

Rural Health Conference Adopt 10-Yr. Plan 'In Principle'

With the blessing of the Indian Health Service, delegates to the Alaska Federation of Natives Rural Health Conference adopted "in principle" a 10-year plan for assuming control and management of their health facilities.

Delegates were encouraged to return home and prepare recommendations on a Native health care policy to be considered at three regional workshops set for the spring of 1975. Workshops will be financed by a grant from Washington/Alaska Regional Medical Program which provided prime funding for the three-day conference.

Endorsement of the proposed change to Native management of their health care was not given without reservations on the part of some delegates.

Questions raised included whether Federal funding for services would be continued, particularly for travel to distant medical centers, and whether Natives moving to other states would be covered. Some delegates asked about future status of civil service employees now working with federal health agencies.

Speaking on Oct. 30, Dr. Emery Johnson, director of the

Indian Health Service, commended the AFN for the plan while emphasizing that he was "not endorsing details" still to be worked out. He said he felt "there are ways" to solve transitional difficulties.

Dr. Johnson said he believed the Natives have a "pre-paid health policy" and that they paid their premium when they opened the continent to immigration. He advised the Natives to seek "guarantees" and to be certain that ground rules are spelled out before taking over the health responsibility.

"Ask the government if they are sincere in their commitment for Indian self-determination," Johnson said.

Implementation of the transitional plan is expected to be possible under SB 1017 already approved by the Senate and awaiting House action.

AFN President Roger Lang's report to the conference listed these accomplishments since last year's first meeting, also funded by the Regional Medical Pro-

gram: increased pay and more fringe benefits for Native health aides; improved communications and higher appropriations for dental services.