

HEW administrators view health care system . . .

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The Natives Hellman talked to last week, he says, were not 100 per cent satisfied with the level of health care, but were enthusiastic and felt that looking backwards, there had been vast improvement in the state's health care, he reported. He cited the good work of village health aides, public health nurses and IHS professionals, but continued by pointing out that the most serious problem he saw was the inflation of medical care personnel salaries due to the pipeline and new industry in Alaska. "So what you get is a group of very devoted people, but you don't get enough of them."

As far as facilities, Dr. Hellman said he did not hear many complaints. Although problems of sewerage and water supply are serious, and also not easily solved, Native leaders were more concerned about the inadequacy in the numbers of staff people and the equalization of salaries, said Hellman.

Mentioning the new Indian Health Care Improvement Act, which may or may not be signed by the President, Hellman said he discussed the Act with Native leaders and had offered them several warnings: "One is that if money does become available, that they don't give their people any false promises about how much they're going to do because the job ahead is very difficult." The Act will not solve long-term problems such as current salary differences between the public and the private sector.

The other warning Hellman says he tried to get across about the Health Care Improvement Act is that Native leaders ought to be careful "that they don't waste the money by buying gadgets and fancy things that can't be used with the population that they're treating."

Although he says he doubts whether this trip will have any immediate and direct policy effects back in Washington, Hellman did say that it will greatly influence the way he talks to IHS people and to Congress: "because now I'll know what I'm talking about."

Pointing out that one of the objectives Congress says it has is to supply medical service and access to medical service to Alaskan Natives equal to that of the white population, Hellman says that it isn't quite that yet on the North Slope nor in what he saw of the Yukon area. "I'm going to say, 'now look, I've seen this, I know what some of these problems are. It may very well be that you're going to have to spend more money if you're serious about supplying adequate medical services to the Alaskan Natives.'"

Dr. Hellman thought Alaska was a "magnificent state" and was surprised by what he called the mid-summer climate. One of many traveling companions was his wife, Ernestine, who was as enthusiastic as her husband. Hellman laughingly asked that it be known that he paid for her entire trip. They both agreed that it was hard to say what they had enjoyed most, but Hellman, who revealed he is a self-taught student of arctic and antarctic explorations, said that many of the places he was seeing meant a lot to him.

Also traveling with Hellman was Dr. Emery Johnson head of the Indian Health Service since 1969, who says he gets to Alaska at least once every year. Taking time out from a

tour of the Fairbanks Native Health Clinic, Johnson commented on the changes he has seen in health care in Alaska over the years.

The most significant developments, according to Johnson, are the growth of the village delivery system, the improvements in communications and the upgrading of bush hospitals.

Johnson says that Alaska not only gets a "proportionate share" of the IHS budget (10 to 15 per cent) money-wise and people-wise, but that the state's Natives enjoy greater accessibility and quality of health care than most others in the lower 48. Admitting that what is taken for granted in the lower 48 is "unreal" in Alaska, Johnson remains an optimist in the face of difficult problems and believes things are "do-able."

Much of his optimism he attributes to the evolution of Native participation in the state's health care program. With his administrative philosophy that everything gets done a piece at a time without neon signs, brass bands, a lot of commotion and fanfare, Johnson says that Native participation developed in much the same way and now the two interact.

Because each Native group has its own government and there is no standard way in which they have all chosen to work, Johnson says on whatever level they choose to enter, IHS has tried to involve Alaskan Natives in the planning, evaluation and development of the program. He cites things like Native health boards and village health corporations and points out that Norton Sound Health Corporation almost totally runs their own health care delivery system.

This obviously means that the concept of "self-determination" for Native peoples has always been a working philosophy of the Indian Health Service, at least since Emery Johnson took over. The enactment of PL 93-638, the Indian Self-Determination and Educational Assistance Act, only ratified a policy IHS had been following for a number of years, says Johnson.

However, he admits there are problems under the Act. Mainly they appear in individual contracting instances and have to be individually solved. While IHS people are very sensitive to the intent of the Act, he says, some government agencies forget that they no longer have to follow the books. The Act's "new tools" have simplified ways of getting things done and the nuts and bolts of contracting have been waived. But "in the press of all they've known in the past" some forget that and problems arise.

Johnson isn't worried. He says you can't take a brand new law and predict everything that will happen and he feels that everyone realizes that they have to learn together.

As to whether self-determination will change the future face of the Indian Health Service, Johnson says it already has been changed. "In the past we were a centrally directed, federally owned and operated delivery system. We simply went out and did." Over the years, the evolution of "field directed" decision-making has meant that local people have assumed more and more control. And although some of the staff was originally "uptight" about the Act,

Johnson says they now see that it can be done.

Major general problems that still remain are communications (even with promises from RCA that the medical telephone hook-up will be operable within the year, "until it's out there, it's still a problem."); optimum bush health care (curing staff deficiencies, dealing with community issues such as alcoholism, and more attention to preventive not just curative services); and coordination (eliminating the tendency for state, federal and Native programs to overlap or create gaps). Given the strength of Native mechanisms, Johnson says that the coordination in Alaska is better than most places since he feels it takes local government to do the coordinating.

As to the specific, pressing problem of Alaskan salaries and the resulting staff shortages, Dr. Johnson says that's something he has no control over. A legislative change is necessary. He points out that there is strong opposition to local government salary schedules and that the general scale (GS) ratings are entwined with the Civil Service Commission.

Even though he says he cannot talk to the President, Johnson points out that Dr. Hellman can, and that to solve that kind of problem it is necessary to involve the highest levels of government.

But he rejects the idea that government agencies are monoliths which are unaware of unique Alaskan situations and he feels that some short-term things can be done to alleviate the current staffing crisis.

Johnson praised Alaska's congressional delegation, saying "it's one strength you do have—they are acutely responsive to the peculiar needs of the state and none are shy or bashful in advocating Alaskan issues."

Although he said he had promised to share his findings from this trip with the congressmen, Johnson cautioned, "I don't deal with the folks who make the decisions."

Having worked his way up through the ranks from his start as a reservation doctor in 1955, Johnson concluded with a little

philosophy. He feels the key to making things work and what Alaska is blessed with "to an extraordinary degree" is good people.

"Things would be a mess if you had routine bureaucrats in IHS or less than exceptional leadership in the Native community," he says. "There are competent, concerned people in the Indian Health Service and the political leader-

ship of the Natives is more concerned with people, and has an exceptional degree of concern for doing what's right."

Emphasizing the effectiveness of Native groups which has developed in "just a few years," Emery Johnson concluded by saying, "It's spectacular how well things get done."

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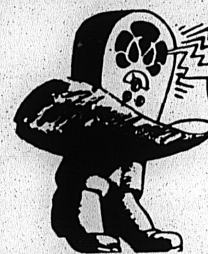
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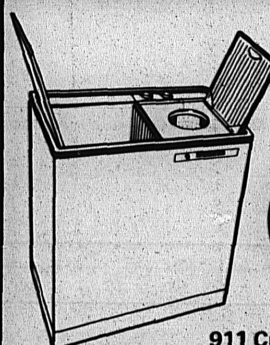
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