

MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

NOTES

Tetlin Community Health Aide retires after 35 years



Kathleen Mark, Tetlin

Kathleen Mark, Tetlin Community Health Aide (CHAP), retired in June 2002. She began her CHAP career as a volunteer in 1967. In an interview with Catherine Charlie, CHAP Secretary at Tanana Chiefs Conference, Mark described changes over the years, and rewards and hardships of being a CHAP.

Facilities

In 1974 we had to keep the medicine in our house because back then no clinic was built. During the winter months we had to keep the stove going through the night so the medicine don't freeze. 1980 they built a washeteria they made a small area for me to work in so this was where I worked. 1982 they built a clinic with one exam room. A small place but it works for us. Now they plan on having a new clinic.

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Building sustainability for a stronger utility through economy of scale Page 3

Grant will help buy telemedicine equipment Page 4

Traditional foods study underway in Yup'ik and Inupiaq villages Page 6

In Fairbanks, new retina scanning camera warns of damage from diabetes Page 7



Restructuring the Indian Health Service

The Indian Health Service (IHS) is in transition. Two National IHS workgroups have produced documents that could bring extensive change to IHS.

The Restructuring Initiatives Workgroup has issued a report recommending IHS look at consolidating certain administrative functions from the 12 national Areas into three Areas. Preliminary estimates show substantial savings and the opportunity to improve services. IHS is now in the process of doing an in-depth analysis on the ideas which should be completed in January. Alaska had good representation on this workgroup with:

Chris Mandregan, Director, Alaska

Area Native Health Service;

Paul Sherry, Chief Executive Officer, Alaska Native Tribal Health Consortium; and

Sally Smith, Chairperson, Alaska Native Health Board.

The second workgroup is the Business Plan Workgroup charged with creating a business plan of all things for the IHS. Recommendations include a substantial ramp up of IHS third-

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Business Plan work group co-chairs Don Kashevaroff (left) and Charles Grim, (then) Oklahoma Area Director, discuss ways to make the Indian Health Service (IHS) more efficient. Grim is now interim director of the IHS.

Photo by Dan Cameron

Norton Sound hospital named Alaska's first Level IV trauma center

Norton Sound Regional Hospital (NSRH) in Nome became Alaska's first Level IV Trauma Center on Oct 7, 2002, meeting criteria set forth by the Alaska Department of Health and Social Services (DHSS). A Level IV facility provides initial evaluation and assessment of injured patients, resuscitation and stabilization, and prepares the seriously injured patient for transfer to a referral hospital.

"This designation shows the commitment of the NSRH staff to trauma care and stabilization," said Joe Cladouhos, President & CEO of Norton Sound Health Corporation (NSHC).

"Unintentional injuries are the number one cause of death of children and young adults, and a major cause of death, hospitalization and disability for all age groups in Alaska," said DHSS Commissioner Jay Livey. "Mortality rates for Alaska Natives due to unintentional injuries are more than twice the overall state rate. NSRH recognized this great need, and their achievement benefits everyone in Northwest

Alaska."

"NSRH should be commended for becoming the first Level IV trauma center in Alaska," said Karen Pearson, Alaska Director of Public Health. "The people NSRH serves now have access to the highest quality trauma services possible, decreasing the additional death and disability that occur when trauma victims do not receive immediate and appropriate care."

A team including a trauma surgeon and trauma nurse visited NSRH and verified its compliance with DHSS criteria, which are based on American College of Surgeons (ACS) standards. Research in other states demonstrates 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.

"Our patients can be assured that NSHC has 'state of the art' trauma care systems and providers," said Cladouhos.

Benefits of Level IV Designation

- Trauma system thoroughly reviewed and up to State and national standards.
 - NSRH's providers must be up to date on trauma certification and training.
 - Systems to handle trauma stabilization and timely and appropriate transfers must be in place and running smoothly.
 - Quality improvement and assurance systems continually monitor and improve NSRH's trauma care systems.
- The State certified Alaska's only other trauma center in Alaska in 1999, the Alaska Native Medical Center (ANMC) in Anchorage, certified as a Level II trauma center, which is the highest possible designation in Alaska at this time. Other Alaskan facilities are also seeking trauma facility certification.

From a DHSS press release.



You're invited!

to the

Alaska Native Tribal Health Consortium Annual Meeting

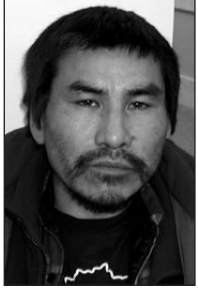
Thursday, December 5, 2002
Egan Center, Anchorage

1 to 5 pm (just after the BIA annual providers conference).
\$500 stipend provided to each participating tribe.
Questions? Call (907)729-1900.

Share your concerns and suggestions on health services and programs provided by
Alaska Native Medical Center,
Environmental Health and Engineering,
and Community Health Services

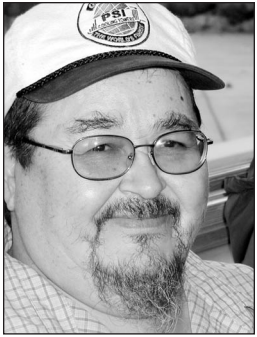
Voice of the people

Question: What do you do to help avoid getting the flu this time of year?



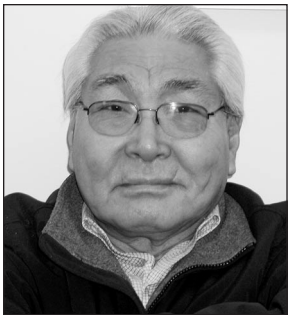
Peter W. Stepetin, Jr.,
King Cove

I make sure I dress warm.



Leslie Hunter,
Marshall

I get my flu shot as soon as it's available.



Nathan D. Toots,
formerly
from
Mekoryuk

I drink orange juice and get my flu and pneumonia shots.



Elena Sergie,
St. Mary's

I make tundra tea and mix it with black tea. This helps to prevent cold and flu. Also boil stink weed, drain and drink the juice.



Reflections



Don Kashevaroff,
Chairman and
President,
Alaska Native
Tribal Health
Consortium

As we near the holiday season it is appropriate to reflect upon the year just ended. The Alaska Native Tribal Health Consortium finished our Fiscal Year 2002 (on September 30) in good condition, again having provided record service to Alaska Natives. This was not without a lot of extra hard work by our divisions. Every division was able to provide more service, and the Board appreciates all the hard work of our employees.

We did have some interesting situations, mainly at the hospital. Patient volumes rose 10% above what we had expected, putting a strain on service budgets, and requiring the ANTHC Board to allocate several million more dollars.

In addition, we migrated to a new computer billing package which slowed our third party collections to a crawl for six months. Alaska Native Medical Center (ANMC) now relies on these collections for half of the service it provides.

But management and staff at the hospital put in a lot of extra work to pull the revenues back on target, giving the hospital a record \$10 million in revenues in September. We were thus able to meet our \$80 million dollar goal. This was not easy but serves to magnify the skills and talents of the resourceful people who work for ANTHC.

Mark

Continued from page 1

Communications

In those days there was no phone. There was a radio that we talked to Anchorage with. It was hard to contact the doctor with the radiophone at the school. Just sometime I got a hold of a doctor. At the forty-mile roadhouse, Tetlin Junction, Ray and Mable Scoby had a CB and when I needed him to call a doctor he would do it. If I saw one of his children right now I would thank them for him making those phone calls.

Best and worst

Mark said she learned a lot, and

Now we need to look forward to the new year and see what it holds for us. We expect patient volumes at the ANMC to continue to grow. In order to meet this growth we need more revenue.

Unfortunately, international issues have put a damper on increases that we could normally expect from Congress. We therefore need to rely upon third party insurance collections to fund most of the increases in the budget.

Your Native Board has been listening to you, our "customer/owners" and pushing the hospital to improve . . . I think you will be pleasantly surprised.

ANMC has set a very high bar of \$95 million for collections this coming year, a 20% increase. This will help fund the \$12 million increase in budget that the ANTHC Board has authorized for the hospital. However, getting to our revenue goal will be harder than last year.

Understanding this, the ANTHC Board has asked for a cost containment contingency plan to be prepared in case revenues are not on target. I feel this is a prudent and necessary planning step; we need to be prepared in the event that revenues fall short.

We also have started "marketing" ANMC. Why market a "free" (actually, a pre-paid service that the government has agreed to provide in lieu of the rights we gave up) service? We need to market ANMC because about 45% of Natives now have health insurance (Medicare,

had a lot of happy, and sad, days.

Especially when the elders are sick and their hearts fail. It's really hard when they come home to stay. You make home visits everyday and we had to stay home on weekends to make sure they're well taken care of. It's hard when the elders leave us.

The younger boys stay at the patient's home at night, they would come and get us if they need us. Even in emergencies the younger boys help us. They stay at the airfield at night for the plane to land and they help carry the patient. This is what's good about this place, everyone helps during emergencies.

Any advice?

To all the councils, you need to be there for your health aides because

Medicaid, Denali KidCare, Blue Cross, etc.). This health insurance is the way we pay for 50% of ANMC's service (imagine if we didn't collect it - half of ANMC's service would go away).

We hope to encourage more Natives who are going outside the Native health system to "Buy Indian" and recycle their insurance money into health care for the Natives who do not have insurance. I've been told that Natives with insurance don't want to come to ANMC and take resources away from those in need, but this is actually what happens when they stay away.

The good news in our marketing efforts is that we do have something to market! ANMC has continually improved itself over the last few years. I admit we mess up occasionally and let the lines get too long, but I sneak over to the non-Native hospitals and see that their lines are longer.

We also have the highest rated Emergency Room in the state and have received extremely high scores from the government accrediting agency. Your Native Board has been listening to you, our "customer/owners" and pushing the hospital to improve.

For those who haven't been to ANMC in a year or two, try out ANMC. I think you will be pleasantly surprised. If you're not, give me a call because I want to hear where else we can make improvements.

This year will be a tough year to achieve our goals, but with everyone's help, next year's reflection column will be even more optimistic.



we go through a lot -- no one knows except those who've been there. It's pretty hard. If they need time, let them have time. If we go on, it's not too good for us.

For the new health aides, stay strong. We go through tough times when we try to save a person and it doesn't happen like that sometime. I say a little prayer before I go out on an emergency.

I also would thank TCC for hiring me all those years ago, and thank you village council and village residents for having faith in me to work for you.



Reprinted from The Council, a newsletter of the Tanana Chiefs Conference.

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THE MUKLUK TELEGRAPH



The Voice of the Alaska Native Tribal Health Consortium

The *Mukluk Telegraph* is published bi-monthly by the Alaska Native Tribal Health Consortium for patients, employees and associates of ANTHC statewide.

To receive a copy of the *Mukluk Telegraph*, send your name and address to:

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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

Building sustainability for a stronger utility through economy of scale

Alaska Utility Supply Center growing

By John Spriggs, Coordinator
Utility Association
Alaska Native Tribal Health
Consortium
Division of Environmental Health
and Engineering

The Alaska Utility Supply Center (AUSC), which started operating in January 2001, now has 105 members, three regional health corporations, and dozens of project accounts.

This center is a parts warehouse that stocks and ships supplies for rural water and sewer systems.

Before the AUSC was created, each community had to work with several vendors and pay full price. As a member of the AUSC, communities can now call one phone number to order any part. Most importantly, because AUSC buys supplies in volume, parts are discounted. AUSC staff know the rural Alaska sanitation systems and stock the most common and important supplies so they can be shipped quickly from Anchorage. By providing its members with discounts, quick service, and a staff that is familiar with rural sanitation systems,

AUSC is a major advancement in the effort to establish sustainable facilities across Alaska. This part of the Alaska Statewide Utility Association helps to maintain village sanitation systems, minimize system down time, and save villages money.

We believe we can help your utilities work toward sustainability!

To find out more about AUSC, call John Thein, AUSC Manager, at (907) 729-3525, or 1-866-800-2871.

Regional Utility Cooperative being formed

Alaska Utility Supply Center members can call one phone number and receive any part, at discounted prices.

The Alaska Native Tribal Health Consortium Division of Environmental Health and Engineering (DEHE) is working in partnership with the Yukon-Kuskokwim Health Corporation (YKHC) to develop a Regional Utility Cooperative (RUC) that will involve ten villages in the YKHC area. The goal is to help regional villages sustain efficient utility systems. Communities applying to the RUC will be selected through a rigorous screening process.

DEHE, YKHC, and RUC members will work together to achieve:

- * Continuity of Service - the frequency and length of utility outages will decline because of improvements in plant facilities, supply acquisition, and operator training;

- * Quality product — the water quality will be higher because of improvements in plant facilities and operator training.

- * Value — the cost of utility services will decline as the system becomes more efficient and supplies become less expensive.

- * Flexibility — better training will create skills that can be applied elsewhere in the villages. For example, accountants who run the billing system may learn new computer skills. Operators may learn new electrical skills.

- * Health — higher water quality and fewer system breakdowns may inspire villages to drink more water and fewer soft drinks.

- * Accurate accounting records — reliable utility information can be

used to create dependable budgets and to set appropriate rates for operation.

DEHE has assisted with the formation of a Statewide Utility Association, an Alaska Utility Supply Center, and, now, the RUC. These efforts show that DEHE is committed not only to helping with construction projects around Alaska, but to ensuring that communities thrive after the construction is done. DEHE is working closely with communities throughout rural Alaska to build sanitation facilities and health clinics, to build healthy futures that rural Alaska Natives can sustain and be proud of. These efforts are creating healthy populations, stronger economies, and brighter futures.

The creation of the RUC has been made possible by funding from ANTHC, the Denali Commission, YKHC, and the U.S. Environmental Protection Agency.



Consortium celebrates traditional healing

ANTHC Staff Report

Hundreds of people stopped by to enjoy a celebration of Alaska Native Traditional Health Celebration held October 11 at Alaska Native Medical Center (ANMC).

Presenters welcomed folks to ANMC, and described the importance of traditional foods, culture and healing practices to modern life.

The program included music and dance performances, displays about traditional medicines, the *Stop the Pop* campaign, and injury prevention. The Alaska Native Tribal Health Consortium sponsored the festivities.



Athabascan Fiddlers (pictured above), the Yup'ik dance group Kicaput, and the Anchorage Tlingit and Haida dancers performed at Alaska Native Medical Center.

Photo by Audrey Armstrong



SouthEast Alaska Regional Health Consortium partnering to increase access to mental health services

Haa Toowoo Naakw Hit is the SouthEast Alaska Regional Health Consortium's (SEARHC) Outpatient Mental Health program at Mt. Edgumbe, in Sitka. Working closely with various local organizations, it continues to expand mental health services and enhance patient care.

As a result of successful collaborations with several local agencies, SEARHC patients may receive additional care through: Youth Advocates of Sitka for psychiatric counseling and treatment; Sitkans Against Family Violence for psycho educational groups; Sitka Tribe of Alaska Safe Start Program for parent/child interaction therapy; Sitka Prevention and Treatment Services for counseling and liaison services; and Blanket of Wellness Program for mental health consultation.

These collaborations greatly broaden the availability of mental health care beyond SEARHC on-site services.

From the website of the SouthEast Alaska Regional Health Consortium.



... Just for the health of it

By Tiffany Zulkosky,
Yukon Kuskokwim
Health Corporation

The 15th Annual Health Aide Conference, "Make Health Happen...Just For The Health Of It," in St. Mary's was bittersweet. During the week of August 5-9, Health Aides from across the Yukon-Kuskokwim Delta got together for a week of classes, fiddle dancing, blueberry picking and saying farewell to a cherished director, Eva Malvich.

Village Operations Administrator Dana Lee Hall said, "The Health

Aide Conference is ever evolving. With the changes in staff and Health Aides, each year is different than the past. This year the weather was beautiful. I cannot ever remember weather as warm and sunny as it was this year."

"I was very impressed with the conference, the speakers, and how well it was organized," said Bonnie Armstrong, Operations Manager at Emmonak Subregional Clinic and a Community Health Practitioner.

The conference began with a welcoming message from Dana Hall. Father Ted Kestler gave an opening prayer and, following a brief

overview of the schedule and introductions, the week of classes, training, and fun began.

"It was really good...and fun at the same time, getting to meet the people I went to training with when we became health aides," commented Advisory Board Member/CHP Henry Friday. "The conference gave us a lot of new information and what to expect of things that we will encounter someday. [The] best part was when we didn't have to sit in the class and [did a] scavenger hunt all over town."

Daily classes varied from Stress

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Alaska Native Tribal Health Consortium

Vision

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

Statewide News and Notes, continued on Page 4

STATEWIDE

News and notes

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Kids Don't Float stations and signs remind boaters to wear personal floatation devices



Serena Alstrom, Cheryl Sipary and Darren Stevens set up a Kids Don't Float PFD loan station in St. Mary's.

File photo

The Kids Don't Float Program was started by Bob Painter, Fire Chief for Homer, in 1996. Its premise: if you find yourself going boating short a vest or two, you can go to the Kids Don't Float loaner station and borrow one for your trip. When done, just return it.

Several villages across Alaska have built Kids Don't Float loaner stations or information boards. The vests are provided by the State of Alaska, Department of Health and Human Services.

In St. Mary's, on the Yukon River, summer youth workers supplied the labor, and the Yup'it Andreafski Council housing department donated materials.

In Napakiak, donations and the use of equipment from Napakiak Tribal Housing, Jungs Trading Post, George J. Berry, and John Worm allowed the Yukon-Kuskokwim Health Corporation Injury Control program to build a Kids Don't Float loaner board.

In McGrath, the village council placed signs at local boat launches encouraging boaters to wear life jackets. Several other Tanana Chiefs Conference villages have put up signs and loaner stations as well.

Article above is based on articles in *The Messenger*, a newsletter of the Yukon-Kuskokwim Health Corporation, and *The Council*, a newsletter of the Tanana Chiefs Conference.



Norton Sound Health Corporation reports 72% Native hire

The percentage of staff working at Norton Sound Health Corporation who are Native is now 72 percent – the highest Native hire rate in the recent history of the corporation, says Joe Cladouhos, NSHC President and Chief Executive Officer. The Nome-based corporation employs 450 people, and is recruiting for 44 vacant full-time and part-time positions. A third of its staff are based in the villages of the Bering Strait region. Of these 148 employees, 95 percent are Alaska Native.

From *Kaniqsirugut*, a newsletter of the Norton Sound Health Corporation



Grant will help buy ear, respiratory equipment for telemedicine

By Richard Hall, Director
Division of
Information/Technology
Alaska Native Tribal Health
Consortium

The Alaska Federal Health Care Access Network (AFHCAN) has been awarded a \$500,000 grant for new equipment. The U.S. Department of Agriculture grant will add ear and respiratory disease equipment to telemedicine carts.

Four types of equipment will be available to meet the varying needs of the AFHCAN sites. Clinical Directors at health care sites may choose from the following options:

- * Tympanometers for use in diagnosing otitis media and serous otitis,
- * Digital Spirometers for use in diagnosing asthma, Chronic Obstructive Pulmonary Disease (COPD), and respiratory ailments,
- * Digital Stethoscopes for use in listening to patient lungs from a distance for the diagnosis of asthma, COPD, and other respiratory ailments, and

* Video-Conferencing for use to enhance direct client care and as a method for continuing education, plus administrative communication. As AFHCAN has been installed over the last two years, it has provided many benefits:

- * Extends existing healthcare services and improves the quality of these services to rural communities;
- * Shifts emphasis from the transportation of patients to specialists to the transportation of information from experts to the local provider and patient i.e. to the point of need;
- * Supports "re-tooling" from the current "fax and phone" telecommunication system to a state-of-the-art technology and high capacity;
- * Brings Alaska's widely distributed health care community "on-line."
- * Improves patient convenience by making it easier to get the medical help they need closer to home.

This grant provides a second wave of technical capability in addition to the digital otoscope, digital camera, scanner, and ECG already available



Andrew Tooyak, Telemedicine Instructor, and Frieda Costley, Administrative Support, demonstrate use of a telemedicine cart at the Alaska Federal Health Care Access Network (AFHCAN) offices in Anchorage.

File photo

on AFHCAN carts. This project will benefit rural Alaskans who are eligible for healthcare services provided by tribal facilities throughout Alaska which are already networked together and have a proven history of working together clinically.



Alaskans win record number of scholarships

ANTHC Staff Report

The Alaska area has received a record number of 32 (of 74 applicants) Indian Health Service (IHS) Scholarship awards for the 2002 academic year (More on that in the next issue of the *Mukluk Telegraph*).

Deadlines for the next round of IHS scholarships, and for other pro-

grams, are coming up in the new year. ANTHC Education & Development opportunities include high school, undergraduate, and graduate school scholarships, as well as internships. To find out more about these opportunities, upcoming deadlines, and to obtain application forms, please call (800) 684-8361 or

contact: Rea Bavilla, Education & Development Manager (907) 729-1332, E-mail: Rbavilla@anthc.org or Evangelyn Dotomain, Employee Development Program Coordinator at (907) 729-1913, or E-mail: edotomain@anthc.org.



Understanding tribal sovereignty

By Tom Okleasik, Vice President
Community Service Division
Kawerak, Inc.

What is tribal sovereignty? Do our regional traditional/IRA councils have sovereignty? How can tribal sovereignty benefit our villages and people?

Tribal sovereignty is the ability of indigenous people to govern themselves and their communities.

This sovereignty is "inherent" - it comes from within the people or culture, and thus cannot be granted or given to one group by another group or government.

Tribal sovereignty in the United States, including Alaska, existed for centuries before Europeans colonized North America.

For example, tribal leaders have long played roles in organizing trade and commerce among villages and visitors, in establishing rules and taboos for individual and group conduct, and in negotiating with other governments.

Sovereignty is separate from political independence.

In today's global society, no country is completely independent - neither economically nor politically, since we all depend upon oil, raw materials, military assistance, and human relationships.

Yet, each government within various countries is still a sovereign nation.

Tribal sovereignty in the United

States is very similar. Alaska Native and American Indian governments are sovereign, yet they depend politically upon the federal government, making them "domestic dependent nations."

Within our region traditional and IRA (Indian Reorganization Act) councils, or tribal governments, are sovereign tribal entities.

The United States recognizes the sovereignty of Alaska Native village councils through the Constitution and through acts passed by Congress. The Bureau of Indian Affairs compiles an official listing of recognized tribes.

Recently, the State of Alaska officially recognized the sovereignty of our Native village councils through Administrative Order 186.

But Alaska Native tribal sovereignty does not and never did depend on recognition by the state or by any other external body, since sovereignty comes from within a group of people themselves.

Here is an international example of this concept. The U.S. government refused for almost 30 years to recognize the People's Republic of China. Yet, the Chinese government continued to exist as a sovereign entity.

The same is true of tribal sovereignty: it exists independent of recognition.

However, official recognition does promote positive discussions, negotiations, partnerships, and public affairs.

Tribal sovereignty provides many benefits. Our traditional/IRA councils hold public meetings to gain tribal member input, distribute gaming funds for public and charitable work, negotiate for and authorize millions of dollars in federal funds for social, housing and health services, and promote traditional and cultural living.

Traditional/IRA councils are expanding and can further expand their roles in many ways, including: Reviving and promoting cultural, language and traditional activities for community wellness;

Developing tribal ordinances to regulate domestic relations of tribal members (e.g., marriage, adoption, guardianship, and support of family members);

Expanding tribal courts to handle local affairs and improve problem resolution;

Collecting tax revenues to support public services operated by the tribe;

Forming community economic development plans and tribal strategies;

Pursuing funds to implement tribal licensing processes.

All will take the power within ourselves and our communities - the source of our tribal sovereignty.

Reprinted from *Kaniqsirugut*, a newsletter of the Norton Sound Health Corporation and Kawerak.





YKHC launches women's cancer screening in Bethel, villages

The Yukon-Kuskokwim Health Corporation (YKHC) has received a Breast and Cervical Cancer Early Detection Program grant from the Centers for Disease Control (CDC) to improve access to early detection screening for breast and cervical cancers for under-served women in the Yukon Kuskokwim Delta.

Women's Health clinics are available in Bethel and in the villages and will provide the following services:

- Clinical breast exams
- Mammograms (Bethel)
- Pap tests
- Pelvic examinations
- Diagnostic testing for women whose screening outcome is abnormal (Bethel).

The grant also includes an outreach and education component. The program will have videos and other educational materials available and will also offer discreet assistance for women in how to do self breast exams.

Breast and cervical cancer are two of the leading causes of death among Alaska Native women. Every year more and more Alaska Native women are diagnosed with cervical and breast cancer. With early detection and treatment, many lives can be saved.

Questions? Contact Eileen D. Bonneau, FNP, Women's Health Grant, at (907) 543-6973, or Jack Robert Crow, Vice President for Health Services, at (907) 543-6024.

From a YKHC press release.



STATEWIDE

News and notes

Continued from page 4

Chlorine poisoning sends 13 to Alaska Native Medical Center

In Anchorage on Friday September 27, chlorine gas was accidentally released at the Alaska Pacific University swimming pool and a number of children and adults were exposed to this potentially lethal gas. Of these, thirteen patients were evaluated at Alaska Native Medical Center (ANMC). Nine were released after an appropriate period of observation that lasted well into the evening. Four were admitted. The two children most severely harmed ended up at ANMC and were cared for on the Pediatric Intensive Care Unit, in critical condition. All four have since been discharged home, the last one leaving more than a week after the event.

Hospital administrators say because ANMC was in the middle of changing shifts, it was well staffed to handle the high-risk, high-volume event. Both on-duty and off-duty employees pitched in to respond to this potentially disastrous situation in a manner that administrators called "timely, appropriate, and thoroughly professional."

Reprinted from the *Campus Connector*, a newsletter of the Alaska Native Tribal Health Consortium.



Health specialist receives national recognition

Molly Patton, an Environmental Health Specialist for Tanana Chiefs Conference, has been selected as the Indian Health Service (IHS) Environmental Health Officer of the Year for 2001. This national award is presented annually by the Indian Health Service. The award recognizes an outstanding Environmental Health Specialist who works for either a government or tribal envi-

ronmental health program. Patton was selected for the award based on special accomplishments, innovativeness, and professionalism. The award citation notes Patton's

* investigation of water quality in the Koyukuk River region;

* leadership role in TCC discussions with the U.S. State Department concerning the Persistent Organic Pesticides (POPS) Treaty; and a

* research study of propane cooking stoves and residential carbon monoxide levels. Patton's work led to significant reductions in the poisonous gas and improved living conditions.

From *The Council*, a newsletter of the Tanana Chiefs Conference.



Port Graham gets new water treatment plant

An exciting new era is beginning in the Native Village of Port Graham. The ANTHC Division of Environmental Health and Engineering (DEHE) has completed construction of a new water treatment plant, 246,000 gallon insulated water storage tank, and the new water and sewer extensions to the

subdivision.

Port Graham is located on the Kenai Peninsula, about 15 minutes flying time southwest of Homer. The community has replaced a small treatment plant that was overloaded and inadequate in the treatment of the water residents used. The new plant is a state-of-the-art water treat-

ment, meeting all State of Alaska drinking water regulations. The treatment system went on line and began producing water the first week in August. The project employed up to 15 local residents in the past ten months as carpenters, heavy equipment operators, and laborers.



Bulletproof?

by Ladd Folster,
Operations & Maintenance
Engineer,
Alaska Native Tribal Health
Consortium,
Division of Environmental Health
and Engineering

Nothing is bulletproof. The Metlakatla Indian Community on Annette Island, in southeast Alaska, operates a small water system that serves a small number of people.

The water treatment plant is located well out of town along the main road. A few years ago, someone with no sense shot up the plant with armor piercing bullets.

Along with holes in the building and one in the pressure sand filter, he managed to put a hole in a 150 lb. chlorine gas cylinder. All the gas escaped and killed all the vegetation around the plant. No BODY was found near the plant.

At least the shooter had sense enough to hightail it out of the area when he smelled and saw the chlorine gas!

From the *Pumphouse Pipeline*, a newsletter of the Alaska Native Tribal Health Consortium.



Give four minutes a day for sparkling teeth!

By Adrienne Mansfield,
Dental Hygienist,
Yukon-Kuskokwim Health
Corporation

We all know how important brushing and flossing are. However, it seems there is never enough time to do these simple hygiene tasks during a busy day.

If brushing falls on the lower end of your list of priorities, maybe you should consider the benefits of brushing two times every day.

These include: fewer cavities, fewer toothaches, fresher breath, protection against gum disease, keeping your natural teeth longer, having healthier teeth to chew your food, and, finally, the pride of saying, "I didn't have a cavity the whole

year."

Be sure to have your teeth brushed every day, and make a statement that you value yourself and your teeth.

From an article in *The Messenger*, a newsletter of the Yukon-Kuskokwim Health Corporation.



Juwan and Brittany Akaran of Kotlik are proud to show their smiles.

Two new reports reflect latest census data

The ANTHC Health Statistics Department is pleased to announce two new publications available on the IHS website.

The first, an update of Key Facts about Alaska Natives, including data from the 2000 Census is at this link:

http://www.ihs.gov/FacilitiesServices/AreaOffices/Alaska/dpehs/Special_Reports/Special_Reports.asp

The second publication, Statistical Summary of Workload, Fiscal Year 2001, is at the same link as above. It includes the following workload for Alaska: inpatient, ambulatory care, contract health and CHAP.

Other statistical reports regarding Alaska Native population figures as well as health data are on the IHS website at this address:

<http://www.ihs.gov/FacilitiesServices/AreaOffices/Alaska/dpehs/index.asp>





STATEWIDE

News and notes

Continued from page 5

Arctic Slope looks forward to new hospital

In 2001, the Samuel Simmonds Memorial Hospital, in Barrow, delivered care to more than 300 patients admitted to the hospital, and more than 38,000 outpatients and emergency contacts. Considering that the hospital has only six exam rooms, and was designed to see only 15,000 patients annually, the volume of patients has been a huge challenge for hospital staff. Under the management of the Arctic Slope Native Association (ASNA), the Samuel Simmonds Memorial Hospital serves the North Slope communities of Anaktuvuk Pass, Atkasuk, Barrow, Kaktovik, Nuiqsut, Point Hope, Point Lay, and Wainwright.

Not surprisingly, ASNA's number one long-term goal is replacement of its old hospital. The Barrow Hospital Replacement Project is designed to provide a new, state-of-the-art hospital for the residents of the North Slope. The \$104 million project will include 109,000 square feet of facility space, or five times more than the current facility. While the need for a larger facility is critical, the program is designed to produce far more than a new acute care hospital.

The new hospital will be designed to serve as the center for comprehensive health care on the North Slope. The new hospital is expected to contain a ten-bed inpatient unit, a birthing center, extensive outpatient services, and a full array of community health programs. The project comes with a new staffing package from the Indian Health Service that will add more than 60 new staff to better serve patients. ASNA expects to receive an additional \$10.9 million per year to operate and maintain the building and staff programs.

ASNA continues to work with the leading organizations on the North Slope to promote the new hospital project. The construction schedule is dependent on congressional appropriation. The current goal is to secure funding for the first phase of this project.

From the Arctic Slope Native Association's annual report Partnerships for a Lifetime of Better Health.

Kasigiluk gets serious about Personal Floatation Devices.

Kasigiluk is enforcing ordinances that require the use of Personal Floatation Devices (PFD). State law requires that all children 13 years of age and younger must wear a PFD on or near the water.

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

Study will assess benefits of traditional foods

ANTHC Staff Report

Researchers are assessing what Alaska Natives eat in six Yup'ik and six Inupiaq communities. People who agree to be interviewed will receive personal reports from a dietitian, which may help them make healthier eating choices.

The study results may help improve health since diet is important in many health problems such as cancer, heart disease, diabetes, and tooth decay.

Interviewers will also request samples of traditionally prepared foods for nutrient analysis. The United States Department of Agriculture (USDA) will help with this part of the project. The analysis will help everyone understand the health benefits of eating traditional foods.

Diet is important in many health problems such as cancer, heart disease, diabetes, and tooth decay.

Local Alaska Native researchers will work with Yup'ik people in six Yukon-Kuskokwim villages, and with Inupiaq people in six villages in the NANA region. The study is being coordinated by the Alaska Native Tribal Health Consortium's Office of Alaska Native Health Research. Organizers obtained approval of the project from the tribal council in each village, then began recruiting for Native researchers to conduct the interviews. The interviews will take place in the following villages.

YK Area Villages

Aniak
Bethel
Chevak
Kwigillingok



Traditional foods supply important nutrients and other necessities, and help build strong family and community relationships. Above, women filling their plates at a Northwest Arctic gathering.

Photo by Burt Havilland

Mountain Village
Emmonak

Maniilaq Area Villages

Buckland
Kivalina
Shungnak
Noatak
Pt Hope
Kotzebue

Interviews have already begun and will continue through the winter, spring, and summer, in order to determine what is eaten in each season. "The Alaska Native Dietary and Subsistence Food Assessment Project" is important because:

Many people believe that traditional foods may play an important role in enhancing Alaska Natives' health. Very little research, however, has been done to determine the nutritional value of Native foods.

Alaska Natives' diet has been changing in recent years. People

It is possible that eating Native foods may help prevent some of the chronic illnesses now on the rise in Alaska.

may be eating more processed or store-bought foods, and fewer traditional foods.

It is possible that eating Native foods may help prevent some of the chronic illnesses now on the rise in Alaska. Knowing what Native people eat, and the nutritional value of these foods can help us understand, in the long run, how food affects our health.

Questions? Contact Dr. Anne Lanier or Jennifer Johnson at 729-3650.

The use of traditional foods in a healthy diet in Alaska: risks in perspective

The Alaska Division of Public Health recommends the continued unrestricted consumption of traditional subsistence foods in Alaska. Traditional foods provide inexpensive and readily available nutrients, essential fatty acids, antioxidants, calories and protein and many health benefits such as protection from diabetes, cardiovascular disease, improved maternal nutrition, and neonatal and infant brain development.

Presence of heavy metals and persistent, man-made chemicals in the arctic food chain generated concerns about the potential threat to the ecosystem and risk to human health. The global distribution of man-made pollutants through atmospheric transport is well documented; human exposures to them in the arctic occur primarily through the subsistence diet. Global policies to minimize the entry of anthropogenic pollutants into the environment and food chain

should be pursued.

The subsistence lifestyle and diet are of great importance to the self-definition, self-determination, cultural and socio-economic, and overall health and well-being of indigenous peoples. At the Tenth International Congress on Circumpolar Health in May 1996, elders called for a balanced approach to evaluating the possible risks and weighing the benefits of subsistence foods to ensure the preservation of their cultural identity and total health and well-being. Elders also expressed that the fear associated with the contaminants may cause greater harm than

the actual presence of the contaminants themselves and that health warnings regarding food consumption should only be made when there is strong evidence that the risks outweigh the benefits.

Severely limiting the consumption of traditional foods may result in harm by reducing the consumption of food that has health benefits and by increasing the consumption of foods that have potential health risks. While risk assessments may be valuable in regulating industrial emissions or in establishing site-specific clean up levels, food consumption advice should occur within a broader public health context that includes consideration of both risks and benefits.

The Alaska Division of Public Health recommends the continued unrestricted consumption of traditional subsistence foods in Alaska.

From the website of the Alaska Division of Public Health.





“Seeing” diabetes in the eye, new retina scanning machine offers early warning of trouble

The Chief Andrew Isaac Health Center in Fairbanks has acquired equipment that can help in early detection of diabetes-caused vision loss. The retina scanning camera, acquired with the assistance of the Indian Health Service, allows the patient and doctor enough time to reverse the lifestyle habits that cause diabetes and vision loss.

Damage to the eye is brought on by an excess of sugar in the bloodstream. Tiny blood vessels, or capillaries, that feed the eyes with nutrients and oxygen become damaged from either too much sugar or high blood pressure, another result of uncontrolled diabetes. Loss of vision can happen when these retinal capillaries no longer work as they were designed. Keeping a close “eye” on

these capillaries is a top priority when looking for signs of diabetes damage.

Loss of vision can happen when these retinal capillaries no longer work as they were designed

Until recently, there were only two machines in the Indian Health Service system that can monitor the health of the eye. The machine is a digital retina scanning camera. Both were located in Arizona. Now, with help from the Indian Health Service, Chief Andrew Isaac Health Center staff has acquired a retina scanning camera.

During the exam, the patient sits in a darkened room. The patient does not need to take medication to dilate the pupil and the camera does not touch the eye.

Images captured by the camera are sent to an expert at the Phoenix Indian Medical Center for analysis. Patients whose retinal images show signs of diabetes-related damage are alerted and can begin efforts to halt further threats to their vision. The retina scanning camera is a significant advance in dealing with the vision loss associated with diabetes.

From The Council, a newsletter of the Tanana Chiefs Conference.



Upcoming Health-related Events

November

- 4-6 ANTHC Business Office Managers Workshops, Inuit Building, Rooms 311, 312
- 4-7 US EPA Region 10 Tribal Leaders Summit, Lincoln City OR (Info: 1-800-922-1339 or 541-444-8226)
- 5-8 2002 Tribal Self-Governance Fall Conference, Hyatt Regency La Jolla, San Diego (Info: maureen@lumination.bia.edu)
- 6-8 Maniilaq Board and committee meetings
- * 8 Public Listening Session – “The Framework Convention on Tobacco Control” Hyatt Regency, La Jolla, CA
- 11 **Holiday – Veterans Day** – ANTHC offices closed
- 11 SCF Executive Committee meeting, 10 am – 2 pm, SCF Board Rm
- 13 ANTHC CMT meeting, 10 am – noon, Room 242, Inuit Building
- 14-15 Information Systems Advisory Committee videoconference, half days
- 18-20 2nd Annual Alcohol & Drug Abuse Prevention Symposium “Building on the Strengths of Communities” Hilton Anchorage Hotel (Info: Saleck@Akcclaorg or 565-1231)
- 19-21 2nd Annual conference on service in Indian Country. Sparks, NV (Info: www.ackco.com/cncs2002)
- 19 Yukon-Kuskokwim Health Corporation Fin.comm., Bethel, 1:30 pm
- 20-22 Yukon-Kuskokwim Health Corporation board meeting, Bethel, 9 am
- 26 ANTHC Finance Committee meeting, 9 am, Inuit Building, Room 311
- 27 ANTHC CMT Retreat, 9 am – 5 pm, location TBA
- 28 **Holiday – Thanksgiving** – ANTHC offices closed

December

- 1st wk KANA Board Meeting (Info Christina Magnusen, 907/486-9803)
- 2 Medical Services Networking Committee, location TBA
- 2-4 Alaska Native Health Board annual board meeting, location TBA
- 2-5 Bureau of Indian Affairs Annual Providers Conference, Egan Convention Center, Anchorage
- 3-4 Alaska Health Summit 2002, Sheraton Anchorage Hotel (Info wjbates@gci.net)
- * 3-5 Alaska Federation of Natives Annual Board Meeting
- 4-6 2002 Alaska Diabetes Conference, Anchorage Hilton Hotel (Info: Joan Hastie (907-729-1125))
- 5 ANTHC Board meeting, 9 – noon, Inuit Building, Room 311
- 5 ANTHC Annual meeting, 1 – 5 pm, Egan Convention Center
- 6 ANTHC Board meeting continued, 9 am, Inuit Building, Room 311
- 9 Village Service Management Team meeting, 11 am – 3 pm, SCF boardroom
- 9-10 Alaska Native Education Summit, Egan Convention Center (Info: alissa@firstalaskans.org or www.firstalaskans.org)
- 10 SCF Board Meeting, 9 am – 4 pm, SCF Board Room
- 10-12 Alaska Inter-Tribal Council 11th Annual Convention, Hilton Anchorage Hotel (Info: www.aipc.org or 563-9334)
- 10-13 Bristol Bay Area Health Corporation Board meeting, Dillingham
- 10-13 “Diabetes Prevention in American Indian Communities – Turning Hope to Reality” – Adams Mark Hotel, Denver CO (Info: ldillman@thehillgroup.com or 301-897-2789-x118)
- 11-13 National Conference on Tobacco and Health Disparities, Westin Innisbrook Resort - Tampa Bay, FL



Native People's Bazaar

Saturday, December 7, 2002

10 AM to 3 PM

Alaska Native Medical Center

4315 Diplomacy Drive • 729-1122

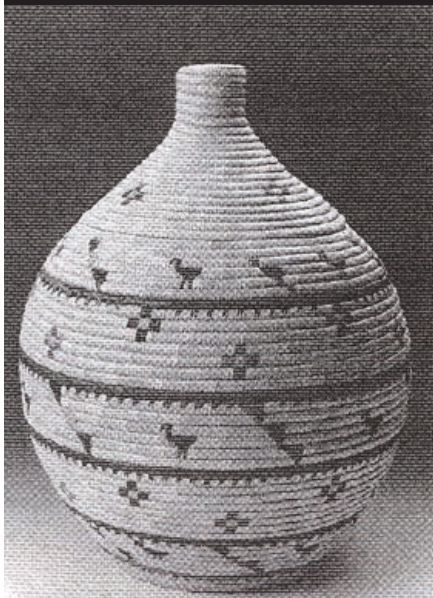
Collector's Table • Masks • Baskets • Dance Fans • Ivory

Whalebone Carvings • Slippers • Jewelry

Christmas Ornaments • Dolls

Entertainment

Singing • Drumming • Dancing



19th Annual Bazaar Sponsored by the Alaska Native Medical Center Auxiliary

Native Researchers' Cancer Control Training program

Oregon Health & Science University, University of Arizona, and the Indian Health Service Cancer Prevention and Control Program announce the availability of

Fellowships in cancer prevention and control research.

During this three-week training, learn about cancer epidemiology, data management, data analysis, grant writing, and more!

This training program is aimed primarily at increasing the number of Native women and men involved in cancer control activities.

Applications are encouraged from American Indians, Alaska Natives, Native Hawaiians, and American Samoans.

June 15-17, 2003*

Oregon Health and Science University, Portland, OR and

October 19-24, 2003*

University of Arizona, Tucson, AZ

*Attendance at both sessions is necessary.

For more information or application forms, contact: Esther Dunn, Oregon Health and Science University, Department of Public Health and Preventive Medicine, 3181 SW Sam Jackson Park Road, CB-669, Portland, Oregon 97230, Phone: 503-494-2947, E-mail: dunne@ohsu.edu.

Application deadline: March 31, 2003





IHS

Continued from Page 1

party insurance collections, improving customer service, more partnerships, and quality improvement.

Alaska was well represented on the Business Plan Workgroup by:

Valerie Davidson, Executive Vice President, Yukon Kuskokwim Health Corporation, and

Don Kashevaroff, ANTHC Chairmen/President.

Kashevaroff, who also co-chairs this workgroup, said "I really believe that IHS is going to make steady business improvements. With Interim Director Dr. Grim and Deputy Director Michael Lincoln (current federal co-chair of the workgroup), we have real ownership from the IHS top brass. This, coupled with pressure from above IHS, should give us an IHS with a much better look soon."

The Business

The IHS is responsible for providing health service to more than 560 tribes and 1.6 million American Indians and Alaska Natives in 35 states with a budget of only \$3.4 billion. Almost 40% of the budget is administered by tribes through contracts and compacts similar to outsourcing. IHS provides direct patient care, facility construction, and sanita-

IHS can expect flat budgets for the next few years that won't keep up with general inflation and actually will lose buying power when rising medical inflation is taken into consideration.

tion services with the remaining budget, with a stated mission to raise American Indian and Alaska Native health to the highest level. To this end, the IHS embraces three global values, *patient care comes first, honor tribal governments and excellence* in all IHS operations.

The Situation

These values, along with IHS's mission and market size, could normally indicate success in the health care industry. However, several significant factors affect how IHS delivers its services.

Eighty percent of its revenue comes from Congressional appropriations which are flattening out with the prediction of no growth in future years. The remaining revenue comes from third-party insurance collections currently predicted to have slow growth. This means IHS can expect flat budgets for the next few years that won't keep up with general inflation

and actually will lose buying power when rising medical inflation is taken into consideration.

IHS will need an unlikely appropriation increase of \$199 million just to provide the same number of medical procedures in fiscal year 2004.

IHS's service population is also growing in size and needing more care while the complexities of running a healthcare company are increasing. These problems are compounded by the low per capita funding appropriated to IHS in the first place. IHS has only enough funds to provide needed health care to an American Indian at a rate one third of that which the Centers for Medicare and Medicaid Services provides to Medicare enrollees. This puts the IHS at a serious disadvantage in meeting its legal obligations, mission, goals and customer needs.

The Solution

IHS has decided to take a business planning approach to overcoming these substantial obstacles. IHS will achieve its goals by capitalizing on its opportunities, enhancing its strengths and correcting its weaknesses.

The IHS will concentrate on revenue generation, customer service, partnerships and improving administrative and service operations.

* IHS will increase revenue gener-

The IHS will concentrate on revenue generation, customer service, partnerships and improving administrative and service operations.

ation by enhancing its business operations with standardized best practices, new software applications, and training for employees in all phases of the collection cycle.

* The IHS will be more responsive to customer needs and increase communications.

* The IHS will leverage its resources and build collaborative partnerships with federal agencies, states and tribes to provide more services.

* The IHS will redesign administrative functions to create efficiencies and incorporate business tools for management decision making.

* And the IHS will expand its continuous quality improvement program and increase efficiencies of service operations in order to allow for increasing patient volumes.



CHAP Conference

Continued from Page 3

Management to Suicidal/Homicidal Intervention to I & D of Boils. Evening classes ranged from Employee Health to an exercise and yoga to IV/Blood draws. There was also an EMS simulation in which Health Aides were able to practice rescuing a drowning child during an emergency drill, a cancer awareness play, and other hands-on learning activities. Classes give the Health Aides an opportunity to receive Continuing Medical Education (CME) credits.

In comparison to last year's confer-

ence, Director of Supervision Carol Odinzoff said, "I think the mood was better this year. The health aides got more attention and were around to bond more this year."

So in that relaxing atmosphere, how did the staff say goodbye to the Director of Administrative Support Eva Malvich?

Carol Odinzoff said, "We had a cake, a coat, a vest and told her she would be missed."

"Eva is like a sister to me," continued Dana Hall. "We both started at YKHC around the same time. Seeing her leave is difficult, but I am happy that she is going to school so that she can return to the Delta. We [were able to give] her a few small gifts

that were from the heart. We also gave her a photograph by James Barker so she could remember the Delta when she is homesick."

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



Martha Bavilla from Quinhagak, Jesse Gunlik from Bethel, and Pauline Igkurak from Kongiganak take part in a practice on cold-water near drowning.

Photo by Tiffany Zulkosky



If You Have

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

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

New questions?

When you go to a hospital or clinic that's part of the Alaska Native health system, the clerk may ask if you have health resources (in addition to Indian Health Service).

Please help us 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 services the Native health system can provide 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. Your tribal or regional health corporation makes 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 cost of the services the Native health system provides will be applied to your 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.

