



THE Mukluk Telegraph

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ANTHC highlights year's activities

By Joaqlin Estus
Director, ANTHC Public
Relations and Communications

On Dec. 7 Alaska Native Tribal Health Consortium (ANTHC) President and Chairman Don Kashevaroff and Chief Executive Officer Paul Sherry reported on the organization's activities during fiscal year 2005 (September 2004 – October 2005). They began with a description of challenges faced by ANTHC and other tribal health organizations.

Most of the Consortium's budget comes from the Indian Health Service, which cannot provide enough funding to cover all Native health care. Other challenges include maintaining operating efficiencies in a decentralized health system, supply/retention of health professionals, high growth in the

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From left to right: Heather Chafin, Office Assistant, Division of Environmental Health and Engineering and Marianne Gilmore, Executive Administrative Assistant, ANTHC Administration greet (unidentified woman), Gilbert Vent from Allakaket, Mickey Stickman from Nulato, and Andrew Jimmie, of Minto.

Health care providers honored

ANTHC Staff Report

The National Indian Health Board has recognized five members of Alaska Native Medical Center (ANMC) staff for their "significant contributions to American Indian and Alaska Native healthcare." The awards were presented during a ceremony at ANMC Nov. 30.

"We are so very proud and

pleased that these highly motivated and brilliant professionals have gained national recognition," said Dee Hutchison, ANMC administrator. "But it is our customer-owners here who are the real winners, since they are the ones who really benefit from the hard work these fine folks have been doing for years."

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Bird flu: What's hype, what's real?

By Mike Bradley
Manager, Emergency Preparedness and Traditional Food Safety programs, ANTHC Division of Community Health Services

It is on the news everywhere: A bird flu epidemic could be coming. Should we be worried or do anything to prepare? What is this influenza virus, the bird flu? What can Alaskans expect? What is the Alaska Native Tribal Health Consortium (ANTHC)

doing about it? What about other organizations?

What is fact?

The bird flu strain in Southeast Asia could be the source of an influenza epidemic (referred to as pandemic) but no one knows if or when that may occur, nor how serious the pandemic might be.

Pandemics occur because of the

See FLU on Page 7

4 ANMC nurses win March of Dimes awards

Nurses from across Alaska were honored at the second annual Alaska March of Dimes Nurse of the Year Awards Program Nov. 18 at the Marriott Hotel in downtown Anchorage. Patients, friends, co-workers and other health professionals nominated 79 nurses in 17 categories including "Friend of Nursing" and "Rising Star." More than 200 people were on hand as the winners were announced.

Alaska Native Medical Center nurses, listed below, won in four of the 17 categories:

- **Advanced Practice:** *Summer Cutting*, Southcentral Foundation
- **Ambulatory Nursing:**

See NURSES on Page 2

Consortium provides 'quick fix' for failed water system

By Matthew Dixon, PE and John Warren, PE
Engineers, ANTHC Division of Environmental Health and Engineering

Last spring, residents of Tyonek, a village on Cook Inlet in southcentral Alaska, were boiling their drinking water because it was contaminated. Villagers repeatedly had low water pressure, and sometimes lost their water supply.

Remedies to fix the situation had to be carried out quickly. Working with the village and State of Alaska employees, Alaska Native Tribal Health Consortium (ANTHC) engineers in the Division of Environmental Health and Engineering (DEHE) were able to quickly plan, design and build a brand new water treatment facili-

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MEETING

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Native population, and a demographic shift to an aging/elderly Native population with chronic disease.

Administration

Administration completed a plan for future construction on the Alaska Native Health Campus (as funding permits), as well as a strategic plan for 2006-2010.

Alaska Native Medical Center

In fiscal year 2005, Alaska Native Medical Center (ANMC) provided care for 503,588 visits, 1,277 infant deliveries, and 10,832 surgical procedures.

ANMC remains Alaska's only level-2 trauma center, with staff and facilities ready 24 hours a day, 365 days a year to care for trauma victims. Magnet status for excellence in nursing care was reaffirmed at the hospital. Staff is continuing to work on Advanced Specialty Access, which will increase customer satisfaction and decrease waiting time.

ANMC was the first medical facility in the state to acquire a GE 16-slice Pro CT scanner, which provides more detailed, higher resolution images and quicker, more comfortable service to the patient.

Division of Environmental Health and Engineering

The Division of Environmental Health and Engineering (DEHE) directed local construction crews in 48 communities working on water and sanitation projects.

In fiscal year 2005, 42 health clinic projects were in the planning, design or construction phases. Close to \$17 million in project funding was awarded through DEHE. Fifteen tribal organiza-



From left, Henrich Kadake Sr., Nick Davis and Wilbur Brown, all from Kake, attend the annual meeting.

tions received \$6.3 million for 48 hospital and clinic improvement projects.

In 2004, Department of Sustained Operations staff continued to provide exceptional training opportunities with four major construction skills trainings, as well as a commercial driver's license training.

The Injury Prevention Program awarded \$5,000 grants to six tribal health organizations to expand programs to distribute child car seats and bike helmets. The Safe Firearm Storage Project expanded by \$100,000.

Division of Community Health Services

At the Division of Community Health Services (DCHS), the Clinical Services/Hepatitis Program established ANMC's molecular biology diagnostic laboratory, making ANMC the only tribal medical center to house such a facility.

Through the efforts of the Dental Department, the inaugural class of Alaska dental health aide therapists graduated from the University of Otago Dental School in New Zealand

in November 2004. These graduates are the first midlevel dental providers in the United States.

DCHS held the first Alaska Native Health Research Conference with participants from across the country.

Division of Information/Technology

In the past year, Division of Information Technology (DIT) staff worked to improve service coverage. Some of the results are:

- Increased training for the Resource Patient Management System, a computerized health records system
- A 50 percent increase in the use of telemedicine
- Completion of new telemedicine software and increased support for the

Alaska Federal Health Care Access Network (AFHCAN)

- Increased data analysis for the Government Performance and Results Act (GPRA)
- The addition of video-teleconferencing to the Wide Area Network (WAN), described below.

ANTHC worked with other tribal health organizations to keep the WAN constantly up and running. Linking more than 160 Alaska clinics and hospitals, the WAN enables the sharing of data for patient encounters, teleradiology, telepharmacy and telemedicine.

Division of Human Resources

In fiscal year 2005, the Division of Human Resources (HR) continued to refine its internal structure to improve customer service and employee recruitment and retention. The Professional Recruitment Program enhanced the way it serves the Alaska tribal health system with the creation of an automated on-line process and visits to the rural sites. Staff spent many hours building and creating systems to support workforce data needs and facilitate reporting to support management decisions.

Over the past year, HR supported 1,753 employees and managed 11,130 job applications. It also awarded 16 ANTHC \$5,000 scholarships and 27 Indian Health Service scholarships in Alaska. HR works to increase Native employment at ANTHC, which has 41 percent Native preference employees.

NURSES

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Meldyne Hersman, Alaska Native Medical Center

• **Case/Quality Management:** Becky Oviatt, Southcentral Foundation

• **General Medical/Surgical:** Amanda Heard, Alaska Native Medical Center

Proceeds from the event will benefit the Alaska Chapter of the March of Dimes. More than \$37,000 was raised through sponsorships, ticket sales and donations.

"The March of Dimes is proud to host this event as it helps to

bring focus to the outstanding work being done in Alaska by these caring and dedicated professionals," said Kayce Arthun, state director of the Alaska March of Dimes. "We look forward to the program's continued growth and recognizing more of our nurses across the state."

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies. In 2003 it launched a campaign to address the increasing rate of premature births.

ANTHC

Providing the highest quality health services in partnership with our people and the Alaska Tribal Health System

Editorial Staff

Joaquin Estus
Public Communications Director

Selma Oskolkoff-Simon
Administrative Assistant

Marianne Gilmore
Executive Administrative Assistant

THE Mukluk Telegraph

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4000 Ambassador Drive, Anchorage, Alaska 99508
Attention: Mukluk Telegraph
Phone 907-729-1900
Fax 907-729-1901
E-mail soskolkoff-simon@anthc.org

Letters to the Editor

Readers of the Mukluk Telegraph are encouraged to comment on subjects covered in the newsletter. Your opinions may be shared with readers of subsequent issues of the Mukluk. Letters may be edited for length, taste and clarity. We will attempt to publish all opinions. If you have questions about submitting letters, please call Selma Oskolkoff-Simon at 907-729-1900.

Consortium planning for future health care demand

ANTHC Staff Report

The Alaska tribal health system is facing increased demand for services, and funding for tribal health organizations is not keeping up with current needs. Still, Alaska Native Tribal Health Consortium (ANTHC) would like to sustain and

expand the health services it provides to all Alaska Natives. To do that, ANTHC is beginning to analyze data such as the: current demand for services, cost of various services, and future trends and anticipated need for services.

That data will be used to develop long-range plans for Alaska Native Medical Center facilities, ANTHC

finances, and optimal services for our customers.

This initial research and planning phase is expected to be finished this summer. ANTHC will share the information and solicit comments from our customers, partners, stakeholders and tribal health leaders. The comments and feedback we receive will be used to determine the next steps.

Hundreds of items sold at Native bazaar

By Joaquin Estus
Director, ANTHC Public
Relations and Communications

The 22nd Annual Native People's Bazaar, held December 3 at Alaska Native Medical Center (ANMC), was "a complete success," according to ANMC Auxiliary Gift Shop Manager Jeanne Dougherty. The Auxiliary offered hundreds of items for sale at the Bazaar. These ranged from baskets, dolls and Christmas tree ornaments, to beaded earrings and ivory carvings.

"The lobby was full of people the whole time, enjoying the music and the dance groups that we had," said Dougherty. "Not only shoppers but a large number of Native people were there to enjoy the music. We were just thrilled to see that." She said people loved the shopping while the volunteers also really enjoyed participating.

Dougherty said most of the money from the sales of the items goes to the artists who make the items. A small percentage goes to the Auxiliary, which uses the proceeds to assist ANMC patients and programs.

"It's a win-win situation," she said.

"By Monday [December 5] all the



Photos by Audrey Armstrong/ANMC

Above: From left, David Chanar, Louise Leonard and Frank Hunter of the Pilot Bread Dance Group, one of several groups that provided entertainment at the bazaar.

Right: Some of the hundreds of items for sale at the Native People's Bazaar.



checks for artists were in the mail," said ANMC Auxiliary Coordinator Audrey Armstrong. Several hundred artists across Alaska received checks that they could use for the holidays, said Dougherty.

Longevity is part of the success of the Bazaar, said Dougherty. "Now that we've been doing it for 22 years,

it's a Christmas event that the public looks forward to."

ANTHC scholarships, summer internships available

Alaska Native Tribal Health Consortium (ANTHC) grants scholarships as an integral part of its long-term strategy of providing the highest quality health services to all Alaska Natives and American Indians.

ANTHC \$5,000 Scholarship

ANTHC Education and Development awards \$5,000 scholarships per academic year to five undergraduate and five graduate full-time students who are Alaska Native or American Indian permanent Alaska residents.

Who is eligible to apply?

To be eligible to participate in the ANTHC Scholarship program, you must be an Alaska Native or American Indian, a permanent Alaska resident, and a full-time undergraduate or graduate student pursuing a degree in the health care field at an accredited college or university in the upcoming academic year.

Education and Development

reviews submitted applications for completeness and administers the evaluation process. Up to 10 finalists will be chosen for interview based on the evaluation results. The finalist interview evaluates potential to succeed, leadership and contribution to the Alaska Tribal Health System. The following criteria are considered during the selection process: personal statement, letters of recommendation, grades and academic merit, financial need assessment, presentation of application, involvement in the Native community, and finalist interview, if applicable. An appointed committee conducts a final review of the application evaluations, results of the finalist interview, and makes an official selection of awarded applicants.

ANTHC Summer Internship

ANTHC Education and Development awards nine-week paid summer internships which last from June 12-August 11, 2006, to approximately

25 high school and undergraduate students and five graduate students who are Alaska Native or American Indian permanent Alaska residents. ANTHC provides work experience in a range of medical professions and support services including finance, human resources, health records, computer technology, engineering, maintenance and housekeeping.

Who is eligible to apply?

To be eligible to participate in the ANTHC Summer Internship program, you must be an Alaska Native or American Indian student who is a permanent Alaska resident and is enrolled in an educational program (high school, undergraduate, or graduate) or has graduated or completed GED requirements no more than six months prior to the start of the ANTHC Summer Internship.

Education and Development reviews submitted applications for completeness and administers the

Statewide News

Aeromed receives accreditation

Aeromed International Critical Care Air Ambulance received accreditation from the Commission on Accreditation of Medical Transport Systems (CAMTS) on Oct. 22. The accreditation represents the highest standards possible for an air ambulance service. Aeromed is one of only 112 such services worldwide to receive the honor.

Aeromed's medical flight crews meet rigorous requirements to ensure that the highest quality patient care is delivered during all phases of every transport. The Aeromed Delta operation, based in Bethel, was Alaska's first regional medevac service to achieve the CAMTS accreditation.

The Aeromed fleet includes: a Gulfstream III, based in Anchorage; a Cessna Citation SII, based in Anchorage; 2 Cessna Citation IIs, based in Anchorage; and a Cessna C-208B Grand Caravan, based in Bethel. Aeromed also has access to a Westwind II and two Cessna Conquests, all based in Anchorage.

Owned by Yukon-Kuskokwim Health Corp., Aeromed is the preferred provider for the Alaska Native Tribal Health Consortium. Security Aviation Inc. provides Aeromed's Anchorage-based aviation services, and Grant Aviation provides aviation services from Bethel.

Based on an article in *The Messenger*, a newsletter of the Yukon-Kuskokwim Health Corp., available at www.ykhc.org.

Nursing students graduate in Bethel

On Dec. 15, six students marched in black caps and graduation gowns at the Yupiit Piciryarait Cultural Center in Bethel to accept their nursing pins and celebrate their graduation with an associate's degree of applied science in nursing. The

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Feed a pig, save a kid from choking

By Lakota Murray

Coordinator, Health Promotion
and Disease Prevention, ANTHC
Division of Community Health Services

Babies explore their environments by putting anything and everything into their mouths. Nothing is safe. It is one of the ways that they learn. But did you know that coins cause babies and toddler to choke more than anything else does? It is a serious problem that often results in hospitalization.

To combat this problem, one thousand piggy banks have been distributed to all tribal hospitals and the Alaska Native Medical Center. Each site provides the materials to families who are having babies or who have children admitted to the hospital, or both.

To help children explore a safer home, the Feed a Pig, Save a Kid program provides a piggy bank, written directions to help prevent choking, and information on what to do if an infant is choking. The goal is to encourage older children and parents to pick up coins from the floor or sofa and put them into the piggy bank, thus "feeding a pig and saving a kid."

The idea for the program originated with the Alaska Injury Prevention Center's Child Injury Prevention Advisory Council, in Anchorage, several years ago. The Alaska Native Tribal Consortium's Injury



Feed a Pig, Save a Kid piggy banks.

Prevention and Health Promotion/Disease Prevention programs, the Alaska State Department of Health and Social Services Injury Prevention Program and Wells Fargo, which also provides a brochure with information about savings plans for children, are funding and sponsoring this effort.

SCHOLARSHIPS

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evaluation process. The following criteria are considered during the selection process: personal statement, letters of recommendation, grades and academic merit, presentation of application, and involvement in the Native community. An

appointed committee conducts a final review of the application evaluations and makes an official selection of awarded applicants.

When is the application deadline?

Completed applications must be received by 6 p.m. on Friday, Feb. 10, 2006, at Alaska Native Tribal Health Consortium, Education and Development, 4000 Ambassador Drive, Anchorage, AK 99508.

Who do I call if I have questions?

Sheila Turner, Scholarship and Internship Coordinator, (907) 729-1913 or stturner@anthc.org or Brandy M. Hand, program assistant, (907) 729-1348 or bhand@anthc.org. Outside of Anchorage, call toll-free 1-800-684-8361. Your answer may be online! Refer to our Internship and Scholarship page at www.anthc.org for tips on completing your application.

Promotion of environmental health critical for tribal programs

By Troy Ritter

Environmental Health Specialist,
ANTHC Division of Environmental
Health and Engineering

Alaska Native Tribal Health Consortium's (ANTHC) Department of Environmental Health Support (DES) recently hosted a training class that promoted use of two initiatives: the Protocol for Accessing Community Excellence in Environmental Health (PACE EH) and the Ten Essential Environmental Health Services.

Carl Osaki, associate professor at the University of Washington and director of the Northwest Center for Public Health Practice taught the two-day course. Osaki became well known in the environmental health community after leading

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Record number attend diabetes conference

ANTHC Staff Report

The Alaska Area Diabetes Program of the Alaska Native Tribal Health Consortium drew over 270 health care professionals and para-professionals to its annual diabetes conference in Anchorage Dec. 7-9. The theme was "Striving Towards Excellence: Updates in Diabetes Prevention & Treatment Among Alaska Natives." The conference is designed for health care providers who are seeking to expand and update their knowledge in diabetes prevention and treatment.

Nationally and internationally recognized experts in diabetes care addressed a wide variety of prevention and treatment issues. Topics included engaging the community in prevention strategies, treatment options for diabetes and cardiovascular disease, and the increasing concern of type 2 diabetes in young people. Workshops were offered on diabetes prevention, community wellness and behavior change, the treatment of kidney disease, nutrition interventions for kidney disease, medication updates, and recognizing the emotional impact of diabetes on daily life. There was also an opportuni-

ty for diabetes teams from around the state to showcase their diabetes prevention and treatment program activities and have a chance to network.

"I'm going away with more understanding of the implication of diabetes on the Alaska Native culture and way of life," said one attendee when asked how he would use the information from the conference.

"Personally, I feel motivated to maintain the health I have and work to regain what I have lost as much as possible—I'm turning 55," said another.

Both the organizers and people who attended the conference felt the event was successful. Participants, who said they were so glad the conference is offered every year, took away both personal and professional information on improving overall health. Comments included: "Thank you. I have learned so much and will really begin that exercise program and change of lifestyle;" "Excellent as always;" and "Wonderful conference! The best and most informational conference I've been to!"

This year's Alaska Area Diabetes conference will be held Dec. 6-8 at the Hilton Hotel in downtown Anchorage.

STATEWIDE

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graduates included Charity L. Charlie, Dawn R. Davies, Jay T. Jacobson, Heidi A. O'Leary, Sara E. Russell and Holly C. Stanton.

An "official" graduation will be held in Anchorage in May, but the students wanted a chance to celebrate with family members and friends in Bethel. Sponsors of the graduation celebration included University of Alaska Fairbanks Kuskokwim Campus, Yukon-Kuskokwim Health Corp. (YKHC), and University of Alaska Anchorage (UAA) School of Nursing.

These are the first graduates from the Yukon-Kuskokwim Delta's first associate's degree in nursing program. Until recently, if you wanted to become a nurse, your only options were to move to Anchorage to attend the UAA School of Nursing or travel out of state.

In cooperation with YKHC and other partners, UAA expanded its nursing program in 2004 to provide a satellite program in Bethel, as well as other rural communities, including Fairbanks, Kodiak, Juneau and Ketchikan.

From *The Messenger*, a newsletter of Yukon-Kuskokwim Health Corp., available at www.ykhc.org.

New rural health care model being tested

In southeast Alaska, Prince of Wales Island residents now have a unique healthcare option that is blazing new trails for rural health care.

The Frontier Extended Stay Clinic (FESC), located in the Alicia Roberts Medical Center (ARMC) in Klawock, is designed to address the needs of seriously ill or injured patients who are at least 75 miles from a short-term acute care or critical access hospital and cannot be immediately transported due to weather, darkness or other transportation difficulties. It can also provide patient monitoring and observation services for limited time periods.

Now ARMC can provide a higher level of care for all of its patients. "We can more easily and safely provide for patients while they await transfer and, in some cases, avoid transferring patients off the island altogether."

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NEWS

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er," said Dr. Matt Dinon, ARMC medical director.

Providing such services requires more staff, equipment and space. Caring for patients while waiting for medevac is nothing new to ARMC staff. But since Medicare, Medicaid or other third-party payers have never reimbursed extended-stay services, the clinic has had to make do with the staff, equipment and facility it already has.

Thanks to a federal grant, ARMC now has additional personnel to handle extended stays in the clinic, a dedicated FESC room near the emergency room for patients to stay in, and newly purchased diagnostic and treatment equipment.

Alaska is the first state in the country to test the FESC model. In addition to Klawock, FESC demonstration sites have been established in Unalaska and Glennallen.

From the SouthEast Alaska Regional Health Consortium web site at www.searhc.org.

Klukwan welcomes new, more accessible clinic

"I'll never have to climb up those stairs again," said SouthEast Alaska Regional Health Consortium (SEARHC) board member Evelyn Hotch at the late July dedication of the new Klukwan Health Center. She was referring to the notorious outside stairwell that she and other Klukwan residents had to navigate to access the previous, second-floor clinic located above the Alaska Native Sisterhood Hall.

"Anyone who could climb those steps wasn't really sick enough to be seen at the clinic," joked SEARHC board Chair Jan Hill.

The new facility is located in a remodeled single-story house. Local Native workers performed the reconstruction work.

On hand for the clinic dedication was the SEARHC board, SEARHC executive staff and Haines medical staff. They joined members of the Chilkat Indian Village council and village residents for the ribbon-cutting ceremony. The dedication was held in conjunction with the quarterly SEARHC board meeting, which was held in Klukwan.

"This event represents a five-year of collaboration involving SEARHC, the community, the Denali Commission, the Rasmuson Foundation and the Tlingit-Haida Regional Housing Authority," said SEARHC President Ken Brewer.

From SouthEast Alaska Regional Health Consortium's web site at www.searhc.org.

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Many Alaskans attend long-term care conference

ANTHC Staff Report

The first American Indian and Alaska Native Long Term Care Conference was held in Albuquerque, N.M., Nov. 16-18. The Alaska tribal health system had a good showing with 21 people representing 12 tribal health or social service organizations, four of whom gave presentations. Rose Heyano from Bristol Bay Area Health Corp. talked about Marrulut Eniit, the assisted living home in Dillingham. Gale Pearce from Southcentral Foundation described a mobile adult day program for beneficiaries in Anchorage. Art Nash from Tanana Chiefs Conference talked

about their family caregiver support program. Kay Branch with Alaska Native Tribal Health Consortium's Elder Health Program gave a plenary address about assessing community needs and resources when planning for long-term care services.

The conference provided the opportunity for tribal organizations to learn from each other about promising practices providing services to Elders through sustainable programs. Gov. Roland Johnson from Laguna Pueblo set the stage for the conference by talking about Laguna's longstanding commitment to providing for their Elders, and the role of tribal leadership in developing long-term care services.

Over 225 people registered for the conference, which allotted plenty of time for meeting new people and discussing new ideas.

Other highlights were a site visit to the Laguna Pueblo nursing home, which included a one-hour bus ride through beautiful New Mexico; a presentation about Green House, a new model of nursing home; and the use of family care conferences to support Elders and their caregivers.

Planning has already begun for this year's conference, which will be held in Tulsa, Okla., in September in conjunction with the bi-annual meeting of the National Indian Council on Aging.



ANTHC file photo

Jim Berner, MD, right, praises Dr. Jeanine Tucker's many contributions to improving the health of Alaska Natives.

Dentist receives health service award

ANTHC Staff Report

Jeanine Tucker, DMD (Doctor of Medical Dentistry), MPH (Master's in Public Health), has received the Alaska Public Health Association (APHA) Meritorious Health Service Award. On Nov. 30 Anne Gore, immediate past president and Brian Saylor, president of APHA, presented the award to Tucker at the APHA Health Summit in Anchorage. The award recognizes the achievements of an individual in the area of health in Alaska over an extended period of time (10 years or more).

Tucker came to Alaska in January 1985 with the US Public Health Service. She practiced for four years in the Nome/Norton Sound region and became the Alaska Assistance Area Dental Officer in January 1991. She received the title of Area Dental Officer/Dental Consultant when Native health corporations assumed management of statewide services from Indian Health Service.

- Tucker will be retiring the end of January after serving in Alaska for 21 years, 15 of them in a leadership capacity. During her time in Alaska Tucker:
- Started the Operation Arctic Care program—a program using military dentists in field deployment as a means to increase dental treatment for Native children in rural areas of the state.
- Spearheaded the development of Dental Health Aide Program under the Community Health Aide/Practitioner Program.
- Worked in encouraging preventive approaches in addition to the overwhelming treatment needs of Native children.
- Worked on a project for caries risk assessment as a strategy to encourage movement of public health dental services in Alaska from a surgical model of removing decay and restoring teeth one at a time to an infectious disease model of reducing the overall infective process going on in the mouth in cases of rampant decay.
- Helped prepare the oral health chapters in Healthy Alaskans 2000 and 2010.

Tucker has shown leadership in oral health issues in Alaska, specifically those impacting the Alaska Native population.

Valerie Davidson joins Consortium

Valerie (Nurr'araaluk) Davidson, a lawyer, has joined Alaska Native Tribal Health Consortium (ANTHC) as its new senior director of legal and inter-governmental affairs. Davidson brings experience in the Alaska tribal health system and in the legislative arena that will help ANTHC enhance



Davidson

existing partnerships as well as explore new ones.

Davidson will work with federal, state and private partners; customers; and stakeholders to accomplish the Consortium's mission. These include federal and state agencies, Congress, the Alaska Legislature, private foundations, other tribal organizations and other partners.

For the past six years, Davidson worked for Yukon-Kuskokwim Health Corp., where she served as executive vice president and as general counsel prior to that. She is a graduate of the University of New Mexico School of Law with a specialty in Indian law. Previously, she worked as a legislative aide to the state Senate Finance Committee for former state Sen. John Binkley.

Davidson has served in various roles to advance tribal health and self-governance. These include serving as co-lead negotiator for the Alaska Tribal Health Compact, and as a member of the Title V Negotiated

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Athabascan physician moves to Anchorage

Dr. Donna Galbreath, Chief Andrew Isaac Health Center (CAIHC) medical director and family practice physician, is moving to Anchorage. Her last day with Tanana Chiefs Conference (TCC), which administers CAIHC, was in November. Galbreath will be joining her new husband, Erik Kohler, a neurosurgeon at Alaska Native Medical Center. She will work for Southcentral Foundation as the director of quality improvement.

Galbreath has been serving as a family practice physician at CAIHC since 1991. Taken under the wing of Dr. Bill James (retired), Galbreath went to TCC right out of three years of medical residency. Galbreath said at one point during her childhood James was her pediatrician. Once he learned of this up-and-coming Athabascan physician from the Interior, he invited her to work rotations at CAIHC. Galbreath served as the deputy medical director under James when she started at TCC.

Galbreath's family moved to Fairbanks from Mentasta when she was 5. She grew up and attended school there, but didn't care for high school. She ended up dropping out and getting her general education diploma.

Galbreath loved school at the college level. When asked how she decided to become a doctor, she said she didn't know right away that she wanted to be one. She talked with others about her interests in college and someone asked her "Why not become a doctor?"

For those considering entering the medical field, she encourages them to "stay focused on why you are there and to jump through the hoops.

Medical school is a great endeavor, a great field and it opens doors to many opportunities. If you have structure, if you study, and if you do your schoolwork, you can make it. A lot of young people in college focus on the social part of being in school, when they should focus on studying first, exercise

second and then the social part of being in school."

When Galbreath was in college, she lifted weights and ran two to three miles a day. This helped her to get through all the schoolwork. "Exercise is a great stress reliever; it helps to clear your mind and helps you study better," she said.

She also encourages family and friends to provide college students a lot of encouragement and support. Galbreath recalled how hard it was to be away from Alaska in college.

She said she wanted to thank all the patients and staff she has been honored to serve and work with over the past 15 years at TCC, which recognizes Galbreath's accomplishments and service to the Interior.

This article is based on one by Susie Frantz, executive secretary, TCC Health Services, published in The Council, a newsletter of Tanana Chiefs Conference that can be found on the Internet at www.tananachiefs.org.

INFORMATION

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100th class graduates from Raven's Way treatment program

On Oct. 22, SouthEast Alaska Regional Health Consortium (SEARHC) celebrated the 100th graduating class of its residential substance abuse treatment program for youth, Raven's Way. Since it opened in 1989, the adventure-based program has provided substance abuse treatment to over 900 youth ages 13-18 from across Alaska.

"This is a real milestone for the program and for SEARHC," said SEARHC President Ken Brewer. "SEARHC was the first tribal provider to offer a culturally based residential substance dependency treatment program for Native youth. Today, Raven's Way is a nationally recognized model."

Based in Sitka, Raven's Way is a 40-day treatment program that is based on the belief that the combination of cultural connection and wilderness challenge can lead people to make healthy choices. Between eight and ten students enter the program together, living as a family and offering peer support. Staff include a psychologist, therapists, alcohol and drug counselors and a secondary education teacher.

The program focuses on building strengths and learning through experience, an approach shown to be successful with adolescents. More than half of the program is spent in wilderness settings, first at the remote residential camp on Biorka Island, followed by a kayaking or hiking expedition in Tongass National Forest.

"We honor the hard work and dedication of our staff, participants and supporters over the past 16 years," said Anita Didrickson, Raven's Way program coordinator. "This program has changed the lives of hundreds of youth and staff."

From the SEARHC web site, www.searhc.org.

Conference addresses cancer

ANTHC Staff Report

The first Comprehensive Cancer Control Leadership Institute (CCCLI) for American Indian and Alaska Native tribal organizations was held in Tucson, Ariz., Sept. 21-24. Addressing the needs of Alaska Natives was the priority of five teams present. Those teams included Alaska Native Tribal Health Consortium leadership and the breast and cervical health programs from Arctic Slope Native Association, Yukon-Kuskokwim Health Corp., SouthEast Alaska Regional Health Consortium and Southcentral Foundation. Those four programs are funded by the Centers for Disease Control and Prevention.

The CCCLI was designed to provide participants with ideas about ways to improve cancer outcomes in their tribes and communities. Participants learned about innovation in addressing tobacco, successful early detection programs, integrating cancer with other chronic health diseases, and using traditional culture to offer palliative care and provide support to cancer survivors.

Participants were given time to communicate with



ANTHC leaders pose for a photo at the Cancer Leadership Institute. From left, Dr. Anne Lanier, Director, ANTHC Office of Alaska Native Health Research (OANHR); Rita Stevens, ANTHC Board of Directors; Dee Hutchison, Administrator, Alaska Native Medical Center; Judith Muller, OAHNR; Marie J. Lavigne, OAHNR; Deborah Roberts, Manillaq Association; Emily Read, ANTHC. Not pictured: Tim Gilbert, ANTHC.

national leaders—and to come together as Alaskans—to identify opportunities to improve cancer care in their communities.

DAVIDSON

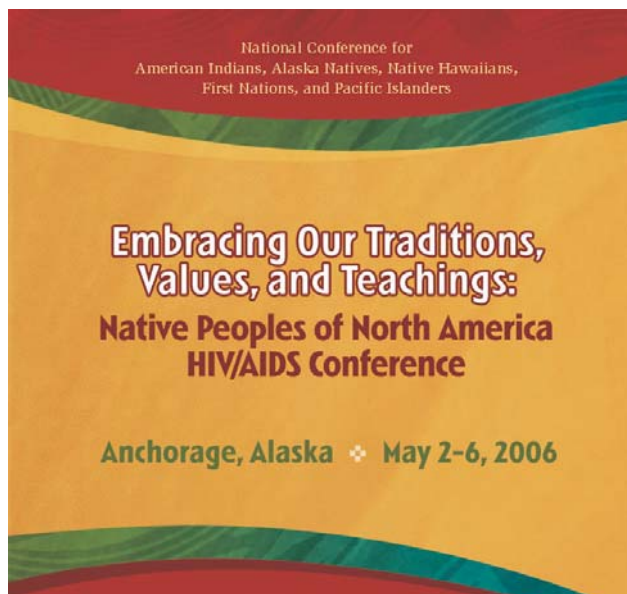
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Rulemaking Committee. She currently serves as chair of the Tribal Technical Advisory Group to the Centers for Medicare and Medicaid Services and as a nonvoting member of the Medicaid Commission.

Davidson was born in Bethel to Tillie (Ukuviaarr') Davidson, Yup'ik, who is originally from Kwigillingok and Floyd Davidson, originally from Port Orchard, Wash.

Most important, and bringing her the greatest joy, Davidson is the proud mother of two daughters, Kylie, 4, and Alana, 2. Davidson said she loves to spend summers drifting with her daughters and cutting fish on the Kuskokwim.

Contact Valerie Davidson at 729-1908 or vdavidson@anthc.org.




FLU

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incredible ability of the influenza virus to change. A virus can change so it easily infects people. If people have no immunity against it, a pandemic can occur. But because of the unpredictable behavior of influenza viruses, no one can predict the timing or the severity of the next pandemic with any certainty.

Flu pandemics occur periodically. Since 1918, three worldwide pandemics have occurred. The longer it has been since the last pandemic, the more likely a new one will occur. The last one was in 1968. Since the last one was 37 years ago, a new pandemic is becoming more probable.

The emergence of the bird flu strain in Southeast Asia in late 1997 could be the source of a new pandemic.

What is hype?

Scientists cannot predict if or when a pandemic from the bird flu may occur. Although the media hype has increased, public health officials have not changed their assessments of the risk of a bird flu pandemic since 2003. The dramatic increase in stories about bird flu is a media phenomenon, not an increased perception of threat by health experts.

How dangerous is the current bird flu strain? Much is made of the human cases in Southeast Asia. In reality, the ability of this strain to infect humans is very poor.

Conditions in Southeast Asia are perfect for transmission. People there often have very close contact with the domestic poultry they raise on small family farms. Millions and millions of birds have been infected and died from bird flu. Many millions of people have been exposed. Yet, fewer than 150 human cases have been documented from 1997 to November 2005.

Still, the fact that about half of those infected people have died is of great concern. If the virus remained that deadly and became easily transmitted to and among people, the resulting pandemic would be a serious public health concern.

What is the threat in Alaska from bird flu? The bird flu strain in Asia has not been found in Alaska or North America. A number of agencies watch for bird flu in Alaska. About 6,000 samples were collected in 2005. None contained the bird flu strain found in Asia.

It's important to expand sampling, however, to stay alert to changes in the virus. Because Alaska is a place where migratory species from both Asia and the Americas nest and mix, it is an ideal location to study the behavior of avian influenza strains. Because of our location, we have attracted some prestigious partners for this initiative. These include the researchers who finally recreated the 1918 pandemic flu strain (in the laboratory) and leading experts in the biology of avian influenza.

How can we stay safe if the bird flu does show up in migratory birds in Alaska? See the information at right "What hunters should know about bird flu," to find out ways you can protect yourself, just in case.

What is being done in Alaska?

No one can predict when and how severe a new pandemic could occur. It is wise to prepare, and much is being done.

The State Division of Public Health has just completed a draft Pandemic Influenza Plan. The plan defines how state agencies would deal with a large-scale influenza epidemic. A working group that included tribal health representatives has met to revise the plan and a new draft is scheduled to be completed in January.

The University of Alaska and state and federal agencies have conducted surveillance of Alaskan wild birds for influenza. About 10-12 percent of all samples collected last year yielded avian influenza strains, none of which were H5N1, the one scientists are concerned about.

Increased surveillance for human cases is also planned.

What is ANTHC doing?

The state plan includes procedures for disseminating stockpiles of vaccine and anti viral medications. ANTHC's Regional Supply Service Center has

been selected by the Division of Public Health to receive, break down and ship these emergency items. ANTHC is well suited for this because of our extensive medical supply system.

ANTHC is also working with other individuals and organizations to increase influenza surveillance in wild birds. Efforts are under way to develop partnerships with universities, government organizations, Native communities and others to increase sampling.

What hunters should know about bird flu

The Asian H5N1 strain has not yet been found in Alaska.

However, it could get here in birds that migrate through areas where it does exist.

To date there have been no known human cases of the current H5N1 bird flu that have come from wild birds. Nearly all cases have been in people with close contact to sick chickens.

It is possible that people could acquire H5N1 from infected wild birds.

Hunters or others who clean wild birds should take the following precautions:

- Do not handle birds that are obviously sick or found dead.
- Keep game birds cool, clean and dry.
- Do not eat, drink or smoke while cleaning birds.
- Use rubber gloves when cleaning birds.
- Wash hands with soap and water or alcohol wipes after dressing birds.
- Clean tools and surfaces immediately after cleaning birds: Use hot soapy water, then disinfect with a 10 percent chlorine bleach solution.
- Cook game meat thoroughly (155-165 F) to kill disease agents and parasites.

HEALTH

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the 1993 Jack In the Box and the 1996 Odwalla E. coli outbreak investigations. Representatives from all of Alaska's tribal environmental health programs, along with representatives from the state's Department of Environmental Conservation and the Municipality of Anchorage, attended the training.

Both initiatives are a natural fit for tribal programs because they emphasize integration of community and tribal priorities into environmental health activities. PACE EH is a new tool that has been well received by American Indian environmental health programs. While Alaskan environmental health programs have always catered to community priorities, PACE EH furthers this concept by providing a framework for building local capacity and increasing community understanding of environmental health functions and the connections between the environment and health. It puts community residents in control of the process.

The process has only been used in larger communities. However, with access to external transportation systems and well developed community public health infrastructure, Alaskans will need to modify it to compensate for the absence of these favorable characteristics. We are sure this can be accomplished.

The Ten Essential Environmental Health Services were developed in response to the 1988 Institute of Medicine report, "The Future of Public Health," which concluded that the US public health system was in "disarray." The report stated that public health and environmental health programs:

- Were chronically under-funded
- Offered fragmented service delivery
- Lacked accountability
- Had confusing legal authority
- Offered disjointed policy development.

Environmental health programs today face many of these same challenges. The "Ten Services" offers a framework for improved service delivery by defining the essential activities of an optimally functioning environmental health unit. DES feels that these tools can help ANTHC reach its vision: Alaska Natives are the healthiest people in the world.

AWARDS

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The awards recognized accomplishments in several fields:

- **Kevin J. Stange, MD**, major contributor to ANMC's Advanced Specialty Access initiative, which reduces weeks or months of patients' waiting times by offering them access to a dozen medical specialties on the same day as their referral.
- **John Kokesh, MD**, helping to win

the battle against ear infections among rural Alaska Natives, with immense cost savings, by developing an advanced telehealth system now in use by many other programs.

- **Frank Sacco, MD**, under whose leadership ANMC's life-saving emergency room has been designated a Level II Trauma Center—the highest level of any hospital in Alaska
- **David W. Templin, MD**, a health-care pioneer and Alaska's first rheumatologist, who has devoted an entire career researching and combating rheumatoid arthritis in

Alaska, a condition to which some Alaska Natives are especially susceptible.

- **Elmer J. (Jim) Nicholson**, patient account manager, is one of health-care's "invisible champions." His vigilance and management acumen has helped secure millions of dollars of additional, much-needed revenue for ANMC healthcare programs.

For more information about these individuals, their programs and awards, contact Leatha Merculieff, ANMC Public Relations Manager, at 729-1967.



Photos by John Warren/ANTHC-DEHE

Top: As this photo of the collapsed roof of a storage area shows, the Tyonek Water Treatment Plant was not structurally sound.

Above: DEHE staff, working in cooperation with village leaders and state employees, were able to replace the facility with a temporary water treatment system, housed in two Conex shipping containers, in record time.

WATER

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ty. This project, which would usually take 18-24 months, was finished in 5-6 months.

It all started when villagers asked the designated state remote maintenance worker (RMW) to assist with problems at the Tyonek water treatment plant. The facility supplies the Athabascan Indian community of 184 people and about 90 homes with potable water. After visiting with community members, the RMW staff, in turn, notified DEHE that the Tyonek water system needed significant work and requested immediate assistance. Though funding was in hand for two sanitation improvement projects in the community, neither was yet permitted for construction and a new water source had not yet been identified.

DEHE staff traveled to the village to meet with community leaders, assess conditions, and develop a plan for emergency repairs. Samuel Bartels, the Tyonek water treatment plant operator, helped the group, who

toured the facilities. During the visit, it became apparent that the treatment plant was in need of immediate replacement. The roof over the storage area of the building had collapsed and the remaining structure was not structurally sound. Piping was corroded and leaking, and an electrical panel had serious corrosion with visible burns on the wall from electrical arcing. Plus, one of the two water filters was off-line due to corrosion, while the second filter had not been backwashed (cleaned) for several months. In short, the community was using water that was receiving little or no treatment. Indeed, later tests showed that bacteria was present in the water, a sign of ineffective disinfection.

Immediately after the visit, staff from four separate DEHE departments met to discuss potential solutions to the multi-dimensional problems the village faced. Project engineers Leigh Hubbard and Greg McConnell, along with the Engineering Support Services Manager and water treatment expert John Warren, began working on the technical problems associated with the community's surface water source

and water treatment issues. John Spriggs, the DEHE utility operations coordinator, began to address the system management issues with the community leaders and the state's Rural Utility Business Advisor Program. Meanwhile, the community remained on a "boil-water" notice.

There was no time to complete formal design and permitting for the potentially complex replacement water treatment plant. Without a permanent water supply source, the group realized the need to quickly design and install a temporary system.

After several weeks of analysis and evaluation, including discussions with state Department of Environmental Conservation (DEC) regarding permitting, the group developed a modular treatment system consisting of two Conexes (a large steel shipping container). The first contains water filters and associated equipment, and the second, chlorination and recording equipment. These units were designed so that they could be built in Anchorage and flown or barged to the community as a unit and immediately installed and put into operation.

As a part of this design process, DEHE engineers spent time in the community working alongside the Tyonek operators to test the existing water source and determine the best location for the temporary facility. Once all the water quality parameters were determined, the treatment system was designed and materials were ordered.

Fred Edelen and George "Duke" Wallin, in DEHE's construction materials expediting yard, built the two units in two months. The completed units were then barged to the community. DEHE on-site superintendent Walter Gochenauer, assisted by James Patsy, trades helper, connected the existing water system to the modular units. DEHE electricians then tied the

units into the village electrical grid.

In November the system was placed into operation and began providing clean, filtered water to Tyonek. The filters in use provide a higher level of filtration than the old system, and are better than many older water treatment systems in the state.

However, concentrations of decomposing fish, caused by a significant recent spawning event in the water source, are preventing the efficient use of the ultra fine cryptosporidium filters that will allow the new temporary system to meet the most stringent DEC water quality parameters required for new systems. The alternative ultra-fine filters will be installed when water quality in the source improves.

The DEHE effort to provide Tyonek a safe water treatment system took between five and six months, including design, material acquisition, material shipment, construction, testing and connection to the existing water supply system. Four separate departments in DEHE pulled together to make the project happen in this dramatically shortened time frame, while maintaining services to other communities in the state.

Today efforts in Tyonek continue, including design of a new permanent water treatment plant, the drilling and testing of new water supply wells, and close coordination with the State of Alaska and community leaders to improve water and sewer service collections and update sanitation facility management and administration processes and procedures.

The services provided to Tyonek are an example of how a coordinated DEHE effort, combined with a high level of technical expertise, and close work with our customers and village leaders, results in a significant impact to people's lives. In this case, it resulted in a reliable source of treated water for the community's primary sanitation needs.

ANMC's first baby of 2006



The first baby born at ANMC in 2006 is Tron Michael Ladell Filley. He was born at 7:54 a.m. Jan. 1, weighing 7 lbs., 1.9 oz. His parents are Joseph and Kimberley Filley. He has a sister Christa, and two brothers, Wyatt and Joey.