

# Mukluk THE Telegraph



The Voice of the Alaska Native Tribal Health Consortium

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## Family practitioner, telemedicine help save Kotzebue woman's life

ANTHC Staff Report

In June 2003, a new use of telemedicine technology helped save the life of a woman receiving care at Maniilaq Health Center in Kotzebue. The woman came to the hospital with an ectopic pregnancy, a dangerous situation requiring surgery. Worse, the pregnancy had ruptured arterial blood vessels. The patient was hemorrhaging; and her condition deteriorated rapidly. She needed immediate surgery. But Maniilaq Health Center doesn't have an operating room, nor a surgeon — nor anesthesia.

"Due to heavy fog, there was no way we could medevac her to a larger facility with an operating room" said Dr. Michael Orms. "There was a high possibility that she would have died even in transport to Anchorage. Using my surgical skill to stop the bleeding was the only choice we had. Being a family practitioner with some surgical skills — but not a surgeon — I needed some assistance."

Orms called Daniel R. Szekely, MD, Medical Director, Women's Health at the Anchorage Native Primary Care Center at Alaska Native Medical Center (PCC), for guidance on how to do a laparotomy using local anesthesia.

Dr. Robb Reeg, a family physician at PCC Family Medical Services, contacted staff at the Alaska Federal Health Care Access Network (AFHCAN) office and asked if equipment designed for video teleconferencing could be used



Courtesy photo

Daniel R. Szekely, MD, Medical Director, Women's Health at the Anchorage Native Primary Care Center at Alaska Native Medical Center, used new telemedicine technology to guide Dr. Michael Orms at the Maniilaq Health Center in Kotzebue through a laparotomy using local anesthesia.

for this clinical emergency.

"This was an excellent example of how our project staff can work collaboratively with clinical staff to solve urgent clinical needs," said AFHCAN director Stewart Ferguson. "Robb's experience with our office was based on our 'store and forward' solution and not with videoconferencing. But he recognized the possibility with the network and the technology. Without his

foresight — this might not have happened."

AFHCAN staff set up a monitor and Szekely asked Kotzebue staff to bring its Polycom videoconferencing equipment into the room so he could observe the surgery from Anchorage.

Dr. Stephanie Eklund, of the PCC Women's Clinic, talked with Orms on

See Telemedicine, page 7

## ANMC re-certified as Level II trauma center

### Tribal facilities have led the effort to develop a statewide trauma system

Alaska Native Medical Center (ANMC) has been re-certified as a Level II Trauma Center designated facility, the highest level achievable in Alaska. On July 15, 2003, ANMC received word that it had been re-verified as Alaska's first and only Level II Trauma Center by the American College of Surgeons Committee (ACS). Alaska Native Tribal Health Consortium and Southcentral Foundation co-manage ANMC. Trauma is the leading cause of years of productive life lost among all Alaskans and is the leading cause of death among Alaska Natives.

"ANMC became a Level II trauma center in 1999 and this re-verification shows we are still strongly committed to support trauma care in Alaska," said Frank Sacco, MD, ANMC Chief of Trauma Services. "It shows we've met the rigorous standards of the ACS, which basically require a



Dr. Richard Brodsky and Margaret Bolger, RN, demonstrate techniques used to provide oxygen to patients with trauma injuries.

See Level II, page 12

# Vox

## Voice of the people

What preparations have made to get ready for winter?



"We caught 176 chums, pinks and herrings. The way we preserved them is to dried and freeze them for the winter."

— Sanford Lilley, Stebbins.



"My son caught some king salmon and we are moving the deck furniture in and things like that,"

— John Ivanoff, Unalakleet.



"I have nine children and when my family was younger I would hunt and fish year around to provide for my family. I would also sell furs."

— William Trader, Emmonak.



"I don't do much now, but, I used to go moose and bear hunting. We would freeze most of it and what the family didn't use we would share with others."

— George Wassillie, Pilot Station



## Editorial Staff

Joaqlin Estus  
Public Communications Director

Selma Oskolkoff-Simon  
Administrative Assistant

Marianne Gilmore  
Executive Administrative Assistant



Photo by Karen M. Mitchell

The newest director of the Indian Health Service is sworn in at the Primary Care Center of the Alaska Native Medical Center on Aug. 6, 2003. From left to right: Sally Smith, vice chairwoman of the Alaska Native Tribal Health Consortium; Dr. Charles Grim; Don Kashevaroff, chairman and president of ANTHC; and Tommy G. Thompson, Secretary of the U.S. Department of Health and Human Services.

## Grim sworn in as new IHS director

For the first time, a director of the Indian Health Service has been sworn in at a tribal facility. On August 6, 2003 at Alaska Native Medical Center, Charles W. Grim, DDS, M.H.S.A., was sworn in as the seventh director of the Indian Health Service (IHS). Secretary of the U.S. Department of Health and Social Services Tommy G. Thompson conducted the swearing-in.

With scores of people gathered in the ANMC Primary Care Center lobby, the Northern Lights Drummers kicked off the event with a Plains Indian-style song. Dr. Grim is a member of the Cherokee Nation of Oklahoma.

Don Kashevaroff, board chairman and president for the Alaska Native Tribal Health Consortium, and Sally Smith, board chairwoman for the Bristol Bay Area Health Corporation, stood with Dr. Grim as he was sworn in, to represent his family and friends. "I was honored that ANTHC was able to participate in the activities of the day," said Kashevaroff.

"Dr. Grim has the unique ability to bridge Indian concerns with the administration's viewpoint,"

**"Dr. Grim has the unique ability to bridge Indian concerns with the administration's viewpoint."**

— Don Kashevaroff,

Alaska Native Tribal Health Consortium president and board chairman

Kashevaroff continued. "He has shown that he can effectively advocate on behalf of the tribes for more funding while tackling the tough job of making the IHS more efficient and responsive to Indian needs. I believe tribes will have unprecedented access to the agency during Dr. Grim's tenure."

Grim said he is "honored and humbled" to be chosen to serve as the director of the Indian Health Service. As he emphasized during his confirmation hearings before the U.S. Congress, Grim commented on the need to focus on health promotion and disease prevention, and to strengthen the infrastructure of the IHS, tribal and urban Indian programs. He emphasized the importance of providing water and sanitation to Alaska Natives and American Indians.

As IHS director, Dr. Grim will

direct the work of the nearly 15,000 employees of the agency, of which 13 percent are Commissioned Corps members – representing 36 percent of the entire Commissioned Corps work force. He will oversee a nationwide multi-billion dollar health care delivery program.

Secretary Thompson also promoted Grim to the rank of Rear Admiral in the Commissioned Corps of the U.S. Public Health Service. Dr. Grim has been a member of the Commissioned Corps throughout his 21-year career with IHS, most of it in the IHS Oklahoma Area Office.

Thompson and senior HHS staff were on a five-day visit to Alaska touring Alaska Native and federal health programs across the state.



# MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

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For more information, or to send us news or announcements, please contact us at:  
Fax: (907) 729-1901 Phone: (907) 729-1900

## Letters to the Editor

You are welcome to submit articles for publication, or to 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:  
[soskolkoff-simon@anthc.org](mailto:soskolkoff-simon@anthc.org)



Misty Nielsen/Bristol BayTimes

Hal Stratton, chairman of the United States Consumer Product Safety Commission (left), speaks with Ryan Hill from the Alaska Native Tribal Health Consortium, right, during a tour of four Bristol Bay villages to witness how people use ATVs in the bush.

## Safety commissioner visits Bristol Bay to witness ATV use

By Misty Nielsen  
Bristol BayTimes

The chairman and senior legal counsel of the United States Consumer Product Safety Commission continued their efforts to find a solution to the country's

growing all-terrain vehicle injury rate when they visited several Bristol Bay villages to witness how the vehicles are used in bush Alaska.

Commission chairman, Hal Stratton, and legal counsel, Jeffrey Troutt, visited New Stuyahok, Ekuk, Igushik and Manokotak with Ward

Jones, injury prevention specialist for the Bristol Bay Area Health Corporation, as their guide. Ryan Hill, injury prevention specialist for the Alaska Native Tribal Health Consortium also joined the group.

See ATV Safety, page 6

## Back to school campaign urges parents to sign up for Denali KidCare insurance

ANTHC Staff Report

Thousands of families are missing an opportunity for free health insurance, perhaps due to confusion about new eligibility guidelines. Denali KidCare is a State of Alaska program that provides health care coverage for all Alaska children, teens and pregnant women. The Alaska State Legislature changed Denali KidCare eligibility standards in April, reducing the income guidelines, which means fewer families may qualify for the program. Still, an estimated 14,000 Alaskans qualify for, but are not enrolled in, Denali KidCare, according to the latest census.

"Especially as students are heading back to school" said ANTHC Chairman and President Don Kashevaroff, "we want to make sure they're healthy and ready to learn. If parents don't know whether they qualify, it's best they apply or renew their application now." Kashevaroff was one of several speakers at a Back to School kick-off held at Alaska Native Medical Center on August 4, 2003.

### How to apply for Denali KidCare

To request an application or for more information, call the Denali KidCare eligibility office at (888) 318-8890 or download an application at: [hss.state.ak.us/dhcs/DenaliKidCare/default.htm](http://hss.state.ak.us/dhcs/DenaliKidCare/default.htm).

"Families are often forced to make difficult choices when their kids don't have health care coverage," said Brenda Moore, faith-based representative from the Alaska's Covering Kids Coalition. "They may delay or not get medical care for their children. And those delays can make the disease or injury much harder to treat effectively. Health insurance is really important for the kids and for the peace of mind of the parents."

"Children enrolled in Denali KidCare receive coverage for things like regular check-ups, prescriptions,

hospitalization, immunizations, travel costs, and vision care," said Dirk Shumaker, Program Design and Planning Manager, Kids Corps, Inc., Head Start.

"Health insurance under Denali KidCare can help ensure children are ready to go back to school healthy and ready to learn," said Patricia McRae, Director of Elementary Education, Anchorage School District.

ANTHC is the lead agency responsible for simplification, coordination, and outreach regarding State Child Health Insurance Programs (services previously provided by the State of Alaska). The Consortium works in collaboration with Southcentral Foundation, the Alaska Primary Care Association, and numerous local and statewide non-profits and agencies within the Alaska's Covering Kids Coalition to address barriers and increase access to health care for all Alaskans. Alaska's Back-to-School campaign is part of a national effort initiated by Robert Wood Johnson Foundation and is in its fourth year since program inception in 1999.



## STATEWIDE

News and notes

### DHHS awards \$1.2 million for new clinic in Chenega Bay

On Aug. 6, 2003, Department of Health and Human Services Secretary Tommy G. Thompson announced a \$1.2 million contract to build a new health clinic in Chenega, in Prince William Sound. The new clinic will replace a 17-year-old facility serving Chenega, an Alutiiq community with fewer than 100 residents.

The contract to build the clinic was awarded to Chugachmiut Regional Health Corporation, according to an Indian Health Service press release.

### Code Blue answers ambulance call

The fire chiefs of Bethel and Aniak along with local paramedics and the Aniak Dragonslayers were all on hand July 18 to unwrap and dedicate two new ambulances that arrived courtesy of the Code Blue Project. YKHC President/CEO Gene Peltola welcomed guests and spectators to a special ribbon-cutting ceremony and dedication at the Bethel Fire Station, saying the ambulances represent the benefits of cooperation between agencies and service providers. Code Blue is a partnership bringing together state, local, and non-profit officials to identify needs and set priorities for emergency equipment and training. Nine separate funders came together in a public private partnership to provide \$6.4 million in funding for ambulances, four-wheelers and ambulance sleds for village clinics, other emergency vehicles, and communications equipment.

From "The Messenger," a newsletter of the Yukon-Kuskokwim Health Corp.

### Wellness, governance conference in Unalaska

Diabetes, steam baths, the Unangan language, economic development and tribal governance are all on the agenda for an upcoming conference on wellness and governance.

The Aleutian Pribilof Islands Association and Eastern Aleutian Tribes are hosting a "Regional Tribal Wellness and Governance Conference," to take place Sept. 15-19, at the Grand Aleutian Hotel in Unalaska.

To find out more, visit the website: [apia.com](http://apia.com). Or contact Colleen Mack, Wellness Program Assistant at 222-4294, or Tina Wilson, Wellness Program Coordinator at 222-4209.



## STATEWIDE

News and notes

### **SEARHC gets high marks in substance abuse treatment accreditation review**

After conducting an extensive on-site review earlier this year, the Commission on Accreditation of Rehabilitation Facilities (CARF) has awarded SEARHC's substance abuse treatment programs its highest level of approval—a three-year accreditation.

The accreditation review included three separate SEARHC treatment services: the Raven's Way Program (youth treatment), the Bill Brady Healing Center (adult treatment), and the Community Family Services program (community-based counseling).

All three were seeking a renewal of their existing accreditation.

In 2000, SEARHC was one of just ten organizations nationwide recognized by the federal government for being a model for reducing substance abuse among Native Americans.

SEARHC's Raven's Way Program, Bill Brady Healing Center, and Deilee Hit (women's treatment) programs were showcased in a U.S. Department of Justice publication entitled "Promising Practices and Strategies to Reduce Alcohol and Substance Abuse among American Indians and Alaska Natives."

*From the Web site:  
SEARHC.org.*

### **SEARHC Foundation bridges gap between services and need**

Thanks to a recent \$10,000 donation from the SouthEast Alaska Regional Health Consortium (SEARHC) Foundation, approximately 25 residents living throughout Southeast Alaska will receive vital items such as glasses and walkers.

This recent donation brings the total of the Foundation's contribution to SEARHC to \$35,000. To date, a total of 55 people living in 13 communities have benefited from the Foundation's philanthropic efforts.



*From the Web site:  
SEARHC.org.*

## **U.S. health official visits Alaska Native health facilities**

By Joaquin Estus  
Director, Public Communications

On Aug. 4, 2003, Secretary Tommy G. Thompson, of U.S. Department of Health and Human Services, made the Alaska Native health campus his first stop among several at Alaska Native health facilities across Alaska.

"ANTHC was honored to host Secretary Thompson," said Alaska Native Tribal Health Consortium Chairman and President Don Kashevaroff. "The Secretary showed a great interest in Native health care and health care for all Americans. This being his third trip, we know that he's committed to helping Alaska tribes bring up the health status of our people."

After a welcome from Anchorage-based Native health leaders, Thompson toured Alaska Native Medical Center and the Southcentral Foundation's Fireweed Building.

"He asked a lot of questions about the range of services we offer to our patients, and about the changing demographics and challenges we face," said ANMC Chief Executive Physician Dave Snyder, MD. "And he commented several times on some of our more outstanding recent achievements — Magnet status, our recent re-certification as a Level II trauma center, and our laboratory's recent re-accreditation with distinction by the College of American Pathologists."

Thompson was particularly impressed with SCF's new Fireweed Building. "It's wonderful to see," said Thompson. "The building is beautiful, state-of-the-art, custom-designed for the services they provide."

"And it's paperless," Thompson told one of his DHHS colleagues. "That's where I want us to go, fully electronic."

During an informal luncheon at ANMC, he endorsed the Alaska's Covering Kids Back to School campaign, designed to urge parents to enroll in Denali KidCare.

"There's no reason in America that a child should not be covered by



Photo by Selma Oskolkoff-Simon

"Every child should be covered by health insurance," said Secretary of the U.S. Department of Health and Human Services Tommy G. Thompson, on Aug. 4 at the Alaska Native Medical Center.

health insurance," said Thompson. "Every child should be covered by health insurance." Thompson urged health care providers to promote Denali KidCare enrollment to patients.

Kashevaroff said he was impressed with Thompson's emphasis on diet and activity in presentations made during his trip. "He spoke on prevention many times, and how just walking 10,000 steps per day and cutting out one soda pop per day can help us lose 10 to 15 pounds and

prevent many diseases like diabetes. The Secretary also recommitted to push for more sanitation funding while his staff committed to work toward increasing funding for many other programs."

Thompson also visited Dillingham, Barrow, Point Hope, Nome, and Shishmaref. "The generosity and kindness of the Alaskan Native people living in our beautiful but harsh conditions had an obvious impact on the Secretary" said Kashevaroff.



## **Thompson promises to improve health care in rural Alaska**

The nation's top health official visited Nome and Shishmaref Aug. 7, and left promising to use his power and \$525 billion budget to improve health care delivery in Bush Alaska.

U.S. Secretary of Health and Human Services Tommy G. Thompson arrived in Nome on a Thursday evening with nearly two dozen other state and federal health officials and aides. Among them was Charles Grim, DDS, who had been sworn in as director of the Indian Health Service at a ceremony at Alaska Native Medical Center earlier in the week.

"We're looking for opportunities, as a department," Thompson told a crowd of 250 at a welcoming reception at the Nome Recreation Center. Visiting Alaska, seeing the villages and meeting people "gives me that chance to grow, as well as my team, and be able to go back to Washington and be your advocate," Thompson said.

This was Thompson's third visit to



Photo by Carol Gales

U.S. Secretary Tommy Thompson joins an invitational dance at the end of a performance by the King Island Youth Dancers at a reception at the Nome Rec Center. Back: Marilyn Koezuna-Irelan dancing and John Penatac drumming. Front: Jens Irelan (left) and David Ahwinona.

Alaska, a series begun at the suggestion of Senator Ted Stevens.

Thompson told the reception crowd

See Thompson, page 5



# DEHE hosts 10 college-level interns this summer

Photos and story by Kevin Braun

The Division of Environmental Health and Engineering (DEHE) successfully hosted ten Alaska Native and American Indian junior and senior level college students for the 2003 DEHE summer internship. Interns were given the opportunity to work with licensed engineers and experience Alaska's unique engineering challenges. They took part in a variety of assignments.

For example, one intern assisted with sanitation facilities projects in the rural communities of Kasigluk and Kwethluk. The intern ordered materials, completed permit applications, design drawings and compiled business plans, which will be used for reports in future grant applications.

The intern also assisted a project engineer in the design of a vacuum sewer system that will be constructed next year. Another intern traveled to Golovin to assist with designs for a water distribution and circulating system. This intern prepared hydraulic models of alternative water distribution systems to determine the most efficient option for the community.

The DEHE internship program was implemented in the summer of 2000. One measure of its success is the number of interns that have returned to work for DEHE after obtaining their engineering degrees. Five full-time DEHE engineers were first acquainted with the organization through their summer internships. This is an excellent number especially when considering the national shortage of available engineers and that the program is a mere three years old.

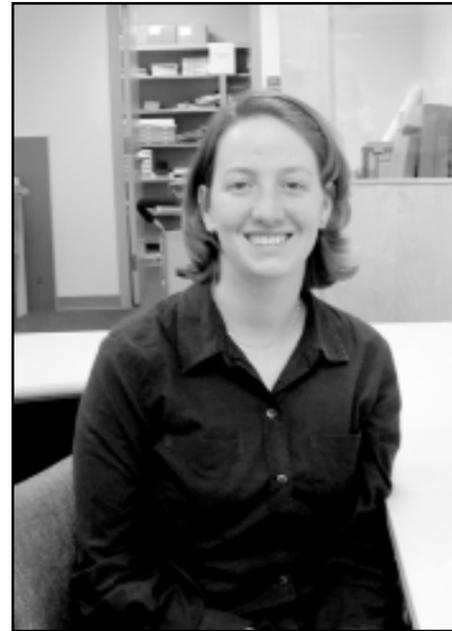
Interns are recruited through programs such as the American Indian Science and Engineering Society



James Walker



Ryan Ellison



Cammie Johnson

***"It's been a fun and busy summer, flying in float planes up and down the Yukon and meeting members of the communities and working with them to give them the best utility service possible."***

— Cammie Johnson,  
intern working on the Regional Utility Cooperative project.

(AISES) and Alaska Native Student Engineering Program (ANSEP). ANSEP is part of the University of Alaska system. It's the collective endeavor of several organizations, which have interests in professional engineering, the oil industry, and construction. ANSEP fosters a community for Alaska Native students to support each other through mentoring, tutoring and adjusting to life away from their cultures and homes. Scholarships are available and students are expected to participate in summer internships. For more information on the ANSEP program visit its Web site at [engr.uaa.alaska.edu/ansep/](http://engr.uaa.alaska.edu/ansep/).

The American Indian Science & Engineering Society (AISES) is a national, nonprofit organization that provides opportunities for American Indians and Native Alaskans to pursue studies within science, engineering, and technology. AISES offers financial, academic and cultural support to American Indians and Alaska Natives from middle school through graduate school. For more information on AISES visit its website at <http://www.aises.org/>.

DEHE actively supports both AISES and ANSEP programs. In November 2004, the National AISES Conference will be held at the Egan Convention Center in Anchorage.

ANTHC/DEHE staff will have active roles in arrangements for this conference and 2000 students and Native professionals from around the country are expected to attend.

The DEHE internship program is an excellent opportunity for Alaska Native and American Indian Engineering students to apply their knowledge and education in the workplace setting.

Who can enlist into the DEHE summer internship? Alaska Native and American Indian Engineering students with junior, senior or graduate standing in a college recognized by the Accreditation Board for Engineering and Technology (ABET). This year six DEHE summer interns involved in ANSEP will receive \$5,000 scholarships to assist them in meeting their educational goals.

For more information on DEHE's internship program call Darryl Alleman, P.E., DEHE Program Manager (907) 729-3548.



## Thompson ...

From page 4

ers in Washington, D.C. that many Alaskans are not on a highway system, don't have water and sewer, and struggle with high travel and shipping costs.

Thompson, who promotes disease prevention and staying healthy, encouraged people to watch what they eat, exercise, and stop smoking. He said that if he sees one of his employees smoking, he takes the cigarette away.

"I tell them I love them and I want them to be there for their family," he said.

Thompson and his staff started off the next day with meetings with officials of Norton Sound Health Corporation, Kawerak, Inc., and the city of Nome.

Joe Cladouhos, NSHC's president and CEO, listed eight issues important to NSHC, including planning funds for a new hospital in Nome, funding for continued studies of diabetes and heart disease in the region, village clinic lease funds, and expanded health aide training.

After meetings with other social service agencies in Nome and tours of the hospital and a senior housing center, the group boarded a plane for Shishmaref.

In Shishmaref, the visitors climbed into three pickups and took a quick driving tour of the village. Visitors pinched their noses while driving through the city dump. They saw a crew emptying honeybucket collection bins. Then they walked through the Shishmaref clinic before going to the community hall for a brief meeting.

Though Tony Weyiouanna, village transportation planner highlighted many needs during a presentation, the issues of water and sewer and of Shishmaref's desire to move from eroding Sarichef Island grabbed Thompson's attention.

Thompson concluded the meeting by standing to address the crowd.

"We've learned a lot today by coming to Shishmaref," he said. "I think in this day and age, every community in America should have water and sewer. ... We can't do it overnight, but we're going to do what we possibly can to improve services for you. That's why we're here."



Photo by Carol Gales

U.S. Secretary of Health and Human Services, Tommy Thompson shakes hands with Janana Gilder, R.N., at the inpatient unit of Norton Sound Regional Hospital.

After the meeting, Stanley Tocktoo presented Thompson with a fossilized mammoth ivory carving of a caduceus, the medical symbol of two snakes wrapped around a staff topped with wings.

NSHC had commissioned the carving.

From *KaNiqsirugut News*,  
a newsletter of the Norton  
South Health Corporation.





# Dr. Anne Lanier receives IHS research award

ANTHC Staff Report

Research Conference in Scottsdale, Arizona, May 2003.

The awards were given to researchers who have made a major contribution to American Indian/Alaska Native research activity. Award winners were nominated by colleagues involved in research among American Indian and Alaska Natives. Nominees are acknowledged as being persons of character, skills,



Dr. Anne Lanier.

Photo by Ray Solomon

and abilities to be examples for young researchers.

Dr. Lanier has been part of the Alaska Native healthcare system for almost 35 years. She is best known for her work establishing the Alaska Native Tumor registry and her work in cancer. She has also participated in research among Alaska Natives on infectious diseases, diabetes, arthritis, nutrition and tobacco.

## ATV Safety ...

From page 3

"We heard that the commissioner was coming up and was going to be holding hearings in Anchorage," Jones said. "Many of the regional health corporations thought that he needed to go to the bush to see what goes on there.

"We wanted him to see exactly how ATVs are used so that anything the commission decides to do won't be bad for our communities."

BBAHC hosted Stratton and Troutt on their travels.

Upon their arrival in Dillingham, Stratton and Troutt were whisked off one plane to the next to begin the four-community tour designed by Jones.

After landing in New Stuyahok, the first village observed, the two men were quickly introduced to how people living in villages make use of their ATVs. The village's dirt roads were teeming with people on four-wheelers and even the occasional three-wheeler.

ATVs were loaded with everything from groups of three or four people to mattresses. The importance of the vehicles in the village was apparent to the visitors. While loading the plane to head on to Ekuk, Stratton noted that he had already seen enough to convince him that the use of ATVs in villages is unique.

Proceeding through the remaining villages only confirmed his notion. ATVs replaced cars or trucks in the driveways of most homes. In Manokotak, it was a four-wheeler that was fueling up at a lone gas pump.

"ATVs are put to recreational uses a lot more in other states than they are in Alaska," said Stratton after returning to Dillingham. "Here people have to use them."

After leaving Bristol Bay, Stratton and Troutt traveled on to Fairbanks to observe and understand how ATVs are used. So far, other stops they have made include Anchorage and West Virginia.

Stratton said that his goal is to collect as many ATV statistics as he can so that they may be made available for everyone to use.

Although the safety commission can't enforce any ATV regulations, it has the ability to propose regulations that can be adopted by state governments. The commission can also ban certain products it deems unsafe, but Stratton said that he is not thinking about making any changes to ATVs.

"In order to change something we have to be asked to look at specific models," he said. "We haven't been asked to make changes to anything."

### The breadth of ATV-related injuries

Numbers quantifying the frequency of ATV-related injuries in Alaska and around the country show that ATV safety takes precedence as an important issue.

"Over the last five years the injury rate has shot up," said Stratton.

From 1982 to 2001 there were 4,541 ATV-related deaths in the country. From December 2000 to May 2001 alone, 459 of those deaths occurred, reported the safety commission.

A study done by BBAHC shows that in Bristol Bay there have been a total of 153 ATV-related injuries from 1993 to 2002. There have been about 10 ATV-related deaths for the same time period.

"Regions within western and northwestern Alaska are the regions highest in ATV accidents," said Ryan Hill, injury prevention specialist for the Alaska Native



Misty Nielsen/Bristol BayTimes

Jeffrey Troutt (left) and Hal Stratton (middle) listen to Ward Jones (right) explain a little about the region's livelihood and the part that ATVs play.

Tribal Health Consortium.

The figures of those injured or killed are regularly altered and in Bristol Bay's small communities, they are often people who are or were family and friend to many.

Recently, local resident Anecia Lincoln was added to the list of people who have been killed in Bristol Bay due to ATV-related accidents. On July 1, Lincoln was driving a four-wheeler down Hillcrest Hill in Clarks Point when the ATV struck the back left corner of the village's emergency vehicle while it was on its way up the hill.

Lincoln was thrown from the ATV when it overturned.

"The four-wheeler was in poor condition," said State Trooper Jeff Laughlin. "The people we talked to said that it hadn't had any brakes for the last few years."

Lincoln died July 3 at the Alaska Native Medical Center in Anchorage. The primary cause of death was a head injury from the accident.

Although Lincoln was 64 when she died, many Alaska Natives involved in ATV-related accidents are teenagers. A study done by BBAHC shows that one-third of all ATV injuries among Alaska Natives happen to people under the age of 16.

"There is no licensing for ATVs," said Jones. "There aren't any standard regulations that give a minimum age for people driving them."

Various villages within the region, however, have chosen to enforce certain regulations. In Clarks Point and Koliganek, driving an ATV is restricted to anyone under 14 years old. A person under 16-years-old needs to be wearing a helmet when riding an ATV in Aleknagik. And in New Stuyahok, a person must be over 16 years old to drive an ATV.

### Solutions for increasing ATV safety

Despite communities making regulations to

increase the safety of ATV use, there is still an over-abundance of accidents. Something more needs to be done.

"We're looking into this because ATV injuries tend to be more serious than some of the more frequent causes of injuries," said Stratton.

Although Stratton is still collecting enough data for a definite answer to the problem, he has heard many suggestions about what should be done. Some of the most recurrent ideas include mandatory helmet laws, vehicle training and age restrictions.

Jones believes that such recommendations would positively affect Bristol Bay communities. He recommended that Stratton and Troutt look into helmet use and licensing, as well as investigating the speed and power capabilities of ATVs in relation to their uses.

Through BBAHC, Jones has already begun trying to improve ATV safety.

"We started teaching ATV safety and holding helmet clinics," Jones said. "We taught people how to handle ATVs, how to care for them and also repair them, we also taught them about inclines and how to use their weight.

"We told the villages that we would offer ATV training if they became helmet dealers and/or had a helmet ordinance for ATVs."

Since 1998, BBAHC has distributed about 700 helmets. The estimated cost in medical savings exceeds \$700,000.

"In order for injury prevention to be successful, you need three things," Jones said. "You need education, environmental and engineering changes and you need enforcement. If you leave any of those things out, it doesn't work at all."





# \$4.6 million awarded for maintenance projects

By Carmen Williams-Bydalek  
DLHL Staff Writer



File photo

Kakanak Hospital in Dillingham was selected to receive maintenance funding.

Buildings, like people, succumb to time. After constant usage they need repair too. Instead of knee replacement surgery, a building may need renovations or system upgrades. When a building houses the community's health care facilities, it is vital that it remains in excellent condition. A community member's life may depend on that health care facility and all its working parts.

Recognizing the need for upkeep and maintenance, the Indian Health Service (IHS) sets aside money annually for Alaska to keep its tribal health care facilities in running order. This year Alaska's tribal health organizations gathered from across the state to meet in Anchorage, for the second of two annual meetings, to discuss the best way to divide the remaining funding received this year for health care facilities improvement. This event occurred from February 25 to the 26 during a meeting of the Alaska Native Tribal Health Consortium's (ANTHC) Alaska Health Facilities Advisory Committee (AHFAC) and was hosted by Southcentral Foundation (SCF).

The AHFAC committee is overseen by the ANTHC Board of Directors and is comprised of representatives from Alaska's Tribal Health Organizations (THO) and Tribal Health Clinics. Over the course of a day and a half the committee members reviewed project summary documents and listened to presentations. The project summary documents are submitted by the THO and outline the scope and costs of each requested maintenance and improvement project. Each organization gets an opportunity to present their proposed project to the committee and answer any questions.

The project improvements ranged from renovating the Juneau Health Center, operated by the South East Alaska Regional Health Consortium (SEARHC), to replacing the medical oxygen and vacuum system at Samuel Simmonds Memorial Hospital in Barrow, operated by the Arctic Slope Native Association

(ASNA). Part of SEARHC's project improvement was the need for more dental operatories in order to accommodate the increased demands for dental services. ASNA has been using portable oxygen for its patients and they are eagerly looking forward to the system upgrade.

Because the funding requests often exceed the available funding amount, the project summary documents are scored to establish a ranking. The ranking is prioritized by projects that correct life safety issues, building code deficiencies, address the backlog of maintenance and repair for the facility, affect regulatory accreditation like Joint Commission on Accreditation of Healthcare Standards (JCAHO) or Occupational Safety and Health Administration (OSHA), or remodel and change the use of space.

Twenty-three project summary documents were approved and \$4.6 million in funding was awarded for projects. The next meeting will occur Sept. 16 and 17. Communities interested in applying for IHS maintenance and improvement funds should

contact their tribal health organizations or the ANTHC Division of Environmental Health and Engineering (907) 729-3600, for more information.

## Spring 2003 Health Facility Maintenance and Improvement Awards

### Alaska Native Medical Center

- Design dehumidification in critical care areas
- Design a hydronic snowmelt system
- Construct and install clean-steam humidification

### Arctic Slope Native Association

- Replacement of hospital medical oxygen and vacuum system
- Replace air handling unit

### Bristol Bay Area Health Corp.

- Corrections to HVAC
- Insulate exterior (reinforced concrete) walls-Bldg 301
- Replace approximately 289 locks

### Chugachmiut

- Water infiltration problem

### Maniilaq

- Energy conservation measures

### Norton Sound Health Corp.

- Procurement/Installation of SaniPak medical waste sterilizer
- DDC improvements to hospital system
- Renovate finance area

### South East Alaska

#### Regional Health Consortium

- Replace existing DDC system
- Phase VII-3 North Patient Care Wing Renovation
- Renovate Juneau Health Clinic

### Southcentral Foundation

- Correct glaciation and fall ice hazards
- Correct roof deficiencies
- Correct HVAC deficiencies
- Primary Care Center I code deficiency Corrections

### Yukon-Kuskokwim Health Corp.

- Aniak subregional clinic water and wastewater systems upgrade
- Refinish exterior of hospital
- Phase VI-A3, Microbiology laboratory suite remodel



## Telemedicine ...

From page 1

the telephone while Szekely watched in the conference room at AFHCAN. Eklund and Szekely were able to offer Orms reassurance as well as guidance based on real-time images transmitted via satellite. The video teleconferencing, said Eklund, "was an incredible addition to the care of this patient. And Dr. Orms in Kotzebue did a remarkable job."

"From my perspective, being one of those primary care providers who is on the frontier, in Bush Alaska," Orms said, "the technology was a vital part of providing appropriate care for that patient. We were able to conduct an exploratory surgery that was a life-saving procedure for that patient."

This remotely guided abdominal surgery may be a first in Alaskan telemedicine. It points to the possible benefits specialists can offer in support of doctors in remote sites under emergency conditions. "It was thanks to the quick thinking and hard work of Roger Estelle, our WAN [Wide Area Network] Specialist, that we were able to make this happen," said Ferguson. "Tom Bunker, our WAN manager has taken the

## Technology brings doctor to patient

While telemedicine has been used for some time to diagnose emergency patients who are located far from urban centers, the SouthEast Alaska Regional Health Consortium (SEARHC) is breaking new ground. It uses telemedicine techniques to conduct follow-up care with patients who once had to travel to Mt. Edgecumbe Hospital for the same care. Telepsychiatry and telephysical therapy are just two ways SEARHC has effectively utilized its telemedicine capacity and brought these services closer to the people who need them.

From the SEARHC Web site:  
SEARHC.org.

lead in developing the statewide network and the video teleconference capability over which this occurred."

Shortly after the surgery, the patient was doing well and stable. When the weather improved, she was transported to Anchorage for

post-operative recovery. This episode was similar to an experience at the Women's Health Clinic a few months earlier. The earlier patient also did very well.

"Both of these were serious, life-threatening events," said Szekely, "and underscore the need to use every possible resource to support our Bush docs, including this expanded use of telemedicine."

"We recognize that videoconferencing is an appropriate solution for many clinical specialties," said Ferguson. "And we hope to broaden our services, as well as training, to offer this on a statewide basis. Clinicians have been requesting this capability, and this emergency is a perfect example of how valuable this tool can be."

"We are honestly at the point where we can begin to explore and expand the ways in which the AFHCAN technologies (network, software, hardware) can solve health care needs," said Ferguson. "Clinical input is the most crucial part of this endeavor. The AFHCAN office would like to encourage providers who have needs, solutions, or ideas to actively work with us to improve the delivery of health care through telemedicine."





# Cmdr. Hall named Pharmacist of the Year

Cmdr. Dana Lee Hall was recognized recently as the Pharmacist of the Year in the Administrative Category by the U.S. Public Health Service for her many achievements as the Village Operations Administrator for the Yukon-Kuskokwim Health Corporation (YKHC). The award was presented during the Commissioned Officers association annual meeting.

YKHC Health Services Vice President Jack Robert Crow nominated Hall for the award, writing: "CMDR Hall has shown exceptional leadership skills and an unwavering commitment to the public health of the people of the Y-K Delta. CMDR Hall is a credit to the U.S. Public Health, Indian Health Service, and the Yukon-Kuskokwim Health Corporation. For her exceptional performance over the past 18 months, CMDR Dana Lee Hall is proudly nominated for the Public Health Service Pharmacist of the Year."

Among her many credits:

- Faced with decreasing appropriations from the State, Hall integrated YKHC's Emergency Medical Services Program and the Injury Control Department. This streamlining was recognized as a best practice during YKHC's Level 4 Trauma Center Verification. The YKHC Injury Control and EMS program

received the Injury Prevention Program of the Year at the December 2002 Injury Prevention Statewide Conference.

- During Operation Arctic Care-01, a joint service civilian/military project designed to provide medical, dental, veterinarian, optometry, and engineering services to remote underserved Native Alaska populations in the Yukon-Kuskokwim Region, Hall served a commanding role on the core planning and implementation team. As a direct result of her efforts, eight veterinarian teams visited 33 villages over 14 days and treated more than 3,400 dogs with 5,985 vaccinations, 2,700 de-worming treatments, and 88 surgeries. Educational curriculum for 3,323 children was presented in the schools.

- Hall has been instrumental in garnering \$830,000 of Code Blue Funding to enhance emergency response equipment for 33 villages in the Yukon-Kuskokwim Delta, including three ambulances, 20 rescue vehicles, and 20 rescue sleds in the first two years of the project.

- Hall played a pivotal role in receiving \$500,000 from HRSA for the Dental Health Aide Pilot Program, an expanded component of the Community Health Aide Program to improve access to preventive dental care. She has written the



YKHC Administrator named PHS Pharmacist of the Year CMDR Dana Hall (right) is pictured with the Surgeon General, Vice Admiral Richard Carman, MD.

Standards and Procedures for this new program for its implementation throughout the State of Alaska.

Admiral Richard William, the Chief Pharmacy Officer for the Public Health Service, presented the award to Hall. She was accompanied by her husband David, who said, "I am so very proud of her. There are so

many "brass" down here, and they have stopped to congratulate her at every turn."

Congratulations, Dana. We are all proud of you too.



*From The Messenger, a newsletter of the Yukon-Kuskokwim Health Corp.*

## Alaska nurses recognized for leadership, officership

### ANTHC Staff Report

Four Alaska Native health campus nurses were presented with the United States Public Health Service (USPHS) Chief Nurse Officer Award during the USPHS Professional Conference, June 17, 2003, in Scottsdale, Arizona. Rear Admiral Mary Pat Couig, USPHS Chief Nurse, presented the awards.

The USPHS Chief Nurse Officer Award was established to recognize professional nurses who have made an impact in clinical or non-clinical settings through their commitment to the spirit of nursing and the ideals of the USPHS. The award consists of the Chief Nurse Officer's Medallion and a certificate.

Captain Michelle Hall, Capt. Debra Doornbos, and Capt. Donna Kenison were awarded for their work in New York City immediately following the terrorist attack on the World Trade Center. Commander Cindy Hamlin was awarded for her leadership of the Aurora Borealis Branch of the Commissioned Officers Association and her outstanding efforts to recruit nurses to Alaska. Additional details about their accomplishments are shown below.

#### **Capt. Debra Doornbos, RN, MS**

*Information Resource Management, Alaska Native Medical Center*

*Alaska Native Tribal Health Consortium*

For her sustained quality performance and accomplishments at ANMC, Capt. Doornbos is recognized for creation of computerized patient database and electronic records, WTC deployment with the Alaska Disaster Medical Assistance Team, a community volunteer, nurse and officer mentor.

#### **Capt. Michelle Hall, RN, MS**

*Family Nurse Practitioner  
Community Health Aide Program, Alaska Native Tribal Health Consortium*

As a family nurse practitioner and instructor in the Community Health Aide/Practitioner Program at ANMC, she developed study modules for culturally diverse individuals with varied education-



CAPT. Michelle Hall, CAPT Debra Doornbos, RADM Mary Pat Couig, Chief Nurse, USPHS, CAPT Donna Kenison, and CDR Cindy Hamlin.

al needs, deployed to WTC with the Alaska DMAT as a mid-level provider, is a community volunteer, and active in the local COA chapter.

#### **Capt. Donna Kenison, RNC**

*Pediatric Nurse Specialist  
Pediatric Clinic  
Southcentral Foundation*

As a pediatric nurse specialist in a sub-specialty clinic for children with special needs and chronic illnesses at ANMC, Capt. Kenison is actively engaged in the All Alaska Pediatric Partnership, immunization and Fetal Alcohol

Syndrome action groups, and was deployed to WTC with the Alaska DMAT.

#### **Cdr. Cindy Hamlin, RN, BSN**

*Professional Recruiter  
Alaska Native Tribal Health Consortium*  
Hamlin is recognized for her dedication and commitment to recruiting nurses into the Commissioned Corps and the Indian Health Service and for her efforts to ensure that nurses are working in safe, positive environments.





# Alaska communities prepare for bioterrorism

ANTHC Staff Report

Are you personally ready for a bioterrorism attack? Do you have a plan to help reduce your level of risk if terrorists were to use infectious disease agents or toxins as weapons against civilians? Does your local or regional government have an up-to-date bioterrorism response plan? For many people, the answer to these questions is "no."

At a recent Alaska Native Tribal Health Consortium-sponsored workgroup session on bioterrorism planning, community representatives described varying levels of preparedness. About 50 people from the Alaska Native tribal health system and the State of Alaska Division of Public Health, met in Anchorage on July 22-23, 2003 to discuss bioterrorism preparedness response planning.

Hospitals, such as the Alaska Native Medical Center, have specific plans to deal with a bioterrorism incident. A few clinics have included bioterrorism in their general emergency preparedness plans, but most have no plans in place specific to bioterrorism.

"The city councils in our two larger communities [King Cove and Sand Point] have discussed bioterrorism preparedness," said Marilyn Mack, Eastern Aleutian Tribes Medical Clinic Coordinator, "but we haven't yet added it to our King Cove clinic disaster plan."

"We're lucky that Alaska isn't all that attractive to terrorists," said Mike Bradley, Bioterrorism Coordinator for Alaska Native Tribal Health Consortium. "Mass destruction and disruption are best achieved in high-density urban areas, which Alaska lacks. A more likely scenario involves people being exposed to pathogens and traveling to Alaska before the onset of symptoms, exposing others to the disease."

Diseases such as smallpox, anthrax, botulism, and plague, as well as Salmonella, E. coli, and typhus have been identified as possible bioterrorism agents.

"Many of these diseases are incredibly lethal, yet incredibly simple to culture [grow] using materials you could purchase from medical and scientific supply businesses," said Bradley. "As health care providers, we have to focus on how to contain any outbreak or epidemic of these diseases."

"Cruise ships are a major concern in our community," said Carol Murray, Director of

Nursing at Ketchikan Tribal Health Clinic. "As many as seven thousand people off load in a day and come into Ketchikan. We've already had some experiences with Norwalk [virus] and influenza."

"We have a lot of people in Ketchikan who work in the tourism industry and come into direct contact with people from all over the world," she continued. "Ketchikan's the first stop after they [the visitors] board in Vancouver. The visitors come here from Canada, where terrorist cells have been identified. They're on board for three days, which wouldn't be enough time really for symptoms of smallpox, for instance, to show up. Could we handle that kind of an outbreak among hundreds or thousands of people? Not likely. We could easily be overwhelmed."

"With the fish processors, we have an entire community, in some cases, that has been transplanted," said Mike Brubaker, Director of Community Health Services with the Aleutian Pribilof Islands Association. "They bring their lifestyle from their home. So if sanitation was a big advantage the United States had that prevented SARS deaths, are we going to lose that advantage with some of our imported communities?"

In addition to identifying the level of risk a community faces, another important part of planning is to identify resources outside the local community. During an event, care providers may be faced with a population of sick patients — more than the local facility can handle. Care providers will have to determine who among the patients can be helped locally, who can be referred to another facility and who is beyond medical help. "If we have a major incident, probably the single most important thing to know how to do is triage," said Dr. Dave Snyder, Chief Physician Executive for Alaska Native Medical Center. "Who can safely be treated on the site or in local facilities? Who has to go elsewhere for care once they are stabilized on site? And where should they go? If you're in southeast Alaska, for instance, you're closer to Seattle than to Anchorage."

Other identified needs include:

- Plans for disseminating health and risk information to the public and health care providers;
- Plans for delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel, and other

See Bioterrorism, page 16

## Study says cancer rates similar in Alaska Native, white children

ANTHC Staff Report

A recent study of cancer in Alaska Natives under age 20 found rates in Alaska Native children were similar to US Whites. This is the first report specifically addressing childhood cancers in this population. The study will be published in the journal "Pediatrics."

The study reviewed all new cancer patients diagnosed between 1969 and 1996 in persons under age 20. During the 28 years of the study, 130 Alaska Natives children were diagnosed with cancer and 23 died from the disease. Similar to U.S. children, the leading type of cancer was leukemia. The types of leukemia occurring in Alaska Native and other US children are similar.

The second most frequent type of cancers in Alaska Natives were hepatic (liver) cancers, which ranked eleventh in the United States. Liver cancer rates in Alaska Natives were 13 times higher than those of US children. Nearly all these cancers occurred among hepatitis B carriers. A program was begun shortly after the approval of a new hepatitis B vaccine in the early 1980s to immunize children against hepatitis B. The study found that no Alaska Native children born after the immunization program began have developed liver cancer.

Lymphoma ranks fourth among Alaska Natives children but the rate is half that of US children. The lymphoma category includes Hodgkin's Disease and non-Hodgkin's lymphoma. The low overall rate of lymphoma in Alaska Native children is due to a particularly low rate of Hodgkin's Disease. (Lymphoma rates for Alaska Native adults are also relatively low, and especially for Hodgkin's).

Alaska Native children were also much less likely to develop neuroblastoma. These cancers occur in the autonomic nervous system, which controls body functions such as heart rate, blood pressure, and digestion. The reason for these low rates are not known.

It is reassuring that overall cancer rates for Alaska Native children are not in excess, and rates do not appear to be increasing over time. There is concern among the Alaska Native population about environmental exposures, including radiation. This study did not find excess leukemia or thyroid cancers, cancers for which radiation is known to increase risk.

This study suggests that the hepatitis B program has already resulted in a decrease in liver cancers in children. Since these tumors accounted for 15 percent of all cancers in the study, it is hoped that overall cancer rates for Alaska Native children in the future will be lower than those in the US.

To obtain a copy of the study or ask questions, contact Anne P. Lanier, MD, MPH (729-3663), Office of Alaska Native Health Research, Community Health Services, ANTHC.



## Diabetes conference in Anchorage Dec. 3-5

The annual Alaska Area Diabetes Conference entitled "The Prevention and Treatment of Diabetes in Alaska Natives: Continuing the Momentum" is scheduled for Dec. 3-5 at the Hilton Hotel downtown.

The conference is designed especially for healthcare providers. CEU's will be provided for physicians, nurses, dietitians, physical therapists, pharmacists, and community health aide/practitioners.

There is a non-refundable \$25 registration fee for this conference and pre-registration is required. For more information contact Carol Treat, MS, RD, at 729-1128 or ctreat@anthc.org.

# STATEWIDE

## News and notes

### *YKHC aces accreditation survey*

Every three years healthcare organizations from around the world voluntarily participate in the Joint Commission Accreditation of Healthcare Organizations (JCAHO) survey process. Organizations that participate in this process know they are benchmarked against the leaders in the healthcare industry, and their patients are assured they are receiving care as good as in any healthcare system in urban America.

The Yukon-Kuskokwim Delta Regional Hospital had been accredited for many years, but in 2000, YKHC voluntarily decided to be surveyed as a healthcare system. This added all their services to the survey process including village clinics, subregional clinics, Home Care and Behavioral Health. Between July 29 and August 1 of this year YKHC was again surveyed as a healthcare system.

The Joint Commission decides how to combine scores for the organization. Out of a total of 100, this year's scores were as follows: • Hospital Accreditation for a score of 96 includes YKDRH, the Shageluk and Alakanuk Health Clinics, Emmonak Subregional Clinic, and the addictions programs including Phillips Ayagnirvik and the Therapeutic Court program. • Home Care Accreditation for an individual score of 100. • Behavioral Health Accreditation for an individual score of 99.

Congratulations to YKHC's team of employees who continue to demonstrate their commitment to providing excellent healthcare to all the people of the YK Delta!



*From "The Messenger," a newsletter of the Yukon-Kuskokwim Health Corp.*

### *St. Paul emergency crews honored for disaster response*

The all-volunteer Emergency Medical Service squad of St. Paul was honored at a banquet for their stellar response to a marine disaster in St. Paul last October. The awards banquet was hosted by the Aleutian/Pribilof Islands Association in coordination with Louis Jones, Squad Leader of St. Paul EMS Volunteer Team.

The week of Oct. 20, 2002, an explosion occurred on a fishing vessel with 26 aboard. Health Center staff and the EMS team quickly mobilized a response. Dan Byrnes, A/PIA's contract EMS Trainer, was on the island for a training session at the time and helped lead the effort. EMS volunteers, community members and staff worked well into the early morning hours for several days to provide urgent care to the casualties. The St. Paul community went all out to honor the EMS volunteer squad on Jan. 23. Speakers included representatives of the municipality and tribal governments, Russian Orthodox Church, and the village corporation.



Photos courtesy of DEHE

Mayor Shirley Clark happily identifies that Grayling, Alaska, became the second of ten villages within the Yukon-Kuskokwim Health Corp. region to join the YKHC Regional Utility Cooperative Pilot Project.

## Five Western Alaska villages to join YKHC Regional Utility Cooperative by year's end

**Editor's Note:** This is part one of a two-part story. Part two will be in the next Mukluk.

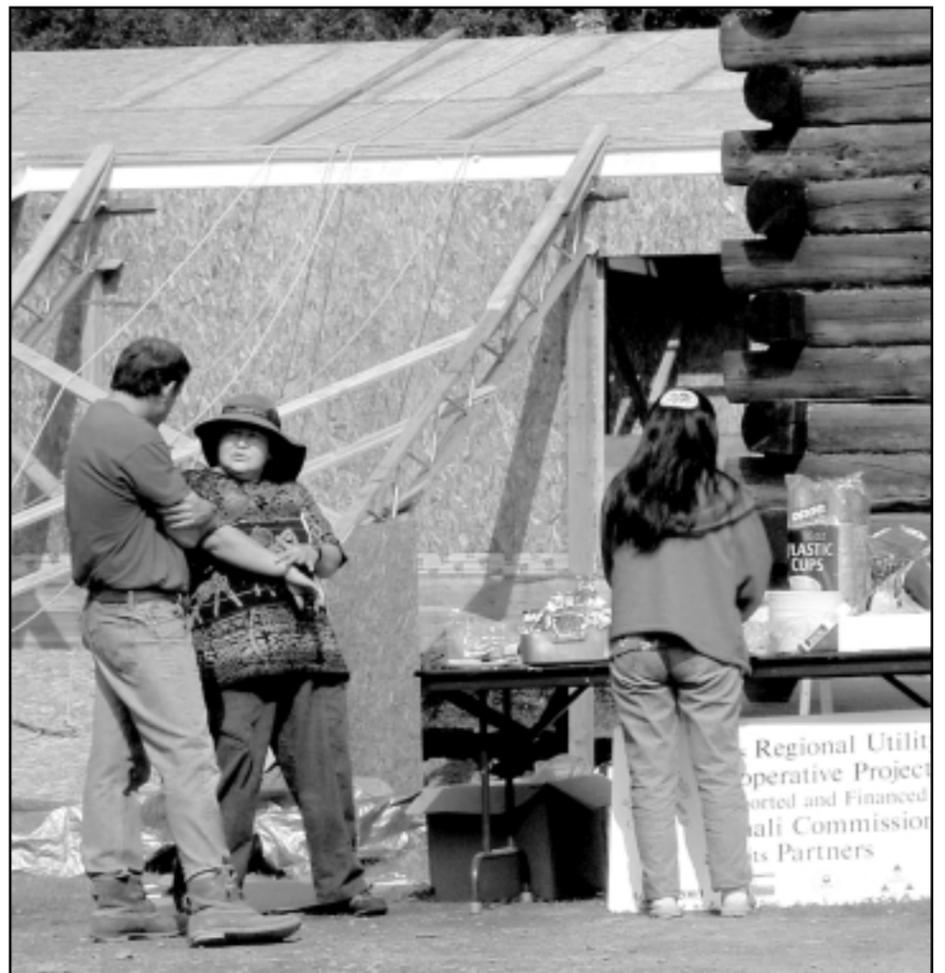
By Kevin Braun and Kerry Wilson  
Communications Specialists, Division of  
Environmental Health and Engineering

Debbie Deacon remembers when spring breakup was marked not by the flow of ice but by geysers of wastewater that gushed from man-holes and flooded the streets and paths of the city of Grayling.

The problem? A lack of maintenance.

Like many other rural Alaskan communities, Grayling's sewer system wasn't being flushed once a year, and sand and twigs and debris had settled into the pipes and partially blocked the system. Each spring melting snow would saturate the ground and some groundwater would seep into the sewer system. Without proper maintenance, Grayling's partially blocked sewer pipes couldn't handle the increased volume of springtime water and would overflow.

Over the years, much progress has been made. Hundreds of thousands of feet of water and sewer mains and home service lines now burrow



Karl Powers, YKHC Director of Environmental Health and Engineering, talks with Grayling resident Debbie Deacon during a barbecue that celebrated the city's participation in the RUC program. In the background, Grayling's new health clinic, funded by the Denali Commission, is being built.

See Co-op, page 14



# Immunization program has two reasons to be proud

By Deborah Callender  
Immunization Coordinator  
Yukon-Kuskokwim Health Corporation

In August, the Immunization Program at YKHC joined with organizations and agencies throughout the country to celebrate August as National Immunization Awareness Month (NIAM). NIAM is a national observance to remind and educate all Americans about the importance of immunizations throughout life. Its purpose is to call attention to the importance of immunizing individuals of all ages as a way to prevent serious, life-threatening diseases.

The state of Alaska's Immunization Program and the Immunization Program at YKHC have another reason to celebrate—they have been recognized nationally for two separate reasons, their high immunization rates and winning a national award for excellence in immunizations.

First, the state of Alaska's Immunization Program was highlighted in the August 1, 2003, issue of the Center for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR). Titled "Vaccination Coverage Levels among Alaska Native Children Aged 19-35" the article speaks to the success of the state's campaign to ensure children are vaccinated. \*

The article says, "The level of vaccination coverage for Alaska Native children aged 19-35 months exceed the national goal for 2010 of 90 percent for all vaccines except varicella and the fourth dose of DTP. These high coverage levels have been achieved despite the presence of factors traditionally associated with low vaccination coverage ... Challenges exist to achieving and maintaining high vaccination coverage. Despite being the largest state, Alaska ranks 48th among the 50 U. S. states in population. A substantial number of state residents live in areas not accessible by roads. Nearly two thirds (65 percent) of Alaska Natives live outside the state's two largest cities (Anchorage and Fairbanks), including those who live in remote villages accessible only by air, boat, or snow machine."

We at YKHC are especially proud of the fact that the state's immunization rates are so high. The YKHC service area is the largest remote service area in the state, so we make a major contribution to the state's immunization rates. Most importantly, this means that children in the state of Alaska, specifically here in the YK Delta, are being protected from diseases that were common in the past.

A major addition for the YK Delta is that Community Health Aide/Practitioners are making a very large impact on the increasing immunization rates. As the MMWR article, states, one of the factors in keeping our rates high and diseases low, are the Health Aides who work in the villages.

The article attributes the success of the State's Immunization Program and high level of coverage to at least six factors. 1. The state offers free vaccines to children through the federally funded "Vaccines for Children," where the vaccines are delivered to children through efforts of the state public health authorities, and tribal health programs. Locally, we have the Yukon-Kuskokwim Health Corporation's Immunization Program, which ensures vaccines are brought from the state, then distributed through the hospital and to the villages, where the vaccines are delivered to children through efforts of the state public health authorities, and tribal health programs.

2. The collaborative effort of the public health nurses, the tribal health facilities, like

**"The level of vaccination coverage for Alaska Native children aged 19-35 months exceed the national goal for 2010 of 90 percent for all vaccines except varicella and the fourth dose of DTP."**

— Aug. 1, 2003, issue of the Center for Disease Control and Prevention's Morbidity and Mortality Weekly Report

YKHC, and vaccines given in village clinics by Community Health Aides.

3. The high rates of vaccine-preventable diseases in the pre-vaccine era makes giving immunizations a priority among tribal corporations

4. The tribal health corporation's dedication to having a tracking and recall system, which locally is conducted by the Immunization Program here at YKHC.

5. The Alaska Native Tribal Health Consortium's Immunization Program monitors statewide coverage.

6. The computerized immunization registries that the tribal health facilities use to run reports and monitor the trends in vaccine coverage.

Coalition efforts recognized the second monumental achievement for the State of Alaska's Immunization Program is that the state's Vaccinate Alaska Coalition (VAC) has won the 2003 "Excellence in Immunization Award" presented by the National Partnership for Immunizations (NPI), which is partially funded by the CDC. The VAC in Bethel is represented by the following members: Deborah Callender, the Immunization Coordinator at YKHC, who also serves as elected Vice President of the state-wide program; Ramona Sanford, an Immunization Nurse at YKHC; and Jane Conard, the Nurse Manager at Bethel Public Health Nursing.

The NPI Award honors innovation in immunization services and recognizes programs that are making a difference in their neighborhoods, communities, counties and states.

Alaska won in the category of Non-Traditional Partners because of teaming up with sled dog mushing. The mission of "I Did it by Two" is to heighten public awareness of the critical need for timely childhood immunizations from birth to 2 years of age by linking immunizations and the Iditarod Trail Sled Dog Race, with mushers wearing the logo "Race to Vaccinate" on their racing bibs.

Four-time Iditarod champion Martin Buser is the campaign's main spokesperson and an active participant in the effort to increase childhood immunization rates.

Congratulations to the State of Alaska's Immunization Program, to YKHC's Immunization Program, and YKHC's Community Health Aide Program. Together, their efforts are making a difference for every person living in the villages and the state.

Brought to you by the Immunization Program at YKHC "Protecting Our Villages One Person at a Time." For questions or comments, contact Deborah Callender, Immunization Coordinator at 907-543-6437 or 800-478-4471.

\*Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR); Aug. 1, 2003, /52(30); 710-713.

## New study confirms benefits of eating Alaska seafood

By Joaquin Estus  
Director, ANIHC Public Communications

A study on mercury levels in pregnant women shows Alaska seafood is safe to eat. In fact, authorities say a traditional subsistence diet rich in fish, marine mammals and seafood is healthier than one of rich western foods.

The federal government has issued warnings telling people to limit their intake of fish because of high levels of mercury, but Alaska health authorities point out the warnings are based on studies of lower 48 fish. A recent study by the State Department of Health and Social Services, Division of Public Health, shows Alaska seafood has safe—very low—levels of mercury.

State epidemiologist John Middaugh, MD, states that the actual amount of mercury that pregnant women are exposed to

is very low and well below the levels that would cause any health concern. Samples of hair from pregnant women in 19 communities in Alaska show levels of less than one (.58) part per million (PPM). That is far below the World Health Organization level of concern of ten PPM.

"The benefits of eating fish are tremendous, especially to a pregnant woman, a mother who is breastfeeding, and to young children," said Jim Berner, MD, Director of the ANTHC Division of Community Health Services. "The marine fish, shellfish and marine mammals from Alaskan waters are excellent sources of nutrition and food. Alaskans shouldn't be worried about the national warnings and can feel confident it's safe to eat Alaska fish and seafood."

Plus, gathering and preserving traditional subsistence foods requires a lot of effort, and an active lifestyle is healthier than a more sedentary lifestyle, said Berner. Scientists are also discovering that the typical modern western diet, high in saturated fat and high-calorie foods, combined with a sedentary lifestyle, lead to overweight and obesity.

"When a population gains weight," said Berner, "it begins to develop an increasing incidence of diabetes, and that's beginning to happen."

CHS manages the Alaska Native Traditional Food Safety Monitoring Program, which investigates the types and amounts of traditional Native foods consumed by pregnant Alaska Native women, and the levels of environmental contaminants in women and infants. The program also investigates the health protection aspects of a traditional diet and monitors for any health effects of contaminants present in trace amounts in all foods.

In July 2002, the Alaska Division of Public Health (DPH) began the Statewide Maternal Hair Mercury Biomonitoring Program to determine the amount of mercury exposure actually occurring among pregnant women in Alaska. High levels of mercury can slow the brain development of fetuses. DPH urges health care providers to support participation of their patients in this biomonitoring program.

For more information, call (907) 269-8000.

**"The benefits of eating fish are tremendous, especially to a pregnant woman, a mother who is breastfeeding, and to young children."**

— Jim Berner, MD,  
Director of the ANTHC Division  
of Community Health Services.





### Try this spicy salmon

Everyone has their favorite way of cooking salmon, but if you're in the mood for something new and exotic, you might want to try out this recipe from the BC Salmon Marketing Council at [bcsalmon.ca/bcsmc/recipe1.htm](http://bcsalmon.ca/bcsmc/recipe1.htm).

#### Roasted Spicy Salmon

1, 3-4 pound salmon, whole and cleaned  
 1 bunch cilantro  
 1/4 cup chopped parsley  
 2 Tablespoons chopped fresh mint leaves (or use  
 2 teaspoons dried mint leaves)  
 2 jalapeno peppers, seeds removed  
 1 Tablespoon minced fresh ginger  
 2 garlic cloves, chopped  
 2 Tablespoons lemon juice  
 2 Tablespoons vegetable oil  
 2 teaspoons cumin seeds, toasted (or use 1/2 teaspoon ground cumin)  
 1 teaspoon salt  
 1/2 cup chopped tomato



Cut diagonal slashes about 4 inches long, 1 1/2 inches apart, and 1/2 inch deep on each side of the salmon.

Use a food processor to combine cilantro, parsley, mint, peppers, ginger, garlic, lemon juice, vegetable oil, cumin, and salt. (Or chop everything finely by hand and then mix together in a bowl with lemon juice and oil).

Transfer to a small bowl and stir in tomato. Stuff the spicy mixture into the slits on the fish and into the belly cavity of the fish. Cover and refrigerate for 1 to 4 hours.

Preheat oven to 425 degrees. Transfer salmon to a lightly oiled roasting pan. For cooking time, measure the thickest part of the salmon and allow 10 minutes per inch of thickness. Or cook until fish flakes easily along both sides of backbone at the thickest part when tested with a fork.



## Nicotine Program Specialist Theusch joins Office of Alaska Native Health Research

ANTHC Staff Report

The Alaska Native Tribal Health Consortium's (ANTHC) Office of Alaska Native Health Research has hired Stacy Theusch to fill the position of Nicotine Program Specialist. This is a new position recently created at ANTHC.

Until recently, Theusch worked as an Outreach Specialist for the State of Alaska Denali Kidcare Program. In that role, Theusch traveled extensively in western Alaska promoting the program and educating health providers about eligibility guidelines. A health educator by training, Theusch has had a great deal of experience both in tobacco issues and in working within the Alaska Native healthcare system. Theusch worked for the American Lung Association as well as for the Southcentral Foundation's Traditions of the Heart program.



Stacy Theusch

In her new position as Nicotine Program Specialist at ANTHC, Theusch will provide technical assistance for nicotine cessation programs throughout the state. She will aid in creating educational literature, conduct evaluations of

nicotine control programs, assist in nicotine research, as well as assist in the design and maintenance of databases to track information about tobacco use and cessation. Theusch says, "I am excited to work for the Alaska Native Tribal Health Consortium. Not only is my job fun, allowing me to travel throughout Alaska, but by helping to establish nicotine treatment centers, my job will improve the health of people throughout the state."

An avid skier in winter, and mountain biker in the summer, Theusch is originally from Minneapolis, Minnesota and lived six years in Colorado before arriving in Alaska. "I came to visit Alaska just for the summer five years ago. I fell in the love with the place and I've never left", says Theusch. ANTHC and the Office of Alaska Native Research welcome her.



## Shots aren't just 'Kids' stuff

By Rosalyn J. Singleton, MD,  
 Pediatrics Physician

Many adults think shots, like Trix, are for kids! But getting immunized against disease is a lifelong, life-protecting job. Millions of adults in this country need influenza, pneumococcal, tetanus, and other shots. Are you one of them? Here are some of the shots that adults need:

#### The Flu shot

The "Flu shot," to prevent influenza, is recommended every Fall for:

- people aged 50 years or older, people younger than 50 years who have medical problems such as heart or lung disease (including asthma), diabetes, kidney disease, or a weakened immune system (from disease or medications like chemotherapy);
- women who will be in their second or third trimester of pregnancy during the Flu season;
- residents of long-term care facilities; and
- people who work or live with any of these individuals.

#### The pneumonia shot

The "pneumonia pneumococcal shot," to prevent pneumococcal sepsis and meningitis, is recommended for:

- people aged 55 years or older; and
- people less than 55 years with heart or lung disease, diabetes, kidney disease, alcoholism, spinal fluid leak, or a weakened immune system.

#### Tetanus shots

The "Tetanus booster," to prevent tetanus (lockjaw) or diphtheria is recommended for everyone every 10 years, with an earlier dose for anyone who has a dirty wound.

#### Other vaccines

Some adults in special circumstances need Hepatitis A and B, MMR (measles, mumps and rubella), and Varicella (chicken pox).

You may have heard scary stories about certain vaccines. Here are questions and the truth about vaccines.

Do vaccines really work? All of the vaccines used today are effective (they really work to prevent infection) but none are 100 percent effective. So people sometimes (rarely) get the infection despite getting immunized.

- Can you get the Flu from a Flu shot? No, the influenza shot is a killed vaccine – it cannot give you influenza because the influenza virus in the vaccine is killed and split in half. You can get aching and occasionally a fever from the influenza vaccine, but that should only last a day or two.
- Why did I get pneumonia even though I got the pneumonia shot? The pneumococcal vaccine will not prevent all pneumonia, because only some are caused by the "pneumococcus bacteria". The "pneumococcal vaccine" is most effective in preventing serious life-threatening infections like meningitis or sepsis (blood infections).
- Why get the Tetanus boosters since tetanus and diphtheria are very rare? Although diphtheria is very rare in the United States, there has been a big outbreak of diphtheria in the former Soviet Union. People with diphtheria have traveled to this country, exposing people here to the disease. As for Tetanus, the bacteria grow in all soil, even in Alaska, so anyone can get tetanus.



## Level II ...

From page 1

facility to show that it has an organized, systematic approach to the care of the injured patient."

The ACS criteria require trained and capable personnel, adequate facilities, and ongoing self-assessment. A level II trauma center must show it has staff, facilities and equipment readily available 24 hours a day, 365 days a year, to provide optimal care for people with traumatic injuries, whether from a vehicular crash, fires or explosions, falls or fights.

"ACS looks at everything from the level of commitment of hospital leadership, physician responsiveness, backup schedules to injury pre-

vention activities," said Sacco. "And it requires a high level of collaboration among various departments. Nearly every medical services department and many support services are involved in trauma care, in one way or the other."

"The teamwork of all those people is vital and crucial in the provision of quality trauma care," agreed Mary Leemhuis, Trauma Nurse Coordinator. "Everyone, physicians and nurses as well as support personnel — lab, radiology, respiratory therapy — are key to the success of the program and essential to the delivery of care to the trauma patient."

ANMC and the other tribal facilities have led the effort to develop a statewide trauma system. Within the past year, Norton Sound Regional Hospital in Nome and Yukon-Kuskokwim Regional Hospital in Bethel were certified as Level IV Trauma Centers. "Trauma

centers are a key component in the development of a statewide trauma system," Joel Gilbertson, Commissioner of the Alaska Department of Health and Social Services (DHSS). "A statewide system helps ensure ready access to care for all injured Alaskans, and we commend Alaska Native Medical Center for their leadership to improve trauma care in Alaska."

Research shows that an organized and timely response to trauma, as outlined in the national standards, can improve patient care, reduce trauma death rates, and enhance staff confidence in treating traumatic injury victims.



An ANTHC staff report based, in part, on a press release from the Alaska Department of Health and Social Services.



# Alaska Native health care system wins fist full of honors

By Heather A. Resz  
Anchorage Chronicle

Alaska Native Medical Center administrator Dee Hutchison is determined to build the best possible health care system for Alaska Natives.

"I want myself, my family and my community to receive the best possible care," she said.

Nestled on a 15-acre campus off Tudor Road and Bragaw Street, the Alaska Native Tribal Health Consortium and Southcentral Foundation manage a one-of-a-kind health care system.

What makes the health care system so unique is the same Alaska Native men, women and children who use it also operate and manage the system, Hutchison said.

"Our mission is to provide the highest quality health services for all Alaska Natives," she said. "That's coming directly from our tribal leadership."

In January 1999, the two nonprofit corporations signed an agreement to manage the Alaska Native Medical Center. Hutchison said it was the final piece in a patchwork of agreements between Native nonprofits and the Indian Health Services to provide health care to Alaska Native people.

"When we took over management in 1999, we wanted the Alaska Native Medical Center to be a premier institute," Hutchison said. "We're dedicated to being the hospital of choice for Alaska Native people."

In the past five years, the medical center has grown significantly.

This week, an expanded dental and optical clinic opened, and facility administrators learned that the campus Level II Trauma Center status had been renewed for another three years by the American College of



Since signing the final agreement in January 1999, the Alaska Native Medical Center has begun to turn heads as one of the state and nation's premier health care providers.

***"I want myself, my family and my community to receive the best possible care."***

— Dee Hutchinson,  
Alaska Native Medical  
Center administrator

Surgeons.

Last month, it became the first hospital in Alaska to be awarded magnet status for nursing.

Last month, the College of American Pathologists completed its review of the laboratories at the Alaska Native Medical Center and

awarded it "accreditation with distinction" for scoring in the top 3 percent of laboratories nationally.

"We're always celebrating around here," Hutchison said.

#### Leading the way

Douglas Eby, M.D., vice president of medical services for Southcentral Foundation, said not only is the state's population of Alaska Natives increasing, but more of them are choosing to use the Native health care system.

"We're adding about 75 new patients a week in primary care," he said. "We're seeing a steady increase

in all areas."

With increasing demand, one might expect to see increased wait times for patient care.

For four years, Eby said staff at the primary care center worked to shorten wait times for access to primary care doctors. Today, patients can see their doctor the same day they call, he said.

"Use of emergency care is way down because people can get in to see their primary care provider the same day," Eby said.

Hutchison said the practice is turning

See Excellence, page 15

## Alaska Native Tribal Health Consortium

# JOBS

Want to find out about job vacancies? Visit the ANTHC Web site, at [www.ANTHC.org](http://www.ANTHC.org). Tell your friends too!

Here are just a few of the jobs available:

- Surgical Technologist
- Case Manager
- Medical clerk
- Pharmacist
- Sanitation Facilities Engineer
- Database Administrator
- Computer Programmer
- Neurosurgeon
- RN

For more information, call the Human Resources Department at (907) 729-1301.



## Alaska Native Tribal Health Consortium

### Mission

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

### Vision

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

## Protect yourself; learn more about diabetes

### What is diabetes?

Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugars to build up in your blood. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the seventh leading cause of death in the United States.

### What are the symptoms of diabetes?

People who think they might have diabetes must visit a physician for diagnosis. They might have SOME or NONE of the following symptoms:

- Frequent urination
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Sudden vision changes
- Tingling or numbness in hands or feet
- Feeling very tired much of the time
- Very dry skin
- Sores that are slow to heal

- More infections than usual.
- Nausea, vomiting, or stomach pains may accompany some of these symptoms in the abrupt onset of insulin-dependent diabetes, now called type 1 diabetes.

### What are the types and risk factors of diabetes?

The following types of diabetes and some of their risk factors are quoted from the National Diabetes Fact Sheet: National estimates and general information on diabetes in the United States (Centers for Disease Control and Prevention, Atlanta, GA: US Department of Health and Human Services, 1997):

Type 1 diabetes was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes may account for 5 to 10 percent of all diagnosed cases of diabetes.

Risk factors are less well defined for Type 1 diabetes than for Type 2 diabetes, but autoimmune, genetic, and environmental factors are involved in the development of this type of diabetes.

Type 2 diabetes was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. Type 2 diabetes may account for about 90 to 95 percent of all diagnosed cases of diabetes.

Risk factors for Type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Pacific Islanders are at particularly high risk for Type 2 diabetes.

Gestational diabetes develops in 2 to 5 percent of all pregnancies but usually disappears when a pregnancy is over. Gestational diabetes occurs more frequently in African Americans, Hispanic/Latino Americans, American Indians, and people with a family history of diabetes than in other groups. Obesity is also associated with higher risk.

Women who have had gestational diabetes are at increased risk for later developing Type 2 diabetes. In some studies, nearly 40 percent of women with a history of gestational diabetes developed diabetes in the future.

Other specific types of diabetes result from specific genetic syndromes, surgery, drugs, malnutrition, infections, and other illnesses. Such types of diabetes may account for 1 percent to 2 percent of all diagnosed cases of diabetes.

*From the Centers for Disease Control and Prevention Web site.*

## Co-op ...

### From page 10

beneath scores and scores of rural Alaskan communities, providing residents with the long-awaited indoor plumbing that formerly existed only as engineering plans and homeowner dreams.

The cost of such progress? Hundreds of millions of dollars.

However, as the amount of sanitation utility infrastructure throughout rural Alaska continues to grow, the path of progress has become forked. While the installation of sanitation systems continues, the agencies that provide construction funds are increasingly asking how villages plan to budget and finance the costs of maintaining their newly installed systems.

In other words, funding agencies such as the State of Alaska Village Safe Water program, the Denali Commission, the Indian Health Service, and others, now require rural Alaskan communities to provide specific information on how they will pay for the annual costs of utility operation and maintenance. How will they pay for fuel necessary to create the electricity that powers the systems? For maintaining or replacing pumps, piping and equipment? For utility operators?

In response to these changing financial expectations, the Rasmuson Foundation, Alaska Native Tribal Health Consortium, Environmental Protection Agency, Yukon-Kuskokwim Health Corp., and Denali Commission provided grant money totaling \$1.7 million to pay for the cost of forming a YKHC Regional Utility Cooperative Pilot

Project (RUC). The pilot project will, among other goals, create and test a "how to" education system for creating future cooperatives.

### What is a cooperative?

A cooperative is a group of people, businesses, organizations, or communities that agree to work together to provide the goods and services they need. This approach often lowers unit costs and improves the quality of goods and services. For example, if several communities combine their orders for fuel oil into one large order, they may receive a lower price per gallon and may also reduce shipping costs.

### Breaking new ground

The Alaska Native Tribal Health Consortium, Division of Environmental Health and Engineering, has the lead role in managing the pilot project. The task specifically went to ANTHC employee John Spriggs, RUC Project Coordinator, who was selected in large part due to his 12 years of experience operating and maintaining rural Alaska sanitation utilities.

Spriggs said he knows of no other regional sanitation utility cooperative ever being formed in the United States, and that the remoteness of Alaskan communities makes a strong case for studying what benefits rural cooperatives may provide.

The RUC, which began March 2002 and is funded through June 2006, is a "pilot project," which indicates that it's an experimental project that after June 2006 may or may not continue to exist in its present form.

### The quest for data

Collecting accurate data is an important part of the project. Spriggs

is confident the data will demonstrate that sanitation utility cooperatives will save rural Alaskan communities money in three ways: By reducing the unit costs of utility operations and maintenance, by improving the reliability of utility infrastructure—which means utilities are available more often for use and down less often for repairs, and by extending the longevity of utility equipment through high-quality maintenance practices.

ANTHC promoted the concept of forming cooperatives as one of several available methods to achieve sustainable rural utilities. Several regional health organizations offered their regions as possible locations in which to implement the pilot project. Ultimately, the Yukon-Kuskokwim region best met the pilot project's development parameters.

Spriggs said YKHC "stepped up to the plate and said 'Yeah, we'd like to spearhead this project' because YKHC is interested in helping villages reduce the costs of utility operation and maintenance within the Yukon-Kuskokwim region."

After the RUC was formed, Spriggs said notices were sent to every Western Alaska community briefly explaining the pilot project and inviting communities to participate. Twenty responded with resolutions of interest. Based on a number of criteria, five communities were chosen to be RUC members by the end of this year, and five more by the end of 2004.

The pilot project will compare the data from the ten communities that have joined the RUC with the ten communities that have not. Spriggs said the cooperative will keep accurate operations, maintenance, and

financial records, and expects that by 2006 the project will have collected enough data to accurately assess whether it is beneficial for rural Alaskan communities to form cooperatives—and if so how beneficial. The data, according to Spriggs, will then be shared with all Alaskan communities and tribal regional health organizations.

"The key is to try to find a mechanism or tool ... that will be able to sustain these systems for the future. Sustainability is the word," Spriggs said. He emphasized that the RUC may not be the final answer for every community to meet the challenge of maintaining rural utilities. However, Spriggs said, of many possible tools, a cooperative may be the best option for operating and maintaining many community systems.

### RUC member communities

In July, Holy Cross became the first RUC member. Grayling, also on the Yukon River and 60 miles upriver from Holy Cross, became the second member in August. Toksook Bay will become the third member in October.

Shirley Clark, Grayling Mayor, said that by joining the RUC the city has demonstrated its commitment to economically sustaining its utilities, and that its RUC membership will increase the city's likelihood of receiving future projects to upgrade utility systems.

Spriggs said, "We are excited and proud to have Holy Cross and Grayling join the RUC and we're looking forward to having other communities join as we move forward in our cooperative venture. This may change the way that Alaska looks at utilities for the future."





## Kelty honored with Ted Moran award

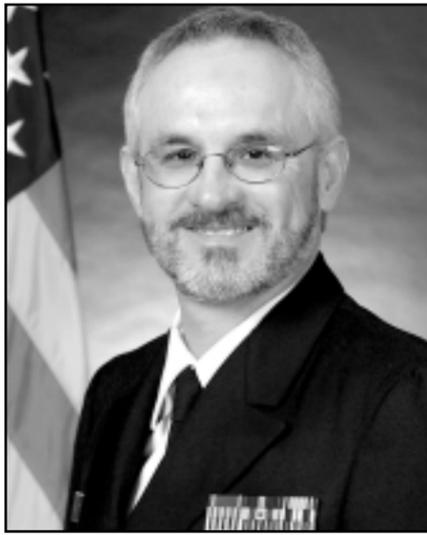
U.S. Public Health Service  
staff report

Commander Mark Kelty was honored as the 2003 winner of the Edward "Ted" Moran award. The Moran award recognizes a mid-career United States Public Health Service (USPHS) Environmental Health Officer who has consistently furthered the mission of the USPHS.

This award was established in honor of the late Commander Ted Moran, whose ingenuity, work ethic and dedication was an inspiration to the Environmental Health Officer Category of the USPHS. Cdr. Kelty has not only made considerable contributions toward improving the nation's health, but also shows great potential to further the USPHS mission over the entirety of a career.

Cdr. Kelty is detailed to the Alaska Native Tribal Health Consortium (ANTHC) in Anchorage, Alaska. He began this assignment in 1998 at a critical juncture in the Institutional Environmental Health (IEH) program, which he leads. ANTHC had begun assuming programs formerly run by the Indian Health Service (IHS).

Cdr. Kelty recognized the new tribally managed IEH program was facing a plethora of complicated issues. He identified new opportu-



Commander Mark Kelty was honored as the 2003 winner of the Edward "Ted" Moran award.

nities, expanded existing programs and implemented initiatives that further enhanced service delivery to the Alaska Native population.

At the time of the transition, Cdr. Kelty was the lone staff in the IEH program. Under the IHS system, the responsibility for institutional environmental health and safety was given to staff as other duties as assigned. Cdr. Kelty recognized this was no longer acceptable under tribal management.

The program now faced increased liabilities associated with being a public entity operating a

high-risk program in the high-risk environment of remote Alaska. He thoroughly documented the need for additional staffing to meet specialized challenges of safety and institutional health and risk management.

Today the program has three highly specialized IEH personnel in addition to Cdr. Kelty. This has allowed the IEH offer services in lead-paint inspection and risk assessment and construction safety, in addition to the previous responsibilities.

Cdr. Kelty is a great advocate for Alaska Natives and American Indians. He led the development of the Alaska Healthcare Safety Internship; modeled after the IHS National Institutional Residency graduate program.

The program provides an opportunity for local Alaska Natives to earn an associate's degree in occupational health and safety. Once the degree is completed, the individuals are prepared for positions as safety officers in hospitals and clinics throughout Alaska.

In association with this effort, he also serves on an advisory committee to the University of Alaska to expand the existing associate's degree in occupational health and safety management into a bachelor's degree program.



## Excellence ...

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heads nationally and internationally. "Patients can see a primary care provider the same day, and we are working toward a specialist appointment within 24 hours, and scheduling a needed operation within five days," she said. "We're looked to as a leader in this field."

Don Berwick is the president and chief executive of the Institute for Healthcare Improvement, a Boston-based international leader in health care innovation. He said Alaska's health care system is one he and his colleagues frequently use as an example of what works.

"You are truly emerging as one of the premier improvement sites in the nation, and your continuing work will not only help you; it will help many others by example," Berwick wrote in an e-mail to health system staff. "I know it's not always easy, but please keep going."

### Growing Alaska Native health care providers

Of the 1,800 people who work on the medical center campus, about 60 percent are Alaska Native. To boost those numbers, Hutchison said internships and scholarships are offered to Alaska Native and American Indian students.

"Native development is a priority," she said. "It's a priority for both corporations and the Native community."

Chief physician David Snyder said whether the need is for health care services, or Alaska Native health care providers, the medical center is adding services to match trends in patient needs.

"Our customer satisfaction is high, and we get good information on how we can do better," he said.

For example, when campus researchers identified cancer as the new leading cause of death among Alaska Natives, the health care system expanded its services to cancer patients, Snyder said.

"What we've tried to do with all these things is talk to our patients and figure out what their needs are," he said. "We are getting out of the catchup game and responding more proactively."

Hutchison said the health care system is using the same approach to remedy a shortage of Alaska Native nurses and other health care professionals.

A recent survey of medical center staff's satisfaction with their work environment rated the business above average in every area, Eby said. About 80 percent of staff took the time to reply, he said.

"It just shows that we meet their need," Eby said.

Snyder said the medical center is becoming the employer of choice for Alaska Native health care professionals.

"It is difficult to recruit for high level staff, but we've been successful because it's a good place to work," he said.

Eby said part of the credit for the health care system's phenomenal success should be attributed to the cultural values of the patients.



## Wallace receives John G. Todd Award

U.S. Public Health Service  
staff report

Captain Peter Wallace III was honored as the 2003 winner of the John G. Todd Award. The Todd Award is the highest honor given by the Environmental Health Officer Professional Advisory Committee.

This award recognizes an environmental health officer at the O-6/GS-14 level or above who has made considerable career contributions to improving the Nation's health.

The recipient of this award is recognized as making a series of highly significant achievements and environmental health contributions.

The John G. Todd Award honors those who have performed at the highest of levels and maintained this superior performance for a period of no less than fifteen years. The recipient of this award has served the USPHS with excellence, honor and distinction.

In receiving this award, Capt. Wallace is recognized for his outstanding service to Alaska Natives and American Indians, and his ministrations to underserved international populations throughout his career.

Capt. Wallace is detailed to the Tanana Chiefs Conference (TCC) in Fairbanks, Alaska. In this assignment, he has used creative solutions and implemented initiatives that have resulted in the TCC



Captain Peter Wallace III was honored as the 2003 winner of the John G. Todd Award.

Environmental Health Program being recognized as one of the most effective in the Indian Health Service.

One of the improvements Capt. Wallace made while at TCC was implementation of a strategic planning process focused on increasing awareness of rural communities to environmental health hazards and developing plans to mitigate those hazards.

Capt. Wallace was also responsible for discovering that faulty propane stoves in rural village homes were emitting dangerously high levels of carbon monoxide.

His timely response in investigat-

ing and eliminating this problem not only reduced illness, but also may have saved lives. In addition to his work in Fairbanks, he has served Alaska Native and American Indian populations during two separate assignments in Bethel, Alaska and two assignments in Nevada.

Capt. Wallace has established an unrivaled record of international service. Early in his USPHS career, he took a nine-month leave of absence to serve as a public health advisor in a Thailand refugee camp.

He later served two years as a Technical Advisor for the Truk Islands. From 1991 to 1993, he was detailed as a Special Assistant to the Guam Environmental Protection Agency. He later risked his personal safety to provide support to the USAID Office of Foreign Disaster Assistance during a civil war in Goma, Congo.

Capt. Wallace also served as technical advisor to a CDC team investigating a cholera epidemic in Micronesia, served as tribal liaison to state and federal disaster services after the 2002 Salcha River flood and the November 2002 Interior Alaska 7.9 magnitude earthquake, and for the past several years has dedicated four weeks per year to serve as a technical consultant to the USAID Office of Foreign Disaster Assistance.

Subsequently, Capt. Wallace completed a 30-day assignment in Kuwait during Operation Iraqi Freedom.





ALASKA NATIVE TRIBAL HEALTH CONSORTIUM  
AND SOUTHCENTRAL FOUNDATION

# CONGRATULATE

*Alaska Native Medical Center*

*New ambulance sleds,  
strengthen rural  
Alaska health care,  
help save lives*

Transporting patients to the waiting Medevac has been considered one of the weakest links in the rural health care system.

Community Health Aides/Practitioners (CHAP) have had to use their own or borrow snowmobiles, four wheelers and trucks to rescue and transport patients.

The would beg for help over the VHF radio, hoping someone would help them transport the patient to the airport or even the clinic.

Code Blue is changing that. So far, 27 Series 2400 ambulance sleds, and Honda four-wheelers have been purchased.

Built by Orion Industries Inc. in Watkins, Minn., these 195-pound sleds have four-ski independent suspension, a rider platform and handrails for the medic and a marine polyester cover fastened with snaps and Velcro. They are 11-feet long, with a 37-inch ski stance, Diamond link suspension, and a rust-free aluminum chassis. They are rated for 600 to 700 pounds. In summer, a wheel kit with ATV tires can be installed for year-round rescue.

These ambulance sleds are just one example of Code Blue coming through for you.



*From "The Messenger," a newsletter of the Yukon-Kuskokwim Health Corporation.*

## ***Bioterrorism ...***

**From page 9**

healthcare providers (including mental health care); and

- Culturally appropriate training materials, training standards; protocols for care, and model plans, plus drills.

The group felt drills and simulations were critical to enable the Alaska Native tribal health system to deal with disasters.

"It's a lot easier to try something and see it work than to try something for the first time when you really need it. It's hard to think what you need to do when you're in an actual crisis. It's a lot easier if you've been through it a few times," said Vince Thrutchley, Telemedicine Instructor for Bristol Bay Area Health Corp.

Bradley said the work group will meet regularly to build on the success of its first meeting.

"We had disaster planners from the State, and a range of professionals from the Native health system: physicians, epidemiologists and disaster response personnel. I think this high level of expertise in various fields and the mix of perspectives made this an incredibly productive meeting."

For more information, contact Sandra Pearson, ANTHC Bioterrorism Program Assistant, at (907) 729-4493.



## ***For Being First In Alaska To Attain Prestigious Magnet Status for Nursing Excellence***

For the first time, an Alaskan hospital has received the nation's highest honor for nursing excellence by the American Nurses Credentialing Center, an arm of the American Nurses Association, the nation's largest nurses group.

ANMC is the 71st hospital in the nation to achieve Magnet status.

***Magnet Status for Nursing Excellence*** indicates ANMC attracts and retains professional nurses through its quality of leadership, patient care, nursing autonomy, and career development. Magnet status is awarded only after a voluntary, rigorous peer-review process.