

IHS money will stay the same

DENVER, COLO.—Each Indian Health Service area will receive the same allocation of P.L. 93-638 funds for non-recurring health projects that it received last year, it was recently announced here.

A total of \$10 million has been slated to finance one-time projects, with Alaska, at \$1.5 million, to receive the largest share and Navajo the second largest share of \$1.3 million.

The same amount of technical assistance as provided last year is also awarded each area, according to James Meredith, USET area director and Chairman of the IHS Council of Area Directors (CAD's).

Meredith briefed participants at a joint meeting of the CADs and National Indian Health Board (NIHB) here November 8 on the distribution of 93-638 funds. He informed the group that at their October meeting in Rockville, Md., the CADs recommended that each area director must have half of his/her 638 funds obligated to specific projects by February 1978. If not, the CADs recommend that those funds be withdrawn for redistribution by IHS headquarters. They recommended the same process if the remaining 50 percent of 638 money if not committed by April 30.

A total of \$18.5 million in 93-638 funds was received by IHS for the 1978 fiscal year. The Alaska area will receive the largest single portion, some \$2.4 million, followed by Aberdeen, Navajo, Oklahoma City and Phoenix all receiving shares of between roughly \$1.7 million and \$1.8 million.

In funding deemed questionable by NIHB at its September board meeting, a portion of the 638 funds will be used to finance the Tribal Resource Assistance Information System (TRAIS) and training for project officers.

In response to NIHB's resolution questioning the appropriateness of such use of 638 funds, IHS said that the data system and project officer training are consistent with the congressional intent in use of the appropriation.

Also attending the joint IHB-CAD meeting, Dr. Emery Johnson, IHS director, explained that the data retrieval system will provide a mechanism for tracing all tribal contracts which will help define accountability in the handling of each of them. The system will be available to each area office, he added.

Dr. Johnson pointed out that this past year, for the first time, "Congress put money

in 638 not directed toward delivery of services."

638 funds are available for use in developing tribal specific health plans, which Dr. Johnson is hopeful will comprise the base of HEW Secretary Califano's plan for the continuation of P.L. 94-437.