

# THE MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

## INSIDE

Vox: People express their views on our tribally run health care system.

Page 2

DEHE holds construction training in Palmer.

Page 2

Statewide news.

Page 3

Are you protected from the risk of tetanus?

Page 5

ANTHC a major sponsor of Native Youth Olympics.

Page 5

Life jackets: The critical link to life.

Page 6

Mandsager named Director of Public Health for Alaska Department of Health and Social Services.

Page 7

Emergency preparedness survey under way.

Page 7

Alaska cancer survivor, advocate wins survivorship award.

Page 8

Labor relations board reaffirms Tribal Self-Determination.

Page 9

Kaltag Health Aide combined traditional, Western health care techniques.

Page 10

Training begins for 6 more dental health aide therapist students.

Page 12

## Annual Public Health Professional Conference attendance breaks 1,000

By Commander Cindy Hamlin, President  
Aurora Borealis Branch,  
Commissioned Officers Association

In many ways, the 39th annual Public Health Professional Conference was a record-breaking success story. Held in Anchorage May 16-20, 2004, the conference offered its richest menu yet of learning opportunities, as well as fun and entertainment. Attendance broke 1,000 for the first time in the conference's history, bringing about one million dollars into the local economy (Anchorage Convention and Visitors Bureau estimate).

The US Surgeon General, Vice-Admiral Richard Carmona, M.D., M.P.H., F.A.C.S., gave the opening keynote presentation. He spoke on the state of the Commissioned Corps and, more importantly, its future as it is transformed to meet the ever-emerging threats of the 21st century.

National and international speakers addressed emerging trends and issues in public health such as microbial threats, building a new health care system in Iraq, communicating across cultures and communicating in crisis.

The conference offered a full day of profession-specific topics to nurses, physicians, pharmacists, dentists, environmental health officers, engineers, dietitians, therapists, scientists, and more.

For the first time, continuing educa-



Surrounding US Surgeon General Richard Carmona (from left to right): Captain Randy Grinnel, Chief Professional Officer (CPO), EHO Category and Assoc. Dir., OK OEHE; Captain Linda Morris Brown, CPO, Health Services, National Institutes of Health; Viola Smith, Professional Recruiter, ANTHC; Lieutenant John Pearson, Bristol Bay Area Health Corporation (BBAHC), Nurse Manager, Outpatient Clinic; Vice Admiral Richard Carmona, M.D., M.P.H., F.A.C.S., US Surgeon General; Lieutenant Clifton Reckley, Nurse Manager, Inpatient, BBAHC; Michelle Shuravloff, Recruiter, Kodiak Area Native Association.

Photo by Brady Photography

tion credits were offered for all professions and in numbers higher than at past conferences. More than 200 officers completed two Basic Officer Training Courses.

RADM Cristina Beato, Acting Assistant Secretary for Health, presented the Commissioned Officers Association's (COA) most prestigious award, *Health Leader of the Year*, to Dr. Julie Gerberding, Director, Centers

for Disease Control and Prevention. The award recognizes Gerberding's involvement in controlling outbreaks of SARS and West Nile Virus, as well as her long-term commitments to reducing illness and death through science-based programs.

The second Annual Commissioned Officers Foundation Charity Golf Tournament raised \$25,000. The

See Conference on Page 5

## DEHE wins organizational diversity award

By Kevin Braun  
Communications Specialist  
Division of Environmental Health and Engineering

For the second consecutive year, the Division of Environmental Health and Engineering (DEHE) earned national acclaim.

To "recognize individuals and organizations that have made outstanding contributions to diversity," the American Public Works Association (APWA) awarded its Diversity Exemplary Practices Award to DEHE. APWA is an "educational and professional association ... dedicated to providing high quality public works goods and services." The Division has been invited to attend the awards ceremony in Atlanta on Sept. 13.

Last year, the American Academy of Environmental Engineers (AAEE) awarded a grand prize in Operations/Management to the Division for managing sanitation facilities design and construc-

See Award on Page 4



DEHE Superintendent Jay Escott (at left) talks to an unidentified worker attaching a sill plate to the water treatment plant's cement foundation walls. Tatitlek's blue-domed Russian Orthodox Church, a dominant village feature, is seen in the background.

Photo by Alejandro Barragan



## VOX

The Voice of the People

Selma Oskolkoff-Simon  
Administrative Assistant

Now that we, as tribes, manage our health care, what changes have you noticed?

I feel that the service is much faster and better. You can usually get the same day appointment.



Andrew Lupie



Ruth Demit

It is much better. Easier to get an appointment. Everyone seems more efficient and the staff are really nice. I also like how Southcentral Foundation Dental has no more paper.

The care is good. However, I do have concerns that there is not enough doctors in the specialty clinics. It can be hard to get an appointment.



Charles Green Sr.



William Field

Preventative medicine is really encouraged. You're encouraged to have regular check-ups, and not only when you are sick.

## DEHE holds construction training in Palmer

Staff was impressed by the caliber of student enrolled in this training course. . . DEHE is seeking funding to continue the course.

### Staff Report.

Division of Environmental Health and Engineering,  
Alaska Native Tribal Health Consortium

Dozens of rural Alaska residents have acquired skills and certification for construction jobs thanks to the Division of Environmental Health and Engineering (DEHE) and the Denali Commission.

DEHE plans, designs, builds, or administers the construction of sanitation and health facilities in rural Alaska. This season, it's active in 135 communities throughout Alaska. Field crews for those construction projects are about 80 percent local hire, creating a number of local jobs.

However, some of the jobs require special skills, and some rural residents have not had the opportunity to get training for those jobs.

So the Division's construction skills training program coordinated a workshop offering training in three areas of construction:

- Commercial Driver's License (CDL),
- New Miner Safety Training, (designed to meet Mine Safety Health Administration requirements)
- Heavy Equipment Operator Basic Entry Level Operator Certification

Eleven individuals from rural Alaska completed the training on May 29, 2004. The second group started its training June 6, 2004. DEHE is seeking funding to continue the course.

DEHE organized the course using a grant from the Denali Commission, and offered it through Northern Industrial Training (NIT). NIT is a family-owned vocational school that provides professional truck driver, heavy equipment operator, and hazardous materials training.

NIT staff was impressed by the caliber of student enrolled in this training course. The students worked hard to get the most out of their training at NIT even though the days were long (ten-hours) and the two-week course was rigorous.



NIT Trainer Gene Peoples (right) instructs Vernon Madros Jr. from Nulato (left) on proper excavating techniques at the construction skills training in Palmer.

Photo by Kerry Wilson



Top row from left to right: Arthur Amaktoolik and Robert Saccheus. Middle row from left to right: Thomas Cheenuk and Peter David. Bottom row from left to right: Repolge Swan, Ray Hawley, Ken Accuman, Jr., Jack Wholecheese, Vernon Madros, Speedy Sam, and Harding Sam.

Photo by Joe Crum

"One particular thing that stood out about this class was how the students were willing to assist each other as the training progressed. Their dedication and attention to detail was refreshing," said NIT Vice President of Admissions, Krista Crum.

Vernon Madros, Jr., from Nulato, sees long-term benefits from the training. When asked why he would recommend the training to others, Madros stated in his evaluation, "Because it will be easier to find employment in Alaska with a CDL." The skills and certifications he

received at the workshop will help him progress to the next level of job performance and hopefully higher paying wages.

Local construction jobs are important to the economy of a community. Yet they can be hard to find in rural Alaska.

In the end, everyone wins when residents in rural areas develop the expertise provided by this type of training and employers are able to hire local residents for construction

See Training on Page 3

## Editorial Staff

Joaquin Estus  
Public Communications Director

Selma Oskolkoff-Simon  
Administrative Assistant

Marianne Gilmore  
Executive Administrative Assistant

Karen M. Mitchell  
Administrative Coordinator

## THE MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

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

4141 Ambassador Drive, Anchorage, Alaska 99508,  
Attention: Mukluk Telegraph

FAX: 907-729-1901 PHONE: 907-729-1900 E-MAIL: [soskolkoff-simon@anmc.org](mailto:soskolkoff-simon@anmc.org).

## 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.



Trainees sharpen their skills at the Heavy Equipment Operator "Basic Entry Level Operator Certification" portion of the training. The loader operator fills the end dump and the end dump driver unloads the material on the other side of the pile.

Photo by Kerry Wilson

## Training

*Continued from Page 2*

projects that call for such skills.

"We are creating jobs and life skills," said Training Coordinator Jennifer John, "and in turn we get qualified workers for DEHE projects."

For more information, contact Jennifer John, Construction Training Coordinator for ANTHC, DEHE at 1-800-560-8637.

## Curriculum

### Commercial Driver's License

The CDL training involves classroom instruction and a written test at the Alaska department of motor vehicles. After hands-on training operating a dump truck and semi-tractor trailer, students must pass a driving test using a similar type of vehicle.

Potential construction project

employees who seek to obtain a CDL while remaining in their rural community can do so by obtaining an Off-System CDL. This type of CDL is limited in use to communities not connected to the primary road system. To get one, call the State of Alaska and ask staff to send the written examination to a city representative or administrator. Upon successful completion of the exam, the applicant receives the CDL. To use the Off-System CDL and drive a commercial motor vehicle (CMV) on the primary road system, individuals may take the driving portion of the exam in Anchorage or Fairbanks (and possibly in Juneau in the future).

Before starting a job using a CDL, a urinalysis test for drugs and periodic random drug and alcohol testing are required. In most circumstances the individual will also be required to get a medical physical examination before operating a CMV.

### New Miner Safety Training

The New Miner Safety Training is primarily classroom instruction. It's similar to the Occupational Safety and Health Administration's (OSHA) ten-hour safety training except it is geared to individuals working with soils, rocks, or similar materials in gravel pit type areas. It's designed to make the individual sensitive to the unique safety hazards present in this field of work.

### Heavy Equipment Operator

The heavy equipment operating training consists of classroom instruction and hands-on training. Upon completion, students achieve Heavy Equipment Operator, Basic Entry Level Operator Certification. The training is designed to get operators familiar with the safety and operational features of the equipment and prepare them to develop the highly valued skills to safely operate this specialized equipment.



## STATEWIDE

*News and notes*

### Long-term study will identify links to wellness

The SouthEast Alaska Regional Health Consortium is taking part in a project that will help participants make a difference in their community and find out if all their efforts to maintain good health are paying off. The SEARHC Education And Research Towards Health (EARTH) Study focuses on how lifestyle, food, physical activity and other factors contribute to health and wellness.

In October 2001, the National Cancer Institute provided funding to three national centers to study how lifestyle, diet, physical activity and other factors contribute to health and the prevention of chronic diseases such as cancer, diabetes and lung disease – which are known to be more prevalent among Alaska Natives and American Indians than among non-Natives. The study's initial plan is to recruit 10,000 Alaska Natives and American Indian participants, with an eventual goal to expand to 80,000. Recruitment for Alaska participants began in Sitka in March of this year.

National centers for the study are the Navajo Nation, the Black Hills Center for American Indian Health and the Alaska Native Tribal Health Consortium. The coordinating center is the University of Utah. Three tribal entities in Alaska have entered into contracts with ANTHC: SEARHC, Southcentral Foundation and Yukon-Kuskokwim Health Corporation.

At the end of the study visit, participants will be given a gift, test results, and feedback on questionnaires. Immediate feedback is one of the special features of the EARTH Study. Information can also be sent to your health care provider on request. Staff plan to maintain long-term contact with participants. Follow-up study visits will be scheduled once every six to 12 months.

### YKHC acquires treatment center

Several months after merging

By YKHC Public Relations Staff

with the Yukon-Kuskokwim Health Corporation (YKHC), former staffers of the Bethel Group Home (BGH) are finding work at the health corporation

See News on Page 4

## Alaska Native Tribal Health Consortium

### Mission Statement

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

### Vision

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

### Core Values

Self-determination • Always learning and improving • Relationships based on trust  
Respect for cultural diversity • Care and compassion • Honesty and integrity Wellness  
in body, mind, and spirit



## News

*Continued from Page 3*

easier and less stressful than expected.

"It was an incredibly smooth transition," said Rob Lannoye, one of four BGH staff now at the McCann Treatment Center (MTC). "It's friendlier than I thought, plus it's a nice facility to work out of, too."

The transition from a small agency to one that employs 1,500 people was not easy, said Lannoye. "At BGH, we got approvals for things right there in the office," he said. "But there was less staff, more duties, more stress, and the ratio of clinicians to residents was lower."

Programs from BGH were integrated into the McCann Treatment Center's curriculum. Of importance to the former BGH staff was that their opinions were valued, especially with the subsistence program, which involves fishing and trapping. Today, MTC bustles with culturally-based activities meant to restore self worth, ability for accomplishment, and purpose in the young people's lives.

"We had such great success with our fish-camp program at Church Slough," said Jaimie Kassman, one of the new MTC staff from BGH and the subsistence program manager. "The fish-camp was where you really saw the positive changes taking place in our clients' behaviors, mainly because they could see the evidence of what they could achieve."

Fish-camp is such a successful part of the program that the new MTC staff is eager to continue it and is therefore looking for a new fish-camp locale.

Another successful part of the therapeutic model of the subsistence program is fur-trapping, which teaches clients life skills and how to earn a living from the land.

"I think the most important message to offer here is that the merger has been a success," said Dan Munsey, MTC Administrator. "We are very happy with the clients and staff. We feel that the Group Home staff have added a great deal to the program and have fit in well with YKHC and staff at MTC."

Their level of commitment and expertise is and will be a great asset to YKHC and MTC, said Munsey, who added he was very excited about the direction YKHC and MTC are headed and see the former BGH staff as an integral part of the process.

*Excerpts from The Messenger, a newsletter of the Yukon-Kuskokwim Health Corporation*  
**YKHC promotes**

*See Statewide on Page 6*

## Senator Lisa Murkowski makes presentation at joint session of tribal health leaders

Alaska Native Tribal Health Consortium Chairman and President Don Kashevaroff visits with U.S. Senator Lisa Murkowski after her presentation to a joint session of the Alaska Native Health Board and the Association of Tribal Health Directors, held on May 26 at the Dimond Center Hotel in Anchorage. In her presentation, Murkowski described her work on a Senate authorization bill that allows for increases to the Indian Health Service (IHS) budget for fiscal year 2005. Tribal leaders have been asked to contact the other members of the Congressional delegation and urge their support of the legislation.



*Photo by Karen M. Mitchell*

## Award

*Continued from Page 1*

tion in Savoonga, Alaska, an isolated village on the northern coast of St. Lawrence Island.

Both APWA and AAEE organizations are gold standards of quality within the environmental engineering and public works industries.

To demonstrate organizational diversity, DEHE employee Kurt Sauers, a civil engineer, nominated to the APWA awards program a recently finished sanitation facilities project in Tatitlek. Tatitlek is a small and isolated coastal community in Prince William Sound, only seven miles from where the Exxon Valdez grounded in 1989. An Alutiiq village with a fishing and subsistence culture, it is accessible only by air or barge.

Sauers managed the design and construction of the facilities. He's a lieutenant commander in the U.S. Public Health Service, has been detailed to the Consortium since the Consortium was formed, and before that was detailed to the Alaska Area Indian Health Service since 1995.

Sauers said the location of both projects underscores the significant challenge of civil engineering in Alaska: access. How to deploy large quantities of construction materials — thousands of feet of water and sewer main, gravel and cement, building materials, construction equipment, and a skilled work force — to the far-flung and roadless corners of our state, during fair, foul or extreme weather? And once deployed, how to sustain communication? How to supervise and motivate a remote workforce and keep isolated workers re-supplied for months?

Whether characterized by its terrain or people, Alaska personifies diversity. It has 229 federally recognized tribes spread throughout a state equal in size to 20 percent of the lower 48 states. It has more than 50 percent of the nation's coastline, yet — according to the Alaska Department of Transportation and Public Facilities — only one mile of road for every 42 square miles of land, compared with the national average of one mile of road per square mile of land.

Therefore, before large public works projects can be accomplished, Alaska first mandates a diversity of



Carpenters place roof trusses onto the walls of Tatitlek's new water treatment plant.

*Photo by Michelle Yatchmenoff*

ideas and solutions.

DEHE's 215 employees answer that mandate. The diverse workforce comprises three personnel systems: 67 percent direct hire, 17 percent civil service, and 16 percent U.S. Public Health Service. Thirty-eight percent of employees are American Indian and Alaska Native, and 24 percent are female. They are from states and tribes across the United States and offer to DEHE the merits of divergent educational backgrounds, personalities, religious beliefs, ages and incomes.

In the award nomination, Sauers stated this diversity is "testimony to the fact that when an organization has a finite goal, a group of diverse individuals can come together, united in a common cause, to achieve successful results."

Sauers said DEHE distinguishes itself in ways other than its diverse human resources: "There are very few companies out there that can provide the full range of services that we do."

He said plenty of consulting companies perform sanitation and health facility design, but not construction, and that, conversely, plenty of construction companies don't perform design. Eighty percent of workers on DEHE construction projects are locally hired and learn valuable construction skills via a construction skills training program the Division manages — making DEHE further distinctive.

Beyond design and construction, Sauers stressed the value of forming relationships with villages — often by providing on-going technical assistance. He acknowledged that DEHE's diverse array of services is sometimes hard to quantify but said relationship building is a crucial part of how the Division conducts business with customers. That often means project managers must stop to listen effectively. "Cultural differences and some language barriers required patience and understanding," Sauers said, "in order to foster effective communication among all parties."

In its award application guidelines, APWA states applicants should not endeavor to merely demonstrate diversity. Instead, applicants must demonstrate how diversity is used to an effective advantage; how it adds to achievement. On the association's Web site, APWA President Dwayne Kalynchuk says, "just reaching quotas does not assure true equality or solid productivity," but that a productively diverse organization "values the differences in individuals and practices inclusiveness and open communication."

Gary Kompkoff, Tatitlek Village IRA Council president, said, "The new water treatment plant suits the needs of our community perfectly and the plant operator is very pleased with the design and operation of the facility. ... The public health in our community has improved immensely from the water and wastewater project."





# Are you protected from the risk of tetanus?

## Have you had a tetanus shot in the last ten years?

by Deborah Burnard, RN  
Immunization Coordinator,  
Yukon-Kuskokwim Health Corporation

Ask yourself these four questions to find out how much you know about the risk of tetanus.

1. Can a cut, scrape or scratch from working around your home, yard or fish camp expose you to tetanus?
2. When working around the house, yard or fish camp do you protect yourself from getting wounds that could break your skin? (For example, do you use gloves or protective clothing, footwear or eyewear?)
3. Are older people at greater risk of tetanus infections than children?
4. Have you had a tetanus shot in the last ten years?

If you answered “no” to any of these questions, you should keep reading to learn more about your tetanus infection risks.

Close to 100 percent of Alaskans living in Yukon-Kuskokwim Delta villages (and an estimated 7 out of 10

in Bethel) participate in subsistence activities such as fishing, hunting and berry picking. It’s possible that many rural Alaskans will get some kind of injury this summer while working in the home, yard or fish camp.

Say the word “tetanus” and most people think of rusty nails. But tetanus bacteria can hide in many places, including ordinary dirt. And that can be a danger to your health. It means that ordinary household activities and working at fish camp can expose you to a possible deadly infection. All it takes is getting a small cut, scrape, or puncture wound. Here are two ways you can make sure you are protected against tetanus:

- Keep your immunity current with a tetanus/diphtheria booster every ten years.
  - Wear gloves and protective clothes when you’re working around the yard or fish camp to guard against cuts, scrapes and other injuries.
- If you have any questions regarding your tetanus immunization status, please talk with your health care provider.

## Facts about what tetanus can do to you

- Tetanus can be a fatal disease.
- You can’t catch it from someone else.
- It’s caused by infections from bacteria that are common in the environment—in soil, dust, insects, and animals (you can also get tetanus from an insect or animal bite).
- The most common form of tetanus can cause paralysis.
- The first symptoms are often stiffness in the neck and trouble swallowing—the reason a tetanus infection is also called “lock-jaw”.
- Symptoms show up about eight days after exposure to the bacteria but can appear any time from three days to three weeks later.
- A tetanus infection can be difficult to diagnose and complicated to treat, taking weeks or months to recover.
- Immunity wears off. A booster shot is needed every ten years to keep protection strong.
- The most common tetanus shot is a combination vaccine that also protects against diphtheria.
- Older adults have an increased risk of tetanus and diphtheria compared to children and young adults; this is likely because older adults may not have received the first series of shots to start protection, or because many adults may forget to stay up-to-date with a booster shot every ten years.

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



**Wear gloves and protective clothing to guard against cuts, scrapes and other injuries.**

# ANTHC a major sponsor of 2004 Native Youth Olympics

Abraham John of Toksook Bay, Alaska, competing in the seal hop.



Photo by Lakota Murray

## ANTHC Staff Report

ANTHC was a major sponsor for this year’s Native Youth Olympics, and has been invited to be a long-term sponsor of the games. More than 600 athletes took part in the NYO games, which were held at the University of Alaska campus on

April 22-24. ANTHC provided drinking water for participants and gave water bottles to all the athletes. The Nalgene water bottles were inscribed with the ANTHC logo and the messages, “Proud Sponsor of the Native Youth Olympics, and “Alaska Natives making healthy choices.”



## Conference

Continued from Page 1

Foundation donated half the proceeds to the Alaska Native Medical Center Patient Auxiliary. The Surgeon General’s Run/Walk drew

about 300 people. The award-winning Alaska Native musical group, *Pamyua*, and the Yup’ik dance group *Kicaput*, provided entertainment. More than 300 conference attendees toured the Alaska Native Health Campus during the week. Eighty-three exhibit booths filled

the Egan Convention Center.

The success of the conference was due to a strong team effort by local officers, the Anchorage Convention and Visitors Bureau, and Leading Edge Marketing — all working together under the leadership of Jerry Farrell, Executive

Director, Commissioned Officers Association. Planning began more than four years ago with the greatest effort put forth over the past year. Many thanks to those who participated, volunteered, and supported this major event.



### IF YOU HAVE...

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

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

Clerks 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.

You can 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 provided to you and your family.

### WHY?

Ultimately, it brings money into our tribal health care system. The Indian Health Service can provide only part of the cost for everyone eligible for care through the tribal health system. We 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, we waive 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 eli-

gible for it.

*Thank you for choosing  
Alaska Native Medical Center  
as your care provider.*

The Alaska Native Tribal Health Consortium and Southcentral Foundation jointly own and manage the Alaska Native Medical Center under the terms of Public Law 105-83. These parent organizations have established a Joint Operating Board to ensure unified operation of health services provided by the Medical Center.

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



# Life jackets: The critical link to life

**New scientific research shows that the real risks of cold-water immersion occur from the initial effects of falling into cold water, rather than actual hypothermia.**

By Sue Hargis,  
Boating Safety Specialist,  
17th District, US Coast Guard

For many years, boating safety education has focused on the dangers of hypothermia and what you can do to protect yourself from hypothermia when in cold water. New scientific research shows that the real risks of cold-water immersion occur from the initial effects of falling into cold water, rather than actual hypothermia. This finding makes wearing a life jacket even more important because wearing a life jacket helps you compensate during your initial reaction to being unexpectedly thrown into cold water.

The body's reaction to cold-water immersion follows a progressive path:

- Cold shock
- Swimming failure
- Hypothermia
- Post-rescue collapse

As you can see, hypothermia is a late stage of cold-water immersion. Let's look at each of these stages in more detail.

## Cold Shock

When people fall into cold water, their first response is to take a large breath of air. If your face is in the water when that gasp occurs, you can breathe in up to three quarts of water, and your chances of survival immediately diminish. After the first gasp, your breathing rate increases dramatically, and the ability to hold your breath may diminish to as little as ten seconds. Heart rate and blood pressure rise substantially, and there

is a gradual loss of the ability to move the hands and feet. This loss of movement can occur within 3-5 minutes.

## Swimming Failure

Continued immersion in cold water for 3-30 minutes produces a continued inability to hold your breath and a loss of coordination in your arms and legs. If you are trying to swim, you become more vertical in the water and cannot sustain the energy to continue swimming and keep your head above water.

## Hypothermia

Hypothermia does not set in immediately. It usually takes about 30 to 60 minutes in the water for real hypothermia effects to set in.

Hypothermia effects include:

- Shunting of blood from the arms and legs to the body core to retain heat,
- Shivering that eventually ceases as the body's systems begin to fail,
- Loss of consciousness, and heart failure or lethal heart rhythms.

Wearing a life jacket reduces these effects and increases your chances for survival once they set in.

## Post-Rescue Collapse

The hypothermic boater is not immediately safe after rescue. Blood pressure can drop to a dangerously low level as the blood vessels in the arms and legs re-warm, inhaled water can damage tissues in the lungs, heart problems may develop as colder blood from the arms and legs is released into the body core, and other problems may develop.

So, what is the best form of protection when immersed in cold water? Wear a life jacket! Wearing a life jacket keeps your head above water if you fall overboard or cap-



Katlyn Zuray, age 15, of Tanana, Alaska wears a life jacket while boating on the Yukon River.

Photo by Helen Andon

**Wearing a life jacket helps you compensate during your initial reaction to being unexpectedly thrown into cold water.**

size and gives you the time you need to get back on board. You should wear a life jacket at all times when boating. If you hold a life jacket in your hands or sit on one, you will not be able to put it on quickly in an emergency. The life jacket provides some hypothermia protection and significantly extends the amount of time you can survive so that someone can rescue you.

For more information about cold-water survival or for information about boating safety in your community, contact the United States Coast Guard at (800) 478-6381 or the Alaska Native Tribal Health Consortium (ANTHC) Injury Prevention program at (800) 560-8637.



## Statewide

Continued from Page 4

### food program

Yukon-Kuskokwim Health Corporation (YKHC) is now promoting The Emergency Food Assistance Program (TEFAP) in partnership with the Food Bank of Alaska, based in Anchorage, for Yukon-Kuskokwim Delta tribes. This move came at the encouragement of Ester O'Campo, director of the YKHC's Women, Infants and Children (WIC) program.

TEFAP enables tribes to receive US Department of Agriculture (USDA) foods and commodities directly from the Food Bank in Anchorage. Such food includes canned fruits, sauces, veggies and desserts, as well as frozen fruits, meats and turkey. Dry products are also provided such as spaghetti, rice, potatoes, cereals, milk and noodles. In all, about 40 food items are thrown into the mix. USDA commodities are distributed for the benefit of low-income households, which may comprise 50 percent or more of the Y-K Delta village households.

From a YKHC press release dated June 23, 2004.

### SEARHC canoe named

At a dedication ceremony in Juneau May 1, tribal elders named the SouthEast Alaska Regional Health Consortium (SEARHC) canoe Toowu' Lat'seen, which means inner strength.

"Culturally, the canoe is meant to spark interest in our young people, teaching them about where they come from and who they are," said project coordinator Judy Neary. "At the same time it helps make them physically stronger and healthier."

SEARHC formed its first canoe team in the mid-90s to participate in a race at the Goldbelt/Sealaska picnic. For the first few seasons, SEARHC relied on a canoe borrowed from Sealaska Corporation.

SEARHC board member Paula Peterson from Kasaan urged the board to contribute to a fundraising effort. SEARHC purchased a canoe from Kootznoowoo, Inc. (the village corporation for the southeast village of Angoon) in 2001.

Following Tlingit tradition, both the Raven and Eagle moities were represented in the ceremony. Ray Wilson represented the Raven side while Frank White represented the Eagle side. Following traditional practice, cedar boughs were placed under the canoe seats and devil's club adorned the bow and stern.

From the SEARHC website.



## ANMC employees lecture at pharmacy meeting

### ANMC Staff Report

Alaska Native Medical Center (ANMC) pharmacists Brian Schilling, BA, BS Pharm, PharmD, RPh, DSM, GACP, and John McGilvray, BS, PharmD., CGP, FASCP, were invited lecturers at the 2004 Alaska Pharmacists Association held in Anchorage this spring.

Dr. Schilling's presentation was entitled, "Improving Anticoagulant Outcomes." It explored national standards in anticoagulant care and practice models, highlighting Anchorage Native Primary Care Center services.

Dr. McGilvray lectured on the pathophysiology and treatment for



John McGilvray



Brian Schilling

Photos by Matt Keith

Alzheimer's disease in a presentation entitled, "Alzheimer's Disease Revisited."

The Alaska Pharmacists

Association is committed to preserving, promoting and leading the profession of pharmacy in Alaska. It provides members with Continuing Education opportunities, professional seminars, and conferences.





# Mandsager named Director of Public Health for state DHSS

## ANTHC Staff Report

Richard Mandsager, MD, has a new position as Director of Public Health for the Alaska Department of Health and Social Services.

“He leaves behind many friends and a distinguished record of service,” said Alaska Native Tribal Health Consortium Chief Executive Officer Paul Sherry. “But we are gaining a knowledgeable ally at the State.”

In Mandsager’s new position, he will oversee several programs that work closely with health care providers in the tribal health system, including the State laboratories, epidemiology, and community and rural

health programs.

Mandsager was Alaska Native Medical Center (ANMC) Administrator for nearly 15 years and during times of great change. He facilitated construction of the new ANMC facility on Tudor Road, the largest project in Indian Health Service (IHS) history and the first joint construction project of IHS and the Centers for Disease Control and Prevention. Tribes assumed management of ANMC and statewide services from IHS during his tenure. Mandsager’s achievements brought him the rank of two-star Rear Admiral at the age of 42 and the highest award for a Commissioned

Corps officer, the Distinguished Service Medal. In 2000, Mandsager stepped down from his leadership position at ANMC and went to work as Staff Pediatrician for the Anchorage Native Primary Care Center of ANMC, which is managed by Southcentral Foundation. He started work at his new job on June 1, 2004.



Dr. Richard Mandsager



## CALENDAR

### Events & celebrations

#### July

- 6 SCF Executive Committee meeting, 10 am – 3 pm
- 7 ANTHC Core Management Team, 10 am – 3 pm, ULB Boardroom
- 12 Maniilaq Association committee meetings
- 12-16 SEARHC Quarterly Meeting
- 13-14 Maniilaq Association Board Meeting
- 13-14 EpiCenter Advisory Council Quarterly Meeting, ANHB Conf Rm
- 15 ANTHC Core Management Team, 9 am – noon, ULB Boardroom
- 19-20 Sanitation Facilities Advisory Committee, 1- 5 pm 7/19, 8 am – noon 7/20
- 20-21 RASC meeting, ANHB conf rm, 1:30 – 5 pm 7/20, 8 am – noon, 7/21
- 20-22 First Conference on Increasing the Number of American Indian, Alaska Native and Native Hawaiian Professionals in Public Health. Emory Hotel, Atlanta GA (www.nihb.org)
- 21 ANTHC Core Management Team, 10 am – noon, ULB Boardroom
- 21 YKHC Finance Committee meeting

#### August

- 2 ANMC JOB Finance Committee, 9 am – noon, ANMC Conf Rm 2
- 2 ANMC Joint Operating Board meeting, 1:30 – 5 pm, ANMC Conf Rm 2
- 3 Southcentral Foundation board meeting, 9 am – 4 pm, SCF boardroom
- 4 ANTHC Core Management Team, 10 am – noon, ULB Boardroom
- 8-11 National Indian Health Board 2004 Consumer Conference, Oklahoma City OK (Info: www.nihb.org)
- 9 Village Services Management Team, 11 am – 3 pm, SCF Boardroom
- 9 Alaska Covering Kids Coalition Launch for Back-to-School Campaign (Info: Donna

See Calendar on Page 11

## Emergency preparedness survey under way

### ANTHC Staff Report

The Alaska Native Tribal Health Consortium (ANTHC) is working with clinics, hospitals and tribal health organizations to conduct a survey on emergency preparedness. The survey will provide information about how well the Alaska Tribal Health System is prepared to handle emergencies. Results may be used to secure funding to enhance the capacity of tribal clinics and hospitals to manage all types of public health emergencies, including bioterrorism.

ANTHC staff have described the survey at several recent meetings, including the February tribal health director mega-meeting and the April medical services networking committee meeting. Moreover, the survey is part of a tribal health emergency preparedness plan, which was identified as a goal (C-7) in the Alaska Native Statewide Health Plan 2002-2010 developed through the Alaska Native Health Board and ANTHC.

The survey will help determine:

1. The level of emergency preparedness of tribal clinics;
2. The most effective means of communication with providers located in both tribal clinics and hospitals.

The State of Alaska Epidemiology Survey Lab will do the telephone survey on ANTHC’s behalf. The target audience includes all of the clinics and hospitals within the Alaska Tribal Health System. For clinics, the plan is to contact the Community Health Aide/Practitioner. For hospitals, the interviewer may contact safety officers, or other staff, depending on each facility. Clinics and hospitals can expect a telephone call in July.

Once the telephone interviews are done, the answers will be compiled and analyzed (to identify trends). ANTHC expects to distribute copies of the survey analysis and recommendations by September 2004.

If you have questions, concerns or suggestions, please feel free to contact:

Joaqin Estus, ANTHC public communications and marketing director: 729-1914 ; email [jmestus@anthc.org](mailto:jmestus@anthc.org)  
Mike Bradley, ANTHC bioterrorism coordinator: 729-



The nation’s top Terrorism Preparedness and Emergency Response (OTPER) official, Joe Henderson, visited Alaska in early May. Shown here (on left) with Mike Bradley, of ANTHC, enroute to Aleknagik, near Dillingham. OPTER funds awarded to Alaska this year are being used to survey tribal health facilities to determine the Alaska Tribal Health System’s level of preparedness for emergencies.

Photo by Anant Shah

*The survey will provide information about how well the Alaska Tribal Health System is prepared to handle emergencies. Results may be used to secure funding to enhance the capacity of tribal clinics and hospitals to manage all types of public health emergencies, including bioterrorism.*

3653; email [mjbradley@anmc.org](mailto:mjbradley@anmc.org)  
State of Alaska Epidemiology Survey Lab, Jayne Andreen, Health Promotion Unit Manager: 907-465-5729; email [jayne\\_andreen@health.state.ak.us](mailto:jayne_andreen@health.state.ak.us).



## EARTH study researches how Alaska Natives, American Indians stay healthy

By Jaylene Wheeler  
SCF Medical Services Division

What can help our people stay healthy throughout their lifetime? To find the answers, and to learn how lifestyle, diet, physical activity and various other factors influence health

among Alaska Natives and American Indians, Southcentral Foundation is beginning a long-term health and wellness study called Education and Research Towards Health, or EARTH. This is part of a national study conducted by and for Alaska Natives and American Indians to bet-



ter understand how to prevent chronic diseases such as cancer, heart disease, diabetes and lung disease.

Southcentral Foundation is partnering with the Alaska Native Tribal Health Consortium, and it is only one of three Alaska Native health corporations participating in the research. Yukon-Kuskokwim Health Corporation and SouthEast Alaska Regional Health

See EARTH on Page 8



## Alaska cancer survivor and advocate Alisa Gilbert named 2004 Carpe Diem Voice of Survivorship Award Recipient

ANTHC Staff Report

The Lance Armstrong Foundation (LAF) has named Alisa Gilbert, of the Tiwa (Pueblo) tribe, the 2004 *Carpe Diem Voice of Survivorship* award recipient. LAF presents *Carpe Diem* awards annually at its *Live to Ride Gala* to recognize those who have positively impacted the cancer survivorship community and inspired survivors to live strong.

“The *Carpe Diem* awards recognize those who truly seize the day, their lives and their opportunities,” said Mitch Stoller, LAF president and CEO. “Alisa’s commitment to promoting public understanding of cancer among American Indian and Alaska Native communities has ensured that public health efforts do not overlook them. She has provided a powerful voice for this population and helped its members improve their collective quality of life.”

Gilbert is dedicated to providing support and resources to American Indian and Alaskan Native (AI/AN) cancer survivors. About 2.5 million AI/AN are enrolled or reside in more than 500 federally recognized Tribes on reservations and in rural urban communities in the United States. These communities speak 217 Native languages and most of them do not include a word for cancer. American Indian and Alaska Native cancer patients often find themselves alone and, due to lack of local resources, hundreds of miles away from their homes. Cancer is the leading cause of death for Alaska Natives and the second-leading cause of death for American Indians in the lower 48 states.

Gilbert is the founder and executive director of the National Office of Native Cancer Survivorship



Lance Armstrong, cancer survivor and five-time winner of the Tour de France, poses here with Alisa Gilbert, who received 2004 *Carpe Diem Voice of Survivorship Award* at the *Live to Ride Gala* which was held in Austin, Texas, on April 16, 2004.

Photo provided by Live to Ride Gala

(ONCS). ONCS provides to Native Americans services that are sensitive to their unique cultural needs and that leverage existing Native health care systems. ONCS is working to eliminate the disparity in care and services between Native cancer survivors and other communities.

During the last eight years, Gilbert has fostered partnerships between state, federal and tribal organizations, including the Indian Health Service, Alaska Native Tribal Health Consortium, the Patient Advocate Foundation and the Mayo Clinic. Gilbert is also a member of the Food and Drug Administration’s National Mammography Quality Assurance Advisory Committee. As part of her

role with ONCS, Gilbert also coordinates the *Weaving a Basket of Hope* conference for cancer survivors, tribal leaders and healthcare providers to gather and discuss survivorship issues, including access to quality healthcare, cancer education and patient-provider communication. Funding from the Lance Armstrong Foundation will help Gilbert host the conference in many communities throughout Indian Country. An education grant for her public awareness campaign, *Turning the Lights On! Cancer in Indian Country*, will deliver messages of hope and inspiration to AI/AN communities and educate them about cancer prevention through public service announcements.

Gilbert’s remarkable contributions are inspired by her personal experience. At the age of 31, Gilbert was diagnosed with advanced stage breast cancer and endured months of chemotherapy, bilateral mastectomy and multiple reconstruction surgeries. She met her future husband, Tim, during the final stages of her treatment and they are now the parents of two boys, Levi and Race. They live in Anchorage, Alaska.

The LAF’s *Carpe Diem* awards were first presented in 2001. Winners are invited to the *Live to Ride Gala* and receive a \$5,000 grant for the cancer survivorship program or organization of their choice.

### About the Lance Armstrong Foundation

Founded in 1997 by cancer survivor and champion cyclist Lance Armstrong, LAF exists to enhance the quality of life for those living with, through and beyond cancer. For more information, visit [www.laf.org](http://www.laf.org) and [www.livestrong.org](http://www.livestrong.org).



## Youth participate in the VERB activities during Spirit Days



Spirit Days was held at West High School in Anchorage on June 26-27. The Alaska Native Tribal Health Consortium Health Promotion/Disease Prevention program coordinated volunteers to work with the VERB events at Spirit Days. VERB is a national multicultural media campaign developed by the Centers for Disease Control and Prevention (CDC). The idea is to promote “tweens” (9-13 year-olds) to be active for one hour each day. More than 200 youth earned T-shirts and mini-soccer balls by participating in basketball, balancing games, races, dancing and other active play as part of the VERB activities.

Run entirely by volunteers, Spirit Days is an

annual Alaska Native celebration, providing an opportunity for residents and visitors, both Native and non-Native, to celebrate the rich and diverse heritage of this great land. Spirit Days presents cultural activities, including traditional singing, drumming and dancing, traditional Alaska Native sports, blanket toss, foods, arts and crafts, and storytelling representing the nation’s indigenous people. All project staff, board, artists, performers and volunteers are Native and we have many non-Native volunteers.

This annual celebration benefits the Native community by teaching and passing on tradition and heritage to our children, and by promoting healthy lifestyles and role models.



## Tropical Fruit Sherbet

Freeze this on Popsicle sticks for the kids!

Sandra Angaiak  
Chenega

- 13 oz. strawberry gelatin
- 1/2 C. boiling water
- 1 Tbls lemon juice
- 20-oz can of pineapple chunks in juice, undrained
- 1 ripe banana
- 10-oz package of frozen sweetened strawberries
- 1 C. fresh strawberries

Combine gelatin and boiling water in a measuring cup. Stir until dissolved. Pour into mixer and blend 45 seconds all together, pour into individual containers. Add a Popsicle stick in the middle and freeze.

From the Chugachmiut Idita-Heart Challenge calendar.



## EARTH

Continued from Page 7  
Consortium are the two other Alaskan-based sites. American Indians in the Dakotas and the Navajo Nation are also participating.

Interested participants should be at least 18 years of age; a member of an Alaska Native or American Indian Tribe; live in the Anchorage bowl or another participating region; not currently pregnant or on cancer treatment at the time of enrollment; and able to provide informed consent.

At Southcentral Foundation, participants are asked to commit about two hours for the study, and will receive a health summary immediately fol-

lowing their visit, as well as a \$20 gift certificate to a local store (ex. Carrs/Safeway) and their choice of a small gift—T-shirt, water bottle or baseball hat. After the initial screening, participants will be contacted every two to three years for the life of the study.

The EARTH research site at Southcentral Foundation is housed at the Anchorage Native Primary Care Center (PCC) on the Alaska Native Medical Center campus. If you are interested in becoming a participant or would like to learn more about the study, please call Jaylene Wheeler at (907) 729-3258 or Deb Hendrickson at (907) 729-2197.





# Labor Relations Board reaffirms Tribal Self-Determination

## YKHC Staff Report

On May 28, 2004, the National Labor Relations Board (NLRB) overruled a previous decision and dismissed a complaint by the International Brotherhood of Teamsters, Local 959, in favor of the Yukon-Kuskokwim Health Corporation (YKHC).

In doing so, the NLRB decision disallowed a group of employees from forming a union at the tribal health organization citing long standing principles of federal Indian law that “discourages interference in the affairs of Indians when they act in a manner consistent with their unique status.”

“We’re elated that this eight-year process is over,” said Gene Peltola, President and CEO of YKHC. “Now we can concentrate on protecting and providing health care services to our

people in the Y-K Delta.”

On October 29, 1999, the NLRB, as its earlier decision, had ordered YKHC to bargain with the Teamsters who represented a group of nurses at the Corporation. In that decision, the NLRB relied heavily on Alaska v. Native Village of Venetie Tribal Government, and asserted that it had jurisdiction over YKHC because Alaska Natives did not have reservation status and the Yukon-Kuskokwim Delta Regional Hospital (YKDRH) was not located on land owned by a tribe.

But in an effort to protect tribal self-determination, YKHC declined to negotiate. Subsequently, the Teamsters filed a complaint with NLRB against YKHC, a move typical of unions when an employer refuses to bargain with them.

YKHC maintained that NLRB had no jurisdiction over it as a tribal

health organization operating the YKDRH, a federal hospital on federal land in Bethel, under the Indian Self-Determination Act (ISDA).

The U.S. District Court of Appeals denied the NLRB’s decision in 2001 and ordered the Board to re-examine the case in light of the ISDA. The ISDA allows tribes and their organizations to contract certain federal government activities themselves in order to promote tribal self-determination.

During this period of review, the Alaska Native Health Board, Bristol Bay Area Health Corporation, Norton Sound Health Corporation, and the SouthEast Regional Health Corporation filed legal briefs in support of YKHC.

The NLRB recognized long-standing principles of Federal Indian law and found that when an Indian tribe is fulfilling a tradition-

ally tribal or governmental function that is unique to its status, interference in the affairs of Indians is discouraged.

In the case of YKHC, the health corporation is exercising a unique governmental function, namely healthcare, and fulfilling the Federal Government’s trust responsibility to provide health services to Alaska Natives.

“Our decision to decline to assert jurisdiction here is the product of a careful balancing of the Board’s interests in advancing the Act’s statutory goals and in respecting Federal Indian law and policy,” wrote the NLRB in its decision. “Accordingly, we overrule our previous decision and dismiss the complaint.”

*From the website of the Yukon-Kuskokwim Health Corporation*



## Dive in ... to good health

Swimming builds endurance, strength and flexibility, and gives your heart a workout.

**Choose health!**

In fact, being active every day lowers your risk for diabetes, heart disease, stroke and cancer. No matter what your age or

level of fitness, an active life is a healthy one.





## Kaltag aide combined traditional, Western healthcare techniques

By Ginger Placeres, Editor  
The Council, a newsletter of the Tanana Chiefs Conference

Anna Madros is a retired health aide from Kaltag, who volunteered with Mary Etta Neglaska for five years before receiving a \$100 monthly check for her assistance in emergency health care for the village of about 250 people.

"I didn't know beans for grapes in medicine! I came home one day to find the nun had left a medical box and her personal medical book for me to be in charge of," said Anna.

Her paid position began in 1972 as she and a pioneering group of rural Native women in the Interior started their health careers; like Anna, they were hand-picked because of their history of being reliable in a medical crisis.

Anna was a young teenager, fishing for grayling at a creek above Kaltag, when an Elder, Grandma Marie Paul Nikolai, called Anna into a nearby house as she walked home. Anna's friend was having her first baby and Grandma Marie was overseeing the delivery, "I want you to help me. Wash your hands," she told Anna. Anna laughed, "Here I was thinking, 'where the hell this baby come from?' I was so scared but we never answer old people back, so I just did what she told me."

In those days, traditional techniques were used; Grandma Marie had moose sinew and used it to tie off the umbilical cord, first telling the mother "it's your baby, you have to cut the cord." She told Anna to rub the mother's stomach constantly so it doesn't go soft and cause bleeding.

"We didn't know about death, they never let kids go around dead people. My mom was so strict; she never let me get involved." Anna had two sisters; she lost both to separate

German measles epidemics in Kaltag and Tanana. Once, the whole village was afflicted, leaving Anna and her grandfather as the only unaffected residents as several people died; everyone else was quarantined in their homes. None could be exposed to daylight so it was like "a ghost town."

Anna's knowledge of traditional ways and cures is a treasure she mentions casually, talking about using mud for bee stings, chewing on willows to cure a sore throat, and as for babies, Anna says "The old people told us to breastfeed our babies because bottle babies get fat."

Training as a health aide began in Tanana for three weeks at a time, where Anna says the doctors went slowly, beginning with blood pressure, pulse, respiratory, applying pressure on bleeding areas, and checking ears.

"It was June, the first time we gathered, Clara Honea, Pauline Peters, Rose Ambrose, Rita Esmailka, and others. Everyone in Tanana was outdoors, getting fish; we should've been down on the beach, getting fish too."

Her generation of health aides was in a rare position; traditional knowledge was relied upon as a lifestyle, not as a cultural basis as it is today.

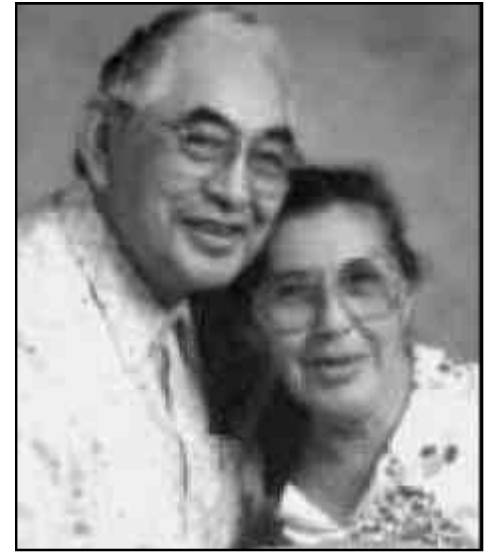
"We used two cultures, one the old people taught us and one the [doctors] taught us."

At home, Anna dealt with colds and common household accidents.

"This man showed up with a foot injury, he ran a pick through his foot. I washed it out, put sugar in it to stop the bleeding, and looked through my medical kit. They said, 'Put salve and a bandage on it' so I did. We had two salves in our medical kit and later I realized I used the eye salve instead of the skin salve. I had a good laugh over it."



Above left: Anna Madros, with grandson Travis. Right: Anna with George, Sr.



When thinking about the changes to health care nowadays, Anna stresses the need for health aides to comfort those in emergencies.

"Contact with the body is part of the helping—it calms the patients down. As long as you put your hands on them, you help them."

She doesn't want professionalism to overpower basic compassion, a concern she has for today's health aides.

"The hardest thing to deal with is telling someone their loved one is dead, to see them take their last breath. You see someone come in [to the clinic with a patient] hoping against hope, but there's no pulse, nothing."

Her most tragic experience was dealing with a plane crash seven miles above Kaltag, where one man and his two children died.

"Old people always said you're gonna go that path and no one can stop you." There was no visibility but the pilot left anyway; the community was devastated.

Anna didn't think about retiring but when her husband was dying from cancer, he told her "when you go home, retire."

She explains the hardship of saving other lives, but being unable to save her husband's life,

"I had no desire left anymore, and I couldn't deal with it."

George Sr. was a supportive spouse, "I worked out of my house for a long time, night or day, and my husband went with me on every call. He'd carry my supplies and sleep there until the emergency was over. I was married to a quiet and patient man."

They were married for 47 years and had ten children

Now, Anna spends much of her time traveling between families in Fairbanks and Anchorage, until summer, when she can go home to Kaltag and not worry about getting wood for a home "too big for just one person."

"I had a good life, living out in the Bush. I know our way and I know the city life. City life is boring, when you get done working, you get bored. In the village you can get in your boat. Wild salads are coming out now (mid-May); when fireweed is one or two inches tall, they're good for salads. There's wild rhubarb, all sorts of stuff out there."

At the end of this interview, Anna stepped out of the truck to say she had to get her cell phone turned back on, and walked into ACS as she said good-bye.



## Not all wounds are visible or physical, especially heart wounds

### What happens when we live life with wounds?

By Nina K. DeRoche,  
Prevention Counselor,  
Yukon-Tanana Counseling Services,  
Tanana Chiefs Conference

When I talk about being a wounded person, I'm really talking about having a wounded heart. What causes people to be wounded? Well, most of the time it is something bad that happened through an event or series of events that was out of our control through other people and even caused by our selves.

What happens when we live life with wounds and how does it affect our loved ones and us? Look at it this way; let's say that you are in an accident from a snow-machine, fishing,

or hunting trip, and got wounded. Even though you were hurting you didn't go to the hospital, so your wound got infected. That being the case, you would walk around in pain and suffering, most likely you'd not be a very nice person to be around and would be very unhappy.

Eventually, if you went untreated, you would die. That's how it can be with people suffering from alcohol and drug addictions. Usually when a person is using any kind of mind-altering substance, it is because they don't want to deal with reality. Reality is too painful because of their wounded heart, so they opt for using alcohol or drugs to medicate from their inner pain.

The sad thing is that continued abuse just leads to creating more wounds that not only hurt ourselves,

but also those that love us.

So what should I do if I am that person? I am ashamed to go to counseling because it's embarrassing and I don't want people to know that I have a problem!

Do you think that people don't already know that you have a problem if you are getting into trouble with the law, neglecting yourself, your family and wasting all your finances on mind-altering substances? Let's get real! I would rather put away the false pride and get help. Resources in the village can come through spiritual leaders in your community, health aides, mental health and substance abuse counselors, and Elders. You might be thinking that they wouldn't understand because they haven't been through what you've been through.

In that case, there are people in the community who used to abuse alcohol and drugs that now live clean and sober lives. Most people that I know of in recovery are happy to help with listening and sharing what worked and didn't work for them in their journey to be free from addiction.

If you are struggling with alcohol and drug abuse, please reach out for help. Those of you that are clean and sober, please be ready to accept them without judgment for what they have done in the past and love them unconditionally. Let's stop the abuse by reaching out to those suffering. In doing so, we will participate in helping to save the lives of our people. Reality is too painful because of their wounded heart, so they opt for using alcohol or drugs to medicate from their inner pain.





## Cancer Information Service answers cancer questions

### Q: What does the U.S. Surgeon General's new report on smoking say?

A: The U.S. Surgeon General's 2004 report, *The Health Consequences of Smoking* states for the first time that smoking causes diseases in nearly every organ of the body. Smoking is the top cause of preventable disease and kills an estimated 440,000 Americans each year, according to the report.

In 1964, the Surgeon General's first smoking and health report showed that smoking was a definite cause of cancers of the lung and larynx (voice box) in men and chronic bronchitis in both sexes. Later reports from the Surgeon General said that smoking also caused cardiovascular disease, reproductive problems, and cancers of the bladder, esophagus, mouth and throat.

The new report expands the list of smoking-related diseases to cancers of the stomach, pancreas, cervix and kidney, acute myeloid leukemia, cataracts, pneumonia, abdominal aortic aneurysm, and periodontitis.

The report also notes that smoking low-tar or low-nicotine cigarettes is not safer than smoking regular cigarettes. The only way to avoid the health hazards of smoking is to quit completely or never start.

For an easy-to-read summary of the report and other information on smoking, go to [www.surgeon-general.gov](http://www.surgeon-general.gov). For one-on-one help with quitting, contact the free 24-hour Alaska tobacco quit-line, at 1(800) 842-quit, or 1(800) 842-7848.

### Q: What does "tumor grade" mean?

A: Generally, tumor grade means how much the cells of a cancerous tumor differ from healthy cells, and how quickly they are likely to grow and spread to other parts of the body.

To understand tumor grade, it is helpful to know how tumors form. Normally, the cells in our body grow and divide to make new cells in a controlled way. Sometimes, cells become abnormal and divide

in an uncontrolled way. When this happens, the cells form a mass of excess tissue called a tumor.

When a tumor is found, the doctor usually recommends a biopsy (surgical removal of tumor tissue to check for cancer under a microscope). A tumor can be benign (not cancerous) or cancerous. Benign tumors do not spread to other parts of the body. Cancerous tumors can damage nearby tissue and spread to other organs.

Grading systems are different for each type of cancer, but doctors commonly label tumors as being Grade 1, 2, 3 or 4. Generally, a higher grade means the cells are quite different from healthy cells and more likely to grow and spread.

Doctors use tumor grade, along with other factors, to plan treatment and estimate the patient's chance of recovery. The importance of tumor grade is greater for certain types of cancers, such as soft tissue sarcoma, primary brain tumors, lymphomas, and breast and prostate cancer.

### Q: If I have a low PSA level, could I still have prostate cancer?

A: A low PSA (prostate specific antigen) level does not rule out the possibility that a man has prostate cancer, according to a new National Cancer Institute study. This is the first large study to look at how often prostate cancer is diagnosed among men with low PSA levels.

PSA is a substance produced by the prostate. It can be measured by a simple blood test. A high PSA level may be caused by prostate cancer or one of several less serious conditions. A biopsy (surgical removal of tissue to check for cancer) and other tests are often recommended if the patient has a PSA level of 4 nanograms per milliliter or above. Levels under 4 are generally considered normal.

In the NCI study, almost 3,000 men age 55 and older with normal PSA levels underwent prostate

biopsies. Fifteen percent were found to have prostate cancer. Most of the cancers were slow growing and likely to remain harmless. Many men over age 50 have early, undiagnosed prostate cancer, according to autopsy reports. Doctors agree that most of these cancers will remain harmless, although some may become aggressive.

About 2.3 percent of the cancers found in the study were aggressive. This means they are more likely to grow quickly and spread to other parts of the body.

It is unclear how doctors will respond to the new findings. The PSA test is commonly used in the United States to find prostate cancer early. However, some scientists are concerned that its widespread use may lead to "over-diagnosing" the disease and unnecessary biopsies and treatment for men with slow-growing cancers.

More research on prostate cancer screening is needed, and the NCI has several studies underway. Meanwhile, men with questions should talk with their doctor.

### Q: Where can I go for trustworthy cancer information online?

A: The National Cancer Institute's Web site at <http://www.cancer.gov> is a one-stop resource for cancer information. The site offers comprehensive information on all types of cancer, clinical trials (research studies with people), cancer statistics, and other related topics. Information is logically arranged by topic and can be searched easily by using key words.

The Cancer Topics section contains information summaries on more than 100 types of cancer for patients, their families, and the public. The summaries are written by medical experts and updated regularly. They cover cancer treatments, screening, prevention, supportive care, genetics, complementary and alternative medicine, and other aspects of cancer.

The Clinical Trials section provides information on recent advances in cancer research, as well as materials to help people understand clinical trials and decide whether to take part in a trial. An easy-to-use search tool helps users find trials for a specific type of cancer, in a certain geographic region, or for a particular type of treatment.

By clicking on the NCI Publications button (one of the Quick Links), users can view, print, and/or order free NCI materials. Publications can be identified by type of cancer, subject, audience, language, and/or key words.

LiveHelp is NCI's live, online service that offers immediate, personalized assistance in finding answers to questions about cancer. Information specialists at LiveHelp also can help users navigate the NCI Web site. The service operates from 9 a.m. to 10 p.m. Eastern Time Monday through Friday.

The National Cancer Institute's Cancer Information Service (CIS) is one of the country's most trusted resources. "Ask the CIS" is distributed by the CIS - Pacific Region, which serves Alaska, Idaho, Nevada, Oregon, and Washington. Call the CIS toll-free at 1-800-4-CANCER (1-800-422-6237) between 9 a.m. and 4:30 p.m. Monday -Friday.



## Calendar

Continued from Page 7

- Elliot, Statewide Project Coordinator, 729-3954)
- **25 ANTHC Core Management Team**, 10 am – noon, ULB Boardroom
- **25 YKHC Finance Committee meeting**
- **26-27 YKHC Executive Board meeting**
- **27 Anchorage Service Unit Tribal Health Council**, 10 am – 3 pm, ULB Boardroom
- **30-31 Alaska Native Tribal Health Consortium Board Meeting** 9 am – 5 pm, ULB Boardroom



## Use tobacco? No way!

Just think: You could go to Disneyland or you could smoke a pack of cigarettes a day for a year. The cost is about the same.

"Smoking or chewing tobacco is disgusting," says Genevieve O'Neill. "Kids can make a better choice."

Don't even start using tobacco. It's not worth it.



**Choose health!**

Photo ©2003 Ray Solomon





## Training begins for 6 more dental health aide therapist students

### ANTHC Staff Report

Geographic isolation, vacant dentist positions, and high yearly dentist turnover in rural dental clinics, leave the oral health of Alaska Natives far worse than the U.S. "all races" oral health status. To help meet this need, the Alaska Native Tribal Health Consortium dental center provides training that prepares Dental Health Aides (DHAs) for two distinct roles: Expanded Function Dental Health Aides who assist with dental procedures at regional health organization "hub" dental clinics. The second role, for Primary Dental Health Aides and Dental Health Aide Therapists, is to provide services in a village much like their counterparts, the Community Health Aide / Practitioner (CHAP). Training leading to certification as a Dental Health Aide Therapist is provided at the University of Otago School of Dentistry in New Zealand, while training leading to certification as Primary Dental Health Aides and Expanded Function Dental Health Aides is provided at regional hub communities in Alaska by faculty from the University of Kentucky School of Dentistry and the IHS.

The goal of the DHA program is to increase dental care to Alaska Natives in rural Alaska. It will build new, village-based capability in primary dental care, including community education, preventive interventions, individual assessments, early referral of dental problems, and emergency dental care.

The ANTHC is in the process of gathering nominations for next year's Dental Health Aide Therapy class. Tribal health organizations, typically through their dental department, nominate candidates to take part in the training. Successful nominees will be sponsored for the two-year training period in New Zealand and return and work in their home region. Deadline for nomination is August 31, 2004.

The DHA project is funded with a grant from the Rasmuson Foundation.



Aurora Johnson, a first-year student, practices an examination on a fellow first-year student.



Lee Wolfershein, a second-year year student from Bethel, prepares her patient for a filling.



Left to right: Louise Roseanne Joe from Nightmute, Aurora Johnson from Unalakleet, Tammy Gologergern from Nome, Kim Baldwin from Kiana, and Amy Brewer from Hoonah. Not pictured: Charles "Mike" Andrews from Emmonak. These six students began their studies at Otago University School of Dentistry in New Zealand in March this year. They join our six second-year Alaska students.



Ricky Goodro, a second-year student, performs an examination. Goodro and the other second-year students will finish their studies and return to Alaska to practice this December.

## Call for Papers

### Health policy challenges affecting American Indians, Alaska Natives

The American Journal of Public Health (AJPH), in collaboration with the Henry J. Kaiser Family Foundation, is planning to publish a collection of papers on how the United States can more effectively meet the health care needs of American Indians and Alaska Natives (AIANs). The guest editors are soliciting contributions.

Research articles and analytic essays are encouraged to address the challenges or approaches to eliminating health care disparities (in access, quality or financing of care) between AIANs and other population groups.

All papers will undergo peer review.

Papers must be submitted by August 1, 2004. Additional information can be obtained by contacting AIAN\_AJPH series@kff.org.



## It's time for king-fishing Unalakleet



Top: Fran Degnan, left, and Ruth Nighswander pose for a photo near a fish rack in Unalakleet in June.

Left: Two boys try their luck fishing for kings in the Unalakleet River, near Unalakleet, in northwest Alaska.