

Amendments put medical center at risk

by the Alaska Native Health Board
for the Tundra Times

First, a little history: Public Law 93-638, the Indian Self Determination and Education Assistance Act passed in the mid-70s, brought about a major change in the relationship between two major players. They were the Native Americans on the one hand and the federal agencies charged with delivering services to Native Americans under the federal trust obligation on the other.

The premise of the law was a simple one: Services delivered by the federal government will be delivered better and more efficiently if performed by Native people themselves.

P.L. 93-638 was an open acknowledgement that federal bureaucracies had utterly failed to do their jobs.

Not all Indian tribes in the country took advantage of the new law. In fact, it was only in Alaska and California that the federal Indian Health Service became target of a major effort by tribes to assume operational control of services.

Through the remainder of the 1970s to the present time, the Native regional health entities assumed control of more and more of the generic IHS delivery mechanism under P.L. 93-638. Of the nearly \$134 million from IHS that came to Alaska this year, these entities now control about \$50 million.

In 1988, a dramatic change was

wrought upon the Indian Self Determination Act. Because the federal agencies, and especially the Bureau of Indian Affairs, were increasingly seen as resistant to the whole notion of self determination, the act was amended to more clearly underscore the "sovereign" nature of tribes.

The law was changed to grant even more independence of action to 638 contractors and to more clearly describe their contracting rights.

In the years since the act became law, Alaska Natives and the Alaska Area Native Health Service have gradually reached a political balance with each other. Negotiations between the two forces had evolved by 1988 to a point where the process of P.L. 93-638 contracting had become well established, stable and accepted.

What does all this have to do with the Alaska Native Medical Center? Over the years hospitals in Alaska formerly operated directly by the Alaska Area Native Health Service have tumbled one by one into the 638, or tribally operated, mode.

Today, IHS in Alaska still operates the ANMC, the Bethel hospital, the Barrow hospital and the service unit at Metlakatla. All the rest, Dillingham, Kotzebue, Fairbanks, Mt. Edgecumbe and Nome, have become part of the 638 operation in those regions. Bethel hospital will probably be the next to go 638, leaving the IHS with the main "prize," or problem, ANMC.

So what is the problem? The new P.L. 93-638 amendments change the balance of power between the 638 contractors and IHS. The scale will now be radically tipped in favor of the tribal contractors. The core administrative functions of any of the 12 IHS areas resides within the area office.

These functions have heretofore been held by IHS to be sacrosanct — absolutely not subject to 638 takeover. The amendments change all that. Now, the heart of this once mighty federal empire is open to takeover by the tribes.

Even more importantly, there are certain contractual guarantees which have a pricetag, and which were not adequately funded by Congress, that each area office must extend to the tribal contractors under the new amendments.

The area office here in Alaska, having not been funded to do that, must, even so, find the money some place. Most likely it will be from something they still operate directly. The largest, most convenient target available to them is the Alaska Native Medical Center in Anchorage.

ANMC is several things. To the regions of Kodiak, Copper River, the North Pacific Rim, Anchorage and the Aleutians, the ANMC is a service unit, providing primary and secondary care. To those five regions and to the balance of the state, ANMC also performs as a tertiary care medical center.

One way out of the problem is simply to convert ANMC to a 638 contract. Some tribe or consortium of tribes could take the hospital over, arming it with the same weapons enjoyed by the newly emergent and more powerful 638 contractors and at the same time keeping it from being savaged by an area office seeking to comply with the funding requirements of the new amendments.

Under the old act, the takeover of a statewide IHS service would have required a resolution of support from the more than 200 federally recognized villages in Alaska. Under the new amendments, the IHS may be required to relax this rule requiring resolutions only from the 12 regional entities.

Lurking in the background threatening any move to convert ANMC to 638 is the rivalry between Native organizations. South Central Foundation, the Native health agency in Anchorage, has indicated its belief that because the ANMC resides within their region, they are the appropriate agency to assume 638 control of the facility.

Other regional health entities have stated their belief that the ANMC belongs to all Native people and therefore should be taken over by an alliance of Native organizations.

Meantime, while the regional Native organizations try to find some path out of this difficulty, ANMC is at extreme risk of being scavenged in order to feed a hungry and underfunded system.