

Controversy surrounds Native bid to manage ANMC

Health board, tribal group announce competing bids

by Jeff Richardson
Tundra Times staff

Debate over which Native organization will take over management of the Alaska Native Medical Center in Anchorage has become increasingly sensitive in recent weeks.

On December 12, the Alaska Native Health Board announced it will pursue a contract to manage the Alaska Native Medical Center (ANHB) after the hospital moves into new quarters on Tudor Road in 1997. Later in the month, the Alaska Inter-Tribal Council (AIRC) announced its intention to submit a separate bid.

With an approximately \$100 million contract and control of Native health policy administration at stake, the dispute would seem to defy easy resolution.

AIRC feels offer was rebuffed

In a letter to tribal councils across the state, AIRC Chairman Will Mayo outlined his organization's position:

"At the Alaska Inter-Tribal Council annual convention (held in November) delegates from 79 tribes passed a resolution directing AIRC to work with ANHB on a partnership to get a contract from the IHS to take-over the Alaska Native Medical Center and other statewide health services.

"The resolution further directed that if ANHB was not willing to work with the AIRC then the AIRC would develop its own contract proposal for the same purpose. In a meeting that took place on December 6, 1995, AIRC asked to join together in a partnership as directed by the convention resolution. The ANHB declined the AIRC request and decided to go on their own without AIRC involvement."

Mayo says ANHB does not offer direct tribal involvement

According to Mayo, "The ANHB board is made up mostly of regional non-profit representatives who make all the policy for their region's tribes on health matters. A tribal delegate from each tribe is not in attendance when policy and direction is made. . . Tribes are realizing that this lack of direct tribal involvement leaves them out of the loop when important decisions are made which guide the direction of for the following year of activity."

Mayo cited AIRC's annual convention at which "duly authorized" tribal delegates are in attendance to represent the interests of their tribe.

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Tribes are ultimate authority, door is open to AITC

In a January 8 letter to Mayo, before receiving word of AITC's decision to submit a competing bid to manage the Native hospital, ANHB Chairman Lincoln Bean, Sr. wrote:

"We are in agreement with your position that the tribal governments of Alaska are the ultimate policy-setters with respect to Indian Health Service matters, and that tribal governments must have a direct role in the ownership and policy-direction of the Alaska Area Office and the Alaska Native Medical Center. As we expand our planning for the appropriate governance structure for this new initiative, we invite your direct personal participation and that of the AITC leadership in defining this role."

Tribes elect regional health corp directors who elect ANHB directors

After learning of AITC's intentions, Bean again wrote to Mayo, stressing that

ANHB neither accepted nor rejected AITC's specific offer of collaboration.

"I believe that we have not concluded our discussions and that it is premature for AITC to proceed as if we have," wrote Bean.

Bean took strong exception to Mayo's claim that ANHB's structure precludes direct tribal involvement.

"Our Board members are fully accountable to the tribes who elect them. Tribes are in full control of the election of their representatives to the Alaska Native Health Board. Statewide policy recommendations are made by the Alaska Native Health Board members collectively, using a consultative process with tribal representatives who report back and report directly with tribes in their respective areas. Over our long history I recall many situations when policy decisions by our Board were delayed frequently to ensure that adequate tribal review and decision-making had been achieved. Your statement that "tribes are

in the back seat" unfairly characterizes our attitude towards and relationship with tribal governments."

Other agendas?

In his letter to Mayo, Bean also cited concerns expressed by some tribal representatives about AITC's motive for submitting the ANMC bid. Noting that the health board has supported efforts by AITC to build a strong statewide tribal consortium, Bean wrote:

"At the same time, tribal representatives at our earlier strategic planning forums have raised questions concerning the intentions of AITC with respect to contracting statewide Indian Health Service programs. Previous published statements made by AITC that it intends to use such a contract as an "economic engine" for the organization raise concerns that health services funding may be diverted for addressing other tribal government issues or allocated in support of burdensome administrative structures. Other tribal representatives cited AITC's lack of

experience in managing any federal contracts of health service programs."

How they might collaborate

Anne Walker, executive director of the Alaska Native Health Board told *Tundra Times* last week that ANHB's decision to pursue the contract should not, and does not, preclude the two organization's working together.

"I think there is an appropriate place for the Alaska Inter-Tribal Council in health policy setting," Walker said.

She said one option for the two organizations to collaborate would be to include a line item in the ANMC management budget for statewide health issues which would include funds for tribal representatives to travel to the AITC annual meeting where time could be designated to focus on health policy directions which would guide ANMC operations."

"ANHB never said we're not going to work with AITC," Walker concluded.

Mayo was unavailable for further comment by *Tundra Times'* deadline.