

A YEAR TO CELEBRATE



ALASKA NATIVE TRIBAL HEALTH CONSORTIUM  
1999 ANNUAL REPORT







## A YEAR TO CELEBRATE

**T**hirty years ago, Alaska's indigenous people began a long journey toward the realization of a tribally-governed Alaska Native health care system. In 1999, we arrived. This Annual Report celebrates the Alaska Native Tribal Health Consortium's first year.

The perseverance, intelligence, and vision of tribal health care leaders brought about this historic achievement. Together, we have created one of the most sophisticated and comprehensive tribally-owned and managed health care systems in the world. It provides seamless, integrated programs to more than 100,000 Alaska Natives from 226 tribes in all parts of this vast state. The Consortium has joined a state-of-the-art health care system which provides the highest quality of services to all Alaska Natives.

Equally important, the Consortium represents the power of unity among Alaska's tribes. Throughout this report, health care professionals from across the state offer their thoughts on the value of shared tribal ownership.

Please join us in celebrating our unique health care system as we acknowledge how far we've come in thirty years.



*"There is no mix of words or thought that could adequately describe the transition period of 1996-1999. The sum total of all that transpired was like moving a mountain from one side of the nation to another."*

Wilson Justin, Health Director,  
Mt. Sanford Tribal Consortium

★ **Hospital:** A permanent facility with inpatient beds and walk-in clinics, primary and specialty care doctors and nurses and other staff. Offers comprehensive, continuous medical care and a full range of clinical and other services, ranging from surgery and physical therapy to dietary care and health education.

✚ **Health Center:** A facility offering a range of services for walk-in (ambulatory) patients. Services offered at least 40 hours per week include primary care physicians, nursing, pharmacy, and some laboratory and x-ray services.

■ **Mid-Level Health Station:** A walk-in clinic where nurse practitioners and physician assistants, and, occasionally, physicians provide care at least 40 hours per week for outpatient services.

● **Village Health Clinic:** A remote-site facility staffed by certified Community Health Aide/Practitioners (CHAPs) who are supervised by medical staff via radio, phone, and e-mail to provide essential treatment and diagnostic services to patients.



## LETTER FROM THE CHAIRMAN OF THE BOARD

To all Alaska Natives:

In January I had the honor of presiding at a historic event, the transfer of the Alaska Native Medical Center from federal to tribal management. During the ceremony, Mr. Christopher Mandregan, Director of the Alaska Area Native Health Service, handed me the keys to the building, and members of the Consortium Board of Directors raised our flag in front of the hospital. This moment celebrated a milestone in a long process toward self-determination and self-governance in Alaska Native health services.

Remember that thirty years ago, the federal government managed almost every clinic and health program serving Alaska Natives. In 1969, the Alaska Native Health Board had just been created to offer an advisory Native perspective at the policy and planning level. In subsequent years, Alaska Natives began contracting with the federal government to provide health services to our own people. With the formation of the Consortium, Natives now operate most, if not all, of the clinics, hospitals, and programs providing health services to Alaska Natives. It took the united efforts and determination of the tribes and regional health organizations statewide to achieve this vision.

With the transition came responsibility. Our Board of Directors met every other month in 1999 to direct this process, and to monitor progress by the staff. We've developed new policies and initiatives to make this transition from federal to Native management work efficiently. We've created an advisory committee structure to address our core operations. These include finance, medical networking, operations at the Medical Center, and environmental health programs. We've also started a long-range strategic planning process for the Consortium.

Alaska Natives and American Indians have always "owned" our own health, in the sense that we make decisions every day about how much to eat, whether to drink alcohol or use tobacco, and many other health-related choices. Now we are empowered to make much more encompassing choices and can tailor our own health care system to our specific needs. Just as our elders worked to improve health care for us, we must work to ensure Alaska Natives will continue to receive quality health care for generations to come.

Sincerely,



Larry Ivanoff,  
Chairman of the Board of Directors





## LETTER FROM THE PRESIDENT/CEO

To all Alaska Natives,

Fiscal Year 1999 is rightfully called "A Year to Celebrate." It was the first year the Alaska Native Tribal Health Consortium provided the full range of statewide health services to the Alaska Native community. To celebrate our historic achievement, we've chosen portraits of Alaska Natives, the people we serve, for our cover design. These faces reflect health and vitality at all stages of life.

On behalf of the administration and staff of the Consortium, I am pleased to present this annual report of our accomplishments of the past year, as well as some of our plans for the coming year.



Fiscal Year 1999 has been a year of new opportunities and challenges. The most critical task we completed was the development of a solid administrative structure for the organization. We achieved the goal of building a framework that will adequately support, over the long term, the health services we now manage.

Many individuals from tribes and tribal health organizations helped in these formative stages. I thank them for their contributions and for their participation in our committees and negotiations. I also extend my thanks to the staff of the Consortium for their dedication to making the transition in management successful, and for their commitment to providing the Alaska Native people we serve the highest quality of health care services.

I join our chairman in celebrating the successes we have achieved this year. My staff and I are thoroughly committed to continuous improvement in the organization. Your comments, questions, and recommendations are always welcome.

Sincerely,

A handwritten signature in dark ink, appearing to read "Sherry".

Paul Sherry  
President and Chief Executive Officer



**T**he Alaska Native Tribal Health Consortium Board of Directors is proud to present this Annual Report for Fiscal Year 1999, describing the significant achievements of our first year as we set a firm foundation for the future of Alaska Native health care.

Alaska Native tribes and tribal health organizations formed the Consortium in January 1998. Fiscal Year 1999 (October 1998 - September 1999) marks the Consortium's first full year of providing a complete range of health care services on the Alaska Native Health Campus in Anchorage, and in health centers and clinics statewide.

The Consortium operates most of its programs through an agreement with the Indian Health Service entitled the Alaska Tribal Health Compact. We are one of twenty Alaska Native tribes and tribal health organizations who "co-sign" this Compact. In FY1999 the Indian Health Service awarded nearly \$150 million to the Consortium in support of our programs. Other revenues included approximately \$40 million in Medicaid, Medicare, and private insurance payments for services we provided at the Alaska Native Medical Center.

*In addition to ANTHC Administration, the Consortium has four operating departments:*

Alaska Native Medical Center  
Environmental Health and Engineering Services  
Tribal Support Services  
Community Health Services



*"Tribal management makes a world of difference because who knows us better than we know ourselves? We know and respect our wants and needs. Tribal elders have special needs. The one-on-one contact is very important."*

Millie Stevens, Board Member,  
SouthEast Alaska Regional Health Consortium



## ANTHC ADMINISTRATION

During FY1999 the Consortium experienced sudden growth in the size and scope of its responsibilities and health service programs. To support the Consortium's rapid expansion, ANTHC administrative offices undertook many challenges in the areas of Finance, Procurement, Public Communications, General Counsel, and Human Resources. The Consortium's administrative team is proud of this year's achievements and enthusiastic about future plans:

■ **Paul Sherry, President/CEO.** In FY1999 Mr. Sherry developed the new organization's structure and negotiated Consortium agreements with the Indian Health Service and other tribes and tribal health organizations. He implemented administrative policies and provided support for bi-monthly meetings of the Board of Directors. Mr. Sherry is assisted by Marianne Gilmore.

■ **Garvin Federenko, Finance Director.** Mr. Federenko designed new financial management systems to support overall operations and sanitation facilities project management. He was essential to the process of evaluating and selecting the firm of Paine Webber to provide financial investment services for the Consortium.

■ **Peggy Thomas, Director of Procurement and Contracting.** Ms. Thomas developed formal policies and procedures for procurement of equipment, supplies, and services. She provided leadership on a wide range of federal contracts that were transferred to Consortium management.

■ **Joaqlin Estus, Director of Public Communications.** Ms. Estus has recently joined the Consortium to develop plans for media response, public health education, and statewide community outreach. She oversees production of all public relations and marketing materials, in addition to the Consortium's bi-monthly newsletter, the "Mukluk Telegraph."

■ **Tim Schuerch, General Counsel.** Mr. Schuerch provided legal services for the organization, and coordinated specialized legal assistance acquired from outside counsel.

■ **Jacqueline Grediagin, Director of Human Resources.** Ms. Grediagin and her staff facilitated the re-assignment of over 1100 federal employees to work for the Consortium between October and December of 1998. She also oversaw new personnel policies and implemented revisions made by the Board of Directors. By the end of the fiscal year, the Consortium had 250 employees on payroll.



*Standing (from left to right): Paul Sherry, President/CEO; Jacqueline Grediagin, Director of Human Resources; and Garvin Federenko, Director of Finance. Seated (from left to right): Joaqlin Estus, Director of Public Communications; Tim Schuerch, General Counsel; and Marianne Gilmore, Executive Assistant. Not shown: Peggy Thomas, Director of Procurement and Contracting.*



## ALASKA NATIVE MEDICAL CENTER

The Alaska Native Medical Center (ANMC) is the largest operating department of the Consortium. The new 150-bed facility opened in May 1997. In late 1998, the Consortium and Southcentral Foundation (SCF) completed negotiations for shared ANMC management and operations. Under the agreements reached, Southcentral Foundation provides all primary care services of the hospital, whereas the Consortium provides in-patient and specialty medical services, and many support services.

Dr. Richard Mandsager  
serves as Administrator for  
the Medical Center.



The Consortium also completed negotiations with the Indian Health Service to transfer responsibility for management of ANMC, effective January 1, 1999. Raising of the Consortium's flag and exchanging of the facility keys marked a celebration of this historic event.

The Consortium and SCF formed a Joint Operating Board to oversee and govern ANMC. This nine-member board meets monthly to develop policy, evaluate services, and monitor revenues and expenses of approximately \$140 million annually. The board also furnishes credentials to medical providers and ensures that the hospital meets national accreditation standards.



*During Fiscal Year 1999,  
the Alaska Native Medical Center:*

- Admitted over 6,000 patients and provided over 300,000 outpatient services.
- Earned certification as the only Level II Trauma Center hospital in Alaska, placing ANMC as the highest quality emergency treatment provider in the state.
- Launched a special initiative to prevent trauma (injury).
- Established shared governance and decision-making in nursing services.
- Initiated master planning for long-range development of the Alaska Native health campus.
- Transferred primary care adult medicine responsibilities to Family Medicine; and changed Internal Medicine Service to a "hospitalist" service, providing inpatient and consultation services to the whole state.
- Provided \$5.5 million in support to tribes and tribal health organizations throughout the Anchorage service area to increase primary care service programs.
- Earned a record \$53 million for services from Medicaid, Medicare, and other insurance payors.
- Acquired new equipment to ensure the safety of patients who use ventilators.
- Increased intensive care services for children.
- Participated in community-wide disaster drills and other Anchorage programs.



*ANMC Day Surgery Nurse Colleen Berry checks toddler Esther Rose Uttereyuk, shown with Alice Rivers, before they return to Scammon Bay.*



*"Having Native people controlling the Native health care system will give us more decision-making power. Native people will be heard, especially in the smaller villages throughout Alaska."*

*John Woods, Chief, Manley Hot Springs*



## ENVIRONMENTAL HEALTH AND ENGINEERING SERVICES

Led by Acting Director Ken Evans, the Department of Environmental and Engineering (DEHE) Services consists of three divisions: Sanitation Facilities Construction, Health Facilities, and Environmental Health Services.



Long-time Water Operator Kenny Thomas, Jr., at the community water plant in Tanacross, one of many villages benefitting from a Consortium/tribal partnership project to improve water and sewer services to local homes.

Responsibility for DEHE was transferred from the Indian Health Service to the Consortium on October 1, 1998. Approximately 100 engineers and support staff provide assistance to Alaska Native tribal governments, local municipalities, and tribal health organizations throughout the state. To ensure environmentally safe communities, DEHE divisions work to provide quality water and sanitary waste disposal, and to construct and renovate health facilities.

*Environmental Health and Engineering Services highlights for FY1999 include:*

- New agreements with tribal governments throughout the state for safe water, waste water, and solid waste disposal project development.
- Receipt of fund transfers of \$46 million from a wide range of federal and state agencies, of which \$17.5 million went to village-hired labor and materials.
- Transfer of \$6.8 million in maintenance and improvement funds to tribal health organizations for hospital and clinic renovation and improvement projects, reviewed and approved by the Consortium's Health Facilities Advisory Committee.
- A successful summer program for eight Alaska Native/American Indian college engineering students at DEHE; participants were also assigned in Bethel, Sitka, and Dillingham. DEHE also assisted six regional tribal health organizations with recruiting for environmental health staff positions.
- Consultations with seven rural hospitals and six rural health clinics in the areas of radiological health, occupational safety and health, employee health, infection control, and environmental impact issues.
- Planning and coordination support for the Alaska Forum on the Environment Conference, which involved over 30 agencies and 500 participants.
- Technical assistance and troubleshooting for many tribes, tribal health organizations, and communities statewide to support local injury prevention programs and water and sanitation system repair, test, and training.



*"Tribal management of the health care system gives the Native people hope and something to look forward to."*

Olinka Jones, Tribal Doctor Coordinator,  
Maniilaq Association



## TRIBAL SUPPORT SERVICES

The Department of Tribal Support Services (TSS) serves as a statewide liaison to more than 200 tribes and tribal health organizations. Through a variety of technical assistance programs, TSS supports tribal clinical services. Organized in early 1999, TSS consolidates services formerly provided by the Alaska Area Office of the Indian Health Service. Ms. Vonni Carole serves as Director of Tribal Support Services.

*Tribal Support Services highlights for FY1999 include:*

- A new \$30 million statewide telehealth project called the Alaska Federal Health Care Access Network (AFHCAN), initiated by the Consortium with the Alaska Federal Health Care Partnership. This four-year project will provide clinical workstations and educational kiosks in 235 sites. This system will allow clinicians statewide to share data for diagnosis and treatment.
- Providing technical assistance and training to tribal business offices throughout the state to maximize reimbursements and interpret health care financing regulations.
- A major grant from the Robert Wood Johnson Foundation to assist with Native enrollment in the State's new Denali KidCare program, providing expanded medical services for low-income pregnant women and children.
- Providing assistance to Alaska Native students applying for Indian Health Service scholarships.
- Statewide coordination of medical supplies, pharmaceutical supplies, office supplies, and dietary supplies, provided through the Regional Supply Service Center, to tribally-run hospitals and health centers.
- Assisting the Consortium and tribal health programs throughout Alaska in recruiting physicians, nurses, pharmacists, and other health professionals via the Tribal Support Services Professional Recruitment office.
- Developing reports through the Health Information System, using Planning Evaluation and Statistics programs, on a variety of topics useful to tribes.



*AFHCAN employees Michelle Gold, right and Carrie Irwin, center, demonstrate an ear exam on a telemedicine workstation to Vonni Carole, Director of Tribal Support Services. The Alaska Federal Health Care Access Network (AFHCAN) provides a glimpse into the future of medicine in Alaska, using satellites to transmit data, such as still images of the eardrum and skin, heart and lung sounds, and video images to diagnose and treat patients long-distance.*



## COMMUNITY HEALTH SERVICES

The Department of Community Health Services (CHS) oversees, trains, assesses, and provides technical assistance in the areas of public health and community-based health services for tribes and tribal health organizations in Alaska. Dr. James Berner is the Director of Community Health Services.



Across the state, Community Health Aide/Practitioners (CHAPs) are on-call around the clock. In the village of St. Michael, Diane Acoman (left) and Bobbi Andrews (right) put a cast on Robert Lockwood's broken arm. Norton Sound Health Corporation physical therapist Dottie Pinkney assists.



*"You can heal a person just by saying, 'Hi, how are you?' Take time to say hello. That's a healing process. You might save a person just by doing that."*

Harriet Nicholas, home health aide, Anchorage

*Community Health Services highlights for FY1999 include:*

- Receipt of funding from the Environmental Protection Agency for the Alaska Native Cord Blood Monitoring Program which measures industrial pollutant levels in Alaska Native mothers and infants.
- Development of nationally significant data by CHS employees assigned to the Arctic Investigation Program Laboratory for planning vaccination programs for Alaska Native infants to protect against influenza infections.
- Through training and counselor certification programs, the number of Alaska Natives/American Indians certified as chemical dependency professionals has increased dramatically in Alaska. For example, in 1993 there were 24; in 1999 there are 187.
- Proposed Alaska-based inhalant-abuse treatment program in Bethel, based on studies of inhalant abuse by both youth and adults.
- Recruitment services to fill seven dentist positions in regional tribal health programs and completion of a pilot project to provide 100 volunteer hours of dental services on St. Paul Island.
- New immunization tracking software tests at four regional sites in Alaska.



## FUTURE DIRECTIONS

*In the coming year, the Consortium faces a series of opportunities and challenges including:*

■ A survey of the Alaska Native Medical Center by the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

■ Support for the national effort to secure passage by Congress of the reauthorization of the Indian Health Care Improvement Act.

■ Development of a five-year strategic plan for corporate and health services development.

■ Completion of a ten-year master plan for development of the Alaska Native Health Campus.

■ Expediting the construction of water, sanitation, and solid waste facilities in rural Alaska with the help of affiliated tribes and tribal health organizations.

■ Installation of telemedicine work stations in over 235 health care facilities across Alaska.

■ Further analysis of opportunities for creation of a formal business network of Alaska Native tribal health providers.

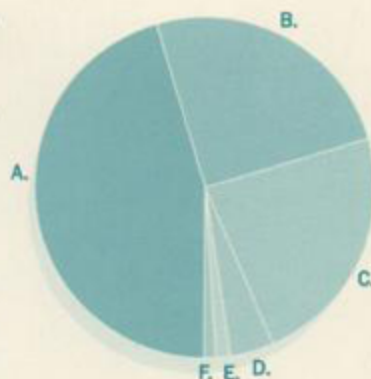
■ Launching a year-long public health promotion in statewide media entitled "Inform and Inspire 2000."

■ Acquisition of a new financial management system for the Alaska Native Medical Center.

## FINANCIAL SUMMARY

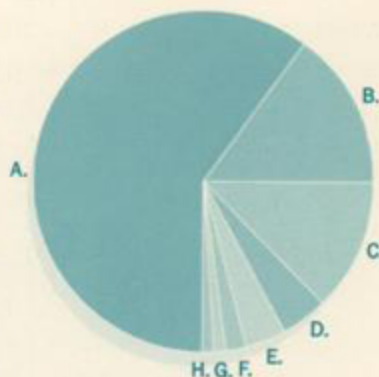
### REVENUE

A. IHS Compact	\$79,500,000
B. Sanitation Construction Projects	\$46,000,000
C. Third Party Collections	\$41,400,000
D. Facility Maintenance and Improvements	\$6,800,000
E. Telehealth-non IHS	\$2,300,000
F. Interest	\$2,000,000
	<u>\$178,000,000</u>



### EXPENDITURES

A. ANMC (ANTHC Portion)	\$100,500,000
B. Sanitation Projects	\$25,000,000
C. Sanitation Construction Projects Committed Funds	\$21,000,000
D. Environmental Health Engineering	\$7,200,000
E. Facility Maintenance Improvements	\$6,800,000
F. Administration	\$3,300,000
G. Community Health	\$1,400,000
H. Tribal Support Services	\$1,300,000
	<u>\$166,500,000</u>



This Financial Summary is preliminary as of 11/1/99, and is subject to a formal audit for FY1999.





## BOARD OF DIRECTORS

Left to right:

Katherine Gottlieb, *Southcentral Foundation*  
 Henry Hunter, Sr., *Yukon-Kuskokwim Health Corporation*  
 Evelyn Beeter, *Mt. Sanford Tribal Consortium*  
 Lincoln Bean, Sr., *SouthEast Alaska Regional Health Consortium*  
 Paul Manumik, Sr., *Yukon-Kuskokwim Health Corporation (alternate)*  
 Ruth Moto, *Maniilaq Association*  
 Eben Hopson, Jr., *Arctic Slope Native Association*  
 Eileen Ewan, *Copper River Native Association*  
 Floyd Laverdure, *Kodiak Area Native Association (alternate)*  
 Mike Zacharof, *Aleutian/Pribilof Islands Association*  
 Andrew Jimmie, *Tanana Chiefs Conference*  
 Robert Clark, *Bristol Bay Area Health Corporation (alternate)*  
 Sally Smith, *Bristol Bay Area Health Corporation*  
 Don Kashevaroff, *Seldovia Village Tribe*  
 Esther Ronne, *Chugachmiut*

Not shown:

Larry Ivanoff, *Norton Sound Health Corporation*  
 Terrance Booth, *Metlakatla Indian Community*  
 Denise May, *Kodiak Area Native Association*



*Esther Ronne receives special recognition for her service from President/CEO Paul Sherry. Board members Lincoln Bean (far left) and Eben Hopson (far right) join in congratulating her.*



# ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

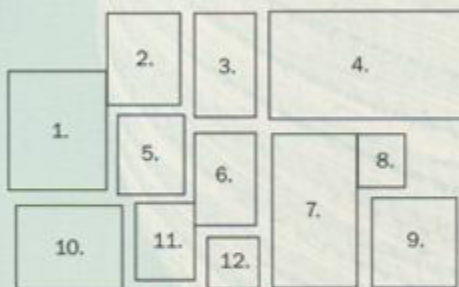
## PURPOSE

To provide the highest quality health care services for all Alaska Natives.

## VISION STATEMENT

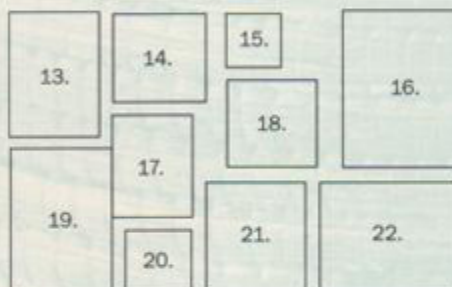
A unified Native health system, working with our people,  
achieving the highest health status in the world.

In October photographer Ray Solomon, a Gwich'in Athabascan from Fort Yukon, took pictures of people at the 1999 Alaska Federation of Natives Convention and in the lobby of the Alaska Native Medical Center. These Alaska Natives from all over the state are:



### Front cover

1. Nita Johnson, *Kiana*
2. Eric Nicholas, *Grayling*
3. Natalia Inga, *Kodiak*
4. Patsy Stalker with baby Jessika, *Noorvik*
5. Nona Amos, *Mekoryuk*
6. Evelyn Karmun, *Kotzebue*
7. Sal Sutton, *Togiak*
8. Billy Gilman, *Atmautluak*
9. Evelyn Beeter, *Mt. Sanford*
10. David Kawagley, *Anchorage*
11. Millie Stevens, *Craig*
12. Wilson Justin, *Mt. Sanford*



### Back cover

13. Frank Evan, *Akiak*
14. James Blair, *Togiak*
15. Alvin Amaktoolik, *Elim*
16. Nora Thomas, *Palmer*
17. Brenda Anashugak, *Wainwright*
18. Maryann E. Charles, *Anchorage*
19. Michael Long, *Mountain Village*
20. Gloria Carter, *Noorvik*
21. Glen Katongan, *Unalakleet*
22. Joshua and Allen Oscar, *Bethel*

Details of artwork with permission from Alaska Native Medical Center Auxiliary's Heritage Collection:  
Cover - Beadwork by Hannah Solomon  
*Follow Our Ancestors Trail* by Clarissa Hudson, p. 12

Details of artwork with permission from the Anchorage Museum of History and Art:  
Basketry Plaque by Emma Albert, p. 3-4  
Grass Basket by Mary Black, p. 5  
Willow Root Tray by Edna Deacon, p. 8  
Basket by Lucy Post, p. 14

ANMC building and Larry Ivanoff photos by Frank Flavin  
Tanacross photo by Joe Sarcone  
St. Michael CHAP photo by Carol Gales  
All other photos by Ray Solomon





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