

Charlie elected to board

While meeting in Albuquerque, New Mexico July 19-21, 1983, members of the National Indian Health Board elected our own Chairman, Kenneth B. Charlie of Minto, to serve as Chairman of the National Indian Health Board.

While congratulations are in order on his new and prestigious appointment, Ken's position is not to be envied. Chairman Ken Charlie and the other 11 members of the NIHB have an ominous job ahead of them during the coming year — they must be very strong advocates for American Indians/Alaska Natives on health care issues and must also fight for the very existence and future of the NIHB.

The history of Health Advisory Boards is an interesting

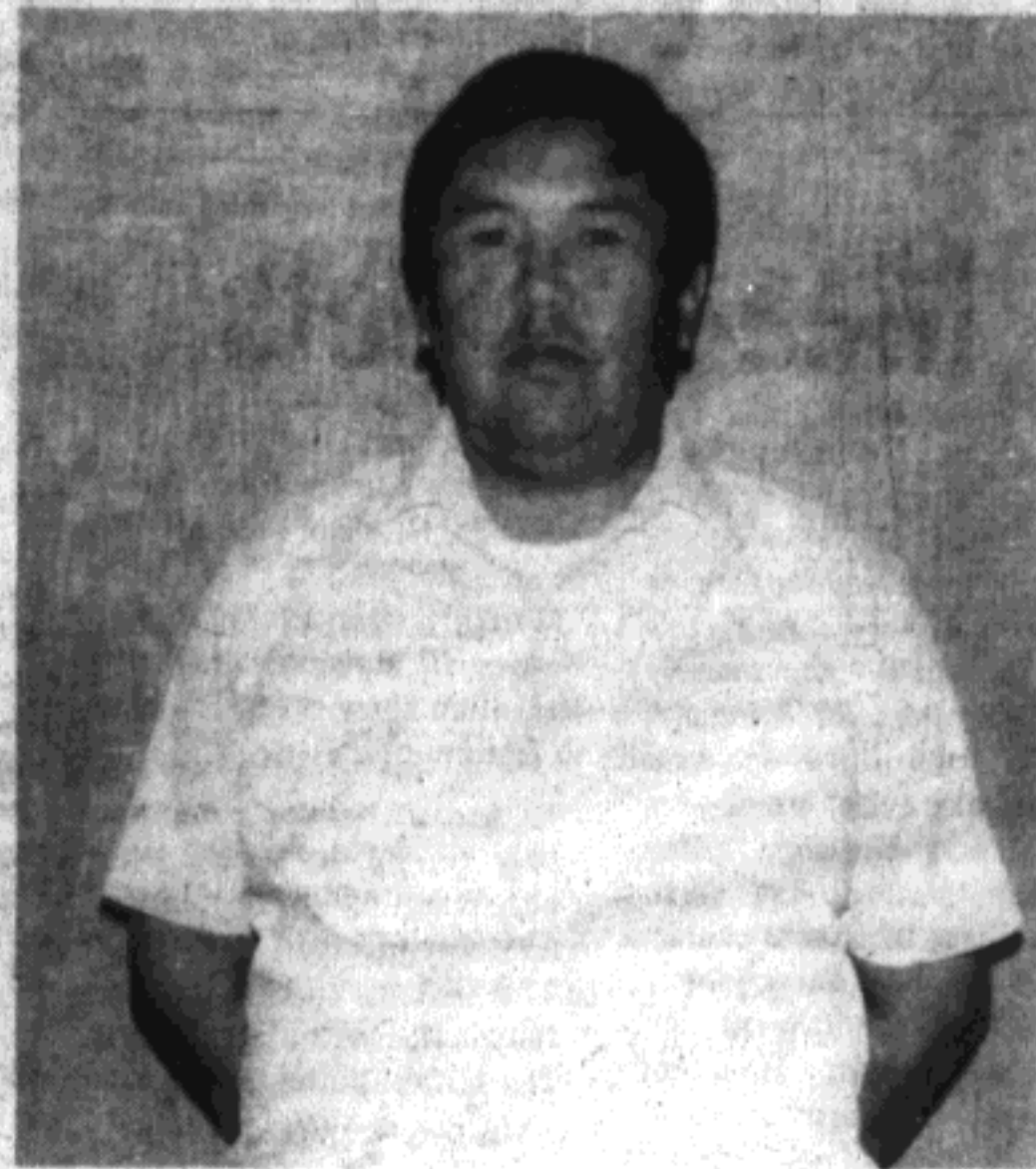
one. The federal government first became involved in Indian health care because the health status of its First People was far below that of the general population.

Once the government became involved, it spent millions and millions of dollars trying to improve the health status of American Indians and Alaska Natives, but it simply didn't work — their health status remained far below that of the general population. This was due, in part, to the fact that the bureaucrats in Washington did not always know what the health problems were in ferent parts of the country. For example, the method of delivering health care and often the health problems of Indians residing on a large reservation

in Oklahoma vary from those of people residing in a small, remote Alaska village.

In their infinite wisdom, the IHS finally came to the conclusion that the most effective and economical way to insure that their money was being wisely spent and that health care needs were being met was to go directly to the people, find out what their problems are and how to solve them. Thus, in the 1960s the IHS began to fund Health Advisory Boards around the country.

American Indians and Alaska Natives soon learned that they could also use these Health Boards to their own advantage. The people began to rely on their Health Boards as advocates to work to im-



prove their health status and insure that problems were dealt with as they arose, such as

the TB epidemic, problems of otitis media and, more re-

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Ken Charlie

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cently, the problem of Hepatitis B in Alaska.

Another advantage was that these Health Boards served to provide a unified voice on health issues — from the village, to the regional, to the statewide, to the national level.

In recent years it would seem that the President, people in the Office of Management and Budget, and perhaps even bureaucrats within the Department of Health and Human Services have forgotten who we are and why we are. They seem to view Health Advisory Boards as a convenient place to hack away with the budget ax instead of recognizing and

realizing that they are still much needed.

While the health status of American Indians and Alaska Natives has improved over the years, it remains below that of the general U.S. population. Health Advisory Boards are still the most effective and economical means of finding out what the problems are around the country and how to go about solving them.

In Alaska, for example, funding for Health Advisory Boards is less than one-half of one percent of the health care budget.

Unfortunately, it is perhaps the National Indian Health Board that has been cut deepest by the budget ax. The Board has not been able to meet 4 times per year, as in the

past. The Sixth American Indian/Alaska Native National Health Conference that was to have been held in April had to be cancelled due to a lack of funding.

The NIHB staff has been cut from seven to 10 employees to two employees. During the last year, their funding was coming to them literally on a month-to-month basis. It is going to be up to the 12 members of the NIHB to try to reverse these trends. A number of possibilities are under consideration. They include moving the NIHB offices from Denver to Washington, D.C. where the money and the power is, so the NIHB can be an even better, much stronger advocate for the people.