

Editorial



IHS eligibility won't go away

by Denny DeGross

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Congress, in deciding to side with Native Americans in the derailment of the Indian Health Service's new eligibility regulations, has only temporarily postponed coming to grips with the fact that IHS simply doesn't have enough funds to do its job.

The impending collision between the high cost of doing health business and a high birth rate among Native Americans drove IHS to press for the adoption of standard rules.

IHS has experienced the same annual double digit inflation in the cost of drugs, medical equipment and personnel that plagues the larger health care industry across the country. In addition, IHS has had to deal with annual mandatory pay increases for federal employees. Together, these inflationary forces have more than nullified the small, annual IHS increases.

And, as if that were not enough, IHS isn't funded to provide anywhere near the amount of health care services that are documented as needed by the Native American population in the first place. Annual IHS funding consistently hovers at about 65 percent of what the IHS director, Dr. Everett Rhoades, says is needed to do the job right.

Native American rights activists cite the fact that a century of case law and higher court decisions have repeatedly reaffirmed the federal government's legal responsibility to provide health and other services to members of aboriginal sovereign nations.

If so, why is IHS maintained at such an "anemic" level? The answer is complicated and reveals much about the political quagmire that is the federal budget process.

Rhoades, the first American Indian to hold the rank of assistant surgeon general and director of the IHS, is forced to be a master of political balance, for, while he has consistently won the broad support of Indian and Native people, he has also been a part of the executive branch under Presidents Reagan and Bush, forced to play on teams whose poorly disguised purpose has been to reduce the size of government and get the United States out of the Indian health business.

Today, the conditions which propelled IHS toward adoption of eligibility rules remain: declining financial support versus a rapidly increasing service-eligible population. Alaska tribes, in their vocal opposition to the eligibility rules, were saying "deciding which Alaska Natives are or are not eligible for IHS services is politically impossible for us right now."

With the Alaska Native population projected to double within the next 26 years, it is a question that is sure to return.

