

Mukluk Telegraph

THE OFFICIAL QUARTERLY NEWSPAPER FOR THE CUSTOMER-OWNERS OF THE ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

APRIL-JUNE 2011

Breaking ground on better health care





Members of the Alaska Native Tribal Health Consortium Board of Directors attend the recent

TODD HENRY PHOTO

HIGHLIGHTS IN THIS ISSUE

PAGE 2: Electronic Health Records will impact your care

PAGE 3: The myths and facts of health care for Alaska Natives

PAGE 4: Summer construction season starts during the winter

PAGE 5: DEHE Engineer Dan Boccia wins national award

PAGE 6: Five minutes with ANMC pediatrician Matthew Hirschfeld



PAGE 7: "Nolan the Colon" tours Alaska, spreading cancer awareness



PAGE 8: Healing Touch therapy gains popularity, soothes patients

Construction around ANTHC campus means healthier Alaska Native people

groundbreaking ceremony of the ANTHC Healthy Communities Building.

BY JOSH NIVA

Most people associate construction with noise and machinery, dust and delays, and overall inconvenience. But for the customer-owners of the Alaska Tribal Health System, the current and future construction buzz around the Alaska Native Tribal Health Consortium (ANTHC) campus should signify the building of a better health care experience.

Construction is a constant around ANTHC these days, with some projects wrapping up recently, some currently underway, and others breaking ground in the near future. The payoff is more rooms for mothers and babies and patient examinations, new and upgraded medical equipment, and access to better service and health care at Alaska Native Medical Center (ANMC) and around Alaska.

"Our focus on providing the best health care to our customer-owners means that we're constantly improving and adding to ANMC and to all related facilities," said Don Kashevaroff, ANTHC Chief Executive Officer. "While these projects may occasionally pose an inconvenience for patients, family and staff, this work is necessary to us achieving our vision that Alaska Natives are the healthiest people in the world."

SEE "BREAKING GROUND," PAGE 4 ►

Electronic Health Records will change the way you receive health care

Electronic Health Records (EHRs) are quickly becoming a reality at health care facilities around the country. In October, EHRs will arrive at Alaska Native Medical Center. This directly impacts you in many positive ways.

EHRs will ensure that your up-to-date medical history — from your charts and insurance information to your appointments and medications, and much more — will all be at the fingertips of whoever is serving you. This also means more thorough and convenient care for you, with better recordkeeping and fewer forms to fill out.

After full implementation, customers will also have access to electronic prescribing of medications, clinical reminders for the health screenings and immunizations you need, and direct links to online resources for your clinical provider to help solve your medical problem.

While you'll also be able to view this information on your own computer, your record will be secure and you will have the right to determine who has access to your records.

ANTHC staff has planned for years on this project, all aimed at providing better health care for anyone who visits ANMC. The EHR software has been designed and is currently being tested. Training for ANMC staff takes place in August and September, followed by a go live date in October.

MISSION

Providing the highest quality health services in partnership with our people and the Alaska Tribal Health System

VISION

Alaska Natives are the healthiest people in the world

VALUES

Achieving excellence Native self-determination Treat with respect and integrity Health and wellness Compassion

Healthy adventure. Safe fun.

Camp Kushtaka June 26-July 1 in Cooper Landing

The American Diabetes Association Camp for Kids with Type 1 Diabetes. Registration deadline June 1, and this summer ANTHC may sponsor 10-12 Alaska Native/American Indian kids ages 6-17.



Register now. Learn more information at www.diabetes.org/adacampkushtaka or contact the ADA at (907) 272-1424 or Joan Hastie at (907) 729-1125.

VOICE OF THE PEOPLE

This Issue's Question:

Kotzebue's John Baker just made history with his 2011 Iditarod win. Will Baker's performance inspire you?



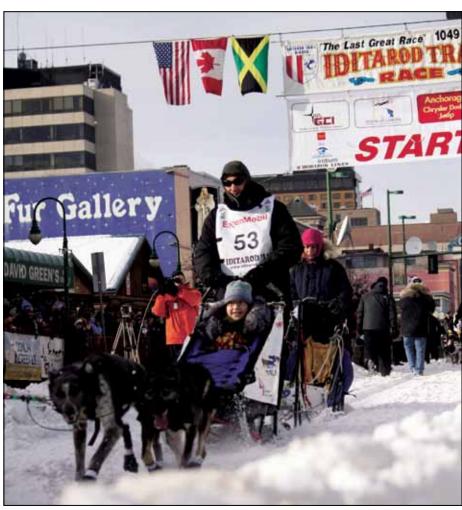
"He's a hard worker. I just broke my arm ... I'll work hard so when my arm's fixed, I can get back on the basketball court."

— Tommie Snyder, Selawik

"I'm inspired that he never gave up. That should inspire everybody."

— Wally Marvin, Juneau





TODD HENRY PHOTO

THE MUKLUK TELEGRAPH

The Mukluk Telegraph is the official newspaper of the Alaska Native Tribal Health Consortium.

The paper is published quarterly and distributed at no charge to customer-owners, employees and partners of ANTHC statewide.

HOW ARE WE DOING?

Have a suggestion or a compliment for the Mukluk

We would love to hear from you. E-mail the ANTHC

Marketing Department at marketing@anthc.org.

SUBSCRIPTIONS

Want to receive the Mukluk Telegraph in the mail? Write to marketing@anthc.org and we'll add you to our

The Mukluk Telegraph is available online at www.anthc.

org/abt/news.

STAFF

Josh Niva — Editor, Communications Manager

Fiona Brosnan — Public Relations Manager

Brandy Dixon — Marketing Manager

Andrew Gildersleeve — Dynamic Media Manager

Todd Henry — Multimedia Production Artist Selma Oskolkoff-Simon — Marketing Coordinator

CONTACT US

Alaska Native Tribal Health Consortium

Attention: Mukluk Telegraph

4000 Ambassador Drive

Anchorage, Alaska 99508

Phone: (907) 729-1899 E-mail: lifecare@anthc.org

Web: www.anthc.org/abt/news

The myths and facts of 'free' health care for Native people

BY ALASKA NATIVE TRIBAL HEALTH CONSORTIUM AND SOUTHCENTRAL FOUNDATION STAFF

APRII-JUNE 2011

Opinions and questions about Native health care, and why it is "free," surface in media reports, private conversations and everywhere in between. What many people don't understand is that Alaska Native and American Indian people have paid for their health services in full.

In essence, the health care for indigenous peoples in the United States has been "prepaid" by agreements related to land and resources. Alaska Native and American Indian communities have purchased services from the federal government through government-to-government agreements with the United States, captured in numerous treaties and legislation. The Indian Health Service oversees these services.

One of the latest pieces of legislation is the Indian Health Care Reauthorization and Extension Act of 2009, on which leaders in the Alaska Tribal Health System worked tirelessly for more than a decade. The act removes the first hurdle to seeking additional funding from Congress, and requires the IHS to consider adjustments for medical inflation rates and population growth. The changes are significant because the IHS has long been underfunded.

The land acquired by the United States in deals with tribal governments continues to yield immeasurable value to the American people. Some of the land is still owned and managed by the U.S. government, and is used for Americans' business pursuits, such as logging, farming and mining, and for



CLARK JAMES MISHLER PHOTO

Mary Vincent, PA.C, examines Georgina Reese in Kake.

recreation. Americans have also used the land to build the thousands of towns and cities, and millions of homes, where Americans live and work.

In return for this land, the IHS serves as the principal federal health care provider and health advocate for Alaska Native and American Indian people, with a goal to raise their health status to the highest possible level. The IHS currently provides health services to approximately 1.5 million Alaska Native and American Indian people who belong to more than 557 federally recognized tribes in 35 states. Tribes may also choose to contract for specific program shares or to become totally self-governing. Self-Governance Tribes, like those in Alaska, have total control over all of their health-related programs.

By its own calculations, the U.S. government falls short of providing funding for the provision of even basic health services for Alaska Native and American Indian Communities. The government provides only 40 percent of what would be considered adequate funding.

That is where Alaska Native and American Indian people themselves can make a difference, by using Denali KidCare, Medicaid, Medicare, disability and private insurance within the tribal health system. Alaska Native and American Indian people can help each other achieve health and wellness by sharing resources, which benefits everyone in the community. If you have private insurance, please present your insurance card at the time of

service. If you think you may be eligible for Medicaid, Denali KidCare or Medicare, contact your regional health organization for more information.

The article by SCF Public Relations Staff entitled "Addressing the myth of 'free' health care for Native people: Indian Health Care Reauthorization Act puts question in the spotlight" originally ran in the April/May 2008 issue of Anchorage Native News. For more information, please e-mail lifecare@anthc.org.

Myth / Fact

MYTH: Alaska Native and American Indian people receive free health care.

FACT: The U.S. government promised prepaid basic health services to Alaska Native and American Indian people in exchange for valuable land and resources.

MYTH: Facilities in the Alaska Tribal Health System are funded entirely by the Indian Health Service.

FACT: Tribal health facilities receive funding through many sources, including Medicaid, Medicare, third-party payers, private insurers and Alaska Native corporations. The Indian Health Service supplies only about half the funds needed for a basic level of prepaid health care.

MYTH: Alaska Native and American Indian people receive federal funding because of the actions of people many years ago.

FACT: Alaska Native and American Indian health care is based on many factors, including land deals as recent as the 1970s.

MYTH: If I take my private insurance somewhere other than the Alaska Tribal Health System, I'm freeing up space for someone who needs it.

FACT: When you use your private insurance, Medicaid, Medicare, disability or Denali KidCare at a tribal health facility, you strengthen the health system for everyone.

Our shuttle. Your convenience.



Getting to and from Alaska Native Medical Center has never been easier.

ANMC's expanded Airport-to-Medical Center Shuttle services now include:

Hourly departures from 4:30 a.m. to midnight
Departs ANMC at the top of the hour;
Departs Ted Stevens International at the bottom of the hour
1-on-1 Special Pickup shuttle for late-night arrivals

To request a 1-on-1 pickup, call (800) 478-6661.

For more information on Shuttle Service

No off-season for DEHE staff

BY JOSH NIVA

Each summer, the work of Alaska Native Tribal Health Consortium's Division of Environmental Health and Engineering (DEHE) is highly visible as crews work to bring better health care to Alaska Natives. Summer is when DEHE crews are on the ground across the state, building and updating health care clinics, constructing and repairing water treatment plants, adding water transmission lines and sewer services, and even building popular community washeterias.

What isn't so visible is DEHE's work during the construction off-season, particularly winter. But that's when everyone in DEHE — engineers, mechanics, electricians and other staff — are busy with the planning, packing and preparation that fuels each construction season.

"There's no slack time — we're busier this winter than we've ever been before," said JW Graves, DEHE's Director of Construction.

That's because DEHE is preparing for 40 projects in 34 communities during the 2011 construction season. Some of the work will include a multifaceted project in Pitkas Point near Saint Mary's, where crews will build a new water treatment plant, a new washeteria and wells, lagoon, lift station, and add water and sewer mains; a new wastewater lagoon and water distribution and sewer collection in Eek; and water treatment plant work in Allakaket, Golovin, Gulkana, Kasaan, Klawock, Old Harbor, Old Kasigluk, Stebbins, Toksook Bay and Venetie.

Winter might be a slow time for actual construction, but the DEHE offices buzz all off-season with design and preparation work.

Meanwhile ANTHC mechanics, electricians, and shipping and receiving crews are busy building and repairing, welding and wiring, staging and loading. It's the kind of work that sets the foundation for a successful construction season and builds healthier communities for Alaska Natives and all Alaskans.

Most of the DEHE construction work begins around June 1, though each project's start time varies dependant on project size, ground conditions,



TODD HENRY PHOTO

DEHE electrician Clinton Justus prepares a control panel that will be installed in a water treatment plant in rural Alaska during the upcoming summer construction season.



TODD HENRY PHOTO

DEHE electrician Christopher Windham wires a control panel for a water treatment plant.

manpower and shipping plans. Some projects will begin as early as April while others won't begin until as late as October.

The impact of these projects on communities is felt well beyond health care improvements. This summer, DEHE anticipates bringing in 220 local hires, more than 90 percent of which will be Alaska Native.

DEHE has plenty of momentum heading into this construction season after completing 24 sanitation construction projects in 17 communities and building health clinics in eight communities in 2010. That work included the installation of more than 10 miles of pipe and a workforce comprised of many Alaska Native workers: 92 percent of construction crews and 96 percent of water system operators were Alaska Native.

Since 2001, DEHE has been involved in the construction or funding management for 114 clinics built or remodeled, all done to improve the health of Alaska Natives around the state. Mortality rates were reduced by up to 67 percent in communities where sanitation facilities were implemented. Children who have limited access to water service are five times more likely to be hospitalized for lower respiratory infection and 11 times more likely to be hospitalized for pneumonia.

DEHE projects are also looking to the future. Alaska uses more energy per capita than any other state and rural Alaska is especially saddled with energy costs. This makes energy efficiency critical. DEHE has a goal of reducing by about 30 percent the energy consumption in rural Alaska public facilities by 2015.

Josh Niva is Communications Manager with the Alaska Native Tribal Health Consortium. He can be reached at (907) 729-1899 or jjniva@anthc.org. "BREAKING GROUND," FROM PAGE 1 ▶

The recent groundbreaking of the ANTHC Healthy Communities Building drew ANTHC board members, staff and statewide media attention.

The Healthy Communities
Building means ANTHC divisions
leasing space around Anchorage
will now be housed in one space.
This allows ANTHC staff to create
greater organizational alignment,
creates additional space and
comfort at ANMC, and for the
company to build equity.

Here are a few highlights and expected impacts from construction projects at ANMC:

- Room remodels at Quyana
 House were completed in
 March, making for a more pleasant stay for out-of-town patients and their families.
- The current 2,000-squarefoot expansion of the Maternal Child Health department means an addition of four new private post-partum rooms, bringing the room total to 20.
- The 2,400-square-foot
 Oncology expansion and
 remodel has added six new
 examination rooms to the
 current one and adds two new
 infusion chairs for patient
 comfort.

SEE "BREAKING GROUND," PAGE 5 ►



TODD HENRY PHOTO

ANTHC Board of Directors members, from left, Andrew Jimmie, Ray Alstrom and Lincoln Bean, Sr., join CEO Don Kashevaroff at the groundbreaking ceremony. "BREAKING GROUND," FROM PAGE 4 ▶

- A multifaceted upgrade to the MRI and CT department is in progress, which includes the installation of a state-of-the-art high-speed MRI machine.
- The Emergency Department remodel includes eight new examination rooms, an additional patient restroom, and a more comfortable and spacious waiting area.

That's just the short list of the projects taking place around the ANTHC campus. Improved facilities and upgraded equipment result in a better health care experience for customer-owners, Alaska Natives and ANTHC employees.

Josh Niva is Communications Manager with the Alaska Native Tribal Health Consortium. He can be reached at (907) 729-1899 or jjniva@anthc.org.





An artist's rendering of ANTHC's Healthy Communities Building.

Pardon our dust ...

A timeline of current and future construction projects taking place around ANTHC, all to ensure better health care for Alaska Natives:

March 2011

- Construction began on Healthy Communities Building
- ANMC Administration relocation to first floor complete
- ANMC MCH Post-Partum expansion began, adding four rooms to second floor
- Quyana House patients rooms upgrade complete

April 2011

• ANMC Fast Track/Emergency Department expansion on first floor complete

- ANMC Oncology expansion on first floor complete
- ANMC MRI upgrades complete

May 2011

• ANMC Radiology server room upgrade complete

June 2011

- ANMC Oncology infusion expansion complete
- Healthy Communities Building north parking lot complete

July 2011

• ANMC CT upgrades complete

Summer 2012

• Healthy Communities Building ready for occupancy

ANTHC engineer wins national recognition

BY JOSH NIVA

Dan Boccia, Lead Civil
Engineer at the Alaska Native
Tribal Health Consortium's
Division of Environmental Health
and Engineering (DEHE), was
recently named Indian Health
Service's (IHS) Engineer of
the Year, recognizing Boccia's
"overall outstanding engineering
achievement."

In the past three years, Boccia's engineering team has produced 24 plan sets that have improved sanitation in 20 communities and around 1,000 homes of Alaska Native families, which in turn significantly improved health around Alaska. The plan sets are worth an estimated construction value of \$48 million.

"This is a big award — I didn't expect it, but the reason I got the award was because of the people doing the work with me," said Boccia, a member of the ANTHC staff since its inception in 1997. "And the nature of the work in this state is probably pretty attractive to someone in Washington, D.C., so the credit is also in the work we do."

DEHE Engineering Manager Don Antrobus nominated Boccia for the award and didn't downplay the distinction or Boccia's talents.

"Dan has designed projects in the Bush for almost 20 years and he's made an extraordinary impact over that time," said Antrobus. "Dan is very much a person who gets things done, and this award is also recognition of his continual body of work."

Boccia has worked in Alaska as an engineer with the Indian Health Services since 1993. He's operated as a construction engineer, project manager, and design engineer, and he currently directs a team of six in DEHE's Engineering Services Department, which he helped establish in 2008.

"I'm more excited than ever to be doing this work — it is very personal work," said Boccia, who originally hails from Yakima, Wash. "I see all the things I've been involved with and it's incredibly satisfying.

"This is not out-of-the-textbook work here," he added. "It's challenging work, and challenging for me is fun." ■



JOSH NIVA PHOTO DEHE engineer Dan Boccia was recently named IHS Engineer of the Year.

FIVE MINUTES WITH ...

ANMC's Dr. Matthew Hirschfeld

Dr. Matthew Hirschfeld is Director of Maternal Child Health at the Alaska Native Medical Center. He joined the ANMC staff in August 2005.

INTERVIEW BY FIONA BROSNAN

MUKLUK TELEGRAPH: Where are you from originally?

DR. HIRSCHFELD: I was born in Shiprock, N.M., but I was raised in Boise, Idaho. I received my undergrad at Montana State University in Bozeman, Mont., and went to medical school at the University of Utah in Salt Lake City. I then did my pediatric residency at University of Washington/Seattle Children's Hospital in Seattle, Wash., and then five years ago I came to ANMC.

MT: Why did you become a physician?

DR. HIRSCHFELD: Originally, I wanted to do biomedical research, and I applied to medical school as part of a MD/PhD program. Although I really liked doing research, I liked taking care of sick, hospitalized kids, and their families more — that's what drew me to pediatrics. I became a pediatric hospitalist because it was a good fit for what I liked to do.

MT: What kind of work do you do at the Alaska Native Medical Center?

DR. HIRSCHFELD: For the past three years, I've been the Medical Director for the Department of Pediatric Hospital Medicine at ANMC. About 50 percent of my time is working with other institutions to improve medical services for Alaska Native kids across the state of Alaska. These other institutions include the State of Alaska, Providence Alaska Medical Center, Seattle Children's Hospital, Oregon Health and Science University, and all of the regional hospitals in Alaska. The other 50 percent of my time is spent doing clinical medicine at ANMC. The clinical medicine part includes working in Inpatient Pediatrics, the Pediatric Intensive Care Unit, the Neonatal Intensive Care Unit, and the Newborn Nursery. In addition, our team functions as the pediatric consult service for the Alaska Native Health System, meaning we provide advice about the care of kids to family medicine, nurse practitioners, physician assistants,



TODD HENRY PHOTO

Dr. Matthew Hirschfeld

and other providers throughout Alaska.

MT: Why do you work for ANMC?

DR. HIRSCHFELD: I work for ANMC mainly because I really like the Alaska Native families that come here for their health care. In addition, the people that work at ANMC are some of the best and most dedicated people I've worked with in health care.

MT: What is your favorite part of the job?

DR. HIRSCHFELD: My favorite part of the job is watching kids get better after they've been sick for a long time. It's very rewarding. From a more administrative standpoint, I like changing systems so that it's both easier for patients to utilize all of the complex health care we provide at ANMC and for our staff to provide higher quality, more efficient care to the people that come here.

MT: What do you enjoy doing outside of work?

DR. HIRSCHFELD: Outside of work I enjoy skiing, floating rivers, road biking, fly fishing and traveling.

Fiona Brosnan is the Public Relations Manager for ANTHC.

ANTHC staff and Databound deliver efficiency, effectiveness to customers

Navigating the health care insurance system can be complicated for patients and administrators. ANTHC's Patient Financial Services team and its business partner Databound Healthcare Solutions weave through the complexities to improve the experience for customers and efficiency for ANTHC.

ANTHC's Insurance Verification Group (IVG) was created in 2010 and has worked with Databound to electronically confirm the insurance of customers. In fact, IVG and Databound's work has helped ANTHC become more efficient on many levels.

This means reduced wait time at clinics, less paperwork, proper billing, and overall customer satisfaction improvement. For ANTHC, staff spends less time chasing down insurance information, more time maximizing insurance billing, and an overall reduction of claims denials. From October 2010-February 2011, ANTHC has netted more than \$1.5 million in additional cash collections as a result of the insurance search process.

By the end of Fiscal Year 2012, all ANTHC clinics will use Databound, equating to even more impact for customer-owners and ANTHC. ■



ANTHC medical billing specialist Alexi Betz, left, works with Databound Healthcare Solutions' Rachel Bowles.

TODD HENRY PHOTO

We're changing the MuklukTelegraph ... And we need YOUR help!

Tell us how you use the MuklukTelegraph ...

When you read it
Where you read it
What you like
What you'd do differently

Your answers could win you: A \$50 Visa gift card Regal Cinemas gift cards ANTHC logo gear



Take the survey today at www.anthc.org/survey

Mukluk Telegraph

ANTHC takes colorectal cancer awareness on the road

BY JUDITH MULLER

Colorectal cancer is one of the leading causes of death in Alaska, but if everyone were screened for this disease, most of these deaths could be prevented.

Unfortunately, not everyone gets screened. Some people aren't comfortable calling their health care provider to make an appointment for colon screening. Some feel embarrassed or think it will hurt. Others think that because they feel fine, they don't have to be screened for cancer.

For all of these reasons and more, the ANTHC Cancer Program and its partners are actively spreading the word about the importance of colon screening and encouraging colorectal cancer screening at health fairs, in clinics, on television and radio, and even on coffee cup wraps. ANTHC also has a new colorectal cancer education tool to help spread the word about colon cancer prevention detection: Nolan the Colon, a huge inflatable colon. It is so large, people can easily walk through it, even push a stroller or wheelchair through it.

Nolan the Colon travels around Alaska encouraging people to live healthy, prevent cancer and have a colon screening at age 50 — sooner if a family member has been diagnosed with colorectal cancer.

In the colon, there can be small growths called polyps. A woman with breast cancer often feels fine and doesn't know that she has cancer. The same is true for colorectal cancer. You can feel fine and have no symptoms, yet a polyp can be growing in your colon and these polyps can turn into cancer. That's why it's important to have a colonoscopy. If a colonoscopy is performed and the doctor finds a polyp, it can usually be removed during the procedure and before it becomes cancerous.

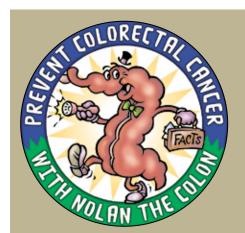
Some people don't like the preparation needed before colon screening. Usually people have to drink a fluid that cleans their colon so a doctor can see clearly and so that they don't miss any polyps.



KAREN MORGAN PHOTO

PAGE 7

People walk through Nolan the Colon to learn about colorectal cancer during its recent stop in Anchorage.



Nolan the Colon tour dates

April 6-7 in Bethel

April 22-May 7 in Haines, Prince of Wales and Sitka

May 19-21 in Fairbanks

June 7-14 on Aleutian Pribilof Islands Association tour with Alaska Ferry System

The night before the screening, you may need to spend a lot of time in the bathroom. It's not pleasant, but it's worth the trouble — the cleaner your colon, the better your doctor can see any potential problems.

Sometimes your doctor will offer sedation before the procedure.

When you wake up, it's over.
Usually you feel fine after the procedure, though a little sleepy.
You might be asked to have someone with you who can make sure you get home safely.

If a person has colon cancer, his or her first-degree relatives

(parents, grandparents, siblings and children) have a slightly higher chance of also developing colon cancer. It may be necessary for them to get screened before age 50. They need to tell their health care provider about the family relationship and ask whether they need an earlier screening.

To learn more about colon cancer prevention talk with your health care provider about colon screening.

To invite Nolan the Colon to your community, e-mail Judith Muller at jmmuller@anthc.org. ■

Judith Muller is Cancer Program Coordinator at ANTHC.



All proceeds benefit key initiatives to improve medical care, strengthen wellness and prevention efforts, and promote healthy village environments.

Healing Touch services expand in Alaska and beyond

BY EMILY WILDER

At ANMC in Anchorage — and increasingly at tribal health facilities in Alaska and Outside — Healing Touch therapy continues to offer comfort and relief from pain to patients.

Healing Touch, an energy-based therapy, is one of the ways providers can integrate alternative methods of healing and wellness with traditional medicine. It is especially useful during end-of-life care, when the focus is on keeping the patient comfortable and calm. Early studies have shown the therapy can reduce pain, anxiety, stress and effects from trauma and chronic pain.

As word about the benefits of
Healing Touch spreads, more
providers are looking to it as a way
to offer holistic care to patients. The
curriculum is based on a medical
model, and practitioners must go
through several levels of intensive
training. ANMC offers at least one
Healing Touch class every month
through May; the next round begins in
September.

Several ANMC nurses are scheduled to complete their training in May. Staff at Norton Sound Regional Hospital have begun learning the practice.

"I taught two classes in Nome during August and November of 2010, with additional classes requested in Unalakleet," said Deborah, an ANMC nurse and Healing Touch practitioner who goes by a single name. "A nurse in Dillingham has HT education and skills, and expressed intentions of expanding her use of HT."

Deborah is taking the Healing
Touch message to tribal health
facilities throughout the U.S. as well.
Last year, she traveled to Cherokee
Indian Hospital in North Carolina to
assist with the implementation of a
Healing Touch program. "They are
doing quite well in integrating HT into
their bedside caring skills," she said.

To learn more about HT therapy, visit www.healingtouchprogram.com. For information about the training curriculum, contact Deborah at ddeborah@anthc.org or (907) 729-2367. ■

Emily Wilder is a health news correspondent with ANTHC. She can be reached at etwilder@anthc.org.



JOSH NIVA PHOTO

More nurses at Alaska Native Medical Center and around the state are receiving Healing Touch training. A few of the ANMC staff trained in Healing Touch include from left, Deborah (Utilization Management Nurse), Nancy Brooks (CNA), Carol Greenway (RN), Mary Mohlman (Nursing Supervisor), Fonny Borey (CNA), Chris Borey (CNA/MC) and Yolanda Talbert (RN).

