

MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

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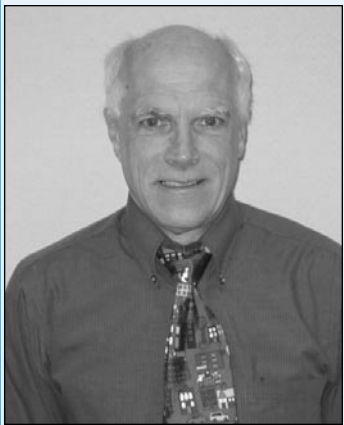
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Alaska physician honored for viral hepatitis work



Dr. Brian McMahon
File photo

ANTHC Staff Report

Physician Brian McMahon, MD, FACP, received the first-ever Alvan R. Feinstein Memorial Award in April for his contributions to the field of viral hepatitis.

His research has been instrumental in halting the spread of hepatitis B in endemic areas and devising rational immunization practices for hepatitis B and hepatitis A.

Besides working at the Alaska Native Medical

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'One DHHS' distracting for Indian Health Improvement re-authorization?

Reprinted with permission of Native American Report

As the U.S. Department of Health and Human Services (HHS) moves to streamline the Indian Health Service (IHS) and other agencies, tribal leaders are worried the consolidation could conflict with Indian Country's ongoing efforts to re-authorize the Indian Health Care Improvement Act of 1976.

Called the "One-HHS initiative," the consolidation plan aims to centralize all IHS Legislative Affairs and Human Resource offices at the department level near Washington, D.C., among other measures. Ultimately, the streamlining could withdraw more than 100 full-time equivalents (FTE), or employees, from IHS' 12 regional offices.

However, such decreased emphasis on area offices and staff is at odds with goals of the long-overdue Indian health care re-authorization, which proposes to enhance health services by re-authorizing programs and bolstering service delivery, tribal health leaders say.

"I applaud Secretary Thompson for trying to make changes, trying to make better

services," Don Kashevaroff, chairman and president of the Alaska Native Tribal Health Consortium, told the Senate Committee on Indian Affairs April 2. "What I think is missing is the understanding that IHS is a unique agency."

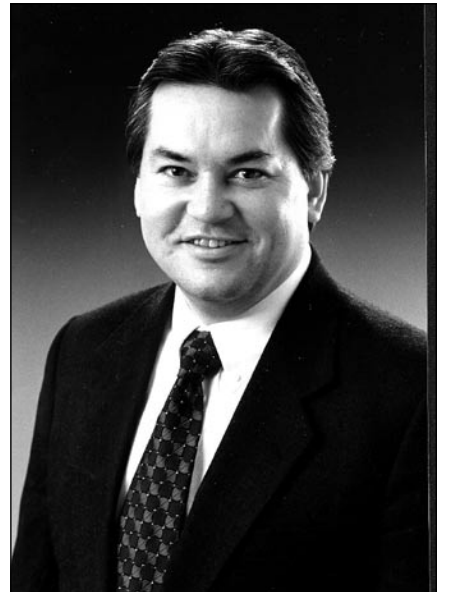
Unlike other HHS agencies, IHS operations are widely dispersed, locally focused, and they provide direct medical care services to tribes. IHS also depends on staff who understand the importance of the Indian Preference Law when hiring new employees.

Kashevaroff told NAR that consolidating IHS' key offices at HHS would only compromise the agency's ability to provide services and to compete with the private sector in critical areas such as nursing shortages. For example, while the private sector is working to achieve a one-day turnaround for nursing job applicants, IHS offices with inadequate Human Resources staff would be able to provide only a three-week turnaround for job applicants, he said.

Double downsizing defeats purpose

Adding further to tribes' concerns is the fact that IHS has already down-

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Don Kashevaroff

Dental Health Aides train in New Zealand

First ever U.S. Dental Health Aide Therapy students benefit from established curriculum

By Ron Nagel, DDS
Division of Community Health Services,
Alaska Native Tribal Health Consortium

In March, the first class of Alaskan Dental Health Aide Therapy students began a two-year course of study at New Zealand's Otago University School of Dentistry. When they return to Alaska, they will be the first dental health mid-level providers in the United States. The newness of their profession in this country is the main reason they traveled to New Zealand for their training. While U.S. schools currently do not offer this curriculum, New Zealand has been successfully developing these mid-level oral health providers for more than 80 years. Otago's program is well established and they have an excellent reputation in teaching, research, academics, and clinical practice. They also offer a great deal of support and very competitive tuition costs for their international students.

This training will enable the students to become certified under the Community Health Aide Program and provide them with the knowledge and skills to undertake preventative and restorative dental care in their home villages.

The Yukon-Kuskokwim Health Corporation sponsored students Lee Wolfersheim, Lillian McGilton, and Conan Murat. Maniilaq Association sponsored Bobby Curtis, Ricky Goodro, and Stephanie Woods. The students will return to their respective regions to begin practice in the winter of 2005.

Recruitment is underway for the Dental Health Aide Therapy class beginning February 2004. Interested tribal programs must make nominations no later than August 15, 2003. Entry requirements include High School graduation and above average English and life science skills. Previous experience working in a dental clinic is desirable. ANTHC support for these students includes travel, tuition, and a living stipend.

Persons interested in this program may contract Dr. Ron Nagel at (907) 729-3645 or rnagel@anmc.org.



Left to right: Lee Wolfersheim, Bobby Curtis, Stephanie Woods, Ricky Goodro, Lillian McGilton, and Conan Murat dressed and ready for their clinical rotation at New Zealand's Otago University School of Dentistry.

Photo courtesy of Otago Daily Times.



VOX

The Voice of The people

Spring Is Here!

Interviews by Matthew Carlson

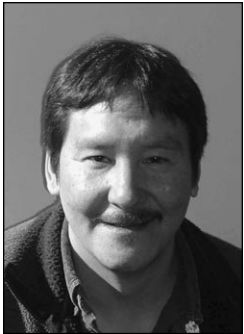
What kind of spring activities does your community or family do during this time of the year?



Rose Lydia Bavilla,
Goodnews Bay

"For the spring time they have spring clean up community wide, they have outdoor activities like playing basketball, and boating."

"For the community part of it we do, like, spring clean up; pick up trash on the whole island, pick debris off the beaches mainly for the seals. As far as my family, we get together to work all the gears on the fishing boat to prepare for halibut fishing."



Richard Zacharof,
St. Paul Island



Jacob Nelson, Sr.,
Quinhagak

"This time of the year people are hunting seal."



Marilyn Moses
Alberto, Mekoryuk

"Clean up the home, clean up our act, and go out and enjoy what the creator has given us."

ANTHC nurse graduates gather

By Cindy Hamlin, RN,
ANTHC Professional Recruiting
Services

On Friday, April 4, 2003, the ANTHC Professional Recruiting Services sponsored a graduate nurse gathering and luncheon at the Alaska Native Medical Center. This was the third such gathering Professional Recruiting has hosted for graduating nurses. Approximately 70 people attended the event, with students, UAA faculty, and statewide nursing representatives participating. The event was held to welcome the graduate nurses into the health-care profession and provide them with information about employment opportunities with the Alaska Native healthcare delivery system.

Guest speakers included Dee Hutchison, ANMC Administrator; Lorraine Jewett, ANMC Nurse Executive; Casie Williams, ANMC Nurse Educator; and nursing representatives from Barrow, Nome, Dillingham, and Kodiak. Also in attendance was Mary Sue Anderson, Coordinator for the Recruit and Retain Alaska Natives into Nursing (RRANN) program at UAA. Several nursing



Newly-graduated nursing students gathered in Anchorage recently to learn about Alaska job opportunities.

File photo

students from the RRANN program attended.

UAA will graduate 35 nurses from the Baccalaureate Degree program and 27 nurses from the Associate Degree program this May. Five of the graduates are Alaska Native and two of them have already accepted employment—one at ANMC and one at Norton Sound Health Corporation. They will take their licensing exams in the next 30-60 days and upon successful completion, will become licensed as Registered Nurses.



UAA program grows more Alaska Native nurses

University, industry collaborate to double nursing graduates by 2006

By Heather A. Resz
Staff writer

Alaska Native Tribal Health Consortium nurse recruiter Cindy Hamlin doesn't like to share. At least not when it comes to Alaska Native nursing graduates from the University of Alaska Anchorage School of Nursing.

If Hamlin had her way, all five of the May nursing graduates from UAA's Recruitment and Retention of Alaska Natives into Nursing program (RRANN) would become Alaska Native health system staff. "These are the ones I want the most. I do everything I can to get them here," she said. "We'd like very much for our provider staff to mirror our population."

While 16 percent of Alaska's population is Alaska Native, in 1998, only 1.6 percent of registered nurses in Alaska were Alaska Native. To encourage more Alaska Native students to become nurses, in 1998 UAA received a federal grant to recruit and mentor Alaska Native students pursuing nursing degrees. From this grant, the RRANN program was born, and by 2000, the number of Alaska Native nurses had grown to 2.4 percent.

Program director Tina DeLapp said the program continues thanks to appropriations arranged by U.S. Sen. Ted Stevens for the past three years. "Providing culturally relevant health care is not a matter of political correctness; it is often a matter of life and death," she said. "When cultural competency is missing from health care, important information is not communicated, symptoms

of illness are overlooked or misinterpreted, and patient outcome suffers."

The need for nurses is national. More nurses are retiring than are graduating, DeLapp said. By 2010, Alaska is projected to need more than 4,000 new and replacement nurses, she said. And nationwide, in 2020 there will be 800,000 nursing vacancies. Working together with the state health care industry, the University of Alaska Anchorage School of Nursing plans to double the number of graduate nurses by 2006.

Different from this broad collaboration, RRANN's focus is exclusively Alaska Native students.

Once, women were only welcome in the world of work as nurses, secretaries and teachers, DeLapp said. "That's changed incredibly. Now we're competing with a whole bunch of occupational choices," she said.

As Alaska's population ages and people live longer with all sorts of medical conditions, DeLapp said, the demand for nurses increases. Hamlin said there are 132 nursing vacancies throughout the Alaska Native health care system. In Anchorage, there is an average of 10 percent vacancies in nursing. But in rural Alaska, that number is between 22 percent and 30 percent.

RRANN coordinator Mary Sue Anderson said the program uses mentoring, tutoring and advising to help Alaska Native students with different educational and life experiences reach for their educational and professional dreams.

DeLapp said for the last two years, RRANN has been able to offer scholarships to some students accepted into the nursing major. And this year, 48 pre-nursing students also are eligible for a stipend.

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THE MUKLUK TELEGRAPH

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The Voice of the Alaska Native Tribal Health Consortium

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Letters to the Editor

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



Students learn about Kwethluk water and sewer project



School visit part of communicating with residents about their future sanitation facilities



Above: Project Engineer Carey Carpenter answers questions from 8th grade students in Kwethluk after describing (above right) Kwethluk's future water and sanitation system which will plumb and connect more than 200 homes to water and sewer pipes. Right: Kwethluk Council member Elizabeth Dillon reviews this summer's construction plans with Carpenter at one of the council meetings.

Photos courtesy of Dept. of Environmental Health & Engineering

Division of Environmental Health and Engineering staff report

Beverly Chmielarczyk's eighth grade science class in Kwethluk, Alaska, had a visit in early April from Carey Carpenter, the Alaska Native Tribal Health Consortium Project Engineer. Her visit was part of a continuing effort by the Division of Environmental Health and Engineering to better involve and communicate with residents receiving rural sanitation facilities. Carpenter presented an interactive program to let students explore how they use water, why it is important to them and the community, and how it relates to the hydrologic cycle. They also learned about Kwethluk's future sanitation system, and how they can help take care of it.

Phase Three of the water and sewer project (water and sewer mainlines, and house plumbing for individual homes) is scheduled to begin this summer. There are more than 90 houses to plumb and hook up to the system, along with more than two

miles of piping to be built on the east side of town. This part of the project is expected to be complete within two years. Construction for the west half of town, Phase Four, is expected to be complete within four years. The cost to build the entire project will be more than \$20 million. Once the project is completed, the community of Kwethluk can expect to have an above-ground piped water and vacuum sewer system that will provide high quality, clean water and flush toilets. The water and sewer pipes will run inside of a metal box called a utilidor, which will be insulated to keep the pipes from freezing. The utilidor will be secured to the ground with a screw-pile anchor system. The students of Chmielarczyk's class learned how these systems work, including the specialized vacuum sewer system, and saw pictures of what the above-ground utilities will look like.

The class also discussed why it is important that the equipment and materials that are used to build the

project stay in good shape and don't get stolen or vandalized. Vandalism to project equipment and materials hurts the entire community because it could mean, at best, a delay in the project (everyone has to wait longer until they get piped water and sewer) and at worst it could mean that the project cannot be completely finished. With a little cooperation and hard work, the community of Kwethluk can be proud of its new water and sewer system.

Carpenter is looking forward to meeting with Chmielarczyk's 9th grade health class and has offered to go to other classrooms in Kwethluk or work with teachers to fit a discussion of the Kwethluk water and sewer system into their curriculum. The possibilities of learning opportunities with the construction of the new sanitation system are endless and do not have to stop with this school year!



STATEWIDE NEWS

ANMC vying for Magnet status

The American College of Nurses conducted a site visit to Alaska Native Medical Center in April with respect to its application for designation as a Magnet Hospital, an indicator of nursing quality and involvement of nurses in hospital management. ANMC expects a decision on the application later this summer. Only 60 of the 5,000 hospitals in the United States have Magnet designation.



Study shows high injury rates carry heavy costs

A recent University of New Mexico study shows that a high rate of injuries in the Tanana Chiefs Conference (TCC) region had a corresponding effect on expenditures for hospitalization and care. The study shows that caring for 511 people with injuries between 1994-1998 cost the Native health system more than \$4 million dollars. "And you can't even quantify the cost in terms of human suffering," said Josephine Huntington, Director for TCC Health Services. "When we talk about programs and the costs, that doesn't cover what happens if the person comes back home and needs rehabilitation. Or if they get killed and the whole community grieves."

Former TCC Injury Prevention Specialist Bruce A. Chandler, REH, and Lawrence R. Berger, MD, MPH, Clinical Associate Professor of Pediatrics at the University of New Mexico did the five-year study of injuries and related costs. Their study is entitled "The Financial Burden of Injury-related Hospitalizations to an Alaska Native Health System."

The study further states that the injury death rate in Alaska for American Indians and Alaska Natives is more than triple the injury death rate for the United States. Suicide attempts, falls, and acts of violence were the most frequent causes of injury hospitalizations. The age-adjusted injury death rate (1995-1998) for American Indians and Alaska Natives is 166.5 per 100,000. This rate is more than double the injury mortality rates for all races in Alaska and more than triple the inju-

UAA, ANTHC growing nurses

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When RRANN began in 1998, Pamela Miljure was one of the nursing students who helped organizers develop program details. Even though it's been years since graduation, Miljure said she still keeps in touch with RRANN staff and returns to talk to other students about nursing. "They wanted to know everything from what to do after graduation to how much money nurses make. No one ever told me how much nurses make." Hamlin said first-year nursing graduates make about \$21 to \$22

an hour. "Nursing is a stable job with good pay, good benefits and good continuing education opportunities," she said. "And it's very rewarding personally and professionally."

Heather A. Resz can be reached at hresz@anchoragechronicle.com or 348-2432.



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STATEWIDE NEWS

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ry death rate for the United States. Alaska's injury death rate among children and youth, snowmobile-related death rate, and water-borne fatality rate, are the highest in the nation.

Huntington said since the years covered in the study, TCC joined with several other organizations to change one major cause of injury. "We had a rash of suicides, just about one per month for two years, and it's finally coming to a stop." TCC provides health care to nearly 14,000 Alaska Natives and American Indians living in interior Alaska.



Looking for information on the health status of Alaska Natives?

Go to www.alaska.ihs.gov/dpehs for several reports about Alaska Native health. Several were compiled and written by statisticians in the ANTHC Division of Information/Technology.



Immunization works

In the 24 months ending with December 2002, there was only one Hib (Haemophilus influenza) infection in an Alaska child. Before Hib vaccine, there would have been up to 160 Hib infections. These serious, potentially fatal illnesses include meningitis, pneumonia, and infections of the blood, bones, and joints.

Since the introduction of pneumococcal conjugate vaccine (Prevnar) the rate of pneumococcal infections caused by vaccine serotype has decreased 90% in Alaska Native children less than two years of age.

Despite challenges in maintaining personnel, most tribal health organizations have stable or even improving immunization rates.

-ANTHC Division of Community Health Services staff report

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Physician honored

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Center, Dr. McMahon is assigned part-time to the Centers for Disease Control and Prevention.

The American College of Physicians, American Society of Internal Medicine (ACP-ASIM) established the award, which is named after Dr. Alvan R. Feinstein, following his death last year.

"It is especially meaningful to have Dr. McMahon be the first recipient of this award," said Don Kashevaroff, board chairman and president of Alaska Native Tribal Health Consortium. "The ACP-ASIM gives out a very limited number of awards each year and many of the earlier recipients are Nobel Prize winners or otherwise highly respected physicians and scientists."

"What is most remarkable about Dr. McMahon's work is that he did not perform his research at a large academic center, but rather as a medical officer in the Public Health Service working at the Alaska Native

Medical Center," said Paul Sherry, ANTHC Chief Executive Officer. "The infrastructure for performing his work was largely of his own making."

"I couldn't have done it without the help of Yukon-Kuskokwim Health Corporation, Alaska Native Medical Center and the Alaska Native Health Board," Dr. McMahon said.

"It is gratifying to see Dr. McMahon receive such important recognition for his years of dedication and hard work among the Native people here," said Gene Peltola President/CEO of Yukon-Kuskokwim Health Corporation.

Dr. Alvan R. Feinstein was a distinguished epidemiologist and long-time teacher at Yale Medical School who died in 2001 at age 75. As founding director of the Robert Wood Johnson Clinical Scholars Program at Yale, he developed the quantitative clinical epidemiology course imitated throughout the coun-

try. Among other prestigious awards, in 1991, Dr. Feinstein was named Sterling Professor of Medicine and Epidemiology, Yale's most prestigious academic honor.

"It's a great honor to receive this award. It's important, though, to let the [regional health] corporations know that I couldn't have done my work without their support," Dr. McMahon said. "Not only did they lobby for funding over the years, but in 1990, they thought it was so important to stop an epidemic that they kicked in funding, employees, helicopter time and travel money. The congressional delegation has also pitched in a great deal of support."

Dr. McMahon is married, has two children and enjoys running, cross-country skiing and bicycling. He received the Feinstein Award at the ACP-ASIM Annual Session in San Diego in April.



NEWS FROM TANANA CHIEFS CONFERENCE

Dr. William James retires at 70

Excerpted from an article by Susie Frantz, Editor, TCC Health Services Newsletter, April, 2003

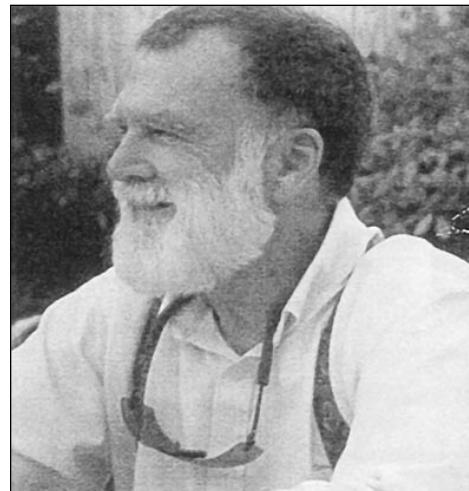
Retirement began April 16 for Dr. William "Bill" James. James has been an everyday figure at Tanana Chiefs Conference (TCC's) Chief Andrew Isaac Health Center since 1973. He hung up his stethoscope and put on his backpack for an extended vacation hiking into the Grand Canyon.

His career began in 1959, serving patients along Coastal and Interior Alaska. Some 44 years later, he finds himself treating the grandchildren of children he delivered years ago.

James, a pediatrician and family practice physician, is originally from Warren, Ohio.

"In Tanana, Dr. James took up one of his hobbies, water skiing. He and others from the Tanana Hospital would get rigged up and water ski the Yukon River."

Dr. James said when he first came to Alaska in July of 1959 he was scared, afraid he was in over his head. He was working for the Public Health Service (PHS) at St. George Island. There wasn't a harbor or airstrip at St. George, so when they arrived by ship, they had to slip into a smaller boat and be rowed to shore. This was the routine there for sup-



Long time Fairbanks pediatrician William James retired in April.

Photo courtesy of TCC Health Services Newsletter.

plies coming in as well.

In December, 1960, Dr. James was transferred to Tanana where he remained until October, 1962.

In Tanana, Dr. James took up one of his hobbies, water skiing. He and others from the Tanana Hospital would get rigged up and water ski the Yukon River. When James saw a patient from Tanana recently, Lucy Ridderbush, he greeted her by saying, "I delivered you." Laughing, she replied, "No you didn't, you were water skiing!"

Dr. James was sent to various villages when he worked at the Tanana Hospital. He resigned from the PHS and went to Fairbanks to work for the Tanana Valley Clinic in 1963. He then decided he would go into a specialty and chose Pediatrics. He completed his Pediatrics residency outside Alaska and returned in 1966. Except for another two-year stint in Tanana in the 70s, Dr. James has remained in Fairbanks.

Upon retirement, the thing he said he will miss the most are the people. "The patients and the co-workers make it all worthwhile. I enjoy most them," he smiles, saying, "Some of them are a challenge."

When asked what childhood illnesses were common in his early days as a doctor compared to now, he said today most kids have colds. Back then he saw a lot of kids with chronic infections, draining ears, sore eyes and kids dying from measles and diarrhea. Chicken pox made kids very ill then and there was a tremendous amount of meningitis, which took many children or left them deaf, with brain damage or with seizures.

Since then, vaccines, immunizations and better water have made a world of difference. James says kids are much more healthy in every way today except for their teeth.

Once a week, he does physicals on kids going to the operating room for full mouth restorations. He says there are a lot of dental problems, and it seems to only happen in villages without fluoridated water. Dr. James says too many kids are on the bottle too long and those bottles are filled with juice.

Dr. James said if there was one disease he could magically cure it would be alcoholism. He compared alcoholism with cancer, saying cancer usually affects people when they get older, but alcoholism in a home affects everyone in the family—fathers, mothers and children. And all too often in alcoholic homes, children are born with Fetal Alcohol Syndrome. Mothers making a commitment not to drink during pregnancy will prevent Fetal Alcohol Syndrome.





Alaska Native Medical Center laboratory passes inspection with flying colors

By Wayne Varner, MD
Director, Alaska Native Medical Center
Laboratory

On April 2, 2003, a team of Pathologists and Medical Technologists visited the Alaska Native Medical Center clinical laboratories for a two-year accreditation inspection on behalf of the College of American Pathologists (CAP). We passed with flying colors. The team inspected facilities at both the hospital and the Anchorage Native Primary Care Center.

CAP is the professional association of pathologists in the United States and Canada. One part of its role is the provision of a voluntary inspection and accreditation program, which, if passed, exempts the laboratory from inspection by the Joint Commission on Accreditation of Health Organizations (JCAHO). It is

felt that if a team of several experienced laboratory professionals closely inspects the lab, it is a more valid inspection than a technologist on the JCAHO team can provide alone during the JCAHO survey.

The benefits of participation in this voluntary program, in addition to accreditation, are the learning experience of the staff who prepares for months for the visit, and the sharing of experience that always results from having your operations scrutinized by professionals of like background. The team from Fairbanks Memorial Hospital who performed our inspection found many ideas in their visit that they took home to use in their lab.

Prior to the CAP inspection, a surveyor from the American Association of Blood Banks inspected the Transfusion Service at ANMC on March 17 and 18. The surveyor gave

a very close look at a central service of the clinical laboratory on behalf of the professional organization that writes the standards of blood banking in the United States.

Her findings for the department mirrored those of the CAP surveyors for the entire lab. Both were found to provide quality service.

Inspectors cited a few areas where we could improve. Their recommendations were straightforward; we quickly addressed them and issued formal statements of corrective actions implemented.

We are pleased that our lab and pathology services have been found worthy of the credibility placed in them by the patients and providers of care at ANMC.



Daughters of health aides follow parents' footsteps in job-shadow program

Story and photo by Carol Gales,
Norton Sound Health Corp.

Eliza Matthias wasn't sure she wanted to follow her mother into a health career—until she tried job shadowing at Norton Sound Health Corporation (NSHC).

Now the Stebbins high school senior is eager to become a health aide, physician assistant or nurse.

"Now that I've come here, I know this is what I want to do!" Matthias said.

Matthias was one of seven students from the Bering Strait School District who "shadowed" various workers in Nome April 28-May 1.

Matthias, JoAnn Katchatag of Shaktoolik, and Danitra Oxereok of Wales all picked Health Aide Training at NSHC as their job shadow host.

All three girls descend from health aides, and all are interested in health careers.

Matthias, daughter of former health aide and current NSHC board member Marion Mike, said she has always been interested in the medical field.

"I'm having so much fun," Matthias said shortly after learning to give injections by practicing on a mannequin. "I've been taking notes ever since I came."

Matthias has enrolled at Prince William Sound Community College in Valdez. She wants to work as a health aide before starting school next January and might later become a nurse or physician assistant.

Both of Danitra Oxereok's parents—Frank and Veronica Oxereok—have been health aides, and her sister Tanya is a health aide, too.

"I've loved health ever since I was real tiny," said Danitra, a high school junior at Wales. "I want to try to become a pediatrician because I really love kids and want to see them healthy."

This summer she will spend ten weeks in the medicine and health care track at a youth conference in Illinois. She is ready to start trying to collect scholarships.

Katchatag's grandmother is retired health aide Mary Katchatag. JoAnn said that when her grandmother used to wonder aloud who would replace her after retirement, JoAnn always popped up and said, "I will!"

Next fall Katchatag, of Shaktoolik, plans to enter Job Corps and study a health occupation.



JoAnn Katchatag of Shaktoolik practices giving an injection under the direction of Josh Samuels, physician assistant and health aide trainer, while Danitra Oxereok of Wales awaits her turn with the needle. The high school students were job shadowing staff at Norton Sound Health Corporation's Health Aide Training Center.

In addition to four afternoons at work sites in Nome, the job shadow students attended a job fair; took classes on interviewing, resume writing, and other job seeking skills; toured workplaces; and listened to speakers from an array of careers. They were in Nome for 10 days.

LaVerne Smith directs the twice-a-year event for the Bering Strait School District. NSHC and Kawerak, Inc., are the most popular job shadow sites because they employ lots of people in villages, Smith said.

Matthias is not the only person who has been inspired by job shadowing to become a health aide. That's how Jill Campbell of Gambell became a health aide, said Josh Samuels, physician assistant and health aide trainer.

Samuels was impressed by Matthias, Oxereok and Katchatag.

"Some job shadow people we don't even show needles to," he said. "But this group wanted participation." In addition to sitting in on classes for health aides, they learned to give a basic physical exam, give injections, and do an ear exam.

Their excitement about what they were getting to try showed.

"It's so fun," Matthias said. "I just like it!"



STATEWIDE NEWS

SEARHC celebrates opening of new Juneau clinic

A grand opening and ribbon cutting ceremony for SouthEast Alaska Regional Health Consortium's new Juneau Medical Center was held Saturday April 5 on SEARHC's Juneau campus at Salmon Creek.

A reception and tours of the new building followed the ceremony. Former SEARHC president Ethel Lund made opening remarks at the event. Other speakers included SEARHC Board Chair Lincoln Bean, SEARHC President Ken Brewer, ANB Grand President Sam Jackson, ANS Grand President Doloresa Cadiente, Tlingit-Haida Central Council President Edward Thomas, and Juneau Mayor Sally Smith.

Former SEARHC Board Chair and current SEARHC Elders Council member Viola Burgess performed the ribbon-cutting honors. The ceremony ended with dancing by the Children of all Nations Dance Group (Lda Kut Naax Sati Yatxi). Alaska Native Sisterhood Camp 70 prepared food for the reception.

"The new facility is a reflection of the SEARHC Board of Directors' commitment to provide the highest quality health services in partnership with the Native people of Southeast Alaska," said SEARHC President Ken Brewer. "This and other new facilities and expansion projects in Angoon, Haines and on Prince of Wales Island all enhance SEARHC's ability to provide services."

"We are extremely pleased to dedicate this beautiful new facility," said Brenda R. Sturm, SEARHC Juneau Medical Center Administrator. "The building enables us to serve patients in a modern, state-of-the-art facility that is comfortable and accessible for them."

"Our diagnostic imaging, family practice, specialty clinics, women's health programs, laboratory, nutrition and pharmacy services, as well as administrative and support services were moved into the new building," Sturm said. The new clinic is located on Salmon Creek Road beyond the SEARHC Administrative Building.

SEARHC is one of the oldest and largest Native-run health care organizations in the nation. Since incorporating in 1975, SEARHC has been a pioneer in providing medical care and community health

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MORE STATEWIDE NEWS

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services throughout Southeast Alaska. SEARHC also operates Mt. Edgumbe Hospital in Sitka.



Consortium and University of Alaska collaborate

Planning is underway for a new nursing and health careers educational facility to be located near the Alaska Native Medical Center in Anchorage. The program and facility are a joint effort involving University of Alaska Anchorage, the Alaska Native Tribal Health Consortium, and several other health organizations. Plans call for the new nursing education facility to be located at the corner of Ambassador Drive and Bragaw (looking from Tudor Road, the new facility will be behind and to the left of the Native hospital). ANTHC is also supporting the University of Alaska's proposal to the Denali Commission to enhance several of the University's allied health programs in rural locations statewide.



Making life safer

The Alaska Native Tribal Health Consortium Injury Prevention program has produced a video entitled Making Life Safer: Alaska Programs for Preventing Injuries. The video highlights four innovative community-based injury prevention initiatives developed by tribal health organizations for injury prevention. The programs address helmet use, dog-bite prevention, personal floatation device promotion and instruction, as well as smoke detector installation and maintenance.

In the video, residents of Ruby, New Stuyahok, Dillingham and Sitka talk about life-saving events and the need for prevention. Copies are being distributed to Alaska Native tribal organizations, national tribal health organizations and health leaders for viewing with village councils, health boards and other interested parties. For more information, contact Helen Andon, at (907) 729-3513.



Communities celebrate clinic openings in Stebbins & St. Michaels

by Carol Gales,
Kanigsirugut News

Sunshine and happy smiles set the stage for two clinic grand openings in the Bering Strait region May 1.

The villages of Stebbins and St. Michael, separated by eight miles of road, each hosted more than 40 representatives from the Denali Commission, Norton Sound Health Corporation, the Alaska Native Tribal Health Consortium, and an array of state agencies for the twin events.

In Stebbins, 100 people gathered in the school gym to hear words of congratulations before walking to the nearby clinic for a ribbon cutting and tour.

"We're delighted to be a part of your success," Lt. Gov. Loren Lehman, co-chair of the Denali Commission, told the crowd. "This is an example of good coming out of bad."

The Denali Commission was one of the funders that came to the rescue after Stebbins' former clinic burned to the ground Feb. 9, 2002. Since



Elder Christine Steve cuts a ribbon for the new Stebbins clinic. The ribbon was held by Morris Nashoanuk (left), Stebbins Community Association president, and Bob Ferris (right), Stebbins mayor.

Photos courtesy of Kanigsirugut News



The new St. Michael clinic was built with the help of Denali Commission funds.

then the community has been forced to provide health services from a makeshift clinic in a trailer.

The new 2,800-square-foot clinic was built with a standard design NSHC's Capital Projects Office created after surveying the needs of village clinic employees and traveling Nome staff.

"I'm sure our health aides will appreciate more than anyone else having a new, modern, clean, efficient, and safe place to work," Mayor Bob Ferris said.

Paul Sherry, chief executive officer for the Alaska Native Tribal Health Consortium, praised NSHC for being among the leaders in the state in organizing to build health care facilities.

Jeff Staser, Denali Commission co-chair, delivered a message from Sen. Ted Stevens, who was behind the creation of the Denali Commission.

"He's told us not to build anything unless the community wants it, needs it, and will take care of the building for the children of the future," Staser said. "We're here to ask you to do your part and make sure as we build things that they are taken care of into the future."

Among those recognized at the event were the Stebbins clinic construction crew, those who handled grantwriting, and the village's governing entities, which worked together to get funding.

The ribbon for the new clinic was cut by Stebbins elder Christine Steve, who in her many years as a midwife delivered over 200 babies. "Sometimes I delivered two in one night," she told the crowd. "It was hard."

Stebbins named its clinic Taparrmiut Yungcarviat, which means "place of healing for the community of Stebbins."

After some refreshments at the community hall in Stebbins, the visitors flew to nearby St. Michael, where a crowd had gathered outside the new clinic there.

Lehman cut the ribbon to the building after words from a series of speakers.

"We're very proud of this project and we're very proud of our construction workers," said Joe Cladouhos, president and chief executive officer at NSHC. "We look forward to many, many years of being good stewards of this building."

St. Michael had hired a firm to supply materials and design its clinic and five years ago had purchased most of the needed building materials—but then learned the design didn't meet funders' guidelines.

The Denali Commission agreed in 2000 to fund completion of the project. ANTHC staff supervised construction, using information from NSHC's survey of clinic



ANTHC CEO Paul Sherry, at the Stebbins Clinic grand opening, presents a small basket to community leaders. "It can't hold a lot of money, but it may hold a lot of hope and confidence for the future of health care in your community," Sherry said. Stebbins Mayor Bob Ferris looks on.

needs in the region. The new building is an addition to the former clinic building, which will likely be converted to lodging for visiting health care providers and offices.

St. Michael transferred the name of its old clinic to the new building: the Katherine L. Kobuk Memorial St. Michael Health Clinic. Kobuk was long a midwife and worked as an NSHC health aide for 16 years.





Manokotak gets 57 free gun safes from health corporation

By Craig Dirkes
Bristol Bay Times

When Bristol Bay Area Health Corporation injury prevention specialist Ward Jones walked into the house of Manokotak resident Wassillie Tugatuk Sr. in October, the first thing Jones wanted to know was how many guns were in the home and where they were.

The answer was nine, but they were all gone at the



Wassillie Tugatuk, Sr., at his home in Manokotak. Tugatuk was first on the list of 36 to receive a gun safe from the BBAHC Injury Prevention Program.

moment—Tugatuk's boys were using them in the field.

No matter. Jones and BBAHC safety trainer Mary Clark were there to initiate the delivery of gun safes to 37 of the village's 79 households, a task that would be finished by village public safety officer Melvin Andrew and tribal police officer Edward Nick. Once Tugatuk's boys got back, the guns would no doubt find their new home. His new safe had a 10-firearm capacity.

But then an interesting thing happened. On his way upstairs, Tugatuk found a shotgun, and hiding in a corner was a rifle. Two guns were unaccounted for and lying around the house, a potentially lethal circumstance.

But that's not to say that Tugatuk is negligent. Like many village homes, the presence of guns lying in plain view is no more unusual than a family room television set. With funds often limited, money for a gun safe would be better spent on heating oil or for putting food on the table.

Jones, one village at a time, one home at a time, is trying to fill that void. He said that generally speaking, village homes are two to four times more at risk for serious or fatal injuries due to firearm discharges by children up to the age of 19 than Anchorage households; incidents occurring collectively in Alaska are nearly twice the national average.

The 37 households were selected randomly by Edward Nick, who drew numbers out of a hat.

"We thought of using a bingo machine, but this is probably less of a hassle," Jones said.

The 57 gun safes—some houses will require more than one—were secured for distribution through the efforts of BBAHC, the Alaska Native Tribal Health Consortium and the Alaska Department of Community Health and Emergency Medical Services.

The safes are part of an experiment that Jones will follow up with in six months and again in one year. He wants to find out if and how many of the safes will be used consistently, which is one step toward reducing accident-related firearm injuries and fatalities, and another toward halting intentional incidents of outright violence.

But why not just use trigger locks? They're cheaper, a lot less bulky and, when used properly, still render a

MORE STATEWIDE NEWS

New funds garnered for village-based provider training

Several important new sources of funds have been approved as part of the Alaska Native Tribal Health Consortium's strategy to finance 100 new village-based health jobs by 2005. Congress authorized the Indian Health Service to direct \$5 million of Alaska Federation of Natives wellness funds to ANTHC to support 50 new Behavioral Health Aides. Community Health Services staff will meet with tribal health directors to begin planning for location, training and certification of the new Aides. CHS staff is developing curriculum for training of Behavioral Health Aides, Dental Health Aides, and Personal Care Attendants for Native elders. In addition to the new federal funds, two private foundations have announced awards to the Consortium for this effort. The Ford Foundation awarded \$200,000 over the coming two years, and the Paul G. Allen Charitable Trust awarded the Consortium a three-year grant for \$600,000.



Continued on Page 11

DEHE superintendents gather for annual preconstruction season meeting

ANTHC Staff Reports

The superintendents responsible for overseeing the construction site activities of Alaska Native Tribal Health Consortium projects met April 21-25, 2003, in Anchorage to prepare for the 2003 construction season and update their skills.

These sanitation and health facility projects improve water, sewer, solid waste, and health clinic services throughout rural Alaska.

Superintendents typically work from May through mid-December, during the height of the busy Alaskan construction season. The annual meeting is an important venue for exchanging safety, environmental, construction, human resource, and administrative information prior to the start of the construction season, and was attended each day by a mixture of 50-75 field and office staff from the Division of Environmental Health and Engineering.

An entire day was spent training on heavy equipment at one of the state's largest retailers of Caterpillar equipment. The superintendents learned

about equipment safety, operation and maintenance during a morning session, and operated a bulldozer, front end loader, and excavator during an afternoon session. The training

provided the superintendents with the skills necessary to instruct local force account construction crews in safe

Continued on Page 11



Miroslaw Gizinski, Superintendent I in the Western Region of DEHE, in a CAT Backhoe.

File photo

SEARHC Déilee hít program funded

Through the efforts of Senators Murkowski and Stevens, SEARHC is receiving funding to reopen the Déilee Hít (Safe Harbor House) Program. This residential substance abuse program aimed at women with children has proven extremely successful in the past, allowing women to bring their children to the treatment center. The program was temporarily "hibernated" at the end of last year when its grant funding expired.



Congratulations to Florence Burton, Inupiaq from Nome, who just finished her nursing degree at UAA.



MORE STATEWIDE NEWS

ANMC welcomes dermatologist

Alaska Native Medical Center has added dermatology to the list of specialty services it provides its patients. John H. Bocachica, MD, a board-certified dermatologist and Fellow of the American Academy of Dermatology, began work at ANMC in November as Chief of Dermatology and Teledermatology, in the department of Internal Medicine.

Dermatology had been identified as a significant need in the provision of optimal healthcare to ANMC patients. Bocachica uses Telemedicine to help implement and develop a statewide system of teledermatology. Telemedicine allows rural and regional clinicians to transmit consultations via high-resolution images to a specialist who can accurately consult on a patient hundreds of miles away.

Bocachica received his medical degree at the State University of New York at Stony Brook School of Medicine, graduating with honors as a Robert Wood Johnson Scholar in an accelerated three-year program. Bocachica served at ANMC in the late 1970's and early 1980's and as a Field Physician for Sand Point, Bethel, Kotzebue, Nome, Nelson Lagoon and St. Paul. One of his greatest joys now is meeting old friends and patients that remember him from years ago.



Southeast behavioral health programs accredited

SEARHC's Behavioral Health programs underwent a Commission on the Accreditation of Rehabilitation Facilities (CARF) review in January. SEARHC received notification that it has received a three-year Accreditation Certificate for these programs. CARF stated that "your organization should take pride in achieving this high level of accreditation" and "the governance authority of SEARHC is dedicated to working collaboratively with administration in providing innovative and excellent treatment programming for the population of Southeast Alaska."



Alaska Native death rates declining

Still exceed US rates, but have declined 20 percent in the last 20 years

The death rate from all causes for Alaska Natives is 60 percent higher than US Whites. This disparity in mortality was documented by a recent study of death certificates for the 10-year period, 1989-1998.

The top ten causes of death are listed in Table 1. More than half, 52 percent, of all Alaska Native deaths were from one of three causes—cancer, unintentional injuries, or heart disease. Among US Whites, the leading causes were heart disease and cancer, accounting for 57 percent of all deaths. Compared to US Whites, Alaska Natives had higher death rates for eight of the 10 leading causes of death. The greatest difference in deaths between the two populations was for injuries. Alaska Natives were four times more likely to die from unintentional injuries, four times more likely to die from suicide, and three times more likely to die from homicide, than US Whites. Although Alaska Native rates for heart disease and diabetes currently do not differ from the US, there is need for concern. Diabetes deaths are increasing markedly, and heart disease death rates are declining in the US, but not among Alaska Natives.

We examined causes of death by each age group. Although death rates were higher for Alaska Natives than for US Whites for all age groups, the greatest difference was among persons under 45 years of age. Alaska Natives under 45 had a 270 percent greater risk of death than US Whites. Injury-related deaths were responsible for nearly 70 percent of these deaths. Persons over 45 years of age had a 30 percent higher death rate due to chronic diseases—cancer, heart disease, stroke.

Progress has been made over the 20-year period, 1979-1998. Alaska Native death rates declined 20 percent, a larger decline than that of US Whites. Overall improvement in death rates for Alaska Natives was primarily due to a 40 percent decrease in deaths from unintentional injuries, the second leading cause of Alaska Native deaths. Homicide rates declined markedly (250 percent), but had less effect on lowering overall mortality because homicide accounts for fewer deaths each year. Extensive community injury prevention efforts by the Tribal Health Corporations, and the Indian Health Service, and the introduction of local option laws for alcohol control appeared to have been important factors in decreasing death rates. Unfortunately, rates for suicide did not change for Natives over the 20 years of the study.

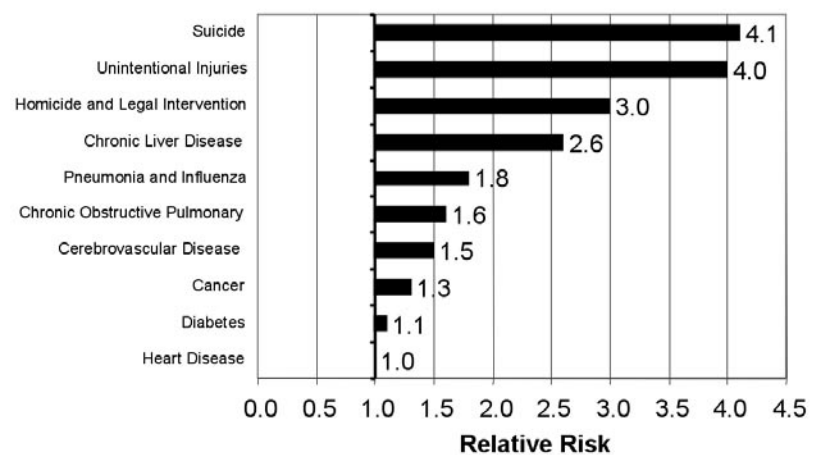
Despite overall improvements, rates for several causes of death among Alaska Natives increased—cancer 11 percent, stroke 36 percent, chronic obstructive lung disease (bronchitis and emphysema) 300 percent, and

Table 1. Leading Causes of Death for Alaska Natives and US Whites, 1989-1998

Cause of Death	Alaska Natives			US Whites		
	#	%	Rate [†] per 100,000	#	%	Rate [†] per 100,000
1 Cancer	1087	18.3%	163.7	461904	23.7%	129.4
2 Unintentional Injuries	1033	17.4%	118.6	75218	3.9%	29.6
3 Heart Disease	982	16.5%	143.4	655365	33.6%	139.9
4 Suicide	445	7.5%	49.7	28035	1.4%	12.0
5 Stroke	269	4.5%	36.4	129992	6.7%	24.6
6 Chronic Pulmonary	233	3.9%	34.4	93615	4.8%	21.9
7 Pneumonia and Influenza	182	3.1%	23.7	73720	3.8%	12.9
8 Homicide	160	2.7%	18.0	12286	0.6%	6.0
9 Liver Disease	143	2.4%	19.6	21348	1.1%	7.6
10 Diabetes	86	1.4%	12.5	43461	2.2%	11.0
All Other Causes	1326	22.3%	159.8	356493	18.3%	90.3
Total - All Causes	5946	100.0%	779.8	1951437	100.0%	485.1

†Age-adjusted to 1940 standard million

Table 1. Alaska Native risk of dying from each of the 10 leading causes of death as compared to U.S. whites, 1989-1998



diabetes mellitus 350 percent. Among Alaska Natives, as elsewhere, a large proportion of chronic disease deaths are due to smoking. In the US, it is estimated that smoking accounts for 21 percent of all heart disease deaths, 87 percent of lung cancer deaths, and 82 percent of deaths from chronic pulmonary disease. Behavioral Risk Factor Survey data show that 40 percent of Alaska Natives currently smoke as compared to 24 percent of Alaskan Non-Natives, and 23 percent nationwide. These deaths are preventable. Clearly, a comprehensive tobacco control program is needed in the Alaska Native health system.

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Congress may increase IHS budget cap

ANTHC Staff Report

The budget cap for the Indian Health Service has recently been raised by 10 percent, or \$292 million.

This means that the budget committees in Congress have given authority to the appropriations committees to appropriate this amount of money. However, the money hasn't actually been appropriated, yet. It is up to Senator Stevens and other members of the appropriations committees in Congress to decide whether or not to fund some or all of this additional amount of money.

The idea of increasing the IHS budget cap and appropriating by 10 percent is not new. Last year, the Senate Committee on Indian Affairs, under the Leadership of Senator Daniel Inouye of Hawaii and

Senator Ben Nighthorse Campbell of Colorado issued a bipartisan "views" paper stating that "an additional \$300 million is needed to begin to address the disparities in the health status of American Indians and Alaska Natives and the rest of America."

Earlier this year, Senator Lisa Murkowski brokered a deal to make this idea a reality by joining Senator Campbell in sponsoring an amendment to the budget resolution making this change, which was introduced by Senator Nickles of Oklahoma, Chairman of the Senate Budget Committee, and which was adopted by the Senate by a voice vote.

Shortly thereafter, Senator Grassley of Iowa, Chairman of the Senate Finance Committee, successfully defended the Murkowski-Campbell increase in the IHS budget cap in

the budget resolution conference committee between the House and Senate. The conference agreement was subsequently approved by the House by a majority vote, and by the Senate by a 51-50 majority vote, with the Vice-President casting the deciding vote.

While the 10 percent increase in the IHS budget cap is encouraging, it is not mandatory, and it remains to be seen whether Senator Stevens and his colleagues on the appropriations committees will actually appropriate some or all of this new money.

If appropriated, experts estimate the \$292 million increase in IHS funding could result in additional funding for Alaska Native health entities in the amount of between \$30-\$80 million per year.





YKHC holds tenth Tribal Gathering

by Michael Faubion,
YKHC Messenger Newsletter

Representatives from all corners of the YK Delta came to Bethel April 1-3 for the Yukon-Kuskokwim Health Corporation's (YKHC) tenth Tribal Unity and Traditional Medicine Gathering, held at the Yupiit Piciryarait Cultural Center.

The main order of business was to hear progress reports from YKHC's health care and community services programs and to set health priorities for the coming year. The agenda was not all business, however. A special highlight of Day One was a morning performance by the modern Yup'ik music and dance group Pamyua. It was a homecoming of sorts since the leaders of the group, Phil and Steve Blanchett, grew up in Bethel. The brothers introduced their Anchorage-based back-up musicians as honorary villagers. The hour-long set ranged from a quietly moving solo by lead singer Karina Moeller to a rousing, and rocking, drum and dance number that had audience members joining in.

Serious work got underway with President Gene Peltola's message that included expectations of continuing improvements in the future, but also a caution that



People had opportunities to work in small groups to discuss what YKHC has been doing well, and what still needs to be done to improve the health status of the people.

the planning and fund-seeking process to build a Primary Care Center in Bethel. This outpatient facility would move the current clinic hallways out of the hospital, leaving room for a nursing care wing.

Considerable time was spent on Day Three in workshops and focus groups intended to gather input on what a Primary Care Center should include. Results of the workshops will be studied and put into a set of recommendations for designing the scope and function of the Center.

Participants gathered in groups early in the conference to list things they believed YKHC was doing right—positive accomplishments in providing health care. These ranged from the scope of health aide training to the construction of subregional clinics to better patient travel services.

But with the setting of priorities, the participants made it clear there is still room for improvement. People put the need to further address alcohol and drug abuse among their top priorities, as well as ongoing sanitation system needs and environmental hazards. Quality of care, especially for Elders, still needs to be improved. People want their providers to listen to them, treat them with respect, and take enough time with them so they don't feel rushed.

Many of the changes YKHC has made in the past 10 years are a result of priorities from Tribal Gatherings. This year's priorities will also serve as a guide for YKHC future planning.



Karina Moeller and Phillip Blanchett performed with their musical group Pamyua at the Yupiit Piciryarait Cultural Center as part of YKHC's tenth Tribal Unity & Traditional Medicine Gathering in Bethel.



YKHC Staff Development Manager John Chase facilitates a focus group.

with Washington D.C. priorities lying elsewhere these days, funding for health care projects in our region may become more scarce.

On the positive side, YKHC is committed to implementing and continuing employee education projects to train local people for health-care related careers. "Growing our own," is the policy of this corporation, Peltola said.

Following up on one of last year's top priorities, a regional nursing home, Peltola said YKHC is initiating

MORE STATEWIDE NEWS

Together we make a difference—

ANMC gives thanks to volunteers and clergy

On April 21, 2003 about 200 people attended a celebration recognizing the many contributions of volunteers and clergy at Alaska Native Medical Center. A warm thanks went to the hundreds of people who help with everything from saying prayers and giving rides to cancer patients, to holding newborns and reading to children.

A few individuals have each put in decades of volunteer service at the ANMC Gift Shop. The first three are the Gift Shop managers: Agnes Coyle, 35 years; Jeanne Dougherty, 28 years; Karin Vogler, 24 years; and Carole Solheim, 19 years. Their efforts led to the creation of the arts and crafts displays throughout the hospital. Named the Heritage Collection, the displays bring a sense of pride to patients and staff alike and add to the healing atmosphere of the hospital.

ANMC also appreciates the commitment of the more than 25 members of the clergy who serve the spiritual needs of patients and their families. This group also includes several people with a long history of service to ANMC: Rev. Norman Elliot, 30 years; Rev. Betty Lou Anthony, 25 years; and Fr. Peter Chris, 8 years.

Along with expressions of gratitude from tribal leaders and hospital

Continued on Page 10

Some of YKHC tribes' top healthcare priorities

- Alcohol and drug abuse
 - a. Bootleggers
 - b. Inhalants
 - c. Substance Abuse (Root of Problem)
- Children and elder neglect and/or abuse.
- Water/sewer and sanitation.
- Runway lights for emergencies. Better airports. Transportation for patients.
- Need to control dust in Bethel and the surrounding villages to prevent asthma and bronchitis.
- Upgrade and expand clinics—communities are growing.
- Supply Health Aides with adequate equipment to match their skill levels.
 - a. Telemedicine machines need to be installed and working.
 - b. Better coordination between village clinics and regional hospitals.
- Quality of Care
 - a. Needs to improve based on recommendations from Tribal Gathering
 - b. Health Aides need stress debriefing counselors
 - c. Decrease misdiagnosis
- d. More Behavioral Health counselors
- e. Treat the treatable instead of prolonging the illness
- f. Need more Health Aides.
- Education on usage of medication, i.e. how to use them, how long to stay on medication.
- More community wellness programs
- Sex education in homes and at school
 - a. Too many early pregnancies.
 - b. Teach parenting skills with our youth and be a role model.
 - c. Education on smoking and chewing to the public.
- Waiting time is too long to be seen for exam and at pharmacy. Patients without Medicaid not being able to eat when in hospital. Cafeteria food is too expensive.
- Need patient education in schools. Include alcohol counselors and safety education.
- Need parent education including Behavioral Health for parent involvement. Need positive attitude along with village towards each other.
- Need quicker response from medevacs.



MORE

STATEWIDE NEWS

managers, the celebration featured refreshments, gifts, and music by the Air Force Band of the Pacific and the Alaska Brass Band. The celebration was made possible through the generosity of the Alaska Native Tribal Health Consortium and Southcentral Foundation, co-managers of ANMC; Aleutian/Pribilof Islands Association; Kawerak, Calista, Arctic Slope Regional Corporation; Chugach Alaska Corporation; CIRI, Inc.; Wells Fargo; KNBA, and Corporate Express.



Health Services and Facilities Master Plan

Staff of the Alaska Native Tribal Health Consortium's Division of Environmental Health and Engineering met with several statewide agencies and committees to initiate development of a new Alaska Health Services and Facilities Master Plan by mid-2004. Additional funding will be needed to complete the plan as envisioned, as well as substantial cooperation with all the tribal health organizations and the State of Alaska.



SEARHC economic report published

An economic study recently completed by the McDowell Group of Juneau indicates that SEARHC is Southeast Alaska's largest private sector employer and is a major force in the regional economy. The study investigates SEARHC economic and programs impacts throughout southeast Alaska. It reports that SEARHC accounts for an annual average of nearly 1,000 jobs in Southeast Alaska and nearly \$39 million in payroll.

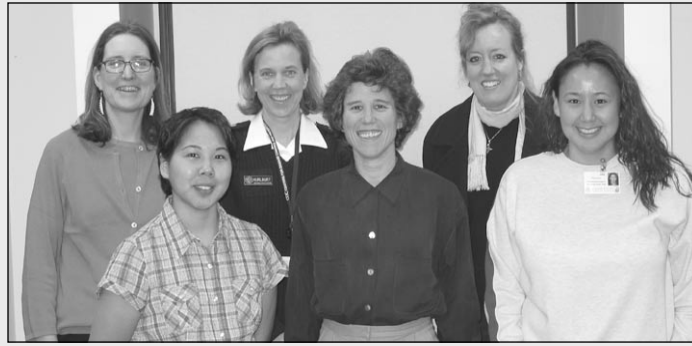


GOING BOATING?



WEAR YOUR PFD!

Pneumococcal research staff gets training



NARCH pneumococcal study research staff. Left to right: Mary Krevans RN (Bethel), Stephanie Aluska (Kotlik), Debby Hurlburt (Anchorage), Rosalyn Singleton MD (Anchorage), Lori Leonard PhD (Johns Hopkins) and Florence Burton (nursing student, Anchorage).

Recently, members of the research staff studying pneumococcal prevention met for training in interviewing techniques with Dr. Lori Leonard from Johns Hopkins University. The Alaska Native Tribal Health Consortium (ANTHC) is the recipient of several Native American Research Centers for Health (NARCH) grants. One of these grants is "Pneumococcal Prevention in Alaska Native Adults." The purpose of this research grant is to:

- describe characteristics of pneumococcal disease in Alaska Native adults,
- to evaluate the impact of pneumococcal vaccine in a recent decrease in adult pneumococcal disease,
- determine rates of pneumococcal and influenza immunization in Alaska Native adults, and
- understand barriers to pneumococcal immunization.

Suicide Prevention Plan released for comment

Plan & new web site offer concrete goals & strategies for preventing suicide in Alaska

Alaska Department of Health and Social Services Press Release

The Statewide Suicide Prevention Council recently released the Draft Alaska Suicide Prevention Plan. The Plan provides general information about suicide in Alaska, 11 suicide prevention goals and strategies, concrete ideas for any individuals or groups interested in becoming involved in suicide prevention, and a feedback form. The public is invited to comment on the Draft Alaska Suicide Prevention Plan from now until June 30, 2003.

The Statewide Suicide Prevention Council developed the Draft Alaska Suicide Prevention Plan using input gathered from Alaskans statewide, provider organizations, and from existing Alaska and national plans. Council members held quarterly meetings and listening sessions in rural and urban locations across the state to gather local and regional

information, concerns, and ideas from the general public, professional agencies and providers.

New web site offers suicide prevention info and strategies

The Council also unveiled its new website, www.hss.state.ak.us/suicideprevention, which complements key elements of the Draft Plan. The website provides all Alaskans with a central resource on Alaska suicide data, resources, and information. It also provides links to national organizations and resources, as well as links to related resources such as information on depression. Users can also access the Plan, as well as the Council's Annual Reports. Annual reports provide useful information about suicide in Alaska, along with recommendations on suicide prevention.

Public comment until June 30, 2003

The public is invited to comment on the Draft Alaska Suicide Prevention Plan from now until June 30, 2003. This input will help the Council develop approaches to prevent suicide that work in Alaska.

Copies of the Plan are available from the Statewide Suicide Prevention Council at (907) 269-4615, PO Box 240249, Anchorage, AK 99516. Individuals can also provide on-line feedback at the website or by emailing comments to suicideprevention@health.state.ak.us.

Other Online information

Draft Alaska Suicide Prevention Plan (pdf): <http://www.hss.state.ak.us/suicideprevention/Draft%20Alaska%20Suicide%20Prevention%20Plan.pdf>

Provide on-line feedback on the Draft Plan

http://www.hss.state.ak.us/suicideprevention/Plan_feedback.htm

Email feedback on the Draft Plan suicideprevention@health.state.ak.us

For more information, please contact

Ross Soboleff, Public Information Officer III, Department of Health and Social Services. (907) 465-1611

Or

Merry Carlson, Suicide Prevention Council Coordinator, (907) 269-4615



If you have...

- Medicaid, Denali KidCare, Medicare,
- Veteran status, health insurance or
- Workers' Compensation

you can help build a strong Alaska Native health system for you, your family and future generations.

New questions

When you go to a local clinic, health center or hospital, the clerk or community health aide may ask if you have health insurance or other health resources. If you have been injured in an auto collision, the clerk may ask you to provide the name of the auto insurance carrier of the responsible party.

Please help maintain a high level of care by providing the needed information. It takes only a few minutes, won't cost you anything, and can make a big difference in the service provided to you and your family.

Why?

Ultimately, it brings money into our Native health care system. The Indian Health Service can provide only part of the cost for everyone eligible for care through the Native health system. Native health care providers make up the difference by billing federal, state, and private insurance companies for those of our patients who are covered.

It's easy!

This happens at no cost or inconvenience to you. If you have private insurance, the medical clinic waives the co-pay. And the cost of services you receive here can be applied to your private insurance deductible.

How can you help?

Have information on your insurance policy or eligibility for other resources handy. Be patient as we work to determine whether you are eligible for or already have health resources in place. We also encourage you to sign up for insurance if you're eligible for it.

**Alaska Natives operate the Alaska Native health system now.
Help us make it as strong as possible for you, your family, and future generations.**



Personal Health

It's not when, it's how much you eat

Here is some information to dispel the myth that eating after 8 p.m. causes weight gain: Fact: It doesn't matter what time of day you eat—it's how much you eat during the whole day and how much exercise you get that make you gain or lose weight. No matter when you eat your meals, your body will store extra calories as fat. If you want to have a snack before bedtime, make sure that you first think about how many calories you have already eaten that day. Try not to snack while doing other things like watching television, playing video games, or using the computer. If you eat meals and snacks in the kitchen or dining room, you are less likely to be distracted and more likely to be aware of what and how much you are eating. If you want to snack while watching TV, take a small amount of food with you—like a handful of pretzels or a couple of cookies—not the whole bag.

From a U.S. Department of Health and Social Services bulletin.

Superintendents meeting

Continued from page 7

equipment operation.

Regulations regarding how construction crews must respond upon discovering potentially significant cultural artifacts or areas of potential archeological significance were reviewed during the meeting.

First aid, cardiopulmonary resuscitation, and the use of an automated external defibrillator were taught, and the instructor's humorous approach to these serious subjects kept the superintendents engaged.

Maintaining the health of construction workers included instruction on the proper use of respirators, Hepatitis A and B vaccinations and testing, and hearing tests.

Many of the Superintendents received additional training April

28-29. Ten construction safety topics were taught, which resulted in 35 attendees receiving Occupational Safety and Health Administration 10-Hour certification cards. The certification is a construction industry standard that provides workers with knowledge of basic construction site safety, thereby helping to reduce the number and seriousness of construction-related injuries. The training emphasized safe trenching practices and how workers can protect themselves from falling when performing activities above the job site. Trenching and fall injuries are leading causes of potentially serious construction injuries.



Gun safes

continued from page 5

gun's discharge impossible.

"We're not doing trigger locks. We already did a study and found they're not as effective as gun safes," Jones said.

That study was conducted two years ago by BBAHC. Twenty gun safes and 20 trigger locks were each given to the villages of Togiak and New Stuyahok.

"We found that gun safes were used more. With trigger locks, every

gun needs a key. What a pain," Jones said.

He said Manokotak was selected because it is a village near Dillingham where freight costs could be kept relatively low, which maximized the number of cases he could distribute.

Of the 57 safes, half were large and the other half small. The larger safes hold about 10 guns and cost about \$200, including freight. The smaller ones cost \$117.



Consolidation

continued from page 1

sized of its own accord, reducing the number of FTEs at its headquarters by 60 percent between 1993 and 2001. Julia Davis, chair of the National Indian Health Board, told the committee that any further downsizing would be a "catastrophe."

Davis added that the seven months available for tribal consultation on One-HHS was inadequate. Though HHS soon could finalize the department structure, Committee Chairman

Ben Nighthorse Campbell (R-Colo.) urged for consultation to be extended, questioning the practicality of HHS' goal to be able to speak with "one voice."

"When [HHS] speaks with one voice, it's a majority voice, which leaves a lot of people out in the cold."

As for the Indian health care re-authorization, the bill (S. 556) has been introduced by Campbell. However, Indian health leaders are still working on changes to reflect HHS Secretary Tommy Thompson's concerns that some of the bill's pro-

visions will entail high costs, Davis told NAR. They plan to have a substitute bill ready this month to update the current bill.

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CALENDAR

May

- 12-16 Alaska Tribal Health Compact Final Negotiations, Rooms 311-313, Inuit Building.
- 19 Anchorage Service Unit, 10 a.m. – 3 p.m., location TBA
- 19-24 Norton Sound Health Corporation Board Meeting, Nome
- 20 Alaska Telehealth Advisory Council, Seward Windsong Lodge (Info: Doania 907-729-1936)
- 21-23 21st National Conference on Health Education & Health Promotion, Sheraton San Diego Hotel & Marina (Info: www.astdhppe.org)
- 22-23 ANHB Epi-Center IRB Workshop, Sheraton Anchorage Hotel.
- 26 ANTHC OFFICES CLOSED for Memorial Day.

June

- 6 Denali Commission Health Steering Committee, 9 a.m. – 1 p.m., Washington, DC, Office.
- 9 Village Services Management Team, 11 a.m. – 3 p.m., SCF Board Room.
- 10 Southcentral Foundation Regular Board Meeting, SCF Conf. Rm., 9 a.m. – 4 p.m.
- 11-12 YKHC Executive Board meeting, Bethel.
- 13 ANTHC Health Research Review Committee, 10 a.m. – 2 p.m., Rm 311, Inuit Building.
- 17-18 ANTHC Board meeting, Kodiak
- 19 Medical Services Networking Committee, times/location TBA.
- 23-24 Tribal Self-Governance Advisory Committee, Seldovia.
- 25-26 Pediatric Critical Care Conference, ANMC Conf. Rmss 1 & 2 (Info: Roberta Webb 729-1076)

July

- 1 Southcentral Foundation Executive Committee, SCF Conf. Rm., 10 a.m. – 2 p.m.
- 4 ANTHC OFFICES CLOSED for Independence Day.
- 14-16 ANTHC Business Office Managers workshop, UAA Commons, Room 107.
- 21-13 Covering Kids & Families Site Visit for RWJF Alaska's Covering Kids four-year grant.
- 22-25 SEARHC board meeting.

Nominations for nursing awards open

The National Council of Nurse Administrators (NCONA) is seeking nominations for its 2003 Nursing Awards. The awards will be presented at the NCONA conference on July 16, 2003 at Albuquerque, New Mexico.

These awards provide the opportunity to recognize nursing achievements and tell others the wonderful things done by nurses in Indian Health Service, tribal and urban programs. Take a moment to nominate a nurse that exemplifies nursing excellence.

Categories:

- Nurse Administrator
- Advanced Practice Nurse
- Clinical Nurse
- Licensed Practical Nurse
- Ancillary Nurse Assistant
- Nursing Group
- Special Friend of Nursing

For nomination forms and more information, contact:

Judy Enyart, Chair
National Council of Nursing
Five Corporate Plaza
3625 N.W. 56th Street
Oklahoma City, OK, 73112
Phone: 800-447-7036
E-Mail: judy.enyart@mail.ihs.gov.



Savoonga water/sewer project garners environmental engineering award

ANMC Staff Report

While the residents of Savoonga on St. Lawrence Island have been enjoying the benefits of piped water and sewer, the project's engineers have been enjoying a share of national recognition for excellence in environmental engineering.

The Academy of Environmental Engineers recently bestowed its Grand Prize in the category of Operations/Management to the Alaska Native Tribal Health Consortium's Department



Above: Mitchell Kiyaklook washes his hands in one of the first homes to receive running water after completion of the Savoonga water project. Right: The Savoonga sanitation system includes a well, water treatment plant, storage tank and above-ground pipes.

of Environmental Health & Engineering, a distinction which includes them among award winners all across the country.

"Savoonga was a great project and this award is a most excellent first for DEHE, said Division of Environmental Health and Engineering Director Steve Weaver. "National recognition for Savoonga showcases DEHE's cooperative project management style of combining community involvement and arctic engineering talent to create successful water and sewer projects throughout the State."

"I'm pleased about that award," said Savoonga Vice Mayor Myron Kingeekuk, who was involved with the project from its start. "We really want to thank Pierre Costello for retiring our honeybucket here in Savoonga. He's the one that helped us a lot even though we give him a hard time whenever he gets over here."

Savoonga's water/sewer system, a five-year \$12.7 million project completed in 1992 demonstrates how engineers must adapt to the harsh and unusual environment of Bush Alaska. To prevent water and sewage from freezing in the above-ground pipes (permafrost prohibits running the pipes underground), treated water is heated in a central plant and con-

tinuously circulated in two six-inch water mains, which lie on either side of a vacuum sewer line. All three lines run through insulated utilidors.

The system was mostly constructed by Savoonga residents themselves. There are 180 homes on the system and almost three miles of pipes connecting them.

In selecting winners for its awards, the Academy of Environmental Engineers considers what it takes to be the best in environmental engineering practice—a holistic environmental perspective, innovation, proven performance and customer satisfaction, and contribution to an improved quality of life and economic efficiency.

By providing modern sanitation, the quality of life for the 650 residents of Savoonga, where darkness and winter climate are the norm, has been substantially improved.

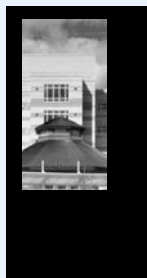


DEHE engineers Pierre Costello, P.E., Project Manager, and Rear Admiral Robert Williams. Costello is holding a baleen and ivory carving of a man over a honeybucket. The carving is by Mitchell Tooley of Savoonga but with a laugh, Savoonga's Vice Mayor Myron K. Kingeekuk admits it was his idea. "When we gave it to him [Costello], he didn't even know what to say."

File photo.



Photos by Raymond Solomon



Maternal Child Health Tertiary Center

Pediatric Critical Care Conference

June 25 & 26, 2003

Alaska Native Medical Center
4315 Diplomacy Drive

TARGET AUDIENCE

This conference is for all healthcare professionals caring for children in the intensive care environment.

OBJECTIVES

At the completion of this program, the student will be able to:

1. Discuss the management of common illnesses and injuries seen in children cared for in the PICU.
2. Apply current research and technology in the care of the critically ill or injured child in the PICU.
3. Discuss barriers to and strategies for collaboration in the PICU between healthcare providers and parents.
4. Discuss the purpose and application of clinical guidelines.
5. Apply current research to the early detection, prevention and management of child abuse.
6. Outline three issues to consider when providing court testimony.

To Register: 907-729-2936

E-mail: cwilliams@anthc.org

CONFERENCE AGENDA

Wednesday – June 25, 2003

8 a.m. Registration, visit Sponsors, continental breakfast, door prizes!

8:30 Diabetes Insipidus, David Ray Hardy, MD

9:30 Future of Clinical Information Systems, Thomas D. East, PhD

10:30 Developing Collaborative Relationships with Caregivers, Robert Chaney, PhD

12 p.m. Lunch (on your own)

12:45 Traditional Healing, Ted Mala, MD

1:30 Acute Pediatric Pain Management, Sandy Sentivaney-Collins, RN

2:45 Chronic Pediatric Pain Management, Sandy Sentivaney-Collins, RN

3:45 State Pediatric Head Trauma Task Force-Guideline Development, Frank Sacco, MD

4:35 SIADH, David Ray Hardy, MD

Thursday – June 26, 2003

8 a.m. Preparing Healthcare Providers To Testify In Court, James Crawford, MD & Nancy O'Malley, JD

10:15 Breakout Session (Choose one)

Workshop #1: When Is Enough Enough? Development & Implementation of a Methadone Weaning Protocol, Gene Hampton, PharmD & Romina Patel, PharmD

Workshop #2: Non-Conventional Ventilators (SensorMedics 3100A & Bronchotron), Katy Sabato, MS, RRT

11:15 More on Child Abuse, David Ray Hardy, MD

12 p.m. Lunch (brown bag lunch) Oxygen Transport, Heidi Flori, MD

1:15 The Nicholas Effect: A Boy's Gift to the World, Reg & Maggie Green

2:15 Breakout Session (Choose one)

Workshop #1: Special Delivery: Heliox & NO, Katy Sabato, MS, RRT

Workshop #2: ICP Monitoring, Phyllis Goodwin, RN, MSN, CCRN

3:30 Sleep Deprivation in the Patient Care Provider, Buff Burtis, MD

4:30 Relaxation Techniques for Caregivers, Robert Chaney, PhD

5 p.m. Adjourn