

Testimony by Mead Treadwell, Chair
U.S. Arctic Research Commission
“Improving Indian Health”
Indian Affairs Committee
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My name is Mead Treadwell. Since 2002 I have been a member, and since 2006 I have chaired, the U.S. Arctic Research Commission (USARC).¹ As a senior fellow at the Institute of the North, based in Anchorage, Alaska,² and in the private sector, I have worked for much of my career on Arctic issues. My testimony represents the view of the USARC, an advisory body to the Executive Branch and Congress, which includes as a Commissioner Warren Zapol, MD, the Reginald Jenney Professor of Anesthesia and Critical Care at Harvard Medical School, and a Member of the Institute of Medicine. The Commission formulates its positions in public meetings. The recommendations made by the Commission do not necessarily represent the views of the Administration. Nevertheless, I am proud to report that every relevant office we work with in the White House and every relevant agency we work with in the Executive Branch, takes conditions in the Arctic, and recent changes to those conditions, very seriously.

As the Committee works to reauthorize the Indian Health Care Improvement Act and add provisions that directly support health care research, both in basic science and clinical care delivery, the USARC wants to further stress the health research needs of Arctic residents.

In the Goals Report for the US Arctic Research Program that the USARC will shortly present to Congress, USARC will recommend, as it did two years ago, that federal agencies develop an Arctic Health Research Plan. The U.S. Government, as a committed provider of health care to American Indians and Alaska Natives, can only improve its results in fulfilling this

¹ Under the Arctic Research and Policy Act of 1984, the seven Commissioners of the USARC are appointed by the President and report to the President and the Congress on goals and priorities of the U.S. Arctic Research Program. That program is coordinated by the Interagency Arctic Research Policy committee, (IARPC), chaired by National Science Foundation Director Dr. Arden Bement, who is also an *ex-officio* member of the Commission. See www.arctic.gov for Commission publications, including the Commission’s 2007 Goals Report.

² The Institute of the North, www.institutenorth.org, was founded by former Alaska Governor and U.S. Interior Secretary, Walter J. Hickel. The Institute’s work on Arctic issues supports the work of the eight-nation Arctic Council and the circumpolar, regional governments of the Northern Forum.

responsibility with research that addresses real health differences and meets real health needs of Arctic residents. The Interagency Arctic Research Policy Committee within the Executive Branch has adopted our recommendation, in principle, and several agencies in the government responsible for health care delivery, as well as health research, have made some progress in responding to that direction. We are unable though, as yet, to point to a plan with specific funding goals. The Arctic Research and Policy Act of 1984, as amended, instructs the Commission to inform the Congress when budgets and funding do not meet specific goals adopted in the U.S. Arctic Research Plan. At present, we see disparate funding for health research in the budgets of agencies, but, lacking an overall plan, we cannot point to a coordinated effort. That fact gives the Commission great concern.

We want the Committee must be aware of startling facts that have motivated us, as a Commission, to turn up our efforts to see the U.S. expand health research in the Arctic region.

Alaska's rural communities are experiencing a suicide epidemic. Alaska Natives hold first place in national suicide incidence, with the predominance occurring in 15-25 year olds. Indeed, the most recent Indian Health Service statistics show that Alaska Natives commit almost four times as many suicides as the general U.S. population.³ An Alaska suicide follow-back study shows the complexity and depth of the problem.⁴ Alaska Natives form a disproportionately high number of Alaska's elevated suicide rate. During the 36-month study period, Alaska Natives had a significantly higher average rate of suicide than the non-Native population (51.4/100,000 compared to 16.9/100,000).⁵ The leading mechanism of death was firearms, accounting for 63% of the suicides.⁶ Even more troubling, a recent "2007 Youth Risk Behavior Survey Results" reports that of 253 Alaska Natives in high school, 22.5% "had seriously considered attempting suicide during the past 12 months," whereas 13.9% of 753 white students answered this question positively. Clearly this reflects the unacceptably high incidence of successful suicides, and is believed to be based on many underlying problems including

³ Regional Differences in Indian Health, 2002-2003 Edition, Part 4, Chart 4.19, p. 58.

⁴ Alaska Suicide Follow-back Study Final Report, Study Period September 1, 2003 to August 31, 2006, submitted by the Alaska Injury Prevention Center, Critical Illness and Trauma Foundation, Inc. and American Association of Suicidology to the Alaska Statewide Suicide Prevention council, Alaska Department of Health and Social Services, Alaska Mental Health Trust Authority.

⁵ *Id.* p. 5.

⁶ *Id.*

depression, darkness and seasonal affective disorder, culture change, genetic susceptibilities, alcoholism and gun prevalence.

USARC is taking a number of steps to move its recommendations for an Alaskan health research plan forward.

USARC is working with the National Institutes of Health (NIH) Fogarty International Center for Advanced Study in the Health Sciences, to sponsor a conference in June 2009 that will develop a research plan focusing on Arctic behavioral health. The conference will explore Arctic health issues on an international scope, looking particularly to learn if any Arctic country, such as Greenland or Canada, manages mental health problems with more success than the U.S. It will focus on what has worked elsewhere to expand what will be tried here.

Concurrent with its upcoming goals report, USARC is urging this Congress to fund a study by the Institute of Medicine of the National Academy of Science and the Polar Research Board to explore Alaska Native genetic and environmental issues and develop a health research agenda in both basic science and the clinical delivery of care that goes beyond existing clinical and social work. Although many of the mental and behavioral health and health-related social issues of Alaska Natives are similar to those faced by other Native American populations in other states, the problems in Alaska occur with greater incidence and are made worse by the difficult physical environment (including extreme cold and photoperiodic changes), rapid climate change affecting subsistence resources and the stability of coastal dwellings, and the limited availability of and access to health services, compounded by rapid social changes in the past several decades.

The mental health problem cries out for research. Over the past two decades, the Indian Health Service and Alaska government have tried a variety of clinical and social work methods to improve Alaska Native mental health. They simply are not working. Alaska Native mental health problems remain far more severe than the general population, and Natives in the Arctic experience a startling higher incidence, not only of suicide, but also of depression, alcoholism and mental illness. Suicide is only the tip of the iceberg. The study we recommend will get the process started to identify which approaches have worked best and what other research paths should be explored to address the epidemic of Alaska Native mental health problems. It will review research and prioritize what needs to be done, focusing on both basic science and

exploring effective interventions. It will examine new techniques, such as telemedicine and telepsychiatry that will help us reach Alaska's remote villages more effectively.⁷

USARC is urging this Committee, and Congress, as it reauthorizes the Indian Health Care Improvement Act, to make specific provision and authorization for long-term, extramural research programs to support Alaska Natives as a population at high risk. In the 21st century as we move to reform health care in our nation to be more effective, patient-centered, timely, efficient and equitable, we must learn the techniques, methods and practices that can improve Alaska Native mental health most effectively. Through health care research, the best practices can be identified and expanded. We believe health care for Alaska Natives can be made much more efficient by focusing some money and resources on research to determine what techniques and interventions are most effective.

Finally, USARC urges this Committee and Congress to press the Department of Health and Human Services, NIH and the Centers for Disease Control to report back soon on their actions taken in responding to the current Alaska Native health crisis.

Thank you for the opportunity to present this testimony.

⁷ Along these lines, the Institute of Medicine has observed that scientific knowledge about best care is not applied systematically or expeditiously to clinical practice. It has recommended that the Department of Health and Human Services establish a comprehensive program aimed at making scientific evidence more useful and accessible to clinicians and patients. Also, it recommends using information technology, including the Internet to transform the health care delivery system. "Crossing the Quality Chasm: A New Health Care System for the 21st Century," Institute of Medicine, National Academy Press, March, 2001, pp. 5-6.