

Keep IHS until health equal

By Linda Lord-Jenkins

Tundra Times

The Indian Health Service should stop requiring so much administrative personnel and paperwork for health care organizations in order to get more and better direct health care to Alaska Natives, a Senate subcommittee on Indian Health care was told last week.

The Senate Select Committee on Indian Affairs met in Anchorage last week to take testimony specifically on re-authorization of the Indian Health Care Improvement Act which includes programs in health education, village sanitation and community health aide (CHA) and Community Health Representative (CHR) programs.

Those people speaking directly endorsed continuation of the Improvement Act or, by their testimony, urged that health care services be continued and expanded in rural Alaska.

The poor state of Native health was dramatically shown by comparing Native infant death rates to white death

rates. The white infant death rate is 10 deaths per 10,000 while the Alaska Native death rate is 21 to 28 per 1,000.

But one issue was mentioned repeatedly by the non-profit Native regional corporations and other health agencies in the state, the issue of paperwork and administrative costs.

Concern repeatedly was voiced that IHS in Alaska has in the past years passed on many responsibilities for health care to other organizations but has kept on its administration personnel at the same numbers.

William "Spud" Williams, president of the Tanana Chiefs Conference which provides health services in that region, told Committee Chairman Sen. Frank Murkowski that the "IHS structure at the state level has not been lowered . . . The staff level is totally self-serving" in terms of maintaining its level of personnel.

Williams also criticized the problem of paperwork and the numerous forms of approval necessary to take any action.

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Elders hurt by funds-cut

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"The doors you have to go through to get a final decision From the government it sometimes takes months and years for a decision."

Williams recommended that the director of the IHS be given an undersecretary position so the many snags in decision-making don't occur. And at the same time he recommended lifting many of the administrative oversight functions.

"The government should maintain some oversight, yes, but let's make sure we are getting the best use of the money that we are getting."

"We're in the field and better able to service the needs of the people because we know those needs. We can't continue to do that with the present structure of IHS. We need more local control in decision-making."

Elise Patkatok, director of the North Slope Borough Health Department, summed up her problems with IHS administration with the phrase "Too many cooks spoil the broth."

"We frequently have more administrative controllers than I have employees administering the money."

Patkatok said she frequently finds herself going round and round through different administrative offices only to be told 'you aren't talking to the right person'."

She said that IHS could save much administrative costs by negotiating a three-year instead of one-year contract with contracting health organizations.

David P. Mather, director of the Tanana Chiefs Conference Health Department told Muwkwowski that Alaska is being penalized for funding because of the way that IHS determines funding.

Mather said that IHS figures funding based on a population of 65,000 Alaska Natives in the state, but Alaska Native Claims Settlement Act enrollment rolls show that there are between 80,000 and 85,000 Alaska Natives in the state. That figure also doesn't include American Indians who might live in the state and are provided for by IHS.

He also said that funding levels have gone down by as much as 25 percent in some areas of health care while costs have gone up as much as 25 percent, leading to a 50 percent effective funding cut.

Robert Clark of the Bristol Bay Health Association was critical of a payment collection system which the providers must run without reaping any benefit themselves.

He also said that under current regulations the contractors for health services are not allowed to carry funding over time periods but then can run out of money when Congress doesn't pass appropriations.

Dr. Everett Rhoades, director of IHS, attended the hearing and later defended IHS administrative levels. He said if all of IHS administration were fired, only eight percent of the IHS budget would be saved.

Rhoades said that health care contractors cannot expect to

get federal funds without having some form of "oversight" by the government on how those funds are spent.

Upon questioning from Muwkwowski, Mather said that the people most hurt by the lack of funds are the older people who might need preventative health care which doesn't get paid for by travel funds.

Pregnant women also are suffering, according to Patkatok who said pregnant women made the switch from village midwives to urban hospitals.

When women started flying in to hospitals for birth, midwives stopped providing services and few are present in the villages any more. But now, with the cutback in funds, air fare for birth travel is no longer available and no midwives are in the villages to help at birth. The woman often is now left with no medical assistance during birth, said Patkatok.

Village Community Health Aides also spoke of being overworked.

One woman from the Aleutian Chain said that she is the only aide in her village and is on call day and night every day of the year. During fishing season she serves as many as 2,000 people which is difficult. "We need to get money to improve the care and get more of us."

Assistant health educator for the Yukon Kuskokwim Health Corporation, Frank Charles, said he wanted a better level of IHS services.

He spoke of his mother who almost died of a ruptured

appendix which wasn't diagnosed until three different doctors examined her; of his grandmother who suffered drug overdoses administered by an IHS health care provider; and of his children who received the wrong medicine to treat their ear infections.

Alcohol is the greatest health threat in the state, agreed speakers. Alcohol-related accidents are the biggest reason

for health care in most of the villages.

Persons or organizations that wish to submit written comments on their view of the IHS and Alaska health care should send them to Patricia Zell, staff attorney for the Select Committee on Indian Affairs, care of the U.S. Senate, Washington D.C., 20510.

The committee will accept comments until June 17, 1983.