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Address

By

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To Participants of the
First National Conference on
Health Promotion-/Disease Prevention for
American Indians and Alaska Natives

“Beyond Survival”

Health Challenges in American Indian and Alaska Native Communities

Friday, June 19, 1987

10:00 am, DHHS Building, North Hall

Washington, DC

This was the first conference, to my knowledge, that exposed one of the best-kept secrets in the Public Health Service – the Indian Health Service. We were honored to have Governor James of Alaska, Dr. David Sundwall, Dr. Everett Rhoades, and Dr. Wauneka, of the Indian Health Service, as honored guests.

The Indian Health Service has quietly and without fanfare established itself as a leader in health services planning and delivery. It has clearly demonstrated unique and innovative talent in the development and implementation of health promotion and disease prevention activities. As Surgeon General I visited a number of tribes in Oklahoma, Arizona, New Mexico, and Alaska and knew on the basis of personal observation whereof I spoke.

I ticked off some of the examples of the innovative process of the Indian Health Service. It began its efforts in 1955, when the infant mortality was three-times the national average. Today, the American Indian and Alaskan Native infant mortality rate is below the national average. The neonatal deaths were only 60 per cent of the national rate. This was because of solid community based efforts in sanitation, health education, outreach efforts by community health representatives and community health nurses, as well as enhanced obstetrical capabilities.

Achievement was also attributable to the outstanding comprehensive primary care program developed by the Indian Health Service and most important, their success was attributable to the American Indian and Alaska Native people themselves. Without the commitment of their leadership to the future of their people, we could have looked forward to only moderate success.

The Indian Health Service was also active in getting the various communities increasingly committed to smoke-free health facilities, tribal offices, schools, and other public buildings in

Indian country. I also thanked the National Lung Association for their role in this effort, various state legislatures, and thanked the American Public Health Association, and especially Dr. Everett Rhoades, and his area and associate directors, the nursing and community health personnel of the Indian Health Service for jobs well done.

Smokeless tobacco had been heavily promoted in the tribes, and as a result, male adolescents were among the most susceptible victims. They had a tough job ahead in trying to get rid of their addiction. It meant that we'd see a rise in the incidence of certain cancers, as well as non-cancerous oral conditions.

I then turned my attention to the work that I had been doing with the unbelievable cooperation of Dr. Otis Bowen, Secretary of Health and Human Services, in the revitalization of the Commissioned Corps of the Public Health Service. This was the type of information that did not filter rapidly into American Indian-Native Alaskan populations. I went into great detail about what we were doing and what we hoped to accomplish. I next turned to the other thing that I was afraid that might not have filtered through to these populations and that was the current situation on AIDS. I stuck to the key points, but at least I felt that I had delivered the basic knowledge necessary to know how the disease is transmitted and how it is not transmitted. Nothing was said about AIDS that does not appear earlier in this archive.

At the end, I was afraid that I had delivered these messages in too staccato a fashion and had packed a lot into a few minutes and apologized that I had to discuss accolades and problems at the same time. I looked forward to the continuation of the efforts I had talked about, which I felt would most certainly provide the critical ingredients for many more successes and serve the Native American people well, "Beyond Survival".