Contracting hospital takeover top issues

The biggest items on our schedule this spring revolved around two IHS issues. (So, what's new?)

First, a ruling from Duke McCloud, IHS legal counsel, found us ineligible to be a 638 contractor. Since we had been contracting under this mechanism since 1977, the ruling came as quite a surprise. Since IHS has indicated that it wishes to continue contracting with the NSB for health ser-

vices, in the absence of a viable 638 contractor for those services, we are knee-deep in discussions (and/or arguments) over how this will happen. Oh, well, at least it gives us a new topic of conversation around the negotiating table.

The second big issue is our hospital takeover study. Our statistics show that about 40% of the hospital services here are utilized by non-beneficiaries. A simple subtraction then

leaves us with the fact that the Barrow hospital is only funded for approximately 60% of the services they provide.

We are now awaiting a second workshop with the NSB Assembly to ascertain whether they wish us to continue to take steps toward assuming this responsibility. The Assembly has serious concerns over the federal commitment to continue Native health services. Should further cutbacks occur after we assume responsibility, the NSB could face a potentially serious drain on its operating budget. The final decision on whether to go forward or not on takeover is due within the next month.

On a bright note, Dr. Rhoades, Director of IHS, and Dr. Coop (whose nickname is believe it or not - Chick), Surgeon General, visited with us for an afternoon and flew

Rescue Helicopter. They were accompanied by Gerry Ivey, Alaska Area IHS Director, Dr. Ward Hurlburt and Mr. Sol Levy, Aide to Dr. Coop. After returning from Atqasuk, they boarded a chartered Lear jet and flew to Kotzebue. Maybe we need to get tougher when we negotiate for patient trans-

we negotiate for patient transportation money.