

THE MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

Alaska Native Medical Center earns top rating

NOTES

New video depicts water and sanitation construction projects

The Department of Environmental Health and Engineering has completed a 20-minute video depicting water and sanitation systems under construction in four villages: Tetlin (flush and haul system), Selawik (vacuum system), GoodNews Bay (gravity system) and Kake, Alaska (a new gravity system).

Producers extend their deep appreciation to all the residents who made them feel welcome and to those who talked with them about water and sanitation needs and plans for the villages.

Copies of the video will be available the first part of January.

If you would like a copy, please call Helen Andon at 1(800) 560-8637.

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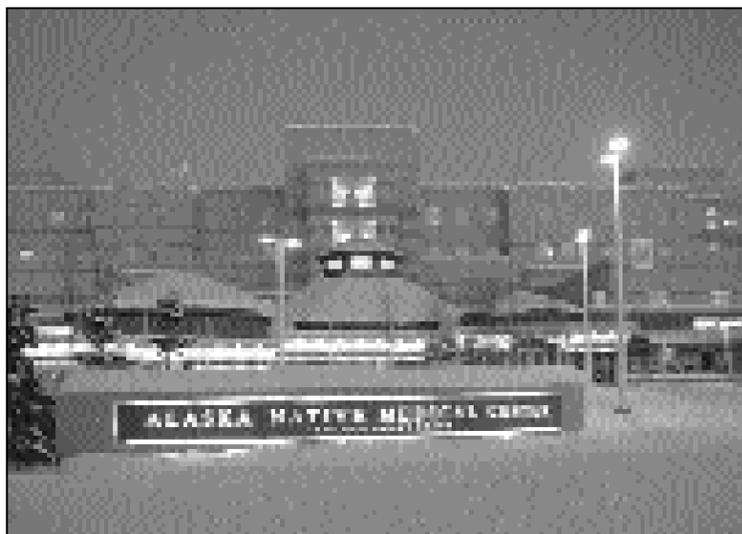
Staff Report

The Alaska Native Medical Center (ANMC) has earned a score of 95 of a possible 100 according to a commission that reviews hospitals in key areas affecting patient care. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) released its survey results on Friday, Nov. 17.

"Native people can be very proud of this confirmation of the excellent health care we provide," said H. Sally Smith, chair of the hospital's Joint Operating Board.

"JCAHO has changed in the past couple of years, giving hospitals closer scrutiny and lower review scores, making this high score all that much more of an accomplishment," said Hospital Administrator Dee Hutchison.

"Tribal leaders put a lot of time and thought into designing our hospital so it meets the needs of patients from rural Alaska," said Paul Sherry, CEO of the Alaska Native Tribal Health



The Alaska Native Medical Center earned a near-perfect score in a recent survey by the Joint Commission on Accreditation of Healthcare Organizations.

File photograph

Consortium. "I think the effort that went into the building design, the operating structure, and obtaining the funding necessary for this state-of-the-art facility, has all paid off."

"JCAHO's survey findings confirm that the hospital and Anchorage Native Primary Care Center provide the highest quality health care," said Katherine Gottlieb, President and CEO of Southcentral Foundation. "It's very gratifying to know that, as demand for both outpatient and inpatient services continues to grow, an

objective review by a nationally recognized entity like JCAHO has found our services to be of excellent quality."

ANMC is co-managed by Southcentral Foundation (SCF), the non-profit health care affiliate of Cook Inlet Region, Inc., and the Alaska Native Tribal Health Consortium, a statewide consortium of Native regional health organizations representing all 226 federally recognized tribes in Alaska. The Consortium and SCF estab-

lished a Joint Operating Board to ensure unified operation of health services provided by the medical center.

"JCAHO's findings give both our patients and staff reason to be very proud," SCF Vice President of Medical Services Dr. Douglas Eby added. "It's wonderful to have your efforts recognized through high marks. However, our real evaluators, ultimately, are our customers. We contin-

See ANMC Rating on page 8

Kashevaroff new ANTHC President, Board Chairman

The Alaska Native Tribal Health Consortium Board of Directors elected Donald G. "Don" Kashevaroff the Chairman of the Board and the President of the Alaska Native Tribal Health Consortium on Dec. 1.

As Chairman and President, Kashevaroff is responsible for building strong relationships with ANTHC's various Native business partners, federal and state government, and representing the ANTHC at various national and statewide forums. He's involved with



Don Kashevaroff key management and strategic decisions and has an important leadership role at the national health level. A significant part of his time is devoted to addressing the health concerns of Alaska Native people.

"My first priority," said Kashevaroff, "is to make the

See Kashevaroff page 8

Meeting draws Alaska tribal members

Staff Report

More than 100 people attended the Alaska Native Tribal Health Consortium Annual Meeting held at the Holiday Inn in downtown Anchorage Dec. 1.

Participants heard presentations from Consortium managers, and visited several informational booths set up by various departments.

During an "open mic" (microphone) session, people asked about:

*coverage of travel costs so cancer

See Annual Meeting page 8



VOX

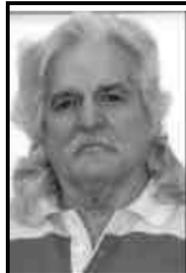
The Voice of The People

The question we asked was...
What is your New Year resolution for the first year of the Millennium?



"I want to travel... to Disney World!"

Tia Trannum
Wind River,
WY



"I would like to pay my tithes regularly and be more grateful...."

Steve Garcia
Palmer



"Since I am here in the dental office I need to make it flossing more regularly."

Suzanne
Brithanpt
Anchorage



"Lose weight and become debt free."

Alan
Nickanorka
Tyonek

Three win Indian Health Service Director's awards

By Chris Mandregan, Jr.
Director, Alaska Area Native Health Service

Three Alaskans received the Indian Health Service (IHS) Director's Award Nov. 1 from Michael H. Trujillo, MD, MPH, MS, Assistant Surgeon General; Director, IHS.

The award was presented at the IHS Awards Ceremony and American Indian-Alaska Native Heritage Month celebration in Rockville, Maryland.

The recipients were:

Bob Sam, Council Member, Sitka Tribe of Alaska (see the Nov.-Dec. issue of the Mukluk Telegraph);

Sherry Foster, Program Analyst, Division of Planning, Evaluation, and Health Statistics, Alaska Area Native Health Service (AANHS), IHS; and

Mr. James Armbrust, Director of Tribal Programs, Alaska Area Native Health Service.

Mr. Armbrust has served as the Director of Tribal Programs for many years. As such, he has been the principal official responsible for implementation of Title III of PL 93-638, the Indian Self-

Each month, we'll feature one of the three people to win this award. This month: James Armbrust, Director of IHS Tribal Programs for Alaska.

Determination and Education Assistance Act, on behalf of the Alaska Area IHS.

Since 1994, the Alaska Area IHS, together with Alaska Native tribes and tribal organizations, has made unprecedented progress in the area of tribal operation of IHS-funded programs pursuant to Title III. Alaska Native tribes and tribal organizations now manage 99 percent of all IHS dollars allocated to the Alaska Area IHS.

Mr. Armbrust has been a central contributor to this unprecedented progress.

Mr. Armbrust served as the Agency Lead Negotiator for the fiscal year 2001 Alaska Tribal Health Compact and the 19 Annual Funding Agreements thereunder. Additionally in this and past years, he has compiled and finalized all

Annual Funding Agreements with co-signer tribes and tribal organizations. Mr. Armbrust serves as mentor to staff of the Alaska Area IHS, sharing his extensive knowledge of PL 93-638.

His significant contributions to the Alaska Area's success in implementing tribal self-governance is due in large part to his integrity and the trust he has established with Alaska Native tribal leaders.

Mr. Armbrust's work not only benefits the Alaska Area. He contributes on a national scope as well.

Mr. Armbrust currently serves on the Tribal Self-Governance Advisory Committee Technical Workgroup.

He also serves on the I/T/U Contract Support Cost workgroup. He has made several presentations at training sessions for IHS Agency Lead Negotiators.

For his significant contribution to improving the health status of IHS beneficiaries through empowerment of Alaska Native and American Indian tribes in the furtherance of their self-governance, Mr. James Armbrust is awarded the IHS Director's Award.



New posters emphasize need for women's safety

Yukon-Kuskokwim Health Corporation Media Services, in cooperation with the Anchorage Police Department, has created a series of posters to caution women who may be traveling to Anchorage and other urban areas.

The posters were distributed in Y-K Delta villages prior to the Alaska Federation of Natives convention in October.

Over the past year, six Native and minority women have been murdered in Anchorage.

A suspect has been charged in one of the deaths, but the others remain unsolved.

The Anchorage Police Department is seeking any information that might lead them to the perpetrators of the crimes.

They also wish to prevent more crimes by emphasizing safety precau-

tions women can take when they visit Anchorage.

If you have any information that might help solve the crimes, please call the Anchorage Police Department at 786-8500 or Crime

Stoppers at 561-7867.

Reprinted from *The Messenger*, a newsletter of the Yukon-Kuskokwim Health Corporation.



Tips for staying safe

Don't go out alone; use the "Buddy System."

Always tell someone where you are going.

Don't carry a lot of cash with you.

Don't trust anyone you don't know, especially if you just met them.

Stay sober; an intoxicated person makes an easy target.

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THE MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

The Mukluk Telegraph is the official newsletter of the Alaska Native Tribal Health Consortium. It is published bi-monthly and distributed to patients, employees and associates of ANTHC statewide.

To receive the Mukluk send your name and address to us at the address below.

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Letters to the Editor

Readers are welcome to comment on subjects covered in the Mukluk Telegraph. Your opinions may be shared with other readers in the following issues of the Mukluk. Responses will be edited for length and good taste. We will attempt to publish all opinions. If you have questions about sending in letters, please don't hesitate to call Selma Oskolkoff-Simon at 907-729-1900.



Western Alaska village gets new water treatment system, cleaner clothes

Water softening system saves trip downriver; laundry whites are whiter

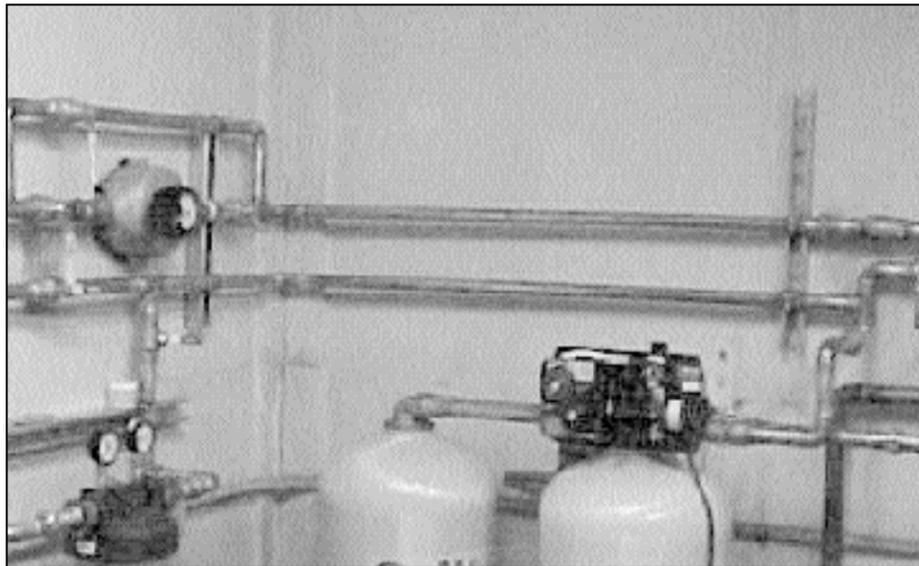
Staff Report

It used to be that if folks in Chuathbaluk wanted really clean clothes, they'd haul their laundry by snowmachine or boat a dozen miles downriver to Aniak.

That's changed with a new water treatment system, thanks to a project by the Alaska Native Tribal Health Consortium.

Like many Kuskokwim River communities, Chuathbaluk has problems obtaining good quality water. The city's well water contains high traces of iron that would turn white clothes a rusty color in the wash.

That tended to discourage use of the city laundromat and encouraged people to take their laundry to Aniak. City officials worried about the loss of operation and maintenance revenue from the laundromat as it



Twin water softener tanks installed in Chuathbaluk's well house remove iron that made for rusty-colored laundry.

Photo by Eric R. Lehan, P.E.

became difficult to pay for its upkeep.

Space and budget were limited so a new treatment building and water storage tank were not feasible. Engineers opted for a small, innovative water softener that fits inside the existing well house.

The new system removes nearly all the iron from the city well water that supplies the city building, clinic,

laundromat, and a new watering point. So far, people in Chuathbaluk seem to like it.

People in Chuathbaluk still haul their water and use honeybuckets but the new watering point at the well house is more convenient and doing laundry at the city facility is now more appealing.



Southeast substance abuse programs receive national honors

The SouthEast Alaska Regional Health Consortium (SEARHC) is one of 10 organizations nationwide recognized by the federal government for their work in reducing substance abuse among Native Americans.

SEARHC's three treatment programs — Raven's Way, Bill Brady Healing Center, and Deilee Hit (Safe Harbor House)— are all showcased in a new U.S. Department of Justice publication entitled *Promising Practices and Strategies to Reduce Alcohol and Substance Abuse among American Indians and Alaska Natives*.

In the foreword to the publication, U.S. Attorney General Janet Reno said that among the qualities found in all of the selected programs is a focus on services that are "culturally reflective of the Indian community." The article describes the SEARHC treatment efforts as "creative programs" and credits them with "making considerable progress in stemming and treating substance abuse."

Wilbur Brown of the Bill Brady Healing Center and Albert Nels of the Raven's Way Program traveled to Washington, D.C. to accept the honors from Attorney General Janet

Reno on behalf of SEARHC. Brown made a presentation on the SEARHC programs at the awards ceremony. He said the federal government regards SEARHC as "on the cutting edge of Native substance abuse treatment."

The SEARHC programs include youth, adult and women's intervention and treatment. Raven's Way,

A family oriented environment ... treatment of Natives by Natives ... focus on the whole person ... respect for each individual ... building of a support network ... and developing pride and strength from the Native culture...

the youth program, has graduated 638 students since opening its doors in 1989. The six-week residential program, which serves adolescents ages 13-19, features a wilderness challenge component and helps youths develop healthy lifestyles and self-confidence.

Bill Brady Healing Center (Gunaanasti), the adult treatment program, is a five-week residential program which utilizes a holistic model combining biological, psy-

chological, social, and spiritual elements. The program also allows clients to address related mental health issues including depression, low self-esteem and relationship problems.

Deilee Hit, the newest of the SEARHC programs, is an eight-week, intensive residential program for women. It targets pregnant women and women with young children who may not be able to enter treatment because of child care needs. The program addresses women's specific issues and includes a strong parenting-skills component.

SEARHC's Wilbur Brown said that the three programs, while serving different clients, share many common elements.

These include a family oriented environment, treatment of Natives by Natives, focus on the whole person, respect for each individual, building of a support network through a cohort group, and developing pride and strength from the Native culture.

From a SEARHC news release.



FACES & PLACES

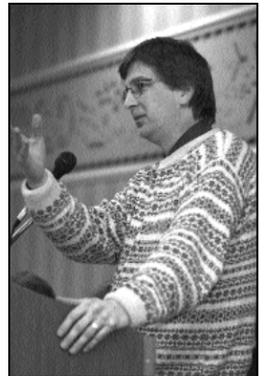
Awards and more

Dr. Douglas Eby receives Alaska public health award

Dr. Douglas Eby, Southcentral Foundation's Vice President of Medical Services, was one of the recipients of the top awards given at the annual Alaska Health Summit banquet in December.

Recognized this year were Dr. Eby and Dr. Peter Nakamura, who is retiring after serving as Alaska's public health director for the past nine years.

The awards were given to commemorate their lasting contributions to health in Alaska.



Dr. Douglas Eby

Dr. Eby was recognized for his significant contributions over the past 10 years in transforming health care at the Alaska Native Medical Center (ANMC) into one of the top healthcare systems in the country.

The primary care system at ANMC, Dr. Eby's area of responsibility, has been receiving national and international attention in medical journals as one of the premier innovative primary care systems anywhere.

In his acceptance speech, Dr. Eby emphasized that the successes at ANMC were the result of a team effort involving the work of many, many individuals and groups.

We congratulate Dr. Eby on this very significant statewide award.



Longtime Nenana chief retiring

Mitch Demientieff is retiring from the Nenana Traditional Council, where he's served as first or second chief or tribal member for 26 of the past 30 years.

One of Demientieff's significant improvements was the 1998 expansion of the Mary C. Demientieff Health Clinic. A Family Nurse Practitioner is slated to join the staff, which now includes two Community Health Aides. He also actively promoted the creation of a suicide prevention program and funding for a family violence prevention program.

Excerpted from The Council, the Tanana Chiefs Conference newsletter.





STATEWIDE

News and notes

Native health groups seek fair funding

Alaska Native health groups are taking part in several national meetings to help define an IHS funding formula that provides equitable funding to all Native health care providers. The funding formula, known as Level of Need Funded (LNF), will be the vehicle for more than \$40 million in new funding.

Congress intends to disburse future appropriations, as well as the new funding, through the LNF formula. Alaska Native health organizations plan to keep a close watch as the LNF talks continue.

ANTHC is actively participating in these efforts to assure that Alaska tribes are adequately represented and heard in these consultation meetings.



Health professionals in Alaska are aging

Survey says physicians will be costly to replace

Overall, the physician workforce in Alaska is aging, and will be costly to replace, according to a recent survey by the Alaska Center for Rural Health.

The "Alaska Physician Workforce Study" gives potential employers and educators a glimpse of Alaska's physicians as a group.

The average age of the physicians who responded to the survey is 49 years; nearly 43 percent are more than 50 years of age.

Respondents are predominantly male (76 percent).

Though Alaska Natives make up about 17 percent of Alaska's population, they make up only 1.4 percent of the physician workforce.

The survey form was sent to 2,020 physicians licensed to practice in Alaska. The return rate of 960 surveys was 44.7 percent.



SEARHC, Angoon to build new health clinic

The SouthEast Alaska Regional Health Consortium (SEARHC) has reached agreement with the City of Angoon to purchase a 40,000-square-foot lot for a new clinic.

Final details are being worked out and construction is expected to begin within two years.



Department of Environmental Health and Engineering reorganizing to fit Alaska

By Rick Roberts

DEHE Organizational Development Consultant

Under tribal management, the Alaska Native Tribal Health Consortium can establish an organizational structure that fits Alaska rather than continuing to use a federal model designed to work anywhere in the country.

Accordingly, on Dec. 1, the ANTHC Board approved the realignment of DEHE into regional, multi-disciplinary teams. The goal is to keep our focus on our mission rather than on individual program functions. The realignment will help us make the most of limited, existing resources while we maintain service.

Expected benefits:

- Increased responsiveness to cus-

tomers needs and improved customer service

- More efficient use of resources
- Improved service for regions
- Improved collaboration among staff.

· Enhanced communication among DEHE, tribal regional health corporations and communities.

DEHE will combine the divisions of Health and Sanitation Facilities and realign along regional health corporation boundaries.

The realignment will provide our regional partners and village governments with a single point of contact, improving communications. It will allow DEHE more flexibility in providing custom services for specific regional needs.

The reassignment of staff will enable the Department to take advantage of economies of scale and

decrease travel costs.

Communication among staff will improve the coordination of activities in a region. These benefits will be realized with no increase in operational or capital costs because no new positions are created. We will maintain continuity of existing service.

The changes will enable DEHE to better support the ANTHC strategic plan and enhance services to our customers. The realignment starts Jan. 2.

DEHE Mission:

"Creating a safe and healthy living environment in partnership with the people we serve."

Lack of sunlight can lead to depression

By Suzanne Michaud

Clinician, Norton Sound Health Corporation

Are you not quite yourself at this time of year?

It's not the end of the holidays or the nasty weather that gives some people the blues in winter; it's the lack of sunlight.

The shorter days of winter can trigger a kind of depression known as seasonal affective disorder, commonly referred to as SAD.

For most sufferers of SAD, symptoms get worse in the autumn and winter and clear up in the spring and summer.

People also are more vulnerable to SAD the farther away they live from the equator as the daylight hours become fewer.

Here in Nome, we are very vulnerable to this type of depression.

The symptoms of SAD include: Sadness or anxiety, tiredness and fatigue, appetite changes, weight gain, carbohydrate craving, decreased energy, and difficulty concentrating or accomplishing tasks.

SAD is directly related to the amount of light that is absorbed through the eyes, thus the onset is usually in October or November and subsides in March or April. Light entering via the eye is thought to modify brain chemistry and physiology.

SAD can be effectively treated with light therapy. As a result, phototherapy (light therapy) has been developed. This treatment involves

spending 30 minutes each morning during the autumn and winter under bright artificial light.

This is done using either a specially made light box or light cap or visor that you wear on your head like a baseball cap.

Symptoms include: Sadness or anxiety, tiredness and fatigue, appetite changes, weight gain, carbohydrate craving, decreased energy, and difficulty concentrating or accomplishing tasks.

The light is bright and broad-spectrum so it is very similar to natural daylight and won't harm the eyes.

These lights can be expensive. Before you buy one, consult your

health provider. He or she can determine if your symptoms are indeed related to SAD and recommend appropriate treatment.

Tips for SAD

1. Buy a couple of full-spectrum plant lights for your home.
2. Get plenty of both rest and exercise.
3. Be aware of appetite changes, keep extra fruit and fresh veggies handy for snacks.
4. Keep track of mood changes. If you have a tough time with the blues, seek help.

Article courtesy of **Kanigsirugut News**, a newsletter of the Norton Sound Health Corporation, Kawerak, Inc., Bering Straits Regional Housing Authority.



UAS offers college credits over the phone

If you have access to a telephone, you can earn college credits toward an environmental technology degree or earn Continuing Education Units to maintain wastewater operator certification.

The University of Alaska Southeast (UAS) Sitka campus offers water and wastewater treatment plant operators the opportunity to take college courses via the telephone, from anywhere in Alaska; students dial in through a toll-free number.

UAS campus offers a one-year certificate, a two-year associate degree in Environmental Technology, and classes to maintain operator certification.

For operators wanting to move up or system supervisors in the field, UAS offers classes such as utility structure and organization and introduction to management and supervision classes.

The environmental technology program offers 33 classes for people interested in getting into this growing and exciting field.

For more information call Paula Jackson at (907) 332-5820 E-mail address paula.Jackson@uas.alaska.edu or contact Nicole Duclos at 1 (800) 478-6653 ext.756 Web Site <http://www.uas-sitka.net>





Annual Bazaar boasts best sales ever

By Joaquin Estus,
Director, Public Communications

Shoppers swarmed tables loaded with Native arts and crafts at the Annual Native Christmas Bazaar held December 2. Auxiliary Patient



Daisy Demientieff and others provided entertainment at the bazaar.

Photo by Audrey Armstrong

Services Coordinator Audrey Armstrong said as many as 1,000 people came.

She didn't count heads, but did run out of flyers. She'd had 800 ready. "We had the best sales ever," said Armstrong.

The Bazaar was set up at the ANMC Gift Shop, and Conference rooms 1 and 2.

Sale items included masks, ivory carvings, beadwork, silver jewelry, dolls, baskets, kuspuks, and Christmas ornaments.

In the atrium, the King Island Dancers, David and Pearl Chanar, and Mike and Daisy Demientieff entertained people with music and dancing.

"It was a lot of fun," said Jeanne Dougherty, one of the three ANMC Gift Shop managers, "and something that benefits the villages and all the patients."

Bazaar proceeds are used for Native scholarships, patient gifts such as bus



Pearl Chanar and her grandson D.J. Chanar do a little Christmas shopping while at the bazaar.

Photo by Audrey Armstrong
passes or dinner outside the hospital, and holiday activities.

The Bazaar also helps make the holidays brighter in villages across Alaska,

said Dougherty.

"We sit down the very next day and write out checks to the people in the villages, and in Anchorage, who sent items to sell."

Organizers send an enthusiastic thank you to the 43 volunteers involved with setting up Friday night and serving customers and ringing up sales Saturday.



Estelle Thomson-Hale and her son, Eric Jordon, have fun at the Annual Native Christmas Bazaar Dec. 2. *Photo by Audrey Armstrong*

First ANTHC college scholarships awarded

By Evangelyn "Angel" Dotomain
Employee Development Coordinator

Julianne Westlake

Kiana,

Oregon State University

The Alaska Native Tribal Health Consortium (ANTHC) is proud to announce its first ever award of undergraduate scholarships.

The recipients receive a one-time spring undergraduate scholarship of \$2,500 for the semester.

Following are the names of the people who have been awarded scholarships, their hometown, and the college they're attending:

Shylah Blair

Kotzebue,

Northern Arizona University

Renee Kelly

Anchorage,

Alaska Pacific University

Jessica Scott

Juneau,

University of Washington

Meryl Towarak

Unalakleet,

Massachusetts Institute of

Technology

ANTHC continues to distribute and accept applications for the following programs:

*Summer 2001 High

School/Undergraduate Internship;

*2001-2002 Undergraduate

Scholarship,

*Summer 2001 Graduate Internship, and

*2001-2002 Graduate Scholarship.

The deadline for receipt of all applications is April 13, 2001.

For more information, please call 1-800-684-8361 or contact Rea Bavilla, Education & Development Coordinator, at (907) 729-1332 or Evangelyn "Angel" Dotomain, Employee Development Program Coordinator at (907) 729-1913. E-mail inquiries to:

rbavilla@anthc.org. or

edotomain@anthc.org.



Insuring Alaska's Children and Our Future

What is Denali KidCare?

Denali KidCare is state-sponsored, no-cost health insurance for children and teens through age 18, and for pregnant women who meet income eligibility guidelines.

What are some of the special services and benefits?

Regular health care is important to find and treat problems early, and maintain good health. Denali KidCare coverage will pay for many medical services which are not provided or paid by your local Native hospital/clinic, including: Eyeglasses, prescriptions, mental health therapy, substance abuse treatment, allergy testing, and transportation.*

*May include air/ taxi/ ferry, lodging and meals when your

visits to other medical providers are pre-authorized through the State.

How do I apply?

You may pick up an application for Denali KidCare at most clinics, hospitals or from your local fee agent. When you apply, be sure to take with you or send in: proof of past 30 days of income (pay stubs), or most recent tax return if self-employed; proof of pregnancy, if applicable; Social Security number for kids and/or pregnant women; information on any health insurance you may have.

Denali KidCare

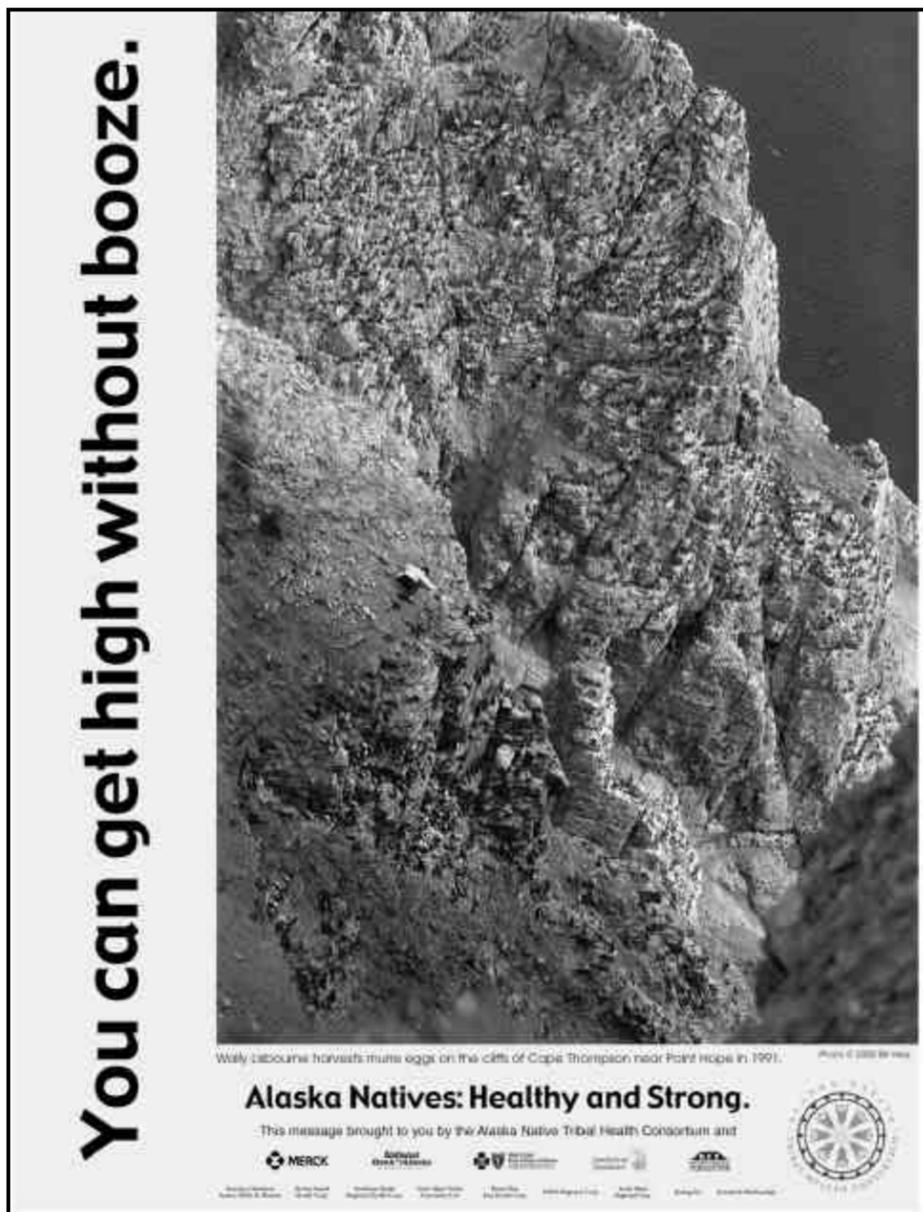
P.O. Box 240047

Anchorage, AK 99524-0047

www.hss.state.ak.us/dma/denali.htm

Questions? In Anchorage, call 729-2450 or toll-free: 1-888-318-8890

Working together, we can ensure strong, healthy communities...



The poster shown above features a photograph of Wally Lisbourne as he harvests murre eggs on the cliffs of Cape Thompson near Point Hope in 1991.

Photo by Bill Hess

The climber in the photo above does have a safety rope on, though it's hard to see it here.

Using safety gear and staying sober are part of the message of the Inform and Inspire Campaign, sponsored by the Alaska Native Tribal Health Consortium, several Native regional health corporations, Merck, National Bank of Alaska, and Blue Cross/Blue Shield of Alaska.

As part of the campaign, ANTHC has produced television and radio ads, and two posters (including the one shown above). More posters are in the works.

The ads and posters all feature

Alaska Natives making healthy choices. The intent of the campaign is to encourage Alaska Natives to make healthy choices in several areas where behavior has a big impact on outcomes: diet, diabetes, alcohol, tobacco, exercise and safety.

Watch and listen for the TV and radio ads. Posters have been sent to regional health corporations, clinics and tribes. For more information, or to get posters, call Selma Oskolkoff at (907) 729-1972, e-mail: soskolkoff@anmc.org, or write us at 4141 Ambassador Drive, Anchorage, AK 99503.



Cold can kill

Staff Report

Winter's cold temperatures and snow bring beautiful scenery, clean air, and a chance to ski, sled, snowshoe, mush dogs and snowmachine.

It also brings two hazards: hypothermia and frostbite.

To reduce risk of either, dress for the weather and avoid alcohol, certain medications and smoking.

Drink plenty of water or other fluids to avoid dehydration.

Travel, hunt, fish or work outside in pairs or groups.

Keep an eye on each other and watch for signs of cold stress.

Here are some of the signs to watch for, and remedies.

Frostbite

Frostbite occurs when the skin actually freezes and loses water.

Frostbite typically affects the extremities, particularly the feet and hands, and exposed skin, such as the face.

Signs of frostbite:

Cold, tingling, stinging or aching feeling in the frostbitten area, followed by numbness; skin color turns red, then purple, then white or very pale; cold to the touch; blisters in severe cases.

What to do:

Do not rub the area. Wrap in soft cloth. If help is delayed, immerse in warm, not hot, water

Hypothermia

Another hazard of low temperatures is hypothermia, which means "low heat." Cold, wind, damp and water all make the body work harder

to maintain its temperature.

Hypothermia occurs when the body is losing heat faster than it can produce it.

People start showing signs of hypothermia as the body's core cools from its normal 98.6 degrees.

As the body temperature continues to drop, the person develops more severe symptoms.

Here are the stages a person goes through as his or her core body temperature falls.

Mild hypothermia

(98 - 90° F)

Shivering, lack of coordination, stumbling, fumbling hands, slurred speech, memory loss, pale, cold skin.

Moderate hypothermia

(90 -86°F)

Shivering stops, unable to walk or stand, confused and irrational.

Severe hypothermia

(86 - 78° F)

Severe muscle stiffness, very sleepy or unconscious, ice-cold skin ... death.

At around 85 degrees, the person may become unconscious, and at 78 degrees, the person could die.

What to do:

Move to a warm area, stay active, remove wet clothes and replace with dry clothes or blankets, cover the head, drink warm (not hot) sugary drink. Cover all extremities completely. Place very warm objects, such as hot packs or water bottles on the victim's head, neck, chest and groin.



National Eye Care month observed in January

January is National Eye Care month, so now's a good time to separate fact from fiction about eyesight. Knowing how to take good care of your eyes is the first step to keeping your sight for a lifetime.

Each year almost 250,000 Americans rush to hospital emergency rooms for eye injuries. More than half happen while working around the home or having fun. Some cause permanent damage. Most important, 90 percent of these eye injuries can be prevented by understanding safety practices and use of proper eye protection. Get regular check-ups, and ask your health care provider about other ways to keep your eyes healthy.

Common eye myths:

MYTH: Eating carrots will improve your vision.

FACT: While it's true that carrots are high in Vitamin A, which is an essential vitamin for sight, only a small amount is necessary for good vision.

MYTH: Failure to use proper glasses will hurt your eyes.

FACT: While corrective glasses or contacts are needed to improve eyesight, using your eyes with or without glasses will not damage them further.

MYTH: An eye examination is necessary only if you're having problems.

FACT: Everyone should follow a proper eye health program that includes a regular eye exam, whether or not they're having any noticeable signs of problems.

MYTH: Reading in dim light can damage your eyes.

FACT: Reading in dim light can cause eye fatigue, but it will not hurt your eyes.





Show your child how much you care: Prevent baby bottle tooth decay

by Dr. Rowena Mandanas
Norton Sound Health Corporation

One of the saddest things I've seen as a dentist in Nome are young children, 1 to 6 years old, being brought in to our clinic to have their teeth extracted because of severe decay.

This condition, known as "baby bottle tooth decay" or "early childhood caries," is basically out-of-control cavities that mainly affect a baby's upper front teeth, but in many cases back teeth as well.

A baby's cavities are usually the result of putting a baby to bed with a bottle of any sugary drink like juice, pop, or even milk, which has natural sugars — hence the name "baby bottle tooth decay."

In our dental clinic I've seen young patients who needed to have all their teeth extracted.

Unfortunately, baby bottle tooth decay has become normal, even acceptable, in this region.

In many parts of the country, on the other hand, severe cases are viewed as parental neglect and are treated legally as child abuse.

In the Lower 48, fewer than 5 percent of children are diagnosed and treated for baby bottle tooth decay.

In contrast, more than 80 percent of the children in the Norton Sound region have baby bottle tooth decay. We need this to change!

Baby or primary teeth are important.

They help a child bite, chew, smile, and speak. Without baby teeth in place, adult teeth may appear too early or too late, and come in crooked or at odd angles.

Baby teeth are meant to remain in a child's mouth until the permanent ones are ready to replace them.

This means that baby teeth should last six to 12 years. They should not have to be extracted when a child is

Baby bottle tooth decay is 100 percent preventable.

just 3 or 4 years old!

Just like tooth decay in adults, cavities in baby teeth are actually the result of bacterial infections. These infections can form painful abscesses that can keep your child up at night. They can also spread to other parts of the body and make your child sick.

Fortunately, baby bottle tooth decay is 100 percent preventable! Here's what you can do:

1. As soon as your baby's first teeth appear (at 6 months old), you can "brush" them by rubbing firmly on them with a washrag or using a baby toothbrush.

2. Stop giving your child a bottle by his first birthday. You can introduce him to a "tippie" cup at 6 months to help him learn to use a normal cup or glass. This may be a little messy at first, but it is much better than having to have his teeth extracted in the future.

3. If your child must sleep with a bottle, water is the only choice. Most people aren't aware of how much sugar is in apple juice, Tang, Kool-Aid and pop: babies should not be given these drinks in the first place! Even milk and orange juice are poor choices for the sleeping child due to their natural sugars.

4. Finally, be a good role model. Your child will eat and drink whatever you give him. He'll brush his teeth only if you do, especially if you let him know at an early age how important it is.

No one loves your child as much as you do. Babies and small children have no control over their health and well-being, and they need your help. Raising a happy, smiling child is up to you!

For more information on baby bottle tooth decay and good tooth care, please contact your local health care provider.

Article courtesy of **Kanigsirugut News**, a newsletter of the Norton Sound Health Corporation.



SEARHC wins grant to streamline financial, business operations

The SouthEast Alaska Regional Health Consortium (SEARHC) has received a federal grant to streamline financial and business operations.

The grant will help SEARHC continue to offer high quality health care for Natives of Southeast Alaska, in the face of shrinking Indian Health Service (IHS) funding and sharply rising health care delivery costs, said Director of Corporate Business Operations Frances Smith. The intent, she said, is to generate new income to improve access to care in outlying communities.

First, SEARHC will work to increase the efficiency of its billings and other business operations. A crucial part of the project, explained Smith, will be to expand SEARHC's capacity to collect reimbursements for Native patients covered by Medicare, Medicaid, and private insurance.

"Current IHS funding only covers about 60 percent of the cost of delivering comprehensive care to the Native people of Southeast," noted Smith.

One of the obstacles to insurance collection efforts has been the data processing and other systems that SEARHC inherited from the Indian Health Service.

"Today's health care financing environment requires SEARHC to conduct operations more like a private than a public health care organization." — Frances Smith

"These systems were not designed to generate billings," Smith explained.

"Today's health care financing environment requires SEARHC to conduct operations more like a private than a public health care organization."

Under the grant, SEARHC will begin to standardize its business operations throughout its facilities, from Mt. Edgecumbe Hospital in

Sitka to village clinics.

Plans call for upgrading computer systems and improving staff efficiency.

Another part of the project, community-based health promotion and education, will help patients provide appropriate self-care at home and reduce unnecessary clinic visits.

Also, SEARHC will gain increased income by extending a few health services to non-Natives in outlying communities where these services are not available. The added income will help SEARHC deliver services to Natives that would not be feasible otherwise.

The grant project is being funded by Health Resources and Services Administration (HRSA).

Only 23 projects nationwide were selected to receive one of the HRSA grants in a competition that included more than 200 applicants.

Excerpted from the *SouthEast Alaska Regional Health Consortium website*.



CALENDAR

Events & celebrations

Jan 2 SCF Corporate Compliance Committee, 10 a.m.

Jan 2 SCF Executive Committee meeting, 11 a.m.

Jan 3-4 Strategic Planning Forum — telehealth-med-technology-info systems 8:30-5 p.m. ANTHC Conference rooms 311 and 312

Jan 5 Alaska Telehealth Advisory Council quarterly meeting, 9:30-2 p.m. at GCI, 16th floor Denali Towers.

Jan 9-10 Medicare Payment Demo Project Steering Board, Phoenix

Jan 16 YKHC Finance Committee meeting

Jan 17-18 Sanitation Facilities Advisory Committee meeting, location TBA

Jan 18-19 CHS National Workgroup, Washington, D.C.

Jan 17-18 YKHC Executive Board meeting

Jan 19 ANMC Joint Operating Board Policy Committee, 9 am-10:30 am ANMC Conference Room #2

Jan 23 ANMC Joint Operating Board Joint Conference Committee, 1:30-4 pm SCF 2nd Floor Board Room

Jan 24 ANMC Joint Operating Board Finance Committee, 1:30-4 pm ANMC Conference Room #2

Jan 25 ANMC Joint Operating Board, 9 am-4 pm, SCF 2nd Floor Board Room

Feb 5-6 ANTHC Board of Directors Meeting, 9 am, Room 311, Consortium Offices.



Arctic Care returns to Yukon-Kuskokwim Delta

The military's medical readiness training exercise, "Arctic Care," will be Feb. 19-March 1 when some 200 military personnel will descend on several villages in the Yukon-Kuskokwim Delta.

Arctic Care visited the Yukon-Kuskokwim region in 1997 and 1998, providing dentists, nurses/corpsmen and engineers for small construction projects in each village.

The military benefits from practicing deployment to remote harsh regions where English may not be the primary language.

The villages benefit from having the extra medical attention.

The 10 villages for Arctic Care 2001 will be: Alakanuk, Kotlik, St. Mary's, Scammon Bay, Chefornak, Kongiganak, Eek, Lower Kalskag, Holy Cross, and Marshall.

Reprinted from *The Messenger*, a newsletter of the Yukon-Kuskokwim Heath Corp.





Kashevaroff

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Consortium more efficient, more customer-oriented. I want to listen and respond to our customer needs."

Kashevaroff is President of the Seldovia Village Tribe; Chairman of the Seldovia Native Association, Inc.; a member of the Alaska Native Medical Center Joint Operating Board; and owner of an Anchorage consulting firm. He has a Masters Degree in Business Administration and brings extensive leadership, experience and background to the position.

Kashevaroff said his background in tribal government makes him ready to emphasize tribal management at the Alaska Native Medical Center, "We don't want to be called ANS anymore because that was part of a federal agency and now we're a top-notch tribal medical services organization. Our customers are our owners, and we want every Native in the state to take pride that they own this company."

Since the ANTHC was created three years ago, ANTHC has had a board chairman and a president/chief executive officer. On Dec. 1, the ANTHC board of directors voted to change its leadership structure.

Today, the Chairman also serves as the President. The move was made to ensure that the leader of the company is an elected Alaska Native and to provide continuity of administration.

Paul Sherry has served as the President/Chief Executive Officer of the Alaska Native Tribal Health Consortium since its inception three years ago. As the Chief Executive Officer, Sherry will be responsible for the strategic and operational day-to-day leadership of ANTHC and is a liaison between the President and the ANTHC management.

Other ANTHC board officers elected for 2001 are:

Lincoln Bean Sr., SouthEast Alaska Regional Health Consortium (SEARHC) (Vice-Chairman),

Eileen Ewan, Copper River Native Association (Secretary),

H. Sally Smith, Bristol Bay Area Health Corporation (Treasurer). Ken Brewer, (SEARHC), serves on the ANMC Joint Operating Board with Kashevaroff.



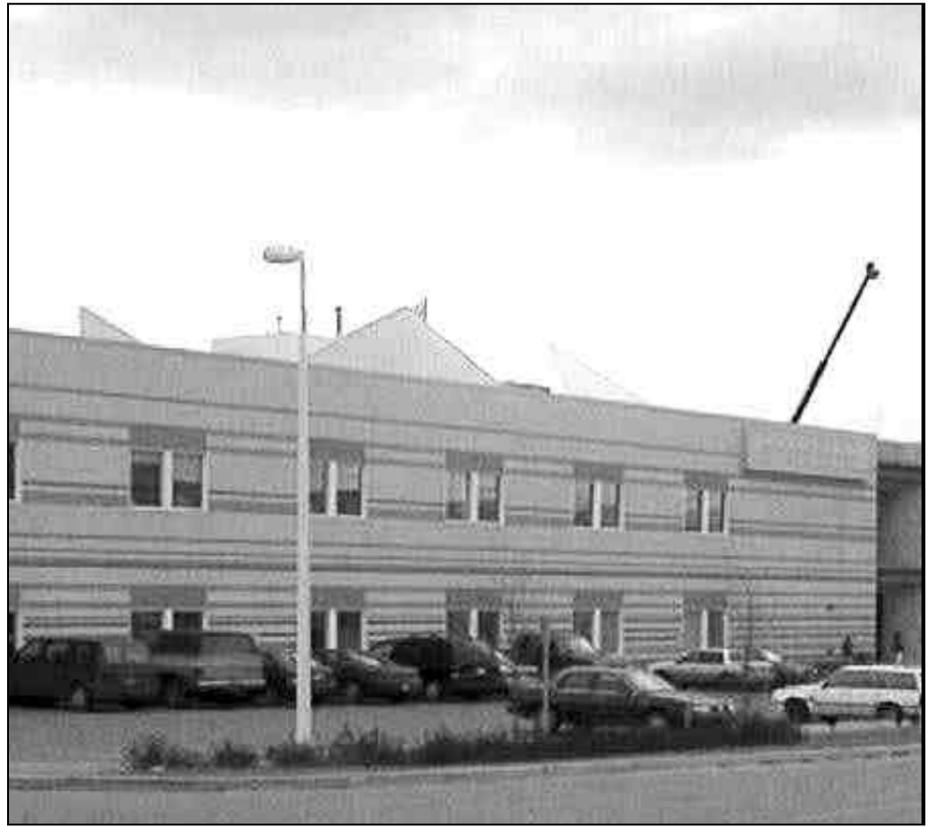
ANTHC Board members:

Back row, left to right: Ileen Sylvester (Alternate for Katherine Gottlieb), Southcentral Foundation; Andrew Jimmie, Tanana Chiefs Conference; Emily Hughes, Norton Sound Health Corporation; Rita Stevens, Kodiak Area Native Association; Lincoln A. Bean, Sr., SouthEast Alaska Regional Health Consortium (Vice Chairman of the Board); Don Kashevaroff, Unaffiliated Tribes (Chairman of the Board and President); Robert Henrichs, Chugachmiut; Marie Carroll (Alternate for Eben Hopson, Jr.), Arctic Slope Native Association; Paul Manumik, Sr. (Alternate for Michael Hunt, Sr.), Michael Hunt, Sr., Yukon-Kuskokwim Health Corporation; Jake Wells, Maniilaq Association.

Front row, left to right

Mike Zacharof, Aleutian/Pribilof Islands Association; Robert Clark, Alternate for H. Sally Smith, Bristol Bay Area Health Corporation; H. Sally Smith, Bristol Bay Area Health Corporation (Board Treasurer); Eileen L. Ewan, Copper River Native Association (Board Secretary); Evelyn Beeter, Unaffiliated Tribes; Frieda R. Damus, Metlakatla Indian Community.

Photo by, Ray Solomon



Anchorage Native Primary Care Center, managed by Southcentral Foundation, provides services for 350,000 outpatient visits annually.

File photograph

ANMC Rating

Continued from Page 1

ue to pursue our goal of making ANMC one of the best health care organizations in the nation."

ANMC is a 150-bed hospital that serves the state's 110,000 Alaska Natives. The facility includes the main hospital for specialty and surgical services and the Anchorage Native Primary Care Center for primary care services. The system provides 7,000 inpatient admissions and 350,000 outpatient visits annually. It employs 1,200 people and has an operating budget of more

than \$140 million.

The non-profit Joint Commission on Accreditation of Healthcare Organizations is dedicated to continuously improving the safety and quality of the nation's health care through voluntary accreditation. It has worked with health care experts, providers, researchers and consumers to develop the industry's highest standards for health care delivery. JCAHO accredits more than 18,000 health care organizations nationwide.



Annual meeting

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patients can visit home and bring family to stay at the Quyana House;

*the high cost of traveling to clinics and hospitals for treatment, especially when repeat visits are needed;

*the importance of getting a cor-

rect diagnosis and appropriate referrals to specialists; and

*environmental health issues, such as clean water, and links between pollution and cancer.



Arthur Martin, of the Nome Eskimo Community, spoke during the open microphone segment of the Alaska Native Tribal Health Consortium Annual Meeting, December 1, 2000 in Anchorage. Martin said research is needed to determine links between hazardous waste left near homes and communities, and individual cancer cases. Also, he says, "The Nome Eskimo Community is going to work with the Field Crew of the ANTHC Sewer and Water Projects, and feel that we have much to offer."

Photo by Charmaine Ramos