WITHDRAWAL SHEET
Ronald Reagan Library

Collection: BARR, WILLIAM L.: Files

Archivist: mjd

File Folder: Indian Policy Statement ~~(8)~~ ~~OA 9096~~ Box 6 (11 of 16)

Date: 5/7/99

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
1. memo	Lo Anne Wagner to Bob Carleson/Bill Barr re: Critique on draft Indian Policy Statement, 1p	9/17/82	~~P6~~/F6 CB 10/5/00

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]
- P-1 National security classified information [(a)(1) of the PRA].
- P-2 Relating to appointment to Federal office [(a)(2) of the PRA].
- P-3 Release would violate a Federal statute [(a)(3) of the PRA].
- P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA].
- P-5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA].
- P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA].

C. Closed in accordance with restrictions contained in donor's deed of gift.

Freedom of Information Act - [5 U.S.C. 552(b)]
- F-1 National security classified information [(b)(1) of the FOIA].
- F-2 Release could disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA].
- F-3 Release would violate a Federal statue [(b)(3) of the FOIA].
- F-4 Release would disclose trade secrets or confidential commercial or financial information [(b)(4) of the FOIA].
- F-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA].
- F-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA].
- F-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA].
- F-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA].

THE WHITE HOUSE

WASHINGTON

September 17, 1982

MEMORANDUM FOR THE PRESIDENT

FROM: RICHARD SCHWEIKER
Chairman Pro Tem
Cabinet Council on Human Resources

SUBJECT: Indian Policy

Attached for your consideration is the report of the Working Group on Indian Policy, chaired by Kenneth Smith, Assistant Secretary for Indian Affairs:

The White House Working Group on Indian Policy approved the attached Indian Policy Issues on August 3, 1982. The Working Group chose to focus on the two basic policy areas of encouraging self-government and the development of Indian reservation economies. They decided future policy in the areas of education, job training, health and housing needed additional study and resolution by the Working Group. Additionally, the recommendations by the proposed Presidential Commission on Reservation Economies may affect the interrelated areas of housing, health and labor force educational needs.

SUMMARY

Administration policy issues recommended by the Working Group are:

-- Ask Congress to replace Concurrent Resolution 108 of the 83rd Congress -- the resolution which established the now discredited policy of terminating the federal-tribal relationship -- by passing a new resolution in support of tribal self-government and the government-to-government relationship.

-- Ask Congress to expand the authorized membership of the Advisory Commission on Intergovernmental Relations to include representatives of Indian tribes.

-- Move the White House liaison for federally-recognized tribes from the Office of Public Liaison to the Office of Intergovernmental Relations.

-- Establish a Presidential Advisory Commission on Indian Reservation Economies to identify obstacles to economic growth; recommend changes at all levels of government; recommend ways to encourage private sector involvement, and advise the President what actions are needed to create a positive environment for the development and growth of reservation economies.

-- Support direct funding to Indian tribes under the Title XX Social Services block grant to states.

The thrust of the Policy Statement and recommended action items are in strong keeping with the President's 1980 campaign statements to the tribes on the government-to-government relationship; self-government; repudiation of "termination," and the need for developing Indian economic self-sufficiency. It is also in keeping with the Administration's New Federalism policy; the Administration's Economic Recovery Plan; deregulation, and involvement of the private sector in addressing national needs.

ISSUE: How can the Administration best facilitate the government-to-government relationship with federally-recognized tribal governments?

BACKGROUND: European colonial powers originated a government-to-government relationship with Indian governments through formal treaty negotiations establishing boundaries, trade relationships and military alliances. Following the Revolutionary War, future law was set by the U.S. Constitution, which gave the federal government the power to regulate commerce with Indian tribes and to make treaties with them. The first Supreme Court ruling enunciating the principle that an Indian tribe is a distinct political body with powers of self-government was issued in 1832 in Worcester v. Georgia.

In this century, the Indian Reorganization Act of 1934 reaffirmed the government-to-government relationship and tribal self-government. It gave way to the policy of termination in the early 1950's, but was again reaffirmed with passage of the Self-Determination and Education Assistance Act in 1975. During the 1980 campaign, President Reagan supported the government-to-government relationship and expressed his interest in seeing "tribal powers of self-government continue to improve and develop."

In the last decade, following President Nixon's 1970 Indian Policy Statement and passage of the Self-Determination Act, many tribal governments have been assuming increased responsibility in providing traditional governmental services to their members on the reservation. Most tribes want to achieve not only greater self-determination but self-sufficiency as well.

The perceived status of the government-to-government relationship by Indians is key to the acceleration of tribal administration of services and the successful fulfillment of the Self-Determination Act. Congress has never formally repudiated the termination policy expressed in H.R. Con. Res. 108, passed in the 1950's. Congress has twice failed to pass such a resolution, in 1957 and 1971. Despite the fact that enactment of the Self-Determination Act adopted a new statement of policy which may be viewed as superseding the policy of H.R. Con. Res. 108, some Indian leaders are hesitant to move toward maximum self-government because they fear it will lead to termination.

A positive climate in which our Nation's commitment to the government-to-government relationship is understood by all must be nurtured. This Administration can send a strong signal to the Indian community by recommending to Congress a Concurrent Resolution replacing House Concurrent Resolution 108. Additional positive actions which will best indicate this Administration's support of the government-to-government relationship are: moving the White House liaison for federally-recognized tribes from the Office of Public Liaison to the Office of Intergovernmental Relations; and requesting expansion of the Advisory Commission on Intergovernmental Relations to include representatives of Indian tribes. These two actions are discussed in depth as separate issues. They, however, will help foster a positive climate in which the trend for tribal self-government and self-sufficiency can flourish.

RECOMMENDATION: This Administration should strongly reaffirm our Nation's commitment to the government-to-government relationship between the federal government and federally-recognized tribes. As one measure to create a positive climate to fulfill this goal, the Administration should recommend to Congress a Concurrent Resolution replacing House Concurrent Resolution 108. The mere recommendation of this step by the Administration would be widely hailed by Indian leaders and would have a very positive effect on Indian attitudes toward this Administration.

APPROVE _____

DISAPPROVE _____

OTHER _____

ISSUE: Should the President recommend that the Congress expand the authorized membership of the Advisory Commission on Intergovernmental Relations to include a tribal chairman and a tribal council member?

BACKGROUND: The Advisory Commission on Intergovernmental Relations was established by Congress in 1959 -- as the national, permanent Commission to monitor intergovernmental relations and make recommendations for change. The legislation reads in part: "Because the complexity of modern life intensifies the need in a federal form of government for the fullest cooperation and coordination of activities between the levels of government, and because population growth and scientific developments portend an increasingly complex society in future years, it is essential that an appropriate agency be established to give continuing attention to intergovernmental problems." There are currently 26 members representing the Federal Executive and Legislative branches, State, city and county governments and private citizens.

Since 1970, when President Nixon established the policy of self-determination, tribal governments have been assuming responsibility for providing traditional government services. The Self-Determination Act of 1975 specifically provides for the transfer of government services from the federal government to the tribes. As more tribes assume this responsibility, interaction between tribal, state and local governments on problems of mutual concern will increase. Tribal decisions will have an increasing impact on non-Indian communities near reservations, especially as tribes move into economic development with attendant taxing, zoning and employment issues. Communication and cooperation between governments will become increasingly important. Many Indian leaders perceive a dichotomy of actions: tribes are encouraged to assume -- and are assuming -- the same responsibilities born by other local governments, yet are not participating in national forums such as the ACIR.

Tribal governments have expressed their desire to be included in the ACIR. The National Tribal Chairman's Association recently petitioned the House Subcommittee on Intergovernmental Relations to include at least one representative from Federally-recognized tribes. Although Congress has not extended ACIR membership in recent years to other petitioning parties, such as townships, this Administration recently went on record in favor of including town officials.

Tribal membership on the ACIR would underscore the government-to-government relationship and indicate that tribal governments are as accountable as other governments. Tribal involvement would foster intergovernmental cooperation. Negotiation could replace costly litigation as a way of solving many jurisdictional problems.

ACIR members, polled by the Clary Institute in 1980, were generally against tribal membership, citing their opinion that the original statutory intent was to limit representation to governments that are virtually universal, i.e., that exist in 45 or more states. The legislation, however, imposes no such limitation.

RECOMMENDATION: The President should recommend that the Congress expand the ACIR to include tribal representatives and that, in the interim, Congress invite the Assistant Secretary of Indian Affairs to attend as an observer. There is no recommendation at present as to the procedures for nominating candidates.

APPROVE _____

DISAPPROVE _____

OTHER _____

ISSUE: Should the President move the White House liaison for federally-recognized tribes from the Office of Public Liaison to the Office of Intergovernmental Relations?

BACKGROUND: Currently, this Administration maintains White House liaison with the Indian community through the Office of Public Liaison which serves as the contact for vital interest groups such as veterans, women and minorities. Tribes, however, are governmments, and national Indian organizations and tribal leaders have expressed the desire that this Administration relate to tribal governments through the Office of Intergovernmental Relations. Such a move would be a signal to Indian leaders that this Administration recognizes the government-to-government relationship and acknowledges that tribal governments have the primary role of serving their constituents. Self-determination could be speeded-up by indicating to the tribes that the same degree of direct consultation with the White House would be developed between tribal governments as currently exists between the federal government and state and local governments.

RECOMMENDATION: The President should move the White House liaison for federally-recognized tribes to the Office of Intergovernmental Relations.

APPROVE _____

DISAPPROVE _____

OTHER _____

ISSUE: Should the President establish a Presidential Advisory Commission on Indian Reservation Economies?

BACKGROUND: This Administration has made a commitment to the principles of the government-to-government relationship, the federal policy of self-determination, and the federal trust responsibility for American Indian tribes. Past federal policies and practices have created an unhealthy dependence on public services and set up barriers to economic development and self-sufficiency on Indian reservations.

Federal Indian policy cannot be separated from the President's New Federalism initiative which proposes to turn back numerous programs and funding to the states and to reduce the federal regulatory burden. For tribes, this entails eliminating legislative, regulatory, and procedural constraints as well as affording tribal governments the tools, similar to those available to state and local governments, to fulfill their responsibilities. Leaders of the Indian community view the development of reservation economies as their number one priority. To date, attempts by individual federal agencies, tribes, and the Congress to come to grips with the high unemployment rate have been fragmented and largely ineffective. What is needed is a comprehensive approach with insights from private industry as well as from tribal governments.

Although developing reservation economies offers some special challenges, tribal leaders and Administration officials involved with Indian programs believe the problems are solvable. Recent strides at the Warm Springs and Choctaw reservations demonstrate what can be achieved when tribal governments and private industry work together.

The President's Task Force on Private Sector Initiatives is not an appropriate vehicle for action, because its mission is too sweeping, its membership too diverse, and its tenure too short to

focus on the complexities of developing Indian reservation economies. Likewise, a strongly worded Presidential endorsement for private sector involvement would likely result in only fragmented development.

There are three remaining options -- a Presidential Commission, a Secretarial Commission, or an interagency working group -- but only a Presidential Commission can provide the encompassing review and action from both the public and private sectors, both Indian and non-Indian. The difficulties in establishing a commission at any level are outweighed by the overriding necessity of having private sector and tribal governments participating in defining the problems and recommending solutions.

If major changes are to be effected, the complex nature of building an enduring economic foundation and addressing problems with roots in so many public and private sector areas -- federal, state, and tribal legislation, regulations from several agencies -- and private sector effort.

RECOMMENDATION: Establish by Executive Order a Commission on Indian Reservation Economies to advise the President on what actions should be taken to develop a stronger private sector on federally recognized Indian reservations, lessen tribal dependence on federal monies and programs, and reduce the stifling federal presence in Indian Affairs. Other issues related to these core problems, regardless of their importance, would not be allowed to dilute the main thrust of the Commission's efforts. The Commission would be composed of 7-9 representatives of private industry, academia, and tribal governments serving for six (6) months and budgeted for $100,000.

APPROVE _____

DISAPPROVE _____

OTHER _____

ISSUE: Should direct funding to Indian tribes be extended to the social service block grant program?

BACKGROUND: The Omnibus Reconciliation Act of 1981 consolidated dozens of categorical programs into nine block grants to the states. The Department of Health and Human Services, administers seven blocks: four health blocks, plus low income energy assistance, community services and the $2.4 billion Title XX social services block. The Act made tribes eligible for direct funding

at the option of the Secretary in all but two of the blocks -- maternal and child health and social services. In September, 1981, the Secretary directed that all eligible tribes and organizations which requested and applied would receive direct funding, a decision which furthered the government-to-government relationship.

To date, 126 federally or state recognized tribes have received funding under the energy block; 91 under community services. (Under the health blocks, only the few tribes already receiving funding were "grandfathered" in.) There has been very little resistance from the states. Tribes, of course, have the option of working out arrangements with the state rather than electing direct funding. The next logical step is to consider direct funding under two remaining blocks. Because of the Indian Health Service, it is unlikely that Congress would open the maternal and child health block (which had no previous tribal grantees), or any of the health blocks, to tribes on the same basis as the states. However, direct funding to federally recognized tribes under the social services block would be a logical extension of an existing policy.

PROS: Direct funding would open the door for Indian tribal governments to participate as partners in the New Federalism at a time when details are being worked out. Making tribes eligible for the social services block can be accomplished at no cost and with no additional federal responsibility. Direct funding fosters self-determination and tribal responsibility -- tribes know best the needs of their members and how to meet those needs. Under Title XX demonstration projects, more than 3 tribes have already demonstrated their ability to operate social service programs. Several states have recommended direct funding under Title XX.

CONS: Many small tribes do not currently have the administrative capabilities to handle direct funding. This would result in either the federal government's pumping dollars into a system that can't handle the funds or small tribes having to work out service agreements with the states regardless of the direct funding provision. Further, adding between 30 and 505 new jurisdictions to the program could seriously erode the federal and non-federal staffing and overhead savings attributed to the block grant.

RECOMMENDATION: Provide for direct funding in the social services block.

APPROVE _____

DISAPPROVE _____

OTHER _____

RONALD W. REAGAN LIBRARY

THIS FORM MARKS THE FILE LOCATION OF ITEM NUMBER 1 LISTED ON THE WITHDRAWAL SHEET AT THE FRONT OF THIS FOLDER.

#833

THE PRESIDENT'S PRIVATE SECTOR SURVEY ON COST CONTROL

September 21, 1982

MEMORANDUM FOR: BOB CARLESON

FROM: JANET COLSON

SUBJECT: Department of Interior Task Force

Attached is a letter which has been sent by Robert Hacking, the project manager of our Department of Interior Task Force, expressing an interest in discussing certain questions concerning Indian policy and the direction which the Administration may be taking.

If, after reviewing the questions, you feel there are any issues which you might be in the position to discuss with this task force, I would appreciate you giving me a call and letting me know. Additionally, to the extent to which you feel some preliminary identification of issues might be useful for those on your staff who are looking at Indian matters, it may be that a dialogue between our task force and your staff may be useful.

In any event, I'd appreciate it if you would look at the attached questions and let me know how you think we should proceed.

Attachment.

BILL BARR 456-6722

1850 K Street, N.W. ● Suite 1150 ● Washington, D.C. 20006
(202) 466-5170

September 13, 1982

Mr. J. P. Bolduc
President't Private Sector
Survey on Cost Control
Suite 1150
1850 K Street, N.W.
Washington, D.C. 20006

Dear J. P.:

At the Peter Grace briefing you and others asked for a list of questions concerning Indian policy that could be posed to senior Administration officials. These questions are:

1. To what extent, if at all, are current Indian policies and underlying premises to these policies being examined and challenged? For example, must a tribe or tribal unit be preserved at all costs in perpetuity? Should or will a date be set for the termination of the federal trust responsibility to Indians?

   a. What are or will be the long run federal responsibilities to the Indians? Are they or should they be a privileged class of citizens?

   b. Have or will specific goals and time schedules been established for measuring the achievement of these responsibilities?

2. What action is contemplated if the tribes fail to effectively or properly use federal assistance to achieve defined goals? Will there be penalties applied if failure or irresponsible actions occur?

3. Is the service delivery organization of the federal government being reviewed to include not only the Bureau of Indian Affiars but also HHS, HUD, DOE, USDA, and others?

4. Are the effects and implications of the Indian preference law being critically reviewed?

5. Specifically, what is the trust responsibility of the federal government? Will the government continue as an absentee landlord? Is there any consistency or commonality to legal precedents or findings on this matter?

6. Is an approach similar to the Alaskan Native Claims Settlement Act being considered as an alternative to resolving the Indian issues?

7. Should there be a consistently defined percent on blood ancestry to qualify for benefits as Indians? Our understanding is that this now varies according to tribal policies.

8. Is the issue of Indians qualifying for benefits as both basic citizens and as Indians being considered? In effect, they can "double qualify" depending on the criteria used. In 1976, OMB identified the conflicting criteria. Are these criteria being reviewed?

We would like to meet with appropriate officials on these questions quickly. Your assistance is greatly appreciated.

Sincerely,

Robert C. Hacking

cc: R. Pikul
T. Tidd
J. Colson

Republican
National
Committee

Ronald C. Kaufman
Political Director

Ann H. Kavanagh
Special Assistant

The letter was sent to each of the following. The incumbents also received a letter at their Washington offices.

September 22, 1982

Mr. Ted Bryant
Deloitte Haxkins & Sells
633 Seventeenth Street
Denver, CO 80202

Dear Ted:

Here is the list of candidates we discussed on Friday, along with their addresses and phone numbers.

I Arizona 3 The Honorable Bob Stump
3626 N. Central
Phoenix, AZ 85010
602/234-3533

I Arizona 4 The Honorable Eldon Rudd
Friends of Eldon Rudd Committee
P.O. Box 873
Scottsdale, AZ 85252
602/258-8168

Arizona 5 James Kolbe
Kolbe for Congress
P.O. Box 31568
Tucson, AZ 85733
602/721-2722

Colorado 3 Mr. Tom Wiens
Tom Wiens for Congress
P.O. Box 4000
Dillon, CO 80435
303/668-5822

I Minnesota 7 The Honorable Arlan Stangeland
Re-Elect Stangeland to Congress Committee
P.O. Box 704
Moorhead, MN 56560
218/739-3076

Republican
National
Committee

THE HONORABLE

I Montana 2 Ron Marlenee
Montanans for Marlenee
10 North Broadway
Billings, MT 59101
406/252-5331

Cliff Christian
Alan Saylor

Nevada 2 Barbara Vucanovich
Vucanovich for Congress
P.O. Box 21435
Reno, NV 89515
702/827-4044

I New Mexico 2 The Honorable Joseph Skeen
Joe Skeen for Congress Committee
911 South Main
Roswell, NM 88201
505/624-0303

New Mexico 3 Marjorie Bell Chambers
Chambers for Congress Committee
336 Andanada
Los Alamos, NM 87544
505/662-7481

North Dakota AL Kent Jones
Kent Jones for Congress Committee
Box 178
207 E. Broadway
Bismark, ND 58502
701/224-1520

I South Dakota AL The Honorable Clint Roberts
South Dakotans for Clint Roberts
Box 5500
Siuox Falls, South Dakota 57117
605/334-5500

Utah 3 Howard Nielson
227 North University, Suite B
Provo, UT 84601
801/377-1776

I Washington 4 The Honorable Sid Morrison
Citizens for Morrison
P.O.Box 105
Yakima, WA 98907
202/225-5816 (District of Columbia)

Republican
National
Committee

Washington 5 Dr. John Sonneland
Sonneland for Congress
P.O. Box 2210
Spokane, WA 99210
509/747-1982

Again, I hope this is helpful. Please keep me posted.

Sincerely,

Ann

Ann H. Kavanagh

AHK/lst

Bill – FYI – Lo Anne

United States Department of the Interior

OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20240

September 30, 1982

MEMORANDUM

TO: Monie Murphy, Presidential Scheduling, The White House

FROM: Lo Anne Wagner, Special Assistant, White House Working Group on Indian Policy, Assistant Secretary for Indian Affairs, Department of Interior

SUBJECT: Presidential release of Indian Policy Statement in Arizona or California

Regarding our telephone conversation yesterday, Secretary Watt and Bob Carleson, Special Assistant to the President for Policy Development, recommend the President personally deliver the Indian Policy Statement at an "Indian event" prior to November 2, 1982, for the following reasons:

(1) The Indian community has not yet had a "Presidential event" such as an Oval Office meeting or drop-by at any function. Most of the tribes endorsed President Reagan during the 1980 campaign.

(2) The votes of reservation Indians could be a swing factor in several Western races. For example: the Navajo tribal elections fall on November 2nd also, and an estimated 50,000 Navajo voters are expected to turn out to vote in a hotly contested election for Chairman. These votes could be important to Republican candidates in Arizona and New Mexico.

(3) Formulation of the Administration's Indian Policy Statement has been a focal point of Indian interest during the last year. The Indian community was asked for suggestions and recommendations by the White House Working Group on Indian Policy. The Indian community knows the recommended Statement has been submitted to the Cabinet Council for review. Many Indian leaders anticipated it would be released at the National Congress of American Indians (NCAI) national conference, Sept. 27-30, 1982. Expectations were running high. Secretary Watt, in his speech to the NCAI, did indicate the Statement would be issued in the very near future (wire service reports of the speech indicated it "should be available in the next few days."

Possible States mentioned by Presidential Scheduling

ARIZONA

1) Arizona has one of the largest Indian populations in the nation: 152,857 (Preliminary Census Count, 1980). All Republican candidates have Indians in their districts. The Navajos could have a major impact.

2) Any city would be acceptable, although Phoenix would be preferable. Facilities available include a new convention center; the State Fair Grounds; the University in nearby Tempe; the MacCormack Ranch convention facility.

3) There are six Indian reservations (federal) within a hundred mile radius of Phoenix, should the President chose to make a short visit to a reservation after delivering the Statement in Phoenix. The Ft. McDowell Reservation, near Scottsdale and only about 10 miles from downtown Phoenix, is the site of an Administration accomplishment: we precluded flooding of the reservation by the Orme Dam. This is a small reservation and no other tribe would criticize visiting this reservation over the larger Navajo, Apache or Papago reservations in Arizona.

4) The issue of Indian water rights (Papago Water Bill, Ak Chin irrigation project, and Central Arizona Project allocations) have or are being positivily addressed.

CALIFORNIA

1) California has the largest Indian population of any state: 201,311 (Preliminary Census Count, 1980).

2) California Indians are aware of the positive things President Reagan did on their behalf as Governor.

3) Southern California would be preferable location, as there is a continuing problem with the Hoopa-Hurok dispute in Northern California.

CONS

Dennis Banks of the radical American Indian Movement (AIM) is in California and Gov. Brown has protected him from extradition in connection with charges brought against Banks in the 1970's. AIM could create counter-publicity with demonstrations.

BCC: Bob Carleson
Morton Blackwell
Secretary James Watt

LIONEL H. deMONTIGNY, M.D.
SEPTEMBER 1982

I. INTRODUCTION

This paper explores payment for medical services from two standpoints:

1. The patient
2. The provider

Significant changes have occurred within the past few decades that change the scope of services needed and provides the opportunity for Indian people to become involved as providers of health care.

II. HISTORICAL PERSPECTIVE

Health care for American Indian people is deeply rooted in the history of our country. When the first explorers from Europe came to North America it was noted that the American Indian people were unusually healthy and free of deformity.

In the early years of European contact the art of medicine of American Indians was superior to that of the incoming Europeans. Early colonists relied almost completely upon American Indian healers for treatment of illness and injury.

When the United States was formed the Federal Government reserved the right to deal with foreign nations including Indian nations. Thus the Federal/Indian relationship dates back to the formation of the Nation.

Many treaties specifically stated that certain medical services were to be provided in return for the ceding of lands. With the rapid westward expansion, many communicable diseases were introduced into the Indian populations. Since the Indian people had little or no prior exposure to these diseases, pandemics occurred, often eliminating entire bands of Indians.

It is worth mentioning the impact of the fur trade as it relates to disease patterns. Prior to European trade, some trading took place between the civilizations to the South and certain trade goods from Asia. With the introduction of the fur trade, large trading centers emerged. Extensive travel accompanied trade. Tribal boundaries became less clear. Weaponry and transportation systems changed the lifestyle of many Indian tribal groups. Prior to the era of trading, family groups tended to live in small clusters which came together periodically for religious and social events. But with the introduction of trading systems, permanent large settlements became common. Introduction of diseases into a small family cluster in prior years had little overall impact since the disease would usually run its course before being introduced to a neighboring band. In permanent trading villages, diseases such as tuberculosis took a heavy toll because contact became more common and spread between trading villages.

As this Nation expanded, the reservation era emerged whereby tribal groups became crowded into small plots of land. This increased contact between people and enhanced the spread of communicable disease.

In the early reservation era, some medical services were provided as needed to keep government officials healthy and to prevent the spread of disease to non-Indian populations. Before leaving the reservation, it was necessary to have a certificate of health to prevent an Indian from spreading disease to non-Indians.

In 1849, responsibility for Indian Affairs was transferred from the War Department to the Department of Interior. A gradual transition took place over the next several decades whereby military personnel were replaced with civil servants.

With the emergence of social programs in the 1930s much effort was expended to control communicable disease. While considerable success was had in many locations, communicable and infectious disease remained a major killer of the American Indian people. In the late 1940s and early 1950s the United States Public Health Service (USPHS) and later the Communicable Disease Center became involved in attempts to control disease. The USPHS was originally created to control the introduction and spread of disease introduced by merchant seaman in 1798. The USPHS discontinued services to merchant seaman in 1981 because they ceased to introduce infectious disease and had access to other medical services. Gradually efforts were expanded to other populations until in 1955 responsibility for health services to American Indians was transferred from the Department of Interior to USPHS.

The USPHS was highly successful. For example, Alaskan natives had evolved into village life, although there were few reservations. Tuberculosis infected every man, woman and child. Entire villages were treated until epidemic tuberculosis was controlled.

Considerable emphasis was placed upon education of American Indians in the 1960's. Campuses that might have had one American Indian in the 1950's changed to having hundreds attend college by the 1970's. Indian people assumed professional positions in private and public institutions.

III. CHANGING DIEASE PATTERNS AND HEALTH CARE NEEDS

In the 1960s much effort was expended upon economic development, improved housing and sanitation facilities. By the early to mid 1970s, infectious and communicable diseases of the American Indian populations began to be replaced with different disease patterns related to specific behavioral patterns. Alcoholism, diabetes, obesity, and hypertension replaced the old diseases. Incidence and prevalence of tuberculosis, enteritis, and other infectious diseases are now comparable to that of the U.S. population of all races. Infant mortaility rates are not remarkably different.

During this era there was growth in programs to provide health services to introduce more healthful living patterns in the American populations. Special categorical programs became common for certain groups such as: Women, Infants, and Children, the Elderly, Inner City Poor, Rural Poor, Migratory Laborers, etc. . . . Legislation was passed to provide health services to the needy and the elderly, until nearly every American became eligible for some kind of health care.

The 1970's brought some economic development. Occupations of native populations underwent considerable change. Many groups who had previously existed on a subsistence economy of gardening, hunting, and gathering of natural foods became workers in industry. Some tribal groups underwent rapid industrial development. This brought several changes:

1. Occupational diseases were introduced.
2. Nutritional status changed.
3. Family units underwent rapid alteration from extended family units to nuclear families some unwed mothers and high divorce rates. The role of the elderly deteriorated.
4. The introduction of technology improved transportation and communication systems. Tribal languages in many locations quickly became obsolete.

As these transitions were taking place not only did disease patterns change but, the availability of alternative health services also became more common. Industrial health care emerged. Some Indian people formed their own health insurance companies. In some locations the private sector of the health care industry became involved.

Disease patterns related to behavioral patterns requires a significantly different approach for prevention, control, and treatment. While American Indian people may experience greater incidence and prevalence rates of those diseases and health conditions, altering behavioral patterns must come from the individual, family, and community. Such disease patterns are not readily altered by outside intervention or by direct medical care. This is not to imply that providers of direct medical care do not have a significant role, but that other efforts are required. Behavioral patterns are altered when a change in behavior has meaning to individuals. Many of the private health care delivery systems assess penalties by increasing premiums if behavior is not altered. The military systems even go so far as to impose fines and restrictions.

It has been stated on numerous occasions that alcoholism and alcohol related diseases constitute the major health problem of American Indians. The medical profession has also stated that excessive dependency and inability to deal effectively with one's environment are key contributing factors to high rates of alcoholism and alcohol consumption. If this is so, then it is necessary for Indian people to assume control of health and other institutions that effect their own lives. In this way Indian people can excercise the responsibilities of citizenship. Responsible behavior will reduce the incidence and prevalence of diseases related to behavioral patterns.

IV. ASSISTANCE FOR PROVIDERS OF HEALTH CARE

Two pieces of significant legislation came about in the 1970's; (1) The Indian Self-Determination Act, (2) The Indian Health Care Improvement Act. These two pieces of legislation allowed Indian people to assume control of their health care industry. American Indian entrepreneurs working to participate in the private sector of the health care industry can also obtain capital resources and technical assistance from the following sources:

1. Bureau of Indian Affairs (BIA) Guaranteed Loan Program
2. Small Business Administration (SBA)
3. Farmers' Home Administration
4. Insurance Companies
5. Hospital Corporation of America
6. Private contributions
7. Foundations
8. Taxation or other local revenue

Each source of assistance has requirements that must be met. The health care industry can be of different types that may influence the availability of assistance. The Indian Self-Determination Act stipulates that the facility must be "owned, sanctioned or controlled" by a tribe.

Thus a tribe may opt to manage its own health care industry or it may opt to regulate it. Regulation is usually done by means of ordinances such as a health code. In the latter option, tribes may have to have a health department to enforce codes and standards. The local health care industry may be of two types:

1. Profit
2. Non-profit

Whether the industry is profit or non-profit affects the assistance available. The guaranteed loan program from BIA and SBA must be for profit. Collateral, is essential. Collateral can include the following:

1. personal assets
2. accounts receivable
3. equipment
4. inventory
5. land

Farmers Home Administration may provide assistance to non-profit corporations. Non-profit corporations are unique in the respect that no dividend payments are made to the stockholders in the industry. Other rules, such as the lack of availability of other funding, may apply.

In addition to the assistance by way of guaranteed loans, the BIA can pay some of the interest on the loan. This is usually calculated on the difference between the prime rate and the loan rate, up to 2-3/4 percent.

Before venturing into the private sector of health care on a "for profit" or "non-profit" basis, it is necessary to do what is termed a "market study". Any such study must include the following:

1. The population must be defined. Currently there are several definitions of "Indian" which varies from location to location or even within the same location. Any planner in the private sector must know precisely the population to be served. Demographics of the population are essential.

2. The health conditions present in the population must be identified. In order to determine the types of health services needed, it will be necessary (a) to know the risk of developing certain kinds of health conditions, (b) what is needed to treat and prevent these conditions, and (c) the cost of these services.

3. What the population is eligible for from respective sources in terms of what can be provided and what can be paid for. Few health institutions can provide complete, comprehensive health care. Likewise, few health care delivery systems can provide the full amount of resources required for any and all services needed.

Each of these three items must be studied in depth. Most Indian people tend to think of the service population currently serviced by the IHS. Unfortunately this varies from location to location.

Requirements such as blood quantum, tribal membership, and residency are often conflicting or poorly defined. In order to manage a health care delivery system, however, one must know the exact numbers of people and the demographic characteristics such as age, sex, occupation, and family composition.

Morbidity rates in terms of specific incidence and prevalence must be known. For example, those populations with high prevalence rates of alcoholism can be expected to have higher rates of injuries, accidents, obesity, diabetes, hypertension, cirrhosis, renal failure, and complications of malignant neoplasms. Other factors such as weight, occupation, certain habits, such as smoking, must also be known. Insurance companies apply different rates based upon experience in treating persons with higher or lower risk of developing treatable disease.

V. SOURCES OF PAYMENT FOR DIRECT MEDICAL CARE

In order for the health care industry to survive and provide quality medical services, it is necessary that payment of medical bills be stable and consistent. Some of the most common sources are:

1. Medicare
2. Medicaid
3. Veteran's Administration
4. Private health insurance
5. Industrial or group health insurance
6. Indian Health Service Contract Health Service
7. Special State programs
8. Welfare programs

Medicaid payments to IHS was $11.1 million in 1981.

Medicare is a program administered by the States for the medically needy. In 1980 Indians received over $47 million in payments for medical services provided.

Many Indian people are Veterans. In 1980 American Indians received $5.8 million from the Veterans Administration.

Estimates on the availability of private health insurance are not accurate; however, the National Center for Health Statistics estimates that about 68 percent of the American Indian population has private health insurance. This figure, however, is derived from "all" Indians. Such figures rarely apply to a specific reservation population.

The availability of industrial health insurance varies considerably from tribe to tribe, depending upon the degree of industrialization in the area. Estimates vary from zero to 80 percent.

The IHS contract health care is also available for payment of direct medical services. The annual budget is over $100 million.

Some States such as California have special programs such as medical. Over $2 million is available annually.

For those who qualify for Welfare programs, State or county Welfare systems may pay for health care. No estimates are currently available to give the amounts.

What the patient or recipient of services is eligible for varies with income industrial or private health insurance, and tribal, county or State services. Veterans fall within a special category. Usually services are available only in Veterans health facilities. Payment for services must have prior approval by the Veterans Administration if services are to be received in a non-Veterans Administration facility. It is only natural that most American Indian people look toward the IHS of the USPHS for health care. (Of the three elements listed for market study, however, little information is available from this agency.)

The Medicare program provides payment for medical care to the private sector. This program is designed to pay for services to the medically indigent. Factors such as income, family size, and obligations are taken into consideration. One must be registered with the local Security Administration and must have a local security card. Current criteria applied to Indian people find most of the Indian people eligible.

Some alternate sources of medical care include:

1. Bureau of Health Care Delivery and Assistance (BHCDA) (formerly Bureau of Community Health Services (BCHS)) projects. Grants for community health centers, rural health initiatives, maternal and child health family planning and National Health Service Corps staff.
2. Alcohol, Drug Abuse, and Mental Health Administration projects.
3. Office of Home Development Services. Grants to Indians from the Administration for children, youth, and families and the Administration on Aging.

4. The Department of Agriculture's Special Supplemental Food Program for Women, Infants, and Children.
5. The Community Services Administration's Community Food and Nutrition grants.

CONCLUSION

From what has been presented, it can be concluded that:

1. Disease patterns of American Indians has shifted from communicable disease to those health conditions related to behavioral patterns. Intervention to alter the incidence and prevalence of these diseases requires extensive involvement of families and communities.
2. Financial resources to support direct health care services are now available from a wide variety of sources.

3. Opportunities are available for Indian people to become providers of health services. It is the impression of many Indian people that sufficient resources are available to support the delivery of direct health care services. In those locations where this is so, this provides an economic opportunity for those involved in the provision of services. This also is a significant factor in prevention and control of current disease patterns in the respect that the local people can be most effective in altering their own health conditions.