

THE MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

NOTES

Contaminants Program getting underway

By Michael Bradley,
Epidemiologist
Alaska Native EpiCenter, Alaska
Native Health Board

A broad coalition of people from Tribal and Native groups, state and federal agencies and other organizations are working to set up a program on environmental contaminants. A key component will be to obtain grant money for contaminant research and programs. Many of these grants will go to Native communities who partner with agencies, universities and other organizations to do research. This will ensure Native issues and needs are met, because Native communities will be involved in developing and conducting the projects.

See "Contaminants," on p. 8

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Lifestyle changes mean more
Diabetes for Alaska Natives
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Medical records will follow
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Interior Alaska
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Want Cavities? Drink pop.



By Joaqlin Estus
ANTHC Director
Public Communications

At a press conference held April 16, the Alaska Native Tribal Health Consortium and Alaska Native Health Board announced a state-wide campaign to reduce excessive consumption of soda pop, including restriction of sugared soda pop on the Alaska Native Health Campus. To help reduce consumption by half in the

next several months, managers and vendors are discussing options such as price changes and healthier offerings in the cafeteria and vending machines. The goal is to encourage employees and customers to enjoy alternative foods and beverages. ANTHC and the Alaska Native Health Board (ANHB) are also starting a statewide educational campaign on the links between soda pop, tooth decay and diabetes.

Statewide, ANTHC and ANHB will ask educators to help make stu-

At an April 16 press conference in Anchorage, Alaska Native leaders and health professionals respond to questions from reporters, after announcing a campaign to reduce excess consumption of soda pop.

From left to right: Don Kashevaroff, Chairman and President, Alaska Native Tribal Health Consortium; Jeffrey Carolla, DDS, Southcentral Foundation; and Cynthia Navarrette, President and Chief Executive Officer, Alaska Native Health Board.

Stories by the Associated Press, Reuters News Service and BBC in London, were printed or broadcast around the world and widely copied on the Internet. Coverage included CNN.com, USA Today, N.Y. Times.com, and the Rush Limbaugh radio talk show.

Photograph by Nicholas Morgan

dents aware of the health risks that soft drinks pose; and ask merchants to offer healthier beverage and food alternatives.

Soda pop is causing serious damage to teeth among Alaska Natives. High consumption of sugared soda pop can lead to obesity and diabetes.

"It has come to our attention that the consumption of soft drinks may be rising in our rural and Alaska Native communities, including the schools," said Don Kashevaroff, *Continued on p. 8*

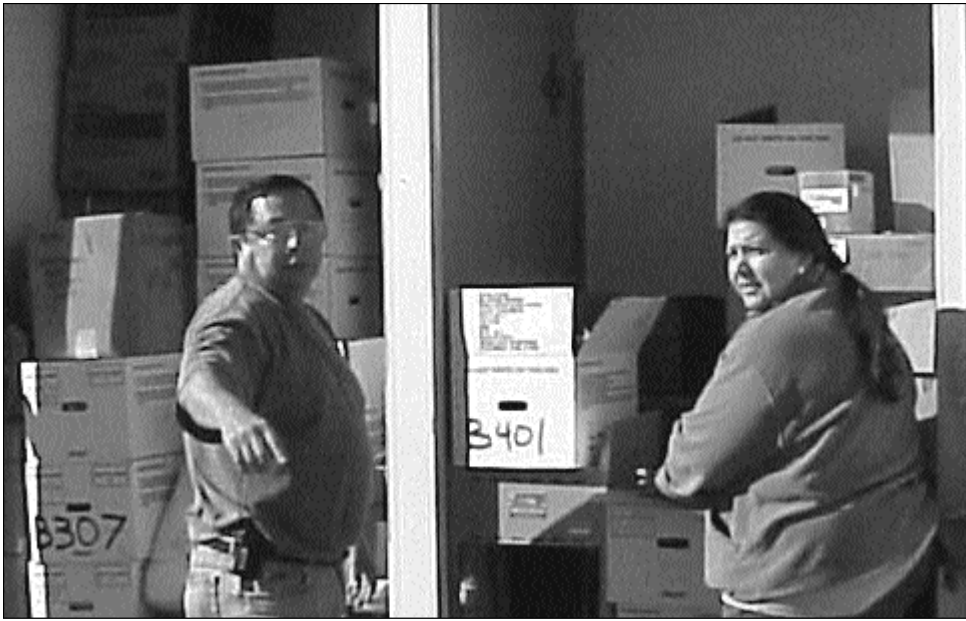
Military surpluses mean millions of dollars in supplies and equipment for Native health system

By Joaqlin Estus, Director
ANTHC Public Communications

Across the country in the past six years, Indian Health Service (IHS) and tribal health service providers have obtained about \$3-million worth of medical supplies and equipment, at no cost to them. Alaska Regional Service Supply Center workers recently have been busy receiving some of these "excess" medical supplies for Alaska. Alaska Regional Service Supply Center Director, Harold Squartsoff, said workers are sorting through a \$244,000 shipment received in late February and will soon receive a shipment from Grissom Air Force Base, Indiana, valued at about \$200,000.

Squartsoff said the goods will be distributed to regional tribal health corporations and the Alaska Native Medical Center. After an inventory is

Continued on p. 6



Curtis Begay, Supply Management Specialist, and Tori Davidson, Operating Nurse Supervisor for the Navajo Area in Tuba City, Arizona, going through a Conex container of medical supplies at Holloman AFB in Alamogordo, New Mexico. The two of them were part of the ten IHS and tribal employees there February 14-16, selecting items to be shipped to Grissom AFB for further distribution to their areas.

Photograph by Harold Squartsoff

VOX

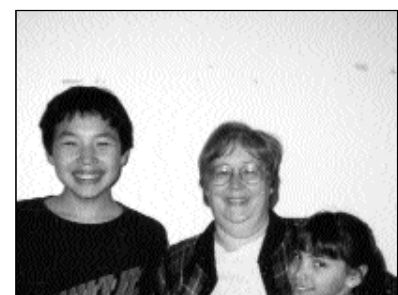
The Voice of The People

Question: How do you handle soda pop in your household?



Lee Walters
Mountain Village

“I never made soda a big deal to my children. Now that they know what it is, I limit what they drink.”



Benjie, Carol and Katie
Smith, Ninilchik

“We make soda something of a treat. We have it once a week when we eat out or order pizza. That is the only time my children get pop, unless they buy it and they won’t use their money for it. I don’t feel that pop machines should be allowed in schools either.”



Cea Anderson
Anchorage

“I encourage my daughter to drink water. Also I have other adults that feel the same as I explain to her how good water is for you. It helps when it’s not just Mom who feels that way.”



Perspectives from an Athabascan Nurse

By Sara Vent, RN, BSN
Chief Andrew Isaacs Health
Center Fairbanks

As an Athabascan Indian, I see our culture changing. Our ancestors once lived mainly off the land. They survived by hunting and gathering their food. They traveled on foot, with snowshoes, by canoe, or dog team. Their diets consisted of strictly Native foods. Today, we are eating more western foods, partly due to a shortage of fish and wildlife. There are snow machines, ATV’s, trucks, cars, boats and planes available for transportation now.

There is also an increase in the number of people getting Diabetes within the Tanana Chiefs Conference (TCC) region. Alaska Native Medical Center (ANMC) keeps track of Diabetes rates throughout Alaska and here at the Chief Andrew Isaac Health Center (CAIHC), we follow the ones in TCC region. In 1995, there were 155 people with Diabetes in the TCC region; today there are 250. Nowadays, it does occur among those younger than 40 years of age. Diabetes can affect anyone, at any age.

Diabetes Mellitus is a chronic disease in which the body is unable to make, or properly use insulin. A hormone produced by the pancreas in the body, insulin helps the body make energy out of food. Whenever a person eats carbohydrates (sugar), the pancreas produces insulin which helps the sugar get to the muscles of the body. Muscles burn sugar to provide energy for our bodies to move and sustain life.

There are two types of carbohydrates; simple sugars and starches. Simple sugars include pop, candy, ice cream, cookies, cake, etc. Starches are foods such as breads, pasta, cereal, grains, beans, potatoes, and corn. Both simple sugars and starches cause the blood sugar level in the body to rise. Since the body usually gets enough sugar from starches, it is recommended to minimize the intake of simple sugars. Eating excess amounts of carbohydrates exhausts the pancreas. Eating smaller and more frequent meals are recommended strategies to deter Diabetes.

Dietary fiber, found in frozen and fresh vegetables and whole grains, is important because it helps prevent high blood sugar too.

Insulin resistance, a condition resulting from weight gain and lack of exercise, occurs when the body’s muscles become resistant to insulin. The muscles need sugar for energy but aren’t able to get the sugar because insulin is no longer able to attach to the muscle fibers. Insulin is the key to getting sugar into cells for energy. Exercising at least 3 days a week for a minimum of 20 minutes each day is recommended.

Risk factors for Diabetes include obesity, American Indian or Alaska Native, having family members with Diabetes, or a previous diagnosis of gestational Diabetes. Anyone with two or more risk factors and all people over age 40 should get their blood sugar checked at least yearly.

Signs and symptoms of Diabetes may include excessive thirst, blurred vision, frequent urination, fatigue, or feeling hungry often.

A person can also experience an absence of any signs or symptoms. Undetected high blood sugar levels can cause damage within blood vessels throughout the body. The heart, eyes, kidneys and feet are usually affected first. Once a person develops Diabetes, they will have it

Continued on page 6

Helping Breast Cancer patients navigate the system

By Tim Gilbert,
Health Systems Network
Specialist, ANTHC

Question: What is the leading cause of death among Alaska Natives throughout the state?

Answer: Cancer

You probably knew that. But did you know that breast cancer among Alaska Native women has increased in recent years and is now as high as that of U.S. White women? If a patient receives abnormal mammogram results, or a lump is found, care providers have to follow-up with certain procedures to rule out cancer. As many women can attest, our health care system can seem complex when this type of care is needed. ANTHC, with the National Native Cancer Survivors Network, recently applied for and received a grant to help patients figure out the process, and to help providers understand their role. The grant is from Mayo Clinic’s Leadership Initiative on Cancer. On April 5, 2001



Front row, left-to-right: D. Shanon Gallant, Jessica McGrath, Anna Buterbaugh, Debbie Marino, Ella Jones, Anne Garrett, Alisa Gilbert, Phyllis Boskofsky, Lottie Tickett, and Mary Schaeffer. Back row, left-to-right: Winnie Reeves, Emily Douglas, Wendy Kimmelman, Dr. Barbara Wallis, Tom Lefebvre Deanna Chaney, Mary Lowrey, Carol Nash, Tim Gilbert, and Dr. Greg Marino.

File Photo

providers and managers from Alaska Native Medical Center (ANMC) and Maniilaq Association, met at the Maniilaq Health Center in Kotzebue.

The group ‘charted’ the Alaska Native health care system process for providing care to breast cancer patients from north-west arctic villages-to-Kotzebue-to-Anchorage (and beyond).

The group identified priority issues to

be addressed over the coming months. By Fall, the “Navigational Guide for Breast Cancer Patients and their Families” will be available for breast cancer patients and their families. It will help reduce uncertainty and anxiety. And, it will help patients and families better navigate our system to receive the best care.



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THE MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

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Letters to the Editor

You are invited to submit articles, or comment on articles published in the Mukluk Telegraph. If you have questions about sending in articles or feedback, please don’t hesitate to call Selma Oskolkoff-Simon at 907-729-1900 or send an e-mail to:

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IHS Director praises Sherry's theme of unity

Staff Report

Alaska Native Tribal Health Consortium Chief Executive Officer Paul Sherry has received an Indian Health Service (IHS) Director's Award for his work on the IHS Facilities Appropriation Advisory Board during 1998-2000. IHS Area Director Chris Mandregan presented the award March 21 on behalf of IHS Director Dr. Michael Trujillo. Mandregan presented the award before the 50-60 people in Anchorage for IHS Compact Pre-negotiations.

In presenting the award, Mandregan said Paul Sherry has been a pioneer in fostering unity.

"There's been a new trend, a progres-

sive idea, that we have to make sure that the health care system for the Alaska Native and the American Indians here in Alaska stays together. More and more people are saying it must remain one single related system of health care instead of several independent organizations that will never function as well alone as they do together," said Mandregan.

"One of the first people to initiate that practice," said Mandregan, "was Paul Sherry. In the infancy of the Alaska Native Tribal Health Consortium, Paul

was already active nationally, talking about how to maintain the integrity of the system, to ensure it stays whole to serve all American Indians and Alaskan

Native people."

Alaska continues to lead the nation in tribes taking on manage-

ment of health care. "The unity of purpose that has guided Alaskans in the past will be vital," said Mandregan, "to continue providing quality health care to Alaska Natives and American Indians."

"...we have to make sure that the health care system for the Alaska Native and the American Indians here in Alaska stays together."



Paul Sherry



Henrickson receives Outstanding Young Engineer Award

Staff Report



Scott Henrickson
File Photo

Scott M. Henrickson has received the Ian K. Burgess award for his dedication of service and outstanding performance as a Project Engineer for the ANTHC Department of Environmental Health and Engineering (DEHE). Henrickson has far exceeded all expectations for an engineer at his grade.

Henrickson was originally hired as an engineering technician. In July

1999, he was selected for an engineering position due to his demonstrated skill in engineering and management, as well as his qualifying degree of a BS in civil engineering.

Since then, Henrickson has been responsible for the planning, design, and construction management of sanitation facilities projects for nine communities within the Interior Region with an estimated combined funding of more than \$5,000,000.

Henrickson provides supervision to several construction superintendents and mentoring to entry-level engineers and technicians.

Along with these responsibilities, Henrickson has been on the leading edge in development of the project planning process for the Department.

During the past construction season, the Interior Region was short three out of six engineering positions.

The construction season in interior Alaska is intense due to the short time frame for construction and logistics of moving materials and resources.

Henrickson assumed a large portion of these duties and responsibilities and

provided high-level service. This led to excellent customer satisfaction and projects that were done on time and within budget in the communities he serves.

Henrickson has demonstrated an ability to work through significant conflict while meeting the needs of the community and the goals of ANTHC.

In one community, a long-standing conflict between the community council and specific individuals became an impediment.

This conflict developed to the point that a U.S. Senator's office became interested in the outcome.

Henrickson worked with the Senator's office, the community, and the individuals to develop solutions to allow for a successful project for all those involved.

While this solution is ongoing, Henrickson has demonstrated the skill and ability to respond to the direct request of a U.S. Senator, including a telephone call from the Senator.

He consistently meets community needs while maintaining a positive presence for ANTHC. These abilities

and skills to represent the goals of the organization while maintaining the community's trust and confidence are commendable and noteworthy. When expectations are high, these skills and abilities are invaluable to an organization.

Since Henrickson has been placed in the position of responsibility as an engineer with ANTHC, he has contributed a great deal of effort, knowledge and skill toward his assigned duties and has taken the initiative to plan, develop, design and construct projects through innovative solutions to provide sanitation facilities to remote Alaskan communities in the interior region and to improve the delivery of service through the DEHE program.

In short, Henrickson has made ANTHC look good wherever he has been assigned.

For his dedication, commitment to program goals and outstanding performance, Henrickson is awarded the Ian K. Burgess Outstanding Young PHS Engineer Award.



Echavarria receives Superior Administrative Service Award

Staff Report

In recognition of her many achievements, the Indian Health Service (IHS) has honored Vivian Echavarria with the IHS Superior Administrative Service Award.

The narrative accompanying the award states that Echavarria has administered the Alaska Native Medical Center (ANMC) Health Education program in an exemplary manner while also assisting the Indian Health Service (IHS) Health Education program nationally.

Her management duties include not only the Community Health Education Program but also the Community Health Aide Program and the Acting Director of ANMC's Contract Health Department.

In this era of downsizing and budget constraints within the IHS, and in order to refrain from the additional expense of using Personal Service Contracts, field staff has been called

upon to lend their expertise to various national projects.

Echavarria's assistance has resulted in considerable savings to the Indian Health Service Health Education Program.

Echavarria has assisted the national IHS Health Education program through the development of a survey and evaluation of the IHS Health Education program "Blue Book."

She assisted in various aspects of the development, implementation and evaluation of the national IHS Patient Education Project.

And finally she hosted the FY 2000 Patient Education Meeting July 10-14, 2000 on behalf of ANMC.

More than 100 people, from all disciplines within Indian Health Service, took part in this conference.

Echavarria agreed to assume management of ANMC's Contract Health Department (CHS).

Her outstanding leadership skills

resulted in the development and improved comprehensive and streamlined administrative processes within CHS.

CHS required a major cost containment plan for FY 2000. Echavarria was able to secure rate quotes from outside providers, improve the tracking of referrals and reduce backlog.

Consequently, all referrals are addressed within 24 hours of being submitted and a fiscally sound cost containment plan was implemented.

Finally her leadership has resulted in the development of a comprehensive and current financial data reporting system.

Echavarria has received multiple compliments from Tribal leaders throughout the state, the ANMC Joint Operating Board and staff at ANMC.

For all these reasons, and because she has set a standard of excellence



Vivian Echavarria receives a check for \$2,500 from the Indian Health Service, as part of a Superior Administrative Service award. Left to right: ANTHC CEO Paul Sherry, Dee Hutchison, ANMC Hospital Administrator; Vivian Echavarria.

Photo by Leatha Merculieff

for others to follow, she has been awarded the Superior Administrative Service Award.



STATEWIDE

News and notes

Gathering sets priorities for Yukon-Kuskokwim area

April 3-5, Yukon Kuskokwim Health Corporation held its 8th annual Tribal Unity and Traditional Medicine Gathering in Bethel. During the 3-day gathering, people heard progress reports from YKHC's health service programs and set regional health care priorities for the coming year. Some of the top priorities were:

- Preventive education for tobacco, alcohol and drug abuse, domestic violence, and FAS/FAE;
- Keep tribal children from being removed into foster homes;
- A nursing home in Bethel;
- Faster release of bodies by State Troopers to family after a death;
- A CAT Scan machine in the region;
- New and/or renovated clinics with health aides, especially Platinum;
- Water/sewer systems for all villages.

The group also heard special presentations on Suicide Prevention, Arctic Contaminants, and Traditional Healing.

Based on an article in the Yukon-Kuskokwim Health Corporation newsletter "The Messenger."



Federal agency awards \$515,000 to SouthEast Alaska Regional Health Consortium

The Bureau of Primary Health Care (BPHC) recently awarded SEARHC a grant for \$515,000 annually to support the expansion of health care services on Prince of Wales Island (POW) (west of Ketchikan).

Modeled after the SEARHC clinic operations in Haines, this project is intended to improve health care access for the uninsured and underinsured residents of POW. The grant will enable SEARHC to significantly increase access to comprehensive primary, dental and preventative health care services on POW.

From the SouthEast Alaska Regional Health Consortium (SEARHC) website.



Safety tip: Dog bites can be prevented

Simple ways to keep people -- especially kids-- from being bitten:

- Keep dogs on leashes
- Teach children how to behave around animals
- Keep your dog happy and well fed.



U.S. Surgeon General Visits Alaska



By CDR Mark Stafford, Construction Consultant
Department of Environmental Health and Engineering (DEHE)

[Editors note: Commander Stafford accompanied the Surgeon General as Aide-de-Camp throughout Dr. Satcher's visit].

The U.S. Surgeon General, David Satcher, M.D., PhD, visited Alaska in early March. Dr. Satcher and Mrs. Cynthia Bennett, Public Affairs Director and Speechwriter for his office, traveled to Anchorage, Bethel, Emmonak, and Kotlik.

Their trip included four days of airline and snowmobile travel, meetings, dinners, luncheons, hearings, as well as delays due to the earthquake in Seattle.

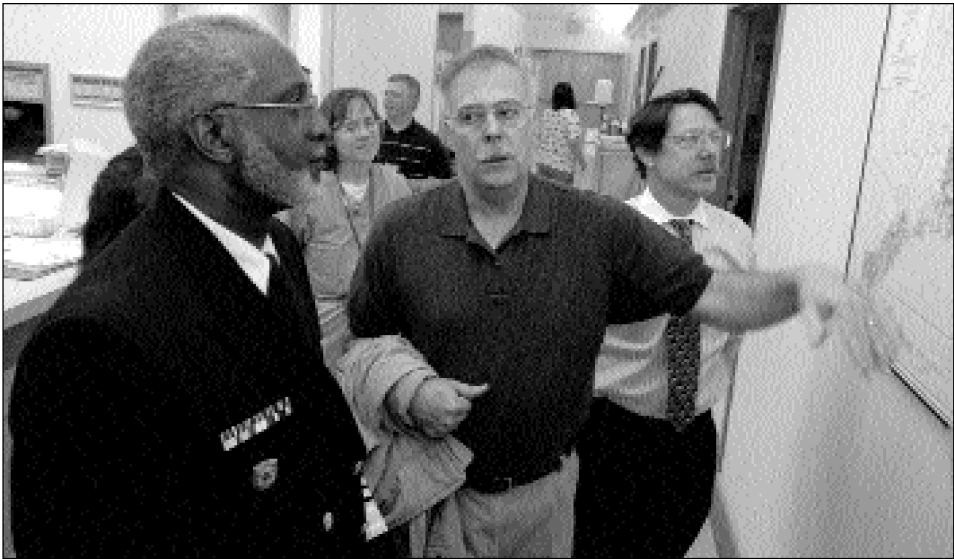
Satcher came to Alaska to testify at a hearing on health care for mentally disabled Americans. The hearing was held March 5 in Anchorage and chaired by U.S. Senator Ted Stevens.

Satcher and Bennett also attended Special Olympics, Iditarod Sled-dog Race and other activities.

In Bethel, Satcher and Bennett met with Gene Peltola, CEO of the Yukon Kuskokwim Health Corporation (YKHC), and received briefings and tours of YKHC health delivery operations, and Operation Arctic Care. Operation Arctic Care is a joint effort that provides medical, dental, and veterinarian/public health services to rural Alaska. The services are provided by reservists and Public Health Service Officers from Alaska and the lower 48 states.

While in Bethel Dr. Satcher presented LCDR Tom Fazzini YKHC with a Navy Achievement Medal for his work on Operation Arctic Care.

In Emmonak, Dr. Satcher visited both the old and the new clinic. Peltola briefed Satcher on the enhanced health care delivery that would be provided by the sub-regional clinics, including a full time dentist.



Stopping at a map of Alaska during a tour of the Alaska Native Medical Center, Alaska Native Tribal Health Consortium Chief Executive Officer Paul Sherry (center) helps U.S. Surgeon General David Satcher (left) get oriented to Alaska while Southcentral Foundation Chief of Staff Kevin Gottlieb (right) looks on.

Photograph by Michael Dinneen



Surgeon General Satcher (left) visited several Yukon-Kuskokwim region villages, including Kotlik. With his crew looking on, Jeff Lindquist, ANTHC Foreman, (center) talks with Satcher. Cynthia Bennett, (right) is Public Affairs Director and Speechwriter for the Surgeon General's office.

Photograph by Mark Stafford

The Kotlik water treatment and vacuum sewer systems, contrasted the state-of-the-art wastewater disposal systems for arctic regions with the honey bucket haul systems they replace.

Back in Anchorage, Dr. Satcher

attended a dinner Friday evening with ANMC and tribal leaders, and a breakfast with Commissioned Officers Association members Monday March 5. He also toured ANMC.



Looking to the past to build a better future

White Mountain village-based counselor Enid Brown encourages her community to look back.

"I'm trying to help them become aware of why there's so much drinking, why the young men are so lost, and why there's dysfunctional family units," said Brown, who works for Norton Sound Health Corporation.

"Part of my job as a village-based counselor is to work on beginning the healing process."

White Mountain people lost much of their culture as a result of the influence of the BIA school and the Covenant Church, Brown said. Though many people still eat traditional foods, only elders can speak Inupiaq. The only resident who knows how to Eskimo dance grew up in Point Hope.

Brown is concerned about young men in villages.

"The young adult male role was to provide," Brown said. "We don't depend on that so much anymore and they're kind of left with nothing to do."

Women hold many of the few jobs in the villages and are breadwinners in many homes, reversing the old roles.

In addition to teaching community wellness classes that examine these changes, Brown initiated elders potlucks.

A different elder is honored each month. A book is put out in which people can write a message to the elder. Some 30-70 people usually attend. Many stand up to tell stories about the elder.

Brown hopes that, eventually, elders

will tell stories at the potlucks, too.

"That's one of the things that's been lost since television and telephones came in 1981," Brown said. "It was a major lifestyle change. People don't visit anymore."

Brown became White Mountain's first village-based counselor in September 1998 and began the two-year Rural Human Services training program in Nome through the University of Alaska Fairbanks. She teaches classes, and supervises village-based counselors in four other villages.

From the Norton Sound Health Corporation newsletter, the Kaniqsirugut News



Water, sewer, solid waste construction starts with training

By Ralph Hogge
Principal Engineer
Department of Environmental
Health and Engineering

Twenty-seven superintendents who manage water, sewer and solid waste construction projects for Alaska Native Tribal Health Consortium attended a four-day training workshop April 16-20, 2001.

To attend the annual Department of Environmental Health and Engineering (DEHE) workshop, people traveled to Anchorage from remote areas of the state and villages such as Goodnews Bay, Selawik, Kake, and Tetlin.

The workshop covered program policies and personnel issues important to employees. Health and safety topics included excavation and trenching operations, materials handling, fall protection, electrical safety, first aid/CPR, and aircraft-crash survival.

The local government or tribe hires village residents to work ... as administrative assistants, utility managers, laborers, plumbers, carpenters, electricians

The workshop also gives participants a chance to obtain an Occupational Safety and Health Administration (OSHA) 10-Hour



Left to right, front row: Terry Huffman, Dave Roland, Jim Norris, John Crossman, Ken Orrison, Ernie Daugherty, Roger Fuiten, Brian Twohy
Second row, left to right: Vern Hyde, Pat Easter, Rich Henrickson, Mick Bradford, Jay Escott, Wendell Havatone, Jim Russell,
Third row, left to right: Gary Wall, Roger Sowell,
Fourth row: John Corey, Martin Wortman, Dave Reiser, Lee Olsen, Richard Gallant,
Fifth row: Jeff Lindquist, Walter Gochenauer, Jeff Beatty (not pictured).

File photo

Construction Outreach Training certificate.

Working in close cooperation with local communities, ANTHC obtains and use funds from federal and state grants to manage the construction projects. The local government or tribe hires village residents to work on the project as administrative assistants, utility managers, laborers, plumbers, carpenters, electricians, etc. The superintendents and lead plumbers pitch in with critical trade

skills. Upon completion, the community operates and maintains the facility.

The DEHE annual workshop is popular among field employees who see it as an opportunity to refresh their safety skills and ask questions about changes and improvements made during the past year. Participants also provide valuable suggestions to DEHE on how to improve the program and services to Alaska Native people.



Special Olympics bring volunteers special rewards

Staff Report

Nearly 70 Alaska Native Medical Center (ANMC) staff volunteered to help with the Special Olympics held in Anchorage in early March. The games drew participants and coaches from around the world, as hundreds of children and adults with mental retardation competed in several winter sports.

ANMC volunteers served many roles – as medical providers, translators, bus drivers, hockey scorekeepers as well as stocking the warehouse with medical supplies. Some started at 7 a.m. and worked to 3 p.m. Others started at 4 p.m. and worked until midnight; and still others started at midnight and worked until 8 a.m.

Despite these hours and their “new” roles, many of the ANMC volunteers couldn’t wait until they were scheduled to volunteer again. Many felt that they had gained more than they gave to the Special Olympics Games.



At right, Dr. Tom Nighswander, ANTHC Telemedicine Consultant, gets one of many hugs while volunteering at the Special Olympics.

“I have never been around a more enthusiastic group of athletes,” he said.

Hugs were just one of the many rewards of volunteering, said Mary Leemhuis, RN,

“I learned so much from them [the participants] – courage, strength, honor, and friendship. The overall volunteer experience was awesome; it was rewarding, fulfilling, and extremely fun.



Photograph by Michael Dinneen

STATEWIDE

News and notes
Continued from page 3

Health corporation and school settle dispute

Norton Sound Health Corporation and Bering Strait School District have settled a decade-old legal dispute.

“We’re pleased we were able to settle the suit amicably,” said NSHC President and CEO Joe Cladouhos. “We worked it out without attorneys.”

It all began in 1989, when NSHC began asking that the school district, through its insurance plan, cover health care costs for BSSD Native staff.

The district said it was an agent of the state and thus, like other federal and state entities, did not have to pay for health care for Alaska Native employees, who get many health care services free from the Indian Health Service (IHS).

But NSHC views IHS as an insurer of last resort. Any bills NSHC can get paid by other insurers allow the corporation to spend its shrinking IHS funds for critical programs like patient travel.

NSHC claimed it was owed roughly \$2 million; the school district said it might file for bankruptcy if forced to pay. Changes in leadership at both organizations, a court ruling favoring NSHC, and changes in the law have resulted in a settlement. Terms include neither party admitting fault, and BSSD paying \$1.56 million to NSHC over 13 years.

From the Norton Sound Health Corporation newsletter, *The Kaniqsirugut News*



Ethel Lund to receive honorary degree

SEARHC News Release

Long-time Native health leader Ethel Lund will receive an honorary Doctor of Law degree from the University of Alaska Anchorage at commencement ceremonies in early May. Lund helped found the SouthEast Alaska Regional Health Consortium (SEARHC) and led the Native health organization through its first twenty-five years.

Lund served as president of SEARHC from 1975 until her retirement last year. She is still active with the organization, serving as president emeritus and chair of the Elders Council.

Lund has played a leadership role in promoting Native health care and self determination in Alaska as well as nation wide, noted the UAA School of Nursing in its letter nominating Lund for the degree.

In addition to work at SEARHC, Lund has served as chair of the Alaska Native Health Board. She has also been Grand Camp President of the Alaska Native Sisterhood and a member of the the Presidential Task Force on Mental Health.



Regional Supply Service Center Facts

Here's some information about a program of the Alaska Native Tribal Health Consortium you may not know about: the Regional Supply Service Center in Anchorage.

RSSC Mission Statement

The mission of the Regional Supply Service Center (RSSC) is to design, implement and manage a quality, timely, reliable and cost effective supply system. This system provides equal services to all tribal health care facilities in Alaska; to ensure that health care providers have the pharmaceutical, medical supplies, and other material required to provide a quality health care service.

Type of Supplies Provided – The RSSC is the prime vendor for most of its customers' supply needs, including: pharmaceutical, medical, surgical, radiology, dental, laboratory, subsistence, administrative forms, office supplies, computer supplies, linens, housekeeping, and other miscellaneous products.

New Projects – Added water and sewer project supply items.
– Distributed approx. \$350,000 in medical supplies.

Number of Line Items Stocked –
2,613 Pharmaceutical
1,045 Medical, Surgical, Dental, and X-ray Items
219 Food and Subsistence Items
117 Laboratory and Diagnostic Items
539 Adm. Supplies & Forms
132 Housekeeping & Related Items

Number of Customer Facilities Served – 7 Hospitals, 12 Health Centers & 200+ Health Aide Clinics

Average On-Hand Inventory – \$1,280,000

Sales to Customers FY 2000 –
Warehouse Sales \$ 4,129,562
AmeriSource Sales \$11,742,132
Total \$15,871,694

Order Fill Rate – 98+ percent

Purchasing – Purchases are made with more than 200 vendors nationwide, utilizing on-line computer ordering with major suppliers. About 3,600 purchase orders are processed annually.

Transportation Cost – Reduced by 60% over past two years.

Size of the RSSC Facility – 23,000 square feet

Number of RSSC Employees – Eleven. Together their supply experience totals almost 200 years.



Computer system merges patient records

By Richard Hall,
ANTHC Chief,
Data & Site Support

Imagine you were sick and received treatment in your village, then at the Maniilaq Medical Center in Kotzebue, and then at Alaska Native Medical Center (ANMC) in Anchorage. On a later visit to ANMC, say for surgery, the doctor asks about your earlier doctor visits, or needs the exact dates of things that happened at other facilities a long time ago. But you can't remember all the visits or details. After the surgery, your health practitioner back at home asks you about the surgery results. But the information the doctor gave you is really complicated and hard to explain.

Then, imagine a computer system that knows you have medical records at multiple facilities and automatically sends information about your encounters with health providers (encounter data) to the other facilities you use.

Or, imagine that you move from your village to Fairbanks where you have never been before and the school

asks for your children's immunization records but you don't have copies.

Then, imagine a computer system that your provider at Chief Andrew Isaacs Health Center can use to get that information and electronically add it to your children's new medical records at CAIHC so it will be there in the future.

Alaska Native Tribal Health Consortium (ANTHC) manages just such a computer system and provides it to all Alaska Native health care providers. This computer system is called Multi-Facility Integration (MFI). The purpose of MFI is to integrate and improve Alaska Native patient care data. It is a part of the Indian Health Service (IHS) RPMS software that is only available here in Alaska.

MFI allows for the confidential transmission of information among RPMS systems including most tribal health facilities and State public health nurses. It utilizes standard RPMS software and security features. MFI is transparent to providers and patients. Most records are updated overnight.

If you are a health care provider, the

examples above are just a few ways that you can use MFI to improve health care. If you need information about encounters, check MFI. While MFI does not process all encounter details, it does process the basic encounter information stored in the RPMS Patient Care Component for encounters since MFI started at a facility.

MFI can benefit patient care only if the MFI computer knows that a person has multiple health records. MFI staff checks to make sure health record merges occur properly but if demographics at two facilities are different enough the records won't be merged.

So, if you have patients being seen at multiple facilities but their health summary does not list the other facility's health record number, please inform the MFI office. Or, if your job requires more historic patient data than your facility's health summary provides, please request an application for access to the MFI database (security approval required).

For these topics or any questions about MFI, please email tnix@anmc.org.



Surplus military supplies

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done, then regional procurement staff pick the items they need. The supplies include surgical instruments, bandages, gloves, gauze and other medical supplies. About 60-percent of the most recent shipment are surgical instruments, said Squartsoff. Because regional tribal hospitals have less need for surgical supplies, he expects most of those to go to ANMC.

The supplies are becoming available as a result of the 1995 appropriations act, and a new emergency readiness system the military has adopted, according to Curtis Begay, a Supply Management Specialist for IHS. The appropriations act of 1995 allows the DOD and IHS to work in partnership in distributing excess military property to IHS and tribes.

Begay said the supplies are war-readiness materials that were stockpiled for world wide emergency response. "The military has dozens of storage depots across the country and is going to consolidate them into a handful of strategically located units," said Begay.



Above: Vicki Chicharillo, Inventory Management Supervisor, of Gallup Supply Service Center in Gallup, New Mexico (left) and Donna Fleming, Chief of Central Sterile Supply at Alaska Native Medical Center, (right) reviewing items stored in a Conex container.

Photograph by Harold Squartsoff

Athabascan perspective

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forever – there is no cure at this time. The risk for developing complications such as blindness, nerve damage, kidney damage and limb amputation increases about ten years after a person is first diagnosed. Good blood sugar control can make a very big difference in reducing the onset of Diabetic complications.

Besides choosing healthy foods and

getting regular exercise, it is also recommended to maintain ideal body weight. Obesity is when a person's body mass index is greater than 30%.

You can help avoid getting Diabetes, or reduce your risk of developing complications if you have it, by making an appointment with finding out more about Diabetes.

Health care providers and Diabetes

educators can help you learn more about the disease, how to defend yourself, and make your body stronger.

About the author:

Sarah Vent is the Diabetes Care Coordinator at Chief Andrew Isaac Health Center in Fairbanks. She's from the village of Huslia and her parents are Warner and Alberta Vent.





Contract work brings phone folks an award

Staff Report

The U.S. General Services Administration – Federal Technology Service (GSA) has honored ANTHC for negotiating contracts that cut phone bills by \$10,000 a month. The award was presented at a November 2000 ceremony in Washington, D.C.

GSA praised the Consortium for its successful transition to contracts that allow it alternative telecommunication choices on a wide range of products, services and new technological solutions. These options come at substantially lower prices than standard service.

FTS 2001 contracts for Telecommunications services are the vehicle for these savings. In keeping with the spirit of self determination

(PL-638), ANMC telecommunications Manager Steve Sobetsky negotiated with GSA to recognize ANTHC as a separate entity and thus, utilize the Telecommunication contracts available

ANTHC was the first Tribal 638 organization in the nation to accomplish this.

to federal agencies. ANTHC was the first Tribal 638 organization in the nation to accomplish this. In April 2000, ANTHC transitioned and began using services under these contracts. ANTHC immediately began experiencing long distance (calls) costs savings, which average \$10,000 per

month. The Alaska Native Health Campus' Telecommunication Services, within Healthcare Knowledge and Technology Division, supports about 4,000 phones scattered throughout 15 buildings on-campus and around Anchorage. The ANHC is one of the largest telecommunication consumers within Anchorage.

Telecommunication Team members Steve Sobetsky, Diana Boneta and Dave Parker, support the campus voice processing systems and associated communication infrastructure, and radio and paging systems.

The plaque and letter recognizing ANTHC, for this transition, can be seen outside the ANMC Communication Office, on the first floor across from the craft shop.



Yukon Flats team promotes Denali KidCare no-cost health insurance

by Molly McGrath,
Department of Public Health

Tanana Chiefs Conference (TCC) has "teamed up" with Denali KidCare to boost no-cost health insurance coverage for children, teens, and pregnant women.

The State has set up the Yukon Flats Outreach Team to serve eight Interior Alaska villages.

Team members promote Denali KidCare through local groups and events. They can help folks fill out forms, for instance.

Denali KidCare is valuable because it covers many services that may not be offered or paid for by local tribally operated clinics or Native hospitals.

These include eyeglasses, prescription drugs, allergy testing, mental health therapy, substance abuse treatment, travel and more.

The Yukon Flats Outreach Team has a person in each of the predominantly Athabascan villages it serves.

The villages are Fort Yukon, Beaver, Circle, Venetie, Arctic Village, Chalkyitsik, Venetie, and Birch Creek.

Some villages have added more Team members to raise awareness of the Denali KidCare program.

Some of the team members also work for a village tribal council, or as Tribal Workforce Development Specialists.

Representatives from the Council of Athabascan Tribal Governments (CATG), Alaska Native Tribal Health Consortium (ANTHC), and Alaska Division of Public Health (DPH) are also members of the Yukon Flats Outreach Team.

They furnish overall support for the village Team members and will take part in health fairs planned for this spring.

For more information about Denali KidCare, check with your local council office, clinic or school.

You can also find out more by calling this toll free number:
1(888)-318-8890.



The Yukon Flats Outreach Team attended a collaboration meeting in Fairbanks January 18. **Pictured left to right, back row** Molly McGrath (DPH), Marie Miller (ANTHC), Aleta Francis (Fort Yukon), Francine Henry (Beaver), Donna Crow (Circle), Myra Thumma (Venetie), Laurie Thomas, and Diana McCarty (CATG, Ft. Yukon). **Front row** is Virginia Gilbert (Arctic Village), Larry Fisher (CATG), and Charlene Galang (ANTHC). Not shown are Martin Becker, PHN, DPH, Stephanie Herbert (Chalkyitsik), Virginia Henry (Venetie), and Delma Bohn (Birch Creek).

File Photograph



Yukon Flats Outreach Team members will go to gatherings, such as those held at the Chalkyitsik Community Center (above) to encourage families to sign up for Denali KidCare. The no-cost health insurance program for pregnant women, children and teenagers covers health services that may not be covered by tribal clinics or Native hospitals.

Photo from the Alaska Department of Community and Economic Development website



CALENDAR EVENTS & CELEBRATIONS

May 4 Community Health Aide Program Forum, Hawthorne Suites (Info: Ed Bean 729-3624)

May 4 ANTHC Bylaws/Policy Committee, Rm 311, Consortium Bldg, 9 am- 4:30 pm.

May 7-9 Annual School on Addictions, Sheraton Anchorage Hotel

May 7-10 Alaska Native Health Board quarterly meeting, time and location TBA

May 10 Statewide Health Planning Development – ANHB and all tribal health organizations

May 11 FAA Summit Meeting, time and location TBA

May 14-17 Compact negotiations, Rooms 311, 312, 313, Consortium Offices

May 24 AFHCAN Steering Board

May 24 Medical Services Networking Committee, 10 am–4 pm, location TBD

June 1 Alaska Telehealth Advisor Council quarterly meeting

June 1 ANMC JOB Policy Committee Meeting, 9:00 am, ANMC Conference Room # 1

June 4 ANMC JOB Finance Committee Meeting, 1:30 pm, ANMC Conference Room # 2

June 5 ANMC JOB JCC, 1:30 pm, ANMC Conference Room # 2

June 6 ANMC Joint Operating Board Meeting, 9:00 am, ANMC Conference Room # 1

June 7 ANTHC Finance Committee meeting, 10 am to 4 pm, Room 311

June 11 Anchorage Service Unit Tribal Health Council meeting

June 12 SCF Regular Board of Directors Meeting, SCF Main Conference Room, 9 a.m.

June 14-15 ANTHC Board Meeting, 9 am, Room 311, Consortium Offices

June 19-21 BBAHC Executive Committee (tentative)

June 22 AFHCAN Steering Board



Want Cavities? Drink Pop.

Continued from page 1

ANTHC Chairman and President. “In response, we are issuing a symbolic report card on soft drinks—two ‘D’s: one for ‘Decay’ and one for ‘Diabetes.

ANTHC and ANHB hope the report card will help focus attention

“We encourage people to substitute healthier beverages – water, milk — and healthier food, including traditional foods.”

on the risks of high soft drink consumption. The ANTHC Board approved the campaign in a vote April 9. The vote came after a preliminary report on an informal survey. The survey shows that more than half the Natives surveyed drink at least one can of pop a day, and one fifth drink two cans a day or more.

“Tooth decay is not only ugly and painful, but it can also destroy or seriously damage teeth for life,” said Jeff Carolla, DDS, ANMC. “We see terrible cases every day, both here in Anchorage and in the rural clinics we hold.”

But tooth decay is not the only



Standing in front of a display on the link between soda pop, obesity and diabetes, Tammy Brown (left) and Julian Naylor, MD, (right) answer questions for a television reporter at an April 16 press conference.

problem with soft drinks, warn health professionals. High sugar intake can lead to obesity, which is closely linked to diabetes. Diabetes can lead to blindness, loss of limbs, a host of other medical complications, or even death. Both tooth decay and diabetes are

serious problems in the Alaska Native community. “We ask other members of our community to help make our people aware of the health risks that excessive soft drinks pose,” said Dr. Julien L. Naylor, ANMC. “Our ultimate goal is to reduce the consump-

Photograph by Nicholas Morgan

tion of soda pop. In its place, we encourage people to substitute healthier beverages – water, milk — and healthier food, including traditional foods.”



Soda pop and your health

Staff Report

You probably know soft drinks are bad for you, but may not realize just how bad. Soft drinks pose health risks both because of what they contain (sugar and additives) and what they replace in the diet (foods that provide vitamins, minerals, and other nutrients).

...the odds of a child becoming obese increase 1-to-6 times for each additional can... per day.

Nowadays, more and more people are drinking soda pop, and lots of it. Manufacturers pumped out 15 billion gallons of pop in 2000 or 54 gallons for every man, woman, and child — nearly 20 ounces a day. More than half of Alaska Natives drink at least one can of pop a day, and one fifth drink at least two cans a day, according to an informal survey.

One of the problems with pop is that people consume more sugar in a soft drink than they would otherwise. People will drink a 20-oz.can of pop when they wouldn’t eat a box of cookies, for instance. But some cans of soda have as much sugar in them as a box of cookies, or as much sugar as two-and-a-half candy bars. Soda pop also has high levels of phosphoric acid which, combined with the sugar, quickly eat away tooth enamel. An Indian Health Service survey of 1% of the Alaska Native population gives us preliminary data about the seriousness of the problem of tooth decay compared to non-Natives. The averages for three age groups (shown below) show Alaska Natives have more than twice as many decayed or filled teeth as non-Natives.*

	AK Native	All
Ages 6-14	7	3.4
Ages 15-19	11	5
Adults 35-44	33	7.6

*(Other contributors to the problem of

tooth decay among Alaska Natives include poor access to dental care and preventive measures such as protective sealants and fluoridation.)

Excess consumption of soda pop is also linked to obesity. A Harvard study shows that the odds of a child becoming obese increase 1-to-6 times for each additional can or glass of sugar-sweetened drink per day. One of the most serious aspects of overweight and obesity in children is Type II diabetes. It accounted for 2 to 4 % of all childhood diabetes before 1992, but rocketed to 16% by 1994. Moreover, overweight adolescents are much more likely to become overweight adults, with increased risk for developing heart disease and stroke, gallbladder disease, arthritis, and cancers of the breast, prostate, and colon. Kids who drink high amounts of soda consume more calories and drink less milk and fruit juices than other children, says researchers from the University of Minnesota. Yet, children and teenagers need a wide range of nutrients to grow, learn, and develop physically, mentally and emotion-

Continued from Page 1

ally. For example, girls build 92% of their bone mass by age 18. If they don’t consume enough calcium in their teenage years they cannot “catch up” later. But surveys show that most 12- to 19-year-olds are not consuming recommended amounts of certain nutrients. Typical teenager’s diet leaves them lacking essential nutrition, as these figures show: Calcium: only 14% of girls and 36% of boys consumed 100% of the Recommended Dietary Allowance (RDA). Vegetables: only 33% of girls and 34% of boys consumed the number of servings recommended by the U.S. Department of Agriculture. Fruit: Only 16% of girls and 11% of boys consumed the recommended amount. Dairy foods: Only 10% of girls and 29% of boys consumed the recommended amount. Grain and Protein: most boys and girls did not meet the recommended amounts.



Contaminants

Continued from page 1

Alaska Native concerns over environmental contaminants are emerging as a major concern. Reports of high levels of contaminants in the environment and the food chain have raised questions about their role in changes seen in animals and in diseases such as cancer. Governor Knowles has established a cabinet level task force to coordinate state efforts on contaminants. One of the task force members is Will Mayo, former President of the Tanana Chiefs Conference. The state Commissioners of Health and Social Services and Environment Conservation have also pledged their support for working with Tribal and

Native groups in establishing a program. The Alaska Native Health Board, Alaska Inter-tribal Council and the Alaska Native Science Commission have joined forces to get more Tribal groups and Native organizations involved in the process. No one knows what the final outcome will be or when it will happen but the degree of cooperation among so many people and agencies and organizations working together on this issue is extremely encouraging. And, prospects for establishing a program now look better than ever. In the past, many agencies and organizations have conducted

research on contaminants but nearly all have failed to work with Native communities. As a result Native concerns and questions about contaminants have not been met. This initiative, to establish an Alaska Contaminants Program, would be modeled after the Canadian Northern Contaminants Program (NCP). Now 10 years old, NCP has done a superb job of dealing with contaminant concerns of Canadian Northern First Nations people. The Canadian NCP is directed by a committee composed of four Canadian government agencies and five first nations groups. While an Alaska program would

not be identical to the NCP its most innovative aspects would; namely involvement of Alaska Tribes and Native organizations in directing the program and grant money for research and other contaminant projects such as education and training which would go to Alaska organizations including Tribes and Native organizations. For more information please contact Mike Bradley at ANHB, 743-6119 or Mbradley@anhb.org.

