn't have rape kits to collect the DNA evidence necessary to prosecute attackers. They are inadequately staffed, can't even spare an exam room for the hour it takes to complete the rape examination.

Staff physician Jackie Quizno in Bismarck said she sees rape cases several times a month. They turn over the information on the women to the BIA police and Federal prosecutors and nothing happens. That is law enforcement, but it is also health in some respects.

It just broke my heart again this morning to read this. We have been through this with respect to teen suicide issues and violence against women. We are going to hold a hearing on these issues, the violence against women issues.

I do hope we can begin to make some progress. Let me just say what a couple of my colleagues have said to you. You serve at the pleasure of the President, but you serve the needs of American Indians. I hope that you will, if necessary, when necessary, take a risk here and there, and speak out and speak aggressively about how far short we are of meeting the needs. Because this Administration and previous Administrations have really not done what we should do.

I asked you the question not to embarrass you today about the Office of Management and Budget, but you have been pretty direct with us when testifying here. You have indicated that you believe there is a trust responsibility. You have cited the laws for the responsibility. When I learned that OMB had asked that it be taken out of today's testimony, I asked why. I know you are not able to answer that, but it bothers me because we have to do better.

Senator Murkowski and I and Senator Barrasso, we don't want to sit at these hearings every year and just say, you know, we regret what is happening out there. We have to fix what is happening out there, and you have to help us, and this President has to help us, and the Congress, Republicans and Democrats, have to come together to say that we have to do better.

So again, I am pleased to support your renomination. I think you are an awfully good person and you are very well qualified. My dealings with you have been extensive and you have always been up front and direct. I appreciate that, Dr. Grim.

As our colleague from Oklahoma said, public service is a wonderful opportunity, but in many cases a very significant responsibility and burden as well. Your family is elsewhere. You are here. I thank you for your commitment to public service. Work with us

and help us, and let's hope in the future when we have a hearing, you and I and this Committee can say, you know something, we raised a little hell here and we got a lot done, because we demanded that it get done.

Dr. Grim, we will move your nomination through this Committee. I think I speak on behalf of virtually every member of this Committee: thank you for your public service.

This hearing is adjourned.

Dr. GRIM. Thank you, Senator.

[Whereupon, at 10:50 a.m., the Committee was adjourned.]

A P P E N D I X

ABSENTEE SHAWNEE TRIBE OF INDIANS OF OKLAHOMA
2025 S. GORDON COOPER DR.
SHAWNEE, OKLAHOMA 74801-9381

SCOTT MILLER, LT. GOVERNOR

July 25, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

RE: Confirmation of Charles W. Grim, DDS, MHSA

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Absentee Shawnee Tribe of Oklahoma, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S., M.H.S.A., as Director of the Indian Health Service. His nomination to serve another four-year term illustrates the positive initiatives he has taken during his tenure on health care for American Indians and Alaska Natives.

Under his leadership as Director of the Indian Health Service, the agency has introduced several health initiatives designed to improve the quality of care and efficiency of service to over 1.8 million American Indians and Alaska Natives throughout the United States. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

The Absentee Shawnee Tribe of Oklahoma supports the confirmation process for Dr. Grim and looks forward to working with him in the near future. Should you require additional information, please feel free to contact Lesa B. Byford, Special Assistant at 405-275-4030. Thank you for your consideration in this matter.

Sincerely,

Scott Miller
Lt. Governor

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
Administration
4000 Ambassador Drive
Anchorage, Alaska 99508
Telephone: 907-729-1900
Facsimile: 907-729-1901

July 25, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Alaska Native Tribal Health Consortium, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

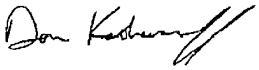
Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The Alaska Native Tribal Health Consortium is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact me at 907-244-9575 or via email at

kash@kash.net or contact my Special Assistant/Self-Governance Liaison, Wendie Langton at 907-223-6792 or via email at wlangton@anthc.org. Thank you for your consideration in this matter.

Sincerely,

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



Don Kashevaroff
Chairman & President

CC: Dr. Charles Grim, Director, Indian Health Services
Tena Larney, Acting Director, Office of Tribal Self-Governance, IHS
Paul Sherry, Chief Executive Officer, ANTHC
Valerie Davidson, Senior Director of Legal & Intergovernmental Affairs, ANTHC

Albuquerque Area Indian Health Board, Inc.

Alamo Band of Navajos * TóHajiilee Band of Navajos * Jicarilla Apache Nation * Mescalero Apache Tribe
Ramah Band of Navajos * Southern Ute Indian Tribe * Ute Mountain Ute Tribe

July 20, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Albuquerque Area Indian Health Board, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The Albuquerque Area Indian Health Board is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact me at (505) 764-0036. Thank you for your consideration in this matter.

Sincerely,

Marianna Kennedy

Marianna Kennedy, MSW, MPA, MPH
Executive Director

Office of the President
Kenneth L. Noller, MD, MS, FACOG
Department of Ob-Gyn
Tufts–New England Medical Center
750 Washington Street, Box 324
Boston, MA 02111

The Honorable Byron Dorgan
Chairman
Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, DC 20510

July 2, 2007

Dear Chairman Dorgan:

On behalf of the American College of Obstetricians and Gynecologists (ACOG) and our 51,000 physicians and partners in women's health care, I want to express our support of Dr. Grim's nomination for a second term as Director of the Indian Health Service.

ACOG's Committee on American Indian Affairs has enjoyed a very positive relationship with Dr. Grim and his staff and feels that he is well-qualified to continue to serve as Director of the Indian Health Service (IHS). During his first term as Director of IHS, Dr. Grim and his staff clearly demonstrated an ability to build strong, collaborative relationships with Tribes, professional societies like ACOG, other federal health agencies, and IHS staff. He has also proven, time and again, tremendous management skills in stretching scarce IHS dollars without forgetting the real patient care needs in the field.

We applaud Dr. Grim's steady focus on preventive services, behavioral issues, and acute and chronic care. The women who depend on IHS and Tribal health care programs could not have a better advocate and leader than Dr. Grim. ACOG looks forward to continuing our strong relationship through the multiple ACOG/IHS collaborative programs and we urge you to quickly approve Dr. Grim to a second term.

Sincerely,

Kenneth L. Noller, MD, MS, FACOG
President

cc: Luella Klein, MD
Vice President, Women's Health Issues
ACOG

Kirsten Lund, MD
Chair, ACOG Committee on American Indian Affairs

American Dental Association
www.ada.org

July 24, 2007

The Honorable Byron L. Dorgan
Chairman
Indian Affairs Committee
SH-838 Hart Office Building
Washington, DC 20510

The Honorable Lisa Murkowski
Ranking Member
Indian Affairs Committee
SH-838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Ranking Member Murkowski:

On behalf of the American Dental Association (ADA) we are pleased to write in support of the confirmation of Charles W. Grim, D.D.S., M.H.S.A. as Director of the Indian Health Service (IHS). Since being named as Director of the IHS in 2003, Dr. Grim has consistently and constantly been a strong advocate for dentistry and dental professionals.

American Indians and Alaska Natives (AI/AN) have some of the highest rates of oral disease in America. A 1999 IHS survey of Oral Health Status and Treatment Needs of AI/ANs indicated the following:

- 79% of children aged 2-4 years had a history of dental decay,
- 68% of adults and 61% of elders had untreated dental decay, and
- 59% of adults 35-44 years and 61% of elders have periodontal (gum) disease.

Most dental disease is easily prevented as long as patients have information, education and access to care. The ADA was very pleased to see that Dr. Grim has undertaken a Health Promotion/Disease Prevention initiative. We believe that his actions will help to reduce the incidence of tooth decay in children and the elderly as well as periodontal disease cited above.

We are very appreciative of the fact that as a dentist, Dr. Grim understands the relationship between overall health and oral health. Under Dr. Grim's leadership, oral health has become an integral component of health care programs, such as diabetes, heart disease, and stroke, for the American Indian and Alaska Native people. Ensuring that dental patients at IHS and tribal facilities understand that maintaining good oral health can affect their physical and mental health has become fundamental to their health care.

We urge you and the Committee to support the nomination of Dr. Charles Grim as Director of the Indian Health Service so that he can continue to his efforts to improve the oral health status of Indian people.

Sincerely,

Kathleen Roth DDS

Kathleen Roth, D.D.S.
President

James B. Bramson, D.D.S.

James B. Bramson, D.D.S.
Executive Director

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

RECEIVED
AUG 23 2007

August 10, 2007

The Honorable Byron Dorgan, Chairman
Senate Committee on Indian Affairs
United States Senate
838 HSOB
Washington, DC 20510

Dear Senator Dorgan:

The California Rural Indian Health Board Inc. (CRIHB) is a tribal organization operating under the authorities of the Indian Self Determination Act providing health and health related services to Tribally Operated Health Programs in California. We are also the member organization for the National Indian Health Board (NIHB) representing Tribes and Tribal Health Program in the California Area of the Indian Health Service. CRIHB supports the nomination of Charles W.H. Grim, D.D.S., M.H.H.S.A., to serve as second four year term as the Director of the Indian Health Service.

As stated to the NIHB prior to the re-nomination hearing our support for Dr Grim is qualified by the following concerns. "Today the CRIHB Board of Directors in formal session reviewed the nomination of Dr. Charles Grim for a second term at Director of the US Indian Health Service. After considerable debate it was the decision of the board to support the reappointment of Dr. Grim in recognition of his demonstrated management skills but that in his second term he should pay more attention to the needs of small tribes, the needs of CHS Dependent Areas, funding equity and the development of a facilities program that well serves all regions of the country."

These are all significant issues of long standing and we request your support in the form of active oversight of these issues as Dr. Grim provides leadership to the Indian Health Service in his second term of office as Director of the Indian Health Service.

Sincerely,

James Allen Crouch, M.P.H.
Executive Director

cc: Barbara Bird, CRIHB Chair

Caddo Nation of Oklahoma
Post Office Box 487
Binger, Oklahoma 73009
(405) 656-2344 (405) 656-2345
FAX # (405) 656-2892

July 26, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Caddo Nation of Oklahoma, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S., M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The Caddo Nation of Oklahoma is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact LaRue Parker, Chairperson. Thank you for your consideration in this matter.

Sincerely,

LaRue Parker, Chairperson
Caddo Nation of Oklahoma

CHEROKEE NATION®
P.O. Box 948 • Tahlequah, OK 74465-0948 • (918) 453-5000

OFFICE OF THE
Chad "Corntassel" Smith
Principal Chief

OFFICE OF THE
Joe Grayson, Jr.
Deputy Principal Chief

June 13, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Office of the Minority- Attn: David Mullon
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Mr. Mullon:

On behalf of the Cherokee Nation, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. Dr. Grim is a native Oklahoman and a citizen of the Cherokee Nation. The Cherokee Nation is extremely proud to have a tribal citizen serving in such an important capacity.

His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives on American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The Cherokee Nation is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact Paula Ragsdale at the Cherokee Nation Washington Office at (202) 393-7007, or by e-mail at paula-ragsdale@cherokee.org. Thank you for your consideration in this matter.

Sincerely,

Chad Smith
Principal Chief

OFFICE OF THE GOVERNOR
The Chickasaw Nation
Post Office Box 1548 • Ada, Oklahoma 74821
(580) 436-2603 • Fax (580) 436-4287
http://www.chickasaw.net/~cnation

BILL ANOATUBBY
GOVERNOR

July 25, 2007

Honorable Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Dorgan:

Please allow me this opportunity to express my strong support of the confirmation of Dr. Charles W. Grimm as director of the Indian Health Service. It has been my honor to have known and worked with Dr. Grimm for many years. I have witnessed his compassion and his devotion to the health care needs of Native Americans and Alaska Natives first-hand. His leadership has been essential to the progress in health care that has been made in Indian Country in the last few years.

Dr. Grimm knows the needs of the people and he has worked hard to help tribal governments in striving to meet those needs, including improving the quality of care that is provided. There are still pressing health care problems in Indian Country, and Dr. Grimm will continue working on those problems. The president's nomination of Dr. Grimm to serve another four-year term is an indication of the efforts the Indian Health Service has made under his direction.

Your consideration of the nomination of Dr. Charles W. Grimm will be appreciated.

Sincerely,

Bill Anoatubby

Bill Anoatubby, Governor
The Chickasaw Nation

Office of the Governor

Darrell Flyingman, Governor

July 24, 2007

Senator Byron Dorgan, Chairman
U. S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Cheyenne and Arapaho Tribes of Oklahoma, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A. as the Director of the Indian Health Service. Dr. Grim's continued service to all Indian People will be a move forward in addressing our health needs.

During his tenure Dr. Grim has addressed many of our health needs and instituted many initiatives through his leadership. We, see in his vision that, through him there will be continued improvements in addressing our health issues. He has opened doors that might have otherwise been closed and revived many collaborating agencies to address Indian Health. We, the Cheyenne-Arapaho Tribes, have been part of his vision and active leadership.

In March 2007, Dr. Grim was asked to attend the dedication of the new Clinton Indian Health Service Center within our service area. In his address to our people, Dr. Grim spoke of a journey where he envisioned health endeavors that would address our critical health needs. We experienced the impact of Dr. Grim's vision that dedication day and extended our hand as an expressed acknowledgement of his selflessness by honoring him with a head-dress given only to our Cheyenne Chief and Arapaho Chiefs. It was apparent to the audience composed of health care professionals, Indian Health Service personnel, our tribal members and surrounding community and state representatives that Dr. Grim's commitment to the health of the Indian people was genuine. The Cheyenne-Arapaho Tribes endorse the confirmation of Dr. Charles W. Grim as the Director of the Indian Health Service for our tribal people.

Should you require any additional information, please feel free to contact me at the number listed below and again thank you for allowing me as the Governor for the Cheyenne-Arapaho Tribes to voice the our view.

Respectfully submitted,

Darrell Flyingman, *Governor*
Cheyenne-Arapaho Tribes

Choctaw Nation of Oklahoma

Drawer 1210 • Durant, Oklahoma 74702-1210 • (405) 924-8280

Sent Via Fax (202) 228-2589 and (202) 224-5429
Originals Sent Via USPS

Gregory E. Pyle
Chief

Mike Bailey
Assistant Chief

May 25, 2007

The Honorable Byron Dorgan
Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510

The Honorable Craig Thomas
Vice-Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510

Re: Nomination of Dr. Charles W. Grim for an Additional Four-Year Term

Dear Senators Dorgan and Thomas:

The Choctaw Nation of Oklahoma supports the nomination of Dr. Charles W. Grim as the Director of the Indian Health Service (IHS) for an additional four-year term. Since his initial appointment in 2003, Dr. Grim has broadened the awareness and scope of the health status of American Indians and Alaskan Natives.

Dr. Grim has provided a leadership role in supporting Tribal consultation and the Tribal/Federal government-to-government relationship. Dr. Grim's hands-on involvement in revising the IHS Tribal consultation policy and crafting the Department of Health and Human Services (HHS) policy, has demonstrated his level of involvement in the day-to-day affairs of health care and health service delivery for Indian people. As the Vice-Chair of the Department's Intradepartmental Council on Native American Affairs (ICNAA), Dr. Grim has been committed to removing policy, program and funding barriers that have impeded Tribal access to non-traditional resources in HHS.

We support and continue to work with Dr. Grim on his agency-wide agenda which includes Behavioral Health, Chronic Care and Health Promotion and Disease Prevention. The Choctaw Nation has provided testimony on these topics at the Annual Department Wide Tribal Budget Consultation Sessions. Dr. Grim has been diligent in soliciting Tribal participation in agency initiatives and he has been consistent in working with Tribes in concert with the principles Self-Determination and Self-Governance.

It is the recommendation of the Choctaw Nation of Oklahoma that you approve the additional term for Dr. Grim and allow him to continue to transform the Indian health care system and the way Indian communities receive health care.

Sincerely,

Gregory E. Pyle
Chief

Choctaw Nation of Oklahoma

Drawer 1210 • Durant, Oklahoma 74702-1210 • (405) 924-8280

Gregory E. Pyle
Chief

Mike Bailey
Assistant Chief

25 July 2007

The Honorable Byron Dorgan
Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 228-2589

The Honorable Lisa Murkowski
Vice-Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 224-5429

Re: Letter of Support for Confirmation of Dr. Charles W.H. Grim, Director, Indian Health Service

Dear Chairman Dorgan and Vice-Chairman Murkowski:

The Choctaw Nation of Oklahoma is proud to support the Administration's nomination of Dr. Charles W.H. Grim for a second term as the Director of the Indian Health Service (IHS). We have had the opportunity to work with Dr. Grim, a citizen of the Cherokee Tribe and a native of Oklahoma, for most of his professional career. As the IHS Regional Director in Oklahoma, he demonstrated his leadership qualities and his willingness to work towards fair and amicable resolutions of issues. We were confident that his initial nomination as the Director of IHS would pave the way for even greater career advancement for Dr. Grim. We applaud the fine job that he has done.

While we are proud of our overall health care delivery system, we are especially grateful for and would like to thank Dr. Grim again for supporting the Idabel Hospital which is a true testament to joint ventures and collaborations between the IHS and Tribal governments. Without such a partnership, the project would still be on the planning block and completion would be a dream for tomorrow rather than the reality that it is today for the Choctaw Nation and the people that we serve.

The Choctaw Nation has designed and implemented a health care network that exceeds most in a rural setting, but many Tribes have not been so fortunate. We all have needs, some are greater than others. There is a funding shortfall disparity to build and repair facilities, to fund contract health services that allows Tribes to purchase the care that they cannot provide to Tribal beneficiaries and the worse of all is the lack of due diligence by the Administration and Congress to fully fund contract support costs for programs, services, functions and activities contracted or compacted by Tribes.

Dr. Grim has been expected to make "miracles with crumbs". The truth of the matter is that unless Tribal funding needs is elevated on the ladder of priority in Congress and the Administration, he can only accomplish what is reasonable with the funds at his disposal.

We ask the Senate Committee on Indian Affairs (SCIA) if you are willing to support Dr. Grim when he stands before his boss, the Secretary of HHS, and pushes the envelop that identifies the level of funds needed to fully fund the requests that is developed by the IHS, Tribes and Urban Indians (ITUs) budget formulation workgroup? Will the SCIA use every means available to remain stellar in supporting his work to remove the funding health disparities that no longer register on the chart of equity, parity and fair? If we can count on you to stand with him than we can certainly guarantee you that we will stand with you to champion your work and get the attention of the Administration.

I hope that this message will resonate throughout the Chamber during the confirmation proceedings. Thank you for allowing the Choctaw Nation of Oklahoma to share these comments with you.

Sincerely,

Chief Gregory E. Pyle

Cc: The Senate Committee on Indian Affairs

CHAIRMAN
John A. Barrett

SECRETARY-TREASURER
D. Wayne Trousdale

CITIZEN POTAWATOMI NATION

July 20, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Citizen Potawatomi Nation, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The Citizen Potawatomi Nation is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact Rhonda Butcher, 405-275-3121. Thank you for your consideration in this matter.

Sincerely,

Linda Capps, Tribal Vice Chairman

Commissioned Officers Association
of the U.S. Public Health Service

Gerard M. Farrell
Captain, USN (Ret.)
Executive Director

29 May 2007

The Honorable Byron Dorgan
Chairman, Committee on Indian Affairs
U. S. Senate
838 Hart Senate Office Building
Washington, DC 20510

Dear Mr. Chairman:

The purpose of this letter is to endorse the re-appointment of Rear Admiral Charles Grim, USPHS, for a second term as the Director, Indian Health Service and urge swift Senate action on his confirmation. RADM Grim has proved himself to be a more than capable leader for the Indian Health Service and in the Public Health Service Commissioned Corps. The health and safety of Native Americans and Alaskan Natives have improved significantly during his four years as IHS Director.

Admiral Grim has revitalized and reinvented the relationship between the federal government and Native Americans and Alaskan Natives in the pursuit of improved health care. One mark of his success is that other countries with large aboriginal populations have sought his guidance and expertise in providing health care for these underserved populations.

Admiral Grim is a trailblazer in the conduct of health diplomacy which leads not only to improved health for Native Americans and Alaskan Natives, but also to improvements in social and economic conditions. The Commissioned Officers Association of the U.S. Public Health Service is pleased and proud to support his nomination as Director, Indian Health Service.

Sincerely,

Gerard M. Farrell
Captain, U.S. Navy (Ret.)
Executive Director

Friends of Indian Health

July 25, 2007

The Honorable Byron L. Dorgan
Chairman
Indian Affairs Committee
SH-838 Hart Office Building
Washington, DC 20510

The Honorable Lisa Murkowski
Ranking Member
Indian Affairs Committee
SH-838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Ranking Member Murkowski:

The Friends of Indian Health heartily supports the confirmation of Charles W. Grim, D.D.S., M.H.S.A. as Director of the Indian Health Service (IHS). The Friends is a coalition of over 50 groups that advocates for improving the health care of American Indians and Alaska Natives (AI/ANs). As health care organizations we have been pleased to see the health initiatives that Dr. Grim has established since being named as IHS Director in 2003 and want to see them go forward under his leadership.

Numerous studies have shown that the disparity in health care for Indian people has continued to increase since the early 1990's. AI/AN people have a lower life expectancy – nearly four years less - when compared to other populations. This occurs for a variety of reasons:

- Native American youth are more than twice as likely to commit suicide,
- AI/AN people are 670 percent more likely to die from alcoholism,
- 650 percent more likely to die from tuberculosis,
- 318 percent more likely to die from diabetes and
- 204 percent more likely to suffer accidental death

In an attempt to aggressively address these disparities, Dr. Grim established three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. They are designed to address the most pressing health issues in Indian Country through innovative techniques. They incorporate best practices approaches that include educating patients to make healthy lifestyle choices, to take advantage of medical screenings and to avoid risky behaviors. This program has encouraged many tribes to establish wellness programs to support these goals.

Dr. Grim has also been quick to call attention to emerging health issues in Indian country, like the increased use of methamphetamine. The IHS is working collaboratively with other federal agencies to bring together supportive interests and resources to address this problem. Our organizations are pleased that Dr. Grim has taken this approach because we know that substance abuse problems take multiple solutions.

The Friends believe that Dr. Grim through his leadership of the IHS since 2003 has charted a course that will help to eliminate the disparity of disease and health care in Indian country and believe that his confirmation is vital to keeping these programs in place.

Sincerely,

Friends of Indian Health
(list of members attached)

FRIENDS OF INDIAN HEALTH

AIDS Action
American Academy of Child & Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Ophthalmology
American Academy of Pediatrics
American Academy of Pediatric Dentistry
American Academy of Physicians Assistants
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Association of Colleges of Podiatric Medicine
American Cancer Society
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American College of Osteopathic Family Physicians
American College of Physicians
American Dental Association
American Dental Education Association
American Diabetes Association
American Dietetic Association
American Geriatrics Society
American Heart Association
American Hospital Association
American Medical Association
American Nurses Association
American Occupational Therapy Association
American Optometric Association
American Osteopathic Association
American Pharmacists Association
American Podiatric Medical Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Society of Addiction Medicine
American Speech-Language-Hearing Association
American Telemedicine Association
Arizona Academy of Family Physicians
Association of American Indian Affairs
Association of Schools of Public Health
Association of Women's Health, Obstetric and Neonatal Nurses
Children's Dental Health Project
Friends Committee on National Legislation
Helen Keller International
National Alaska Native American Indian Nurses Association
National Association for Alcoholism and Drug Abuse Counselors
National Association of Local Boards of Health
National Kidney Foundation
National Rural Health Association
National Native American AIDS Prevention Center
Ward Robinson, M.D.
William Treviranus, D.O..
James Zuckerman, M.D. Harvard Medical School

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE
c/o Self-Governance Communication and Education
Iowa Business Center, 1768 Iowa Street, Bellingham, WA 98229-4702
Telephone (360) 752-2270 – Facsimile (360) 752-2192 – Email: mkinley@tribalselfgov.org – Website: www.tribalselfgov.org

July 25, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the IHS Tribal Self-Governance Advisory Committee, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

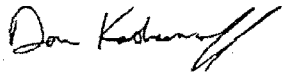
Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The IHS Tribal Self-Governance Advisory Committee is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact me at 907-244-9575 or via email at kash@kash.net or contact my Special Assistant/Self-Governance Liaison,

Wendie Langton at 907-223-6792 or via email at wlangton@anthc.org. Thank you for your consideration in this matter.

Sincerely,

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



Don Kashevaroff
Chairman, Seldovia Village Tribe
and Chairman, Tribal Self-Governance Advisory Committee (TSGAC)

CC: Dr. Charles Grim, Director, Indian Health Services
Tena Larney, Acting Director, Office of Tribal Self-Governance, IHS
IHS Tribal Self-Governance Advisory Committee Members

INDIAN HEALTH CARE
RESOURCE CENTER OF TULSA

550 South Peoria, Tulsa, OK 74120-3825

918.588.1900 Fax: 918.582.6405

www.ihcrc.org

322 Hart Senate Office Building
Washington, DC 20510
Fax: 202-224-1193

RECEIVED
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July 25, 2007

Dear Senator Inouye:

On May 17, 2007, by President George W. Bush President Bush nominated Charles W. Grim to be Director of the Indian Health Service (IHS), Public Health Service for a four-year term. Since 2001, Dr. Grim has served as the interim director of the Indian Health Service. Previously he was area director for the Oklahoma City area IHS. He also serves on the Department of Health and Human Services' Intradepartmental Council on Native American Affairs, the Minority Initiative Steering Committee, and the Tribal College and Universities Initiatives Committee

I applaud the President's decision to reappoint Charles Grim to serve as the Director of the Indian Health Service. Dr. Grim is an Assistant Surgeon General and holds the rank of Rear Admiral in the Commissioned Corps of the United States Public Health Service (USPHS). Dr. Grim is a well-recognized leader among American Indians and Alaska Natives who will be a worthy advocate for Indian health programs and improving the health of Indian people. Dr. Grim began his career with the Indian Health Service in 1983. He is a native of Oklahoma and a member of the Cherokee Nation. His professional achievements, administrative experience and personal dedication have enabled him to capably manage the Indian Health Service.

As the IHS Acting Director, Dr. Grim administers a $4 billion nationwide health care delivery system, which provides preventive, curative, and community health care to approximately 1.9 million of our nation's 3.3 million American Indians and Alaska Natives. In 2004, Dr. Grim established three special health initiatives for the Indian Health Service increase its focus on behavioral health, chronic care management, and health promotion and disease prevention health issues. These initiatives to change behaviors and lifestyles and promote good health are helping to improve the health of American Indians and Alaska Natives. These initiatives are transforming the Indian health care system and modernizing the way Indian communities receive health care – including the provision of health care in urban Indian communities.

Again, I urge support of Dr. Grim's reappointment to direct the Indian Health Service. I salute his commitment to working with Congress and the President to reauthorize the Indian Health Care Improvement Act.

Sincerely,

Carmelita Skeeter

Carmelita Skeeter
CEO

July 24, 2007

The Honorable Byron Dorgan
Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 228-2589

The Honorable Lisa Murkowski
Vice-Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 224-5429

RE: SCIA Confirmation Hearing for Dr. Charles Grim, Director, Indian Health Service (IHS)

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Jamestown S'Klallam Tribe, I wish to express our support for the second term of Dr. Charles Grim as the Director of the Indian Health Service. We look forward to continuing to forge a government-to-government relationship that reflects mutual respect and represents the benefits of continued and direct collaboration on Tribal health, Tribal sovereignty and Tribal Self-Governance.

In Washington State, we are grateful that during his initial term, Dr. Grim supported the establishment of the Washington State American Indian Health Commission (AIHC). The IHS and the Office of Tribal Self-Governance (OTSG) have helped the AIHC to build the solid foundation it needs to meet future challenges and opportunities in tribal-state health policy. Over the last year, AIHC has been able to make great strides towards improving the health status of American Indians and Alaska Natives (AI/AN) through tribal-state collaboration, with a specific focus on increasing the flow of state health care resources to Tribes.

While we support the probability that Dr. Grim will serve a second term, there are some issues that we request be included in the hearing record during this confirmation process. I submit the following questions for your consideration:

1. The Indian Health Service convenes a budget formulation workgroup annually comprised of the IHS, Tribes, Urbans (ITUs) and Tribal elected leaders from the National Indian Health Board, the National Congress of American Indians and the Tribal Self-Governance Advisory Committee. Together these representatives are tasked with the development of a budget request and justification that identifies the funding health care needs of American Indians and Alaska Natives two-years out of the current fiscal year. This information is presented to the Director and requested to be included in the IHS budget.

The results of this budget formulation process are also presented at the Department of Health and Human Service (HHS) Tribal budget consultation session held annually by the Department. Unfortunately, Tribes are not able to participate in the budget process beyond the HHS session as it moves through the annals of the Administration budget process.

How can Tribes be assured that the funding levels presented to the Director remain a part of the IHS budget request package? Further, if there are components of the budget that can not be included in the overall HHS budget request, does the process allow the Director to address such limitations with the Tribes that will allow the Tribes to re-prioritize our request? If not, how can this process be improved upon?

2. Why has it taken nearly 5 years for the IHS to implement the "Tribal Self-Governance Amendments of 2000", P.L. 106-260?

3. Self-Governance Tribes have expressed their opposition to the Director's inquiries about the consolidation of the Office of Tribal Self-Governance and the Office of Tribal Programs. What does the Director expect to achieve with the consolidation of these two offices? Has there been consultation on this topic?

4. The IHS and VA have many collaborations that are focused on Native veterans such as a website collaboration, patient safety, health information technology, diabetes prevention and behavioral health.

   There has been another collaboration that Tribes have requested for nearly a decade that will allow [Self-Governance] Tribes to participate in the Veteran's Administration Pharmaceutical Prime Vendor (VA PPV). Tribes have requested the IHS to convene consultation on this initiative, but to date such a request has not been fulfilled. Why? Will Dr. Grim schedule consultation on Tribal access to the VA PPV early in his second term as the IHS Director?

Thank you Senators Dorgan and Murkowski, along with the full Senate Committee on Indian Affairs, for allowing the Jamestown S'Klallam Tribe to share these comments and questions on the confirmation of the Director of the Indian Health Service. Please do not hesitate to contact me at (206) 369-6699 if you would like additional information.

Sincerely,

W. Ron Allen

W. Ron Allen
Tribal Chairman/CEO

Questions for Dr. Grim Confirmation Hearing

What is the role of the Intradepartmental Council on Native American Affairs (ICNAA) to the Center or Medicaid and Medicare Services? How are the views of the ICNAA shared with Tribes on issues of interest and concern?

> What assistance will be provided to tribes to support the implementation of the Medicare-Like Rate Regulations?
> What support will IHS provide for the operation of the Tribal Technical Assistance Group (TTAG) within CMS?
> What support will IHS provide to the Medicare and Medicaid Policy Committee?

What is the role of the ICNAA with IHS and SAMHSA?

> There must be more involvement with SAMHSA other than the assignment of staff and the collaboration on the annual conference. While these were good first steps there has been no follow through on the issues raised by the Tribes with SAMHSA and IHS.

Where are the additional programs, services, functions and activities in support of the alcohol and substance abuse problems faced by the Tribes?

Why has the IHS not been involved in the efforts by the Department of Justice, SAMHSA and now the BIA to address Public Health and Safety issues on Indian reservations throughout the United States?

Will IHS support the passage of the Indian Health Care Improvement Act (IHCIA)?

Will IHS support the expansion of the youth treatment to areas that are not served by an existing facility?

Will IHS revise its contract health care funding allocation consistent with the unmet needs of tribal members?

Karuk Tribe of California

Administrative Office
64236 Second Ave. • P.O. Box 1016
Happy Camp, CA 96039
(530) 493-1600 Fax (530) 493-5322

Happy Camp Health Services
38 Park Way • P.O. Box 1016
Happy Camp, CA 96039
(530) 493-5257 Fax (530) 493-5270

July 25, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Ayukii Chairman Dorgan

On behalf of the Karuk Tribe of California, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The Karuk Tribe of California is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact Hector Garcia at (530) 493-1600 x2041. Thank you for your consideration in this matter.

Yootva,

Arch Super

Arch Super, Chairman

LOWER ELWHA KLALLAM TRIBE

ʔəʔɬx̌ʷə nəxʷsƛ̓ay̓əm "Strong People"

2851 Lower Elwha Road
Port Angeles WA 98363

(360) 452-8471
Fax: (360) 452-3428

25 July 2007

The Honorable Byron Dorgan
Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 228-2589

The Honorable Lisa Murkowski
Vice-Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 224-5429

Re: Letter of Support for the Confirmation Hearing of Dr. Charles W.H. Grim, Director, Indian Health Service

Dear Chairman Dorgan and Vice-Chairman Murkowski:

The Lower Elwha Klallam Tribes is pleased to support the nomination for Dr. Charles W.H. Grim to continue in a second term as the Director of the Indian Health Service.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

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The Lower Elwha Klallam Tribe submits the following questions for your consideration during these proceedings:

Question 1

Does the Director plan to consolidate the Office of Tribal Self-Governance and the Office of Tribal Programs in the Indian Health Service?

Remarks - Opposition to Consolidation

Self-Governance Tribes oppose such a consolidation and this was not the intent of Congress in 1992. In 1992, the IHS was instructed by Congress to initiate planning with Tribal governments. In P.L. 102-573, The Indian Health Care Improvement Act (IHCIA) amendments of 1992, authority to fund the Tribal Self-Governance Demonstration Project (TSGDP) was extended to IHS and the Office of Tribal Self-Governance was established.

Currently Self-Governance in the IHS consists of **73** Compacts, **94** Funding Agreements and **323** Self-Governance Tribes. Approximately one-third of the IHS budget, $1 billion dollars, is transferred through compacts to Self-Governance Tribes.

Question 2

Will IHS revise its contract health care funding allocation consistent with the unmet needs of tribal members?

Question 3

Has Dr. Grim convened Tribal consultation on Tribal access to the Veterans Affairs' Pharmaceutical Prime Vendor issue? If not, why not?

Thank you for allowing the Lower Elwha Klallam Tribe to participate in this process.

Sincerely,

Frances Charles, Chairwoman

Cc: Senate Committee on Indian Affairs

LUMMI INDIAN BUSINESS COUNCIL
2616 KWINA ROAD · BELLINGHAM, WASHINGTON 98226 · (360)384-1489
DEPARTMENT_____EXT._____

July 24, 2007

The Honorable Byron Dorgan
Chairman
Committee on Indian Affairs
United States Senate
838 Hart Office Building
Washington, DC 20510
Fax: (202) 228-2589

The Honorable Lisa Murkowski
Vice-Chairman
Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
Fax: (202) 224-5429

Dear Senators Dorgan and Murkowski:

I am writing on behalf of the Lummi Nation to inform you that we support the confirmation of Dr. Charles Grim for another term as the Director of the Indian Health Service (IHS).

The Lummi Nation acknowledges that his leadership has resulted in budget increases when other agencies received budget cutbacks. Lummi Nation applauds the efforts of Dr. Grim to maintain the Department's unique relationship with Indian Communities and to elevate the visibility of the health care needs of Indian people throughout the Department of Health and Human Services (HHS).

The Lummi Nation commends Dr. Grim's role as Vice-Chair of the Intradepartmental Council on Native American Affairs (ICNAA) and notes his leadership has been a positive force for increased appropriations to the Agency and development of Tribal friendly policy within the Department. The Lummi Nation is encouraged by the recent resolution of the issues surrounding provisions of the Indian Health Care Improvement Act (IHCIA) authorizing Dental Health Aide Therapists (DHAT) in Alaska after years of needless dispute. We are hopeful that this will clear the way for the renewal of the IHCIA that is long overdue. Again, we look to Dr. Grim and leadership to work with Tribes in advancing this important legislation.

The Lummi Nation and most other Tribes have suffered from the lack of adequate Indian Health Care appropriations. Almost all of the discretionary income available to the Lummi Nation membership is consumed by the rising health care needs and costs of our members. IHS appropriations have not kept pace with population growth, medical inflation and certainly not with the treaty based obligation of the United States to provide for the health care needs of the Lummi Nation membership.

We would ask that Dr. Grim double his efforts to secure increases in appropriations for the Indian Health Service, during the IHS budget formulation process and the HHS consultation process with Tribes. These requests should be included in the HHS budget request that advances into the Office of Management and Budget (OMB).

The Lummi Nation notes that according to the U.S. Commission on Civil Rights, the funding levels provided for the health care of Tribal members are lower than provided for federal prisoners. Lummi Nation is disturbed that this information has not been the stimulus needed to achieve needed increases in appropriations for Indian Health services.

We would ask that Dr. Grim utilize comparable expenditure information as a guide for appropriations requests to increase the level of funding for American Indian and Native Alaskan Health Care.

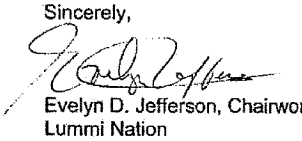
The Lummi Nation, as well as Indian Country, has suffered from the lack of support for tribal legislative initiatives by the Department and the Administration. Tribally proposed draft Title VI amendments to the Indian Self-Determination and Education Assistance Act (ISDEAA), Public Law 93-638 as amended, would provide for a Self-Governance demonstration project to include 13 non-IHS programs within the HHS. The Indian Health Care Improvement Act legislation has languished in Congress for more than a decade of needless wrangling. Senators Dorgan, McCain and Inouye, as well as other distinguished members of the Committee, have looked at the Department as a block to legislative initiatives supported by the Tribes.

We ask Dr. Grim to work with Tribal leadership to insure equitable distribution of available funding. We are concerned that areas that are dependent on contract health care services may not be allocated a fair share of the funding available, when these areas also lack a Tribal or an IHS hospital service facility. We are seeking an approach to funding allocation that is holistic in its outlook and especially in the resulting allocation formula.

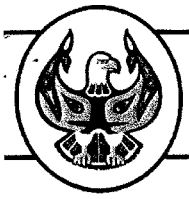
We would also ask Dr. Grim to resolve the issue of the level of contract support costs needed for all Tribes. We understand the need to take action and applaud his willingness to take the heat for his decisions. However, simply to deny Tribes the funding that they need and are entitled to receive by law is not an acceptable or sufficient solution.

Finally, we want to thank Dr. Grim for his forthright and open administration of the Agency. We have enjoyed working with him and his staff over the last several years and while we do not agree on all issues, we know that we are heard and our views have been taken into consideration. Thank you, for the opportunity to support the continuing stewardship of Dr. Charles Grim.

Sincerely,



Evelyn D. Jefferson, Chairwoman
Lummi Nation



LUMMI INDIAN BUSINESS COUNCIL
2616 KWINA ROAD · BELLINGHAM, WASHINGTON 98226 · (360)384-1489
DEPARTMENT_____EXT._____

July 24, 2007

Senator Byron Dorgan, Chairman
Committee on Indian Affairs,
United States Senate
838 Hart Office Building
Washington, DC 20510

RECEIVED
JUL 31 2007

Dear Senator Dorgan:

I am writing on behalf of the Lummi Nation to inform you that we support the confirmation of Dr. Charles Grimm, DDS for another term as the Director of the US Public Health Services, Indian Health Services.

The Lummi Nation acknowledges that his leadership has resulted in budget increases when other agencies received budget cutbacks. Lummi Nation has applauded the efforts of Dr. Grimm to maintain Department's the unique relationship with Indian Communities and to elevate the visibility of the health care needs of Indian people throughout the Department of Health and Human Services. The Lummi Nation commends Dr. Grimm's role as Co-chair of the Intradepartmental Indian Policy Council and notes that through this leadership he has been a positive force for increased appropriations to the Agency and development of Tribal friendly policy within the Department. Lummi Nation is encouraged by the recent resolution of the issues surrounding provisions of the Indian Health Care Improvement Act authorizing Dental Assistants in Alaska after years of needless dispute. We are hopeful that this will clear the way for the Indian Health Improvement Act renewal that is long overdue. We look to Dr. Grim to continue his positive leadership for this important legislation.

However, the Lummi Nation and most other Tribes have suffered from the lack of adequate Health Care appropriations. Almost all of the discretionary income available to the Lummi Nation membership is consumed by the rising health care costs and needs. IHS appropriations have not kept pace with population growth, medical inflation and certainly not with the treaty based obligation of the United States to provide for the health care needs of Lummi Nation membership.

We would ask that Dr. Grim re-double his efforts to secure increased in appropriations for the Indian Health Services; both within the Department and the Administration.

The Lummi Nation notes that according to the US Civil Rights Commission the funding levels provided for the health care of Tribal members are lower than provided for federal

prisoners. Lummi Nation is disturbed that this information has not been the stimulus needed to achieve needed increases in appropriations for Indian Health services.

We would ask that Dr. Grimm utilize comparable expenditure information as a guide for appropriations requests to increase the level of funding for Indians and Native Alaskan Health Care.

Lummi Nation and other Tribes have suffered from the lack of support for tribal legislative initiatives by the Department and the Administration. Title VI of the Self-Determination Act Public Law 93-638 as amended, would provided for implementation of Tribal self-governance within the Department starting with six (6) programs and expanded to a total of twelve (12). Indian Health Care Improvement Act – This legislation has languished in Congress for more than a decade of needless wrangling. Both Senator Dorgan and Mc Cain and other distinguished members of the Committee have looked at the Department as a block to legislative initiatives supported by the Tribes.

We would ask that Dr. Grim redouble his efforts within the Department to gain serious attention and support for the legislative proposals support by Tribal leadership.

We would ask Dr. Grim to work with Tribal leadership to insure that equitable distribution of available funding. We are concerned that those areas that are dependent on contract health care services be allocated a fair share of the funding available, when these areas also lack a Tribal or an IHS hospital service facility. We are seeking an approach to funding allocation that is holistic in its outlook and especially in the resulting allocation formula.

We would also ask Dr. Grimm to resolve the issue of the level of contract support for all Tribes. We understand the need to take action and applaud his willingness to take the heat for his decisions. However, simply to deny Tribes the funding that they need and are entitled to receive by law is not a sufficient solution.

Finally, we want to thank Dr. Grimm for his forthright and open administration of the Agency. We have enjoyed working with him and his staff over the last several years and while we do not agree on all issues we know that we are heard and our views have been taken into consideration. Thank you, for the opportunity to support the continuing stewardship of Dr. Charles Grimm.

Sincerely,

Evelyn Jefferson

Evelyn D. Jefferson, Chairwoman
Lummi Nation

MASSACHUSETTS GENERAL HOSPITAL ✦ HARVARD MEDICAL SCHOOL

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Director of Psychology Training
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DENNIS K. NORMAN, Ed.D.
Associate Professor of Psychology
Department of Psychiatry

7/23/07

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Harvard University Native American Program (HUNAP) and my colleagues at Harvard Medical School (HMS) whom contribute to the HMS Health Initiative, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments. He has also worked collaboratively with universities such as Harvard to augment continuing education support and clinical consultation.

Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The Harvard University Native American Program and Health Initiative is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact me. Thank you for your consideration in this matter.

Sincerely,

Dennis K. Norman, Ed.D., ABPP
Faculty Chair, Harvard University Native American Program
Chief of Psychology, Massachusetts General Hospital
Associate Professor, Harvard Medical School

Muscogee (Creek) Nation

PRINCIPAL CHIEF
A.D. Ellis
SECOND CHIEF
Alfred Berryhill

OFFICE OF THE PRINCIPAL CHIEF
PO Box 580
(HWY 75, Loop 56)
Okmulgee, OK 74447
918.732.7600

July 26, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Muscogee (Creek) Nation, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The Muscogee (Creek) Nation is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact 918.732.7604. Thank you for your consideration in this matter.

Sincerely,

A.D. Ellis, Principal Chief
Muscogee (Creek) Nation

National Council of Urban Indian Health
501 Capitol Court, NE, Suite 100
Washington, DC 20002
Office: 202-544-0344 Fax: 202-544-9394
www.ncuih.org

Excellence, Equity, Effectiveness

The Honorable Byron Dorgan
U.S. Senator
322 Hart Senate Office Building
Washington, DC 20510
SUBJECT: RECOMMENDATION FOR DR.CHARLES GRIM

Dear Senator Dorgan:

Greetings from the National Council of Urban Indian Health,

NCUIH, as the agency representing the Urban Indian Health Sector nationwide, would like to hereby strongly recommend Dr. Charles Grim to be reappointed as the Director of the Indian Health Service (I.H.S). Dr. Grim's efforts, support, and diligent work has been instrumental for the survival, strengthening and improvement of the Urban Indian Health Programs

As you know, Dr. Grim was appointed director of Indian Health Services by President George Bush in 2002 and was unanimously confirmed by the Senate on July 16, 2003. Dr. Grim is a native of Oklahoma and a member of the Cherokee Nation of Oklahoma. In his position at I.H.S. Dr. Grim is an Assistant Surgeon General and holds the rank of Rear Admiral in the Commissioned Corps of the Public Health Service and has twice received the United States Public Health Service Commendation Medal.

For the above reasons, again, we support and strongly support Dr. Grim's nomination to the position of Director of the I.H.S.

Should you have any questions about Dr. Charles Grim, please do not hesitate in contacting me.

Yours truly,

Geoffrey Roth,
Executive Director
National Council of Urban Indian Health

Moke Eaglefeathers
Board President
National Council of Urban Indian Health

National Indian Council on Aging
10501 Montgomery Blvd. NE, Suite 210, Albuquerque, NM 87111
Telephone 505-292-2001 Fax 505-292-1922
http://www.nicoa.org

Submitted electronically

July 24, 2007

The Honorable Byron Dorgan
Chairman, SCIA
838 Senate Hart Building
Washington, DC 20510

The Honorable Lisa Murkowski
Vice Chairwoman, SCIA
838 Senate Hart Building
Washington, DC 20510

Reference: Confirmation Hearing for Dr. Charles Grim, Director, Indian Health Service

Dear Chairman Dorgan and Vice Chairwoman Murkowski:

The National Indian Council on Aging is honored to offer its strongest support of the confirmation of Dr. Charles Grim to serve as the Director of the Indian Health Service. Dr. Grim has made the health status of American Indian and Alaska Native Elders and the provision of a variety of long term care services a priority in his administration. Since 1976, the National Indian Council on Aging has advocated for and provided direct services to American Indian and Alaska Native Elders. Dr. Grim's commitment to improving the health status of our Elders and having the Indian Health Service serve as a key partner in helping Elders age well in place in their communities is laudable.

Please do not hesitate to contact us on how NICOA can further support the confirmation of Dr. Charles Grim as Director of the Indian Health Service. Again, on behalf of the Elders we serve nationwide, we look forward to working with Dr. Grim and the Senate on the reauthorization of the Indian Health Care Improvement Act during this Congress.

Sincerely,

Clifford Doxtator (Oneida)
Chairman of the Board

Traci L. McClellan, JD, MA (Cherokee)
Executive Director

July 24, 2007

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Colville Tribe
Coos, Suislaw & Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

The Honorable Byron Dorgan
Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 228-2589

The Honorable Lisa Murkowski
Vice-Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 224-5429

Re: SCIA Confirmation Hearing for Dr. Charles W.H. Grim, Director, Indian Health Service

Dear Chairman Dorgan and Vice-Chairman Murkowski:

The Northwest Portland Area Indian Health Board (NPAIHB) is a P.L. 93-638 Tribal organization that represents 43 federally-recognized Tribes in the states of Idaho, Oregon, and Washington. NPAIHB supports the Presidential nomination of Charles W.H. Grim, D.D.S., M.H.S.A., to serve a second four-year term as the Director of the Indian Health Service (IHS).

NPAIHB commends Dr. Grim for his efforts supporting the improvement of Indian Health and his work to reduce Health Disparities during his initial term. NPAIHB will gladly work with him to address the critical issues pertinent to the health care system and delivery of services to all of Indian Country.

While we support the confirmation of Dr. Grim, Northwest Tribes do have outstanding concerns affecting our Tribes. Prior to confirming Dr. Grim, we urge the Committee to reach a resolution on some of these outstanding concerns. Specifically, the facilities construction issue continues to be a controversial issue among Indian Country. In our view, this controversy could have been avoided if the Administration would have made a decision on implementing the new priority system in a timely manner. There are also funding distribution methodologies related to CHS and IHCIF that need to be revisited so that they are fair to all Tribes nationally.

NPAIHB recognizes the confirmation process will require Dr. Grim to address tribal concerns brought forth by Tribes and Tribal Organizations. We support the SCIA in its efforts to bring these issues and concerns forth.

On behalf of NPAIHB, thank you for this opportunity to participate in this process.

Sincerely,

Linda Holt, NPAIHB Chair

Oneidas bringing several hundred bags of corn to Washington's starving army at Valley Forge, after the colonists had consistently refused to aid them.

Oneida Tribe of Indians of Wisconsin
BUSINESS COMMITTEE

UGWA DEMOLUM YATEHE
Because of the help of this Oneida Chief in cementing a friendship between the six nations and the colony of Pennsylvania, a new nation, the United States was made possible.

P.O. Box 365 • Oneida, WI 54155
Telephone: 920-869-4364 • Fax: 920-869-4040

July 24, 2007

Chairman Byron Dorgan
Vice-Chairwoman Lisa Murkowski
Senate Indian Affairs Committee
United States Senate
Washington, DC 20510

RE: Support for the Nomination of Dr. Charles Grim to be Director of the Indian Health Service

Dear Chairman Dorgan and Vice-Chairwoman Murkowski:

On behalf of the Oneida Tribe of Indians of Wisconsin, a federally recognized tribe with over 16,000 enrolled tribal members located in Northeast Wisconsin, I am writing to you in support of the nomination of Dr. Charles Grim for the position of Director of the Indian Health Service.

Although the Indian Health Service has been consistently under funded, Dr. Grim has performed well as the Director in the face of these budget shortfalls. Dr. Grim has provided leadership and a vision for the future of health care in Indian Country with a special emphasis on prevention, which we believe is crucial to reducing the tremendous health disparities in Indian Country.

On the basis of his past performance, the Oneida Tribe of Wisconsin recommends the nomination of Dr. Grim to be the Director of the Indian Health Service. Given the proper resources, the Oneida Tribe believes that Dr. Grim could really begin to address the health disparities in Indian Country.

Sincerely,

Kathy Hughes

Kathy Hughes
Vice Chairwoman
Oneida Tribe of Indians of Wisconsin

Quinault Indian Nation
POST OFFICE BOX 189 □ TAHOLAH, WASHINGTON 98587 □ TELEPHONE (360) 276 - 8211

July 23, 2007

The Honorable Byron Dorgan
Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 228-2589

The Honorable Lisa Murkowski
Vice-Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 224-5429

Re: SCIA Confirmation Hearing for Dr. Charles W.H. Grim, Director, Indian Health Service

Dear Chairman Dorgan and Vice-Chairman Murkowski:

The Quinault Indian Nation (QIN) supports the Presidential nomination of Charles W.H. Grim, D.D.S., M.H.S.A., to serve another four-year term as the Director of the Indian Health Service (IHS). As an IHS Self-Governance Tribe, the QIN compliments Dr. Grim on his initial term as the Director and looks forward to working with him to support issues that are of great concern not only to Self-Governance Tribes, but to the overall health care system and delivery of services to all of Indian Country.

As the Vice-Chairman of the Intradepartmental Council on Native American Affairs, Dr. Grim has been instrumental in fostering Tribal access within the Department of Health and Human Services. Under his first term, he has elevated Tribal health and health disparities within HHS to an unprecedented level.

During the Senate Committee on Indian Affairs (SCIA) confirmation process, I offer the following questions for your consideration to be asked of the Director either at the hearing or as you deem appropriate to insure that the responses are a part of the hearing record:

(1) When does Dr. Grim plan to fully implement Title V of the Self-Governance? The final regulations were effective on June 17, 2002 and IHS has yet to fully implement the legislation and the regulations some 5 years later. Why?
(2) Has Dr. Grim convened Tribal consultation on Tribal access to the Veterans Affairs' Pharmaceutical Prime Vendor issue? If not, why not?

On behalf of the Quinault Indian Nation, thank you for this opportunity to participate in this process.

Sincerely,

Fawn Sharp, President
Quinault Indian Nation

Sac and Fox Nation

Rt. 2, Box 246 Stroud, OK 74079

Principal Chief KAY RHOADS
Second Chief DARRELL L. GRAY
Secretary GEORGE THURMAN
Treasurer MICHAEL W. HACKBARTH
Committee Member AUSTIN GRANT

July 24, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Sac and Fox Nation, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The Sac and Fox Nation is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact M. Angela Thompson at 918-968-3526 ext. 1049. Thank you for your consideration in this matter.

Respectfully,

Kay Rhoads
Principal Chief

Seminole Nation of Oklahoma

POST OFFICE BOX 1498
WEWOKA, OKLAHOMA 74884

EXECUTIVE DEPARTMENT

Enoch Kelly Haney, Principal Chief
Larry Harrison, Assistant Chief
Phone: (405) 257-7200
Fax: (405) 257-7209

July 23, 2007

Senator Byron Dorgan, Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Senator Lisa Murkowski, Vice-Chairman
U.S. Senate Committee on Indian Affairs
838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

On behalf of the Seminole Nation of Oklahoma, please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

The Seminole Nation of Oklahoma is highly supportive and stands ready to assist to ensure an expedient confirmation process for Dr. Grim. Should you require additional information, please feel free to contact my office at (405) 257-7200. Thank you for your consideration in this matter.

Sincerely,

Enoch Kelly Haney
Principal Chief

SHOALWATER BAY INDIAN TRIBE
P.O. Box 130 • Tokeland, Washington 98590
Telephone (360) 267-6766 • FAX (360) 267-6778

July 25, 2007

The Honorable Byron Dorgan
Chairman
Committee on Indian Affairs
United States Senate
838 Hart Office Building
Washington, DC 20510
Fax: (202) 228-2589

The Honorable Lisa Murkowski
Vice-Chairman
Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
Fax: (202) 224-5429

Dear Senators Dorgan and Murkowski:

The Shoalwater Bay Indian Tribe (SBIT) supports the confirmation of Dr. Charles Grim for another term as the Indian Health Service (IHS) Director. Dr. Grim has been committed to improving the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments. And, as a Self-Governance Tribe we have appreciated the opportunity to communicate our concerns and issues to the Director through his Tribal Self-Governance Advisory Committee (TSGAC) and the Self-Governance Communication and Education (SGCE) network.

Recently the Director delivered what can be considered his mantra as the IHS Director, which is *to eliminate the disparities within the American Indian and Alaska Native health care systems*, as well as those that exist between Tribal and traditional health care. We acknowledge and compliment the progressions in this area during Dr. Grim's term and we hope, at the very least, that he is successful in minimizing the disparity during an extended term. Further, we applaud the Director for his "three Initiative plan" and we are committed to work with him to address Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention.

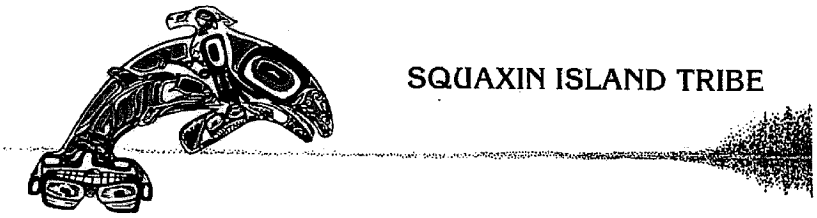
During his second term as Director, we hope that Dr. Grim will focus on implementing the Self-Governance Title V regulations, consult with Tribes on the VA Pharmaceutical Prime Vendor benefits and dismiss any consideration of consolidating the Office of Tribal Self-Governance (OTSG) and the Office of Tribal Programs (OTP). In addition, we ask that he fills the Director's vacancy in OTSG post haste.

Thank you.

Sincerely,

Charlene Nelson

Charlene Nelson, Chairwoman



SQUAXIN ISLAND TRIBE

July 23, 2007

The Honorable Byron Dorgan
Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 228-2589

The Honorable Lisa Murkowski
Vice-Chairman
Senate Committee on Indian Affairs
United States Senate
838 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 224-5429

Re: Confirmation Hearing for Dr. Charles W.H. Grim, Director, Indian Health Service

Dear Chairman Dorgan and Vice-Chairman Murkowski:

The Squaxin Island Tribe operates the Sally Salvage Heath Center on the Squaxin Island Reservation in Shelton, Washington. As a sovereign nation we have enjoyed operating and managing the health delivery system to our people. Under Self-Determination and Self-Governance we have strengthened the infrastructure of our health system and it is leadership of the Indian Health Service that continues to make this possible. That is why the Squaxin Island Tribes supports the additional term of Dr. Grim as the Director of the Indian Health Service.

As with any relationship, there are still unresolved issues that warrant the collaboration of the Agency and the Tribes. Overall we know that it has been the inclusion of Tribes on working committees and our involvement in an advisory capacity that has attributed to the IHS funding increases for the last few years. We are at the table during the budget formulation process, as an advisor to the Director on Self-Governance and on the Department of Health and Human Services (HHS) radar screen because of his outreach and wanting to make a difference.

Assuming that Dr. Grim will be confirmed for another term as the Director of IHS, we propose the following questions for his confirmation hearing:

Question
Does the Director plan to consolidate the Office of Tribal Self-Governance and the Office of Tribal Programs in the Indian Health Service?

Remarks - Opposition to Consolidation:
Self-Governance Tribes oppose such a consolidation and this was not the intent of Congress in 1992. In 1992, the IHS was instructed by Congress to initiate planning with Tribal governments. In P.L. 102-573,

The Indian Health Care Improvement Act (IHCIA) amendments of 1992, authority to fund the Tribal Self-Governance Demonstration Project (TSGDP) was extended to IHS and the Office of Tribal Self-Governance was established.

Currently Self-Governance Tribes consists of **73** Compacts, **94** Funding Agreements and **323** Self-Governance Tribes. Approximately one-third of the IHS budget, $1 billion dollars, is transferred through compacts to Self-Governance Tribes. *Not exactly the criteria necessitating consolidation, would you say?*

Question
When does the Director intend to initiate and fully implement P.L. 106-260, Title V, to the fullest extent of the law?

Remarks
Legislation was enacted in May 2000 and regulations were promulgated and the final regulations were published in the Federal Register on June 17, 2002. It is now July 2007, five years later, and the implementation of Title V has the presence of a ghost in the halls of the IHS.

While this forum may not be appropriate to ask questions such as this, the Squaxin Island Tribe is concerned that efforts such as a consolidation of these offices and the lack of IHS to implement the intent of Congress are both issues that need a response from the Director before this assembly.

Thank you.

Sincerely,

Jim Peters, Chairman

UNITED SOUTH AND EASTERN TRIBES, INC.
711 Stewarts Ferry Pike • Suite 100 • Nashville, TN 37214
Telephone: (615) 872-7900 • Fax: (615) 872-7417

RECEIVED
AUG 23 2007

August 13, 2007

The Honorable Byron Dorgan
Chairman
Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, DC 20510-6450

Dear Senator Dorgan:

The United South and Eastern Tribes, Inc. (USET) recently held their Semi-Annual Meeting in Houston, TX, June 4-7, 2007. During the meeting, the USET Board of Directors passed many resolutions addressing various issues. The following resolutions are specific to Indian Country and have been attached for your records:

- USET 2007:059 - Support for the Appointment and Subsequent Confirmation of Dr. Charles W. Grim as the Indian Health Service Director

These resolutions officially represent the position of each USET Member Tribe and have been provided for your information. If you have any questions do not hesitate to call my office at (615) 872-7900.

Sincerely,

Michael Cook
Executive Director

"Because there is strength in Unity"

UNITED SOUTH AND EASTERN TRIBES, INC.

USET Resolution No. 2007:059

SUPPORT FOR THE APPOINTMENT AND SUBSEQUENT CONFIRMATION OF DR. CHARLES W. GRIM AS THE INDIAN HEALTH SERVICE DIRECTOR

WHEREAS, United South and Eastern Tribes, Incorporated (USET) is an intertribal organization comprised of twenty-four (24) federally recognized Tribes; and

WHEREAS, the actions taken by the USET Board of Directors officially represent the intentions of each member Tribe, as the Board of Directors comprises delegates from the member Tribes' leadership; and

WHEREAS, since 2003, Dr. Charles W. Grim has served as the Indian Health Service (IHS) Director and has done an outstanding job; and

WHEREAS, many advances within the IHS, including a major reorganization of the Headquarters Office, can be attributed to Dr. Grim and his effective leadership; and

WHEREAS, Dr. Grim is valued as a true advocate for American Indian/Alaska Native (AI/AN) people and has also been able to achieve a delicate balance between the needs of AI/AN people and the Administration; and

WHEREAS, the IHS is obligated to provide health services to AI/AN people in fulfillment of the federal governments trust responsibility and Dr. Grim has been instrumental in upholding and strengthening the government-to-government relationship; and

WHEREAS, Dr. Grim's current term expires in August of 2007, however President Bush has announced his intent to nominate Dr. Grim to serve as the IHS Director for an additional four year term; and

WHEREAS, it is extremely important, in this wartime and constrained budget environment, that continuity exists within the IHS to maintain the momentum that has been gained under Dr. Grim's leadership; therefore, be it

RESOLVED the USET Board of Directors supports the appointment and subsequent confirmation of Dr. Charles W. Grim to serve as the Indian Health Service Director for another four year term.

CERTIFICATION

This resolution was duly passed at the USET Semi-Annual Meeting, at which a quorum was present, in Houston, TX, on Thursday, June 7, 2007.

Brian Patterson, President
United South and Eastern Tribes, Inc.

Cheryl Downing, Secretary
United South and Eastern Tribes, Inc.

"Because there is strength in Unity"

July 21, 2007

The Honorable Byron Dorgan
Chairman
U.S. Senate Committee on Indian Affairs
SH-838 Hart Office Building
Washington, DC 20510

The Honorable Lisa Murkowski
Vice-Chairman
U.S. Senate Committee on Indian Affairs
SH-838 Hart Office Building
Washington, DC 20510

Dear Chairman Dorgan and Vice-Chairman Murkowski:

Please accept this correspondence in support of the confirmation of Charles W. Grim, D.D.S. M.H.S.A., as Director of the Indian Health Service. His nomination on May 17, 2007 by President George W. Bush to serve another four-year term demonstrates the positive strides in addressing the health care interests of American Indians and Alaska Natives made during his tenure.

Under his leadership as Director of the Indian Health Service, the agency has introduced several initiatives designed to improve the quality of care and efficiency of service to the over 1.8 million American Indians and Alaska Natives throughout the United States. Of critical importance are the Director's three initiatives addressing Chronic Care Management, Behavioral Health, and Health Promotion/Disease Prevention. These three initiatives, currently being implemented, are designed to address the most pressing health issues in Indian Country in an innovative manner. Most importantly, Dr. Grim is committed to bringing improvements to the Indian health care system in a manner that recognizes and upholds the sovereign status of American Indian and Alaska Native tribal governments.

Dr. Grim has also been instrumental in reviving the Health and Human Services (HHS) Intradepartmental Council on Native American Affairs (ICNAA), which he serves as co-chair. The ICNAA serves as an internal council that brings together all Health and Human Services Operating Divisions and Staff Divisions to help frame HHS policy and initiatives affecting American Indians and Alaska Natives. As a result of the activities of the ICNAA, Indian Country has experienced unprecedented interaction and collaboration throughout HHS.

I offer my unqualified support and stand ready to assist to ensure an expedient confirmation process for Dr. Grim. I refer, for your consideration, to my testimony before the House Interior Appropriations Committee on April 18, 2007 as an example of the very positive efforts on the part of Dr. Grim to insure quality and compassionate health care for all Native Americans and Alaskan Natives. Should you require additional information, please feel free to contact me by email or telephone:

Thank you for your sustained efforts to provide for the continued wellbeing of the indigenous people of America.

Sincerely,

James E. Zuckerman, M.D.

Assistant Clinical Professor
Obstetrics, Gynecology, and Reproductive Biology
Harvard Medical School

Obstetrician - Gynecologist
Brigham and Women's Hospital
75 Francis Street, ASB1, 03-078
Boston, Massachusetts 02115

Member, Faculty Advisory Board
Harvard University Native American Program (HUNAP)
Cambridge, MA 02138

WRITTEN QUESTIONS SUBMITTED TO CHARLES W. GRIM*

Chairman Dorgan Questions for the Record of Dr. Charles Grim

Indian Health Reauthorization

On May 1, I sent a letter to Secretary Leavitt, asking for the Department's comments on S. 1200, the Indian Health Care Improvement Act Amendments of 2007 that I introduced on April 24th of this year.

- **Question:** What is the status of the Department's response to our letter?

Contract Health Services

I understand that, according to one tribal report, IHS deferred payment in FY 2005 for Contract Health Services cases to the tune of some $152 million, which means there was more than $150 million in unmet need to address medical priorities 1 and 2.

- **Question:** Does IHS itself maintain numbers for deferred services within medical priorities?

Health Care Facilities Construction

I understand that the IHS Office of Environmental Health and Engineering finalized revisions to the Healthcare Facilities Construction Priority System and presented their recommendations to you sometime last month.

- **Question:** How do you intend to proceed with those recommendations for the revised Health Care Construction Priority system?

Urban Indian Health Programs Funding

It is my understanding that 34 urban Indian health programs now serve 430,000 eligible users nationwide. Yet in recent years, President Bush's budget requests have proposed to completely eliminate this vital program. This is in spite of the fact that the Indian Health Service has determined that average funding in previous budget years has been only 22 percent of the projected need for this program, and that 18 additional cities have an urban Indian population large enough to support an Urban Indian Health Program.

- **Questions:** Do you agree that the Urban Indian Health Program provides a valuable service to Indians living in urban areas?
  Can we count on your support as Director to work in future fiscal years to protect funding for the Urban Indian Health Program?

*Responses to written questions were not available at the time this hearing went to press.

What will you do to prevent the closure of existing Urban Indian Health Program sites?

"Stand By" Back Pay

It is my understanding that presently, there is pending an arbitration case against the Service brought by IHS employees who live and work in North and South Dakota on the issue of non-payment of "back pay" – instances where these employees had been directed to "stand-by" and remain on-call.

- **Questions:** What is the status of the arbitration?
  What is the Service doing to resolve this case?

EEO Complaints

- **Questions:** How many EEO complaints has the Aberdeen Area received over the past two years?
  What have the outcome of these complaints been -- whether settlement, upheld with the agency at fault, mediated or alternative dispute resolution, etc.?

Third Party Billing

- **Questions:** What is the status of third party billing at each of the Aberdeen Area Service Units?
  How many bills and what amount of payments are no longer collectible due to failure to meet deadlines for third party collections over the past two years?
  Which Aberdeen Area Service Units employ contract billing companies for their third party billing?

Electronic Medical Billing

It is my understanding that Indian Health Service clinics and hospitals are not in compliance with the Health Information Portability and Accountability Act (HIPPA), which requires the conversion to Electronic Medical Records and Electronic Medical Billing.

- **Question:** What is IHS doing to be in compliance with the Act?
  Is the Service willing to allow an independent audit to find the extent of this compliance?

Mobile Mammography Unit

- **Questions:** What is the status of the mobile mammography unit?

How much is budgeted for the unit, and how much income does it generate for the Aberdeen Area Service Units?

Strategy to Resolve the Issue of 40% Unserved

By your own admission in earlier testimony, you acknowledged that the IHS serves only about 60% of the health care needs in Indian Country.

- **Questions:** If you are confirmed, what will your strategy be to close this gap?
  How do you plan to work with the Administration to convince them to increase the budget for Indian health care?

Need for Competent Administrators and Physicians

Earlier this year, the Committee received testimony from a witness who is a respected physician now in private practice, but who had worked for several years at the Indian Health Service. He was highly critical of the Indian Health Service and had several suggestions that I would like for you to address.

First, he said that competent and strong administrators attract competent physicians who, in turn, would immeasurably improve the quality of care to IHS patients. We have at least one situation in North Dakota where there has not been a permanent administrator for many years, and I believe the area director is also "acting".

- **Questions:** What is your plan for hiring and retaining competent administrators?
  Why do these administrative vacancies exist and for such a long period of time?
  Please provide the Committee with a list of vacancies; please include how long the positions have been without a permanent employee.

Need for Autonomy at Tribal Service Units

The same witness suggested that all area offices should be eliminated, and that service units on the reservations should have the autonomy and authority to tailor their services to fit the needs of the population they serve.

- **Questions:** How many FTEs (full time employees) are employed at area offices?
  What is your response to his suggestion to eliminate the area offices?
  What would be the impact of eliminating these offices?

Need for IHS Responses to Issues Raised by North Dakota Tribe

As I travel around the country and visit with Indian leaders and tribal members, I hear many complaints about how IHS is not responsive to their concerns. To that point, more than a month ago, one of our Tribal Chairs in North Dakota, the Chair of the Spirit Lake Nation, traveled to Washington, DC, and asked me to help her with some longstanding issues she was having with IHS.

The Spirit Lake Tribe had requested the removal of the IHS Service Unit Director a year before, but no action had been taken. She told of tribal members who were qualified for positions at the IHS clinic and who were turned away in favor of non-tribal members who were of equal or less qualification. She told us that 80% of the mental health budget for their clinic had been unspent and returned to IHS, and that money was being spent on office furniture instead of services. We talked to IHS about these issues and asked that the situation be looked into and that we be provided at least an interim report within a week. We got partial answers a month later. My staff intends to travel to Aberdeen in August to meet personally with IHS about these and other issues. But I would like answers from you as the head of the Indian Health Service.

IHS Self-Governance

- **Questions:** What is the status of IHS's implementation of Title V of the Tribal Self-Governance Amendments of 2000? Have the final regulations for Title V, which were published in the *Federal Register* on May 17, 2002, with an effective date of June 17, 2002, been fully implemented? Are you considering consolidating the Office of Tribal Self-Governance with the Office of Tribal Programs? Have Self-Governance tribes been consulted on this idea?
  When do you plan to convene a tribal consultation session on Self-Governance tribes' participation in the Veterans Affairs' Pharmaceutical Prime Vendor program?

Makah Tribe Contract Support Shortfall

I understand that the Makah Tribe of Washington entered in to a Self-Governance contract with IHS to assume the operation of the health clinic long run by IHS on the Makah Reservation. However, apparently the Tribe did not receive the amount of contract support funding they believe they had negotiated for.

- **Questions**: What portion of the $5 million in additional contract support cost funds appropriated in FY 2007 was distributed to the Makah Tribe of Washington?
  Did IHS distribute the Makah Tribe's share of the $5 million in additional FY 2007 contract support cost funds based on shortfall calculations from FY 2006 operations or from FY 2007 operations?
  Did IHS's calculation of the FY 2007 shortfall in contract support cost funding take into account the assumption in late FY 2006 by Makah of the health clinic on its Reservation? If not, why not?
  The Makah Tribe claims that top officials at IHS told the Tribe that, if it assumed the operation of the clinic on its Reservation before the end of FY 2006, this would generate a shortfall need for FY 2006 and FY 2007, and position the Tribe as one of the most underfunded Tribes. Is this claim true?
  Is Makah one of the most underfunded tribes in the Nation today in terms of contract support costs? If so, how does IHS propose to correct this situation?

Budget Formulation Process

IHS convenes a budget formulation workgroup annually to develop the budget request and justification that identifies the health care funding needs of American Indians and Alaska Natives. This information is presented to you, with the request that it be included in the IHS budget request to the Department, and is also presented to the Department at the annual tribal budget consultation session. However, tribes are not able to participate beyond the Departmental session as the request moves further in the Administration's budget process.

- **Questions:** How can you assure the tribes, Urban Indian Organizations and national organizations that the funding levels presented to you remain a part of the IHS budget request?
  If there are elements of the budget formulation workgroup's request that cannot be included in the overall HHS budget request, does the process allow you to address such limitations with the workgroup members, in order to allow the tribes to reprioritize the request? If not, how can the budget formulation process be improved?

Senator Maria Cantwell
Questions for Dr. Charles Grim

1. Dr. Grim, we are all aware of this Administration's belief that funding for the Urban Indian Health Program should be eliminated. The idea behind this is that urban Indians should be obtaining care from other sources.

I do not agree with this rationale. One does not lose their identity because of where they choose to live, and it follows that the federal responsibility towards American Indians does not end at the borders of a reservation.

Without Urban Indian Health, thousands of Indians lose access to care that is tailored to their unique cultural needs.

Please describe your view of the federal government's obligation to provide urban Indian populations with appropriate health care services. Does such an obligation exist? If so, how far does that obligation extend?

In your opinion, what is the role of the Urban Indian Health Program within the Indian Health Service?

2. Dr. Grim, you are no doubt aware of the need to revise the current health facilities construction priority system and create a more equitable means of providing resources for every tribal area.

I understand that the Facilities Appropriations Advisory Board has submitted its recommendations to you on how to achieve this. This work is the product of years of collaboration with IHS and Tribal representatives.

I'm particularly interested in one of these recommendations–the establishment of an Area Distribution Fund. For sure, there are many elements that need to be considered in order to make this proposal work in a way that respects the needs of tribes awaiting facilities funds under the current priority system, as well as the tribes that receive no resources at all.

As Director of the Indian Health Service would you plan to further examine the concept an Area Distribution Fund?

Would you be willing to implement an Area Distribution Fund?

QUESTIONS FOR DR. GRIM from Senator Tim Johnson

1) When individual tribal members in the Aberdeen Area need help navigating the federal agencies on their specific cases they often turn to their congressional delegation. In order to effectively serve these constitutions we need prompt and fluid communication with the agencies both at the area level and at the federal level, this has been a continuous problem with IHS. I can't mention the names of the individuals involved in the cases without their permission, but some examples include;

- A first letter sent to the Aberdeen Area office on July 23, 2004, congressional staff was informed the response was delayed at Rockville, after repeated inquiries a response was finally received on July 2, 2007.
- The first letter was sent to Rockville on Dec 6, 2006, the third notice of "no response" was sent on June 4, 2007. As of today, there has still been no response. This is an urgent case on contract health appeal to Rockville that desperately needs a response.
- Additionally, my office inquired in January about the status of a replacement director for the Aberdeen Area office in January and still has not received a response.

These are just three examples. If you are re-confirmed, what will you change to ensure Congress will receive prompt responses to casework and other inquiries of your office?

2) What is the status of regarding the selection/placement of a Director for the Aberdeen Area region following the retirement of Mr. Don Lee?

3) The Aberdeen Area encompasses 6 of the 11 poorest counties in the Nation, all of which are reservation counties in South Dakota. The Healthcare needs are enormous and multifaceted, how do you plan to help these Tribes address the some of the largest health disparities in the country?

4) Do you have adequate funds to carry out your responsibility to provide healthcare for American Indian Tribes? What do you believe would be an adequate funding level?

5) Do you have adequate staff and personnel to carry out your responsibility to provide healthcare for American Indian Tribes? What do you believe would be an adequate staffing level?

6) The Eagle Butte, South Dakota Service Unit serving the Cheyenne River Sioux Reservation has an approved Program Justification Document for a new healthcare center and the project has been allocated Site Development and Design funds. Until the new facility is completed, the Tribe will have only four doctors to serve 14,000 people across an area roughly the size of Connecticut. The schematic phase of the Plans and Specifications for the new healthcare center were finalized this month and subsequently approved by IHS. It is anticipated that the planning documents will be 100% complete by October 30, 2007. Has IHS requested FY 2008 Construction funds from Congress for this facility? If not, when does IHS intend to request funding for this facility?

7) Of the facilities for which IHS is requesting construction funding in FY 2008, how many have their Plans and Specifications finalized? How many have been on the priority list for less time than the Eagle Butte service unit?

8) The Cheyenne River Sioux Tribe has indicated that the Design for the Eagle Butte service unit was done to cost - meaning IHS developed a total cost for the facility and the Tribe then asked the architects to maximize the center's capabilities subject to the permitted cost allocation. As a result, any delay in seeking construction funds for this facility risks inflationary cost increases that will create a need to scale back and re-approve the project plans at additional cost. What steps is IHS taking to ensure that this will not happen?

9) What efforts have you taken to maintain 24-hour emergency room service at the Wagner Service Unit in South Dakota?

10) I have been contacted by several IHS employees from South Dakota who have been waiting for sometime to resolve long standing back pay claims. I hope that IHS and these employers through their Union, the Laborers' International Union of North America, will engage in a substantive dialogue to resolve these issues. What has IHS done recently to resolve this dispute? Is there currently an employee of the IHS charged with working on the issue?

Questions for the Record

Submitted to Dr. Charles Grim, Director of the Indian Health Service

From Senator Pete V. Domenici

Confirmation of Dr. Charles Grim, nominee for Director of the Indian Health Service (IHS), Department of Health and Human Services- July 26, 2007

ACOMA-CANONCITA-LAGUNA HOSPITAL

Two years ago, it was discovered that the Acoma-Canoncita-Laguna Hospital in New Mexico had incurred a large debt. The Indian Health Services proposed to resolve this problem by closing the Emergency room and curtailing other services. This was obviously unaccpetable.

Since that time, the Hospital has made an attempt to work with IHS to review their finances and manage their way into improving this debt. However, they have complained to me of difficulty in working with IHS.

A review team sent by IHS to review the situation produced a report with a mere wish list of minor improvements such as training receptionists in telephone etiquette. The final report did not even begin to identify the causes of the current crisis at ACL, nor describe the condition of ACL services and facilities. Furthermore, despite multiple requests for specific financial data, IHS has continued to provide incomplete data.

I have sent you multiple letters on this issue.

QUESTIONS

Will you commit to working with this facility to resolve these problems in an adequate manor so that services are not reduced and departments are not closed?

Will you please work with the Pueblos to provide them with the financial data they have requested?

FACILITIES CONSTRUCTION

During the discussion of the reauthorization of the Indian Health Care Improvement Act, there has been a great deal of discussion about facilities construction and the current priority system.

It is my understanding that there is a current backlog of approximately $3 Billion Dollars in projects that are at various stages of development or construction. Yet the Administration only requested $12 million in last year's budget to address this issue.

QUESTIONS

What does the IHS plan to do to address the current facilities construction backlog?

Does the Indian Health Services have any intention of requesting additional money in next year's budget for this purpose?

COCHITI PUEBLO

During recent meetings with the Cochiti Pueblo in New Mexico, they discussed the fact that they are losing doctors through retirement and

buy out processes. They have said that their clinic is currently being served by one doctor who shares his time between three different clinics.

QUESTIONS

What is the IHS plan to address staffing shortages in Indian clinics?

What is IHS plan to maintain services at these clinics with reduced staff?

DIABETES

Although diabetes occurs in people of all ethnicities, the diabetes epidemic is particularly acute in our Native American populations. Among some tribes, as many as 50 percent of the adult population have the disease.

This disease is one of the most serious and devastating health problems of our time and is responsible for a major portion of the resources spent on health care of Indian people.

I am pleased that the Chairman of this Committee, Senator Dorgan, has joined with me to introduce a reauthorization of the Special Diabetes program for Indians. This bill is also co-sponsored by Vice-Chairwoman Murkowski as well as several other Committee members.

Federally supported treatment and prevention programs are showing real results in the Native American populations. However, more clearly needs to be done.

QUESTION

What is the IHS doing to combat this disease and its corresponding morbidity rates in American Indian and Alaska Native communities?

Questions for the Record
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U.S. Senate Committee on Indian Affairs
"Nomination Hearing for Dr. Charles Grim"
July 26, 2007

SENATOR GORDON H. SMITH'S QUESTIONS FOR THE RECORD

Question 1:
Given the amount of contract health services (CHS) catastrophic emergency health fund (CHEF) cases, why has the Indian Health Service (IHS) not requested that the CHEF fund be increased over $18 million?

Question 2:
Improving the health disparities in American Indian/Alaska Native (AI/AN) depends on having culturally appropriate research. A goal has been to educate AI/AN students to become researchers through the Native American Research Centers for Health (NARCH) program. Tribes in the Portland Area have been advised that the NARCH funding by the IHS will not continue. If this is accurate, why will the NARCH funding no longer continue? What efforts will the IHS take to ensure advanced level AI/AN researchers?

Question 3:
Do you (Dr. Grim) support IHS/Tribal partnerships and interagency joint ventures to combine health care resources to meet the needs of Indian communities?

Questions 4:
Please describe the IHS's approach to conducting meaningful government-to-government relations with treaty tribes.

Questions 5:
What is the status of finalizing the Health Facilities Construction Priority System and will it include an Area Distribution Fund so that CHS dependent Areas can access badly needed facilities construction funds?

Question 6:
Do you agree that CHS medical inflation has varied from eight to 12 percent over the last few years? If yes, why has the Administration only submitted budget requests for the CHS program that are less than medical inflation and range from two to four percent and what do you plan to do about this if you are reconfirmed?

Question 7:
In Fiscal Year 2008 (FY08), Congress has recommended a $25 million increase for the Indian Health Care Improvement Fund (IHCIF). The language in statute says, "The IHCIF eliminates deficiencies with respect to those tribes with the highest levels of health status and resource deficiencies." If the FY08 appropriations bill passes as is, there will be an additional $25 million to Tribes under the IHCIF. The Northwest Tribes position is that the IHCIF formula is flawed in that it does not take into consideration third party collections. Those Areas that have significant hospital infrastructure can provide more services and be reimbursed by Medicare and Medicaid, while CHS dependent Areas must purchase specialty care services from the private sector. The IHCIF formula continues to be a problem for many Tribes nationwide, given this fact, what will you (Dr. Grim) do to address these concerns? Are there any plans to revise the IHCIF formula to include consideration of infrastructure, wrap around services and third party reimbursement so all the resources are considered in allocating the IHCIF?

Question 8:
The IHS has a number of Senior Executive Service (SES) employees appointed by Dr. Grim to serve in high positions at Headquarters and Area Offices. As I understand, the IHS has had to provide additional resources, over and above annual operating budgets, to address funding shortfalls and other management related issues. This takes away valuable resources from patient care. I am not sure to what extent this is occurring and I would like to request Dr. Grim to provide additional information on this issue. How many staff performance ratings have been below average for the past three years for SES and Assistant Surgeon General senior staff? If almost all SES/ASG staff have been evaluated positively by Dr. Grim, than why does Headquarters need to provide additional funding on an ongoing basis to some Service Units and Area Offices?

Question 9:
What is IHS going to do to fully fund the "catastrophic fund" that was depleted earlier in July?

Question 10:
Please explain your position on the Agency's ability to collect third-party reimbursements from other sources to which Indian patients are eligible? Is it accurate that such collections comprise, at a minimum, 25 percent of health financing of services at the local level? Is it accurate that Indian Health Service (IHS) absorbs any co-pay requirement, in order to secure up to 80% of the cost of care rendered to an Indian patient who has benefits under other health programs or plans? Is it accurate that the IHS has entered into a Veterans Administration (VA)-IHS Memorandum of Understanding (MOU) at the national level? Is the goal of this MOU is intended to determine how best to provide complementary health care services to Indian veterans, and in a manner that would (1) eliminate duplication of basic exams or other services, (2) ensuring continuum of care without any travel or unnecessary delays, (3) allow health professionals opportunity to consult directly on such Indian veteran patient? Are you aware of the MOU that Warm Springs Tribe is working to complete with the VA and the HIS? Are you aware the Tribe has been unable to secure final agreement? What can the IHS do to help finalize this proposed MOU that would allow the IHS to cover an individual veteran's co-payment as it does in other third party collections? Would the IHS support appropriate changes to its authority to ensure that it could absorb or cover the cost of such individual co-payment?

NOMINATION REFERENCE

AS IN EXECUTIVE SESSION,
SENATE OF THE UNITED STATES,
September 4, 2007.

WITHDRAWAL

Nomination withdrawn by the President on September 4, 2007, from further consideration by the Senate:

(See attached--PN 858)

PN 858
IN

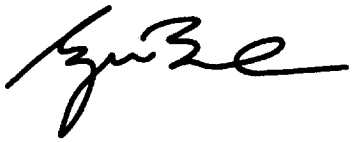
The White House,

SEP - 4 2007

To the
Senate of the United States.

I withdraw the nomination of

Charles W. Grim, of Oklahoma, to be Director of the Indian Health Service, Department of Health and Human Services, for the term of four years, (Reappointment), which was sent to the Senate on May 21, 2007.



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