

Services may be restricted to those with one-fourth Indian blood

IHS plan would deny Indians health care

by **Jim Benedetto**

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The Indian Health Service, trying to deal with burgeoning eligibility roles and a drastically reduced budget, has proposed limiting the health services it provides to almost one million Native Americans to those with a blood quantum of one-quarter or more. The IHS is an agency of the federal government's Health and Human Services Department, and provides many free medical services to Native people and their families in the United States.

But that agency's public affairs officer in Anchorage was unable to provide any details to the *Tundra Times*. The Anchorage office has "not yet seen the proposed plan," but hoped to obtain a copy soon.

According to the Associated Press, however, the plan would restrict health services to those members of federally recognized tribes residing in a designated health service delivery area and one-fourth or more American Indian or Alaska Native ancestry.

Tribes that have not been federally recognized will be eligible only if its

members reside in a designated health service area and are one-half or more American Indian or Alaska Native ancestry.

There is no clarification at this time as to what constitutes a "designated service area."

This higher eligibility standard for unrecognized tribes can only intensify the efforts of those calling for federal recognition of tribal government rights in Alaska, some observers say. And, the proposed plan comes on the heels of massive cuts in BIA and IHS basic service program monies.

The plan would also undermine the right of Indian tribes to define their own membership by imposing a blood quantum on those who seek eligibility for health care.

The IHS is operating with a \$791 million budget this year, already down some \$200 million from the last fiscal year.

The agency has said the plan would allow the IHS "to better focus its services for those who qualify for IHS care."

But the change is seen by others as simply another budget-cutting device

by the current Administration, which would remove many thousands of people from the eligibility roles in order to control escalating costs of providing those services.

The Congressional Office of Technology Assessment had earlier predicted that a minimum blood quantum might be imposed in order to control spiralling costs, and acknowledged that such a provision would face strong resistance.

"A minimum blood quantum requirement for eligibility would be extremely controversial, not only because of the racial overtones if the federal government rather than a tribe imposed it, but also because it would be seen as an encroachment on the authority of tribal governments," the OTA predicted.

The government has provided health care for Indians as part of the "trust relationship" that exists between the United States and Native American peoples. Historically, Indian tribes have been defined as "domestic dependent nations."

Some were guaranteed medical care by treaties in which they ceded land

to the government. Others were guaranteed such services by acts of Congress.

But there has never been a definitive word on Indian eligibility. The government has always relied on the tribes themselves to determine membership.

In years past, it was unnecessary for the government to restrict those benefits; services were provided to any tribal members who sought them. But the situation is changing.

From 1975 to 1985, the numbers of Native Americans served by the IHS has risen from 587,468 to 961,582. This increase is due to the principle of descendancy, which allows anyone descended from a tribal member, no matter how small a blood quantum, to seek health services from the IHS.

The numbers will continue to increase, say proponents of the plan, as long as current members of any tribe continue to marry outside the tribe and their offspring, with less and less Indian blood percentages, seek benefits.

Many tribes have themselves adopted blood quantum, with one-fourth the most common minimum.