

Bill Passes

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lion in federally appropriated funds (Alaska Native Fund), plus two per cent mineral royalty up to \$500 million, with 12 regional corporations to administer mineral rights and funds.

In return for this (a) "All prior conveyances of public land and water areas in Alaska or any interest therein, pursuant to Federal law shall be regarded as an extinguishment of the aboriginal title thereto, if any." (b) All alleged aboriginal titles and claims of aboriginal title in Alaska based on use and occupancy, including any alleged aboriginal hunting and fishing rights that may exist, are hereby extinguished. (c) All claims against the United States, the State and all other persons that are based on alleged aboriginal right, title, use or occupancy of land or water areas in Alaska, or that are based on any statute or treaty of the United States relating to Alaska Native use and occupancy, including any such claims that are pending before any court or the Indian Claims Commission, are hereby extinguished.

This week the U.S. Senate will probably consider and act upon S. 35, the original Senate Interior Committee bill as reported out September 15, of this year.

The bill provides for a distinct two option land provision. Option "A" adopts the 40 million acres figure for lands.

A Native Commission would select approximately 30 million acres of fee title land in blocks contiguous to villages and allocated to villages on the basis of "need." Allocations to each village would be on the proportion of that region's land claims to the rest of Alaska. The total land appropriation would be 40 million acres.

Option B divides a 50 million acre grant three ways:

(1) 20 million acres in fee, contiguous to villages.

(2) 10 million acres in restricted patent divided among seven regions and selected for timber, recreational and mineral potential. These lands would be selected specifically for their economic value.

(3) 20 million acres of subsistence "use permit" lands.

No provision is made for protection of such subsistence rights.

The bill provides cash payments totaling one billion dollars. However, an analysis in the Indian Legal Information Development Service publication estimates the ACTUAL value of the payment as less than \$350 million on the first 500 million and about \$187,900,000 on the mineral revenues.

The Senate bill provides two major corporations, seven regions and a five man Claims Commission with two out of five Commissioners to be Alaska Natives.

"The most crucial aspect of this lengthy and complex legislation is the recognition of the supreme importance of land to the Natives."

—DONALD WRIGHT, President
Alaska Federation of Natives

ALASKA AREA NATIVE HEALTH SERVICE INFORMATION

NOTE: This is the first of a series of articles relating to the Alaska Area Native Health Service and its system of services. It is hoped that by providing this information and explaining some of the major policies and programs, the native people in Alaska will be better informed of the programs which effect the delivery of health services to the people and thereby more fully participate and use the different available resources. This first article will provide a general overview of the health care program. Future articles will address themselves to such subjects as native boards of health, contract health services program, direct hospital and field health programs, the use of alternate resources of health care such as various kinds of health insurance and information on specific services within the system such as pediatrics, maternal and child health care, and environmental health.

Organized health services for Alaska Natives did not exist until 1914, when the Bureau of

Education of the U.S. Department of the Interior was given this charge. Prior to that time, what care was given was through missionaries, a few military garrisons, ships in Alaska, and most of the traders found in the larger Native communities.

The first structured system of medical care for Alaska Natives was established in 1931 when responsibility was shifted to the Bureau of Indian Affairs. During the period of time from 1931 to 1954, government hospitals were built at Barrow, Bethel, Kanakanak, Kotzebue, and Tanana. Medical centers were also established in Mt. Edgecumbe and Anchorage. Out of the total 959 hospital beds, 617 were classified as tuberculosis beds.

On July 1, 1955, the Congress charged the U.S. Public Health Service with the responsibility for conserving the health of the Indian and Alaska Native people. The Indian Health Service was re-organized for this task and the Alaska Area Native Health Service was structured

to carry out the mission in Alaska. In order to provide comprehensive health care to the 55,000 Alaska Natives, the Native Health Service has geographically organized the state into seven service unit areas. The service unit headquarters with hospitals are located at Mt. Edgecumbe, Anchorage, Kanakanak, Bethel, Kotzebue, Tanana, Barrow and a small hospital on St. Paul Island.

In addition to providing health services directly at these hospitals and in the field, the Native Health Service is engaged in contracts with the State of Alaska and private medical clinics and other health providers throughout other parts of Alaska where Native health facilities are not located.

In addition to providing health services to Native people, these services are also available to non-native residents located in those rural areas of Alaska where there are not private facilities or clinics.

The program is administered by the Director of the Alaska

Area, who with his staff of health professionals and administrative specialists headquartered in Anchorage, provide support to the seven service units engaged in rendering service to the people.

The hospitals serve as the service unit headquarters and hub from which services radiate to all of the Native communities within its geographic boundaries. The composition and size of the staff at each service unit varies according to the population served and its needs. Each service unit provides general medical health services, and preventive services, including environmental health services.

The Anchorage Service unit includes the 276-bed Alaska Native Medical Center which serves as the referral center for complicated cases from other Native Health Service hospitals. A full range of specialty services is provided and the staff travels regularly to the field hospitals to conduct specialty clinics.

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