

Gravel's TT Report

By Mike Gravel
U.S. Senator, Alaska

On Feb. 7, 16 Alaska Natives, along with about 60 other concerned individuals, gathered here in Washington for the first national "Planning Conference on Indian Health Care." It was a productive session, focusing on the current lack of facilities and funds, on identification of actual needs, and on practical responses to what amounts to a crisis in minority health services.

ALASKA NATIVES SPEAK OUT

Last week, this space was devoted to a presentation of the views of some of the Alaskan participants, along with my own feelings about the present situation and what needs to be done. Here are two more views, as expressed by the Director and Assistant Director of the Health Affairs, Division of AFN, Inc.:

Carl Jack, Director — "Ultimately, the problem centers on local identification of unmet health care needs, and on more self-determination. A crucial factor is the need for substantial investments for staffing, program development capabilities, and program implementation."

Frank Peterson of Kodiak, Assistant Director — "The results of this conference should lead to new aims in Native health services, new legislation and adequate funding levels. We've got 12 regional corporations, each of which should have a fully-funded health entity."

"INDIAN HEALTH CARE IMPROVEMENT ACT"

Congress has begun to respond. Recognizing our own accountability in this matter, along with an acute awareness of long-standing national neglect in the area of Native health care, senators and congressmen are putting together comprehensive legislation aimed at eliminating the gap between promises and performance.

The statistics that were released at the conference clearly proved that Native Americans suffer from a higher infant mortality rate, a shorter life span, and an overall neglect of health treatment. The time is long overdue to put a stop to this kind of second class citizenship for the First Americans.

Two weeks ago, I joined a number of my colleagues in cosponsoring Senator Jackson's

(D-Wash.), "Indian Health Care Improvement Act." This bill is designed to upgrade all Native health care in a multi-million dollar, five-year project.

MORE TRAINED PERSONNEL

One section of the "Indian Health Care Improvement Act" would provide pre-medical, medical and pre-dental scholarships to Natives and to others who would be required to serve the Native community after graduation. Eight million dollars would be authorized for the first year, double that amount for the second year and continued scholarship funding each year thereafter.

Another section allocates money for living for doctors out in the bush. The problem, it seems, is simply to get trained personnel away from the big city atmosphere and out into the field where their skills are in great demand.

MORE HOSPITALS AND SANITATION FACILITIES

The bill also calls for \$400 million over a five-year period for constructing new hospitals, and another \$470 million for installation of sanitation facilities. Part of the \$470 million would be used to improve existing facilities and to make clean water available in remote areas.

"OPERATION OUTREACH"

A major part of this bill would create an "outreach program," aimed at urban Indians, Aleuts, and Eskimos. Frequently, the urban Native is unaware of where he can obtain medical aid and how he can locate free or reduced-fee clinics in the city. "Operation Outreach" would be just for the urban Native, who's often caught in a depersonalized, often antagonistic atmosphere.

AFFIRMATIVE ACTION

This kind of affirmative action is badly needed if we are to close the gap. The new social and economic advances made by Native Americans will always be limited by health care constraints unless we act now. That these constraints must be removed and that Congress has an obligation to act in this matter, were constant themes of last month's Health Care Conference.