IHS in Alaska has encouraged tribal takeovers

by **Denny DeGross**
Alaska Native Health Board

As federal agencies go, the Indian Health Service in Alaska, headquartered in Anchorage, is a bit unusual.

The IHS is one of two agencies charged with carrying out the trust responsibility of the federal government toward sovereign Native American nations. The other is, of course, the Bureau of Indian Affairs.

Both agencies have been around for a long time; both are large, sometimes unwieldy bureaucracies with headquarters in Washington, D.C., and both agencies are intimately involved in the lives of Alaska Natives.

The similarities end there, however. Charges have recently been thrown at the BIA in the national media for alleged mismanagement and crooked dealings. The BIA in Alaska has not yet been accused of such behavior — possibly because the bureau in Alaska doesn't have the same extensive land management responsibilities that it has in some Western states.

On the other hand, Native agencies and communities in Alaska have complained about the slow response of the Alaska office and its poor record of consultation with tribes on important issues affecting Alaska Natives.

At the very least it is fair to say that a consensus exists among Alaska Natives that the BIA in Alaska has not been a strong advocate for their needs.

Evidence of similar misconduct by the IHS does not appear to be forthcoming, nationally, or in Alaska. In fact, while it may be hard to imagine anyone actually liking a large federal bureaucracy, the Alaska Area Office of IHS has a pretty fair reputation for integrity and fair dealing among Alaska tribal groups with whom they deal on a regular basis.

The IHS in Alaska has been somewhat unique in its development. The ink was hardly dry on P.L. 93.638 — the Indian Self Determination and Education Assistance Act — in 1974, before tribal groups in Alaska were seeking to bring federal programs under their direct control.

What is unique about these events as they unfolded in 1974-75 as a willingness upon the part of the Alaska Area Office of IHS to aid in that process.

Meanwhile, in other parts of the country — with the exception of California — tribes tended not to exercise the option to take over federal programs.

This is not to say that there weren't misgivings on the parts of Area Office leadership about turning large federal programs over to the tribes. There were, but they went ahead and did it anyway.

The results of this relatively friendly attitude on the part of Area Office toward tribal takeover have been remarkable when one compares events in Alaska with events in IHS/tribal relationships elsewhere in the country over the same period.

Tribal organizations in all 12 Alaska Native regions had established 638 organizations by 1975. These agencies began by taking over the field health programs, such as health aides, alcohol, dental and others.

As time passed, and these regional Native health agencies gained valuable

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•Norton Sound first to get a hospital

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management experience, many of them were able to begin contracting for state funded programs as well, such as public health nursing, village public safety, emergency medical services, alcohol, mental health, and so on.

Norton Sound Health Corp. was the first to get a hospital, and, while theirs wasn't initially a facility run by the IHS, the action did portend of things to come. That event demonstrated that a Native organization was quite capable of building and running a hospital.

638 activity. Tribes should, according to some, in order to insure the perpetuation of the federal trust responsibility, be careful not to allow the IHS (or the BIA, for that matter) to get their "nose out of the dirt."

"Maintain the direct responsibility of IHS for services," this argument goes, "and you insure the continuation of the federal trust responsibility." That may be, but enthusiasm for 638 assumptions in Alaska does not appear to be getting any less, either with the tribally operated regional health agencies or for IHS Alaska Area Office leadership.

If this discussion has made the IHS Area Office leadership out to be unrealistically "sweet," that was not the intention. The fact is that negotiations between Area Office management and tribal contractors have often been tough and sometimes, even, "colorful," to say the least.

However one may feel about the history of 638 takeovers in Alaska, one is led to recognize that the leadership provided by the Area Office was a key element.

The process was begun under Dr. John Lee, and was continued by Gerald Ivey and Robert Singyke, two Alaska Natives who became Alaska area directors. It was especially the latter two who provided the workable environment for these events to occur.

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One benefit of all this 638 activity, it would seem, has been that more funds for health services have been brought to Alaska.

The Bristol Bay Area Health Corp. made a major breakthrough in 1980 when they successfully pulled the Kanakanak Hospital from the IHS orbit into their own. By doing so they became the first Native American tribal organization to take over an IHS hospital.

In September 1984 the Tanana Chiefs Conference took over the Tanana clinic. In January of 1986 Southeast Alaska Regional Health Corp. took over the Mt. Edgecumbe Hospital and in so doing became the largest tribal health provider in the United States.

Maniilaq recently assumed control of the Kotzebue Hospital, and the Yukon-Kuskokwim Health Corp. has been giving serious thought to taking over the Bethel Hospital.

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Once a tribal group has major responsibility for running a program under P.L. 93-638, they tend to become very serious about insuring there are enough resources to do the job. The IHS Area Office appears to have understood that equation early on, which has prompted them to actually encourage tribal groups to assume management responsibility over federal services.

Certainly, one hears arguments that there is an ultimate folly in too much