



THE MUKLUK TELEGRAPH

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Adak clinic pitches in to help Cougar Ace crew

By Michael Terry
Nurse Practitioner, Adak Medical Clinic

Late in the evening of July 23, a 684-foot ship loaded with 5,000 Mazdas flipped onto its side in the rolling seas 200 miles south of Adak Island. Over the next 24 hours, the Coast Guard and Alaska Air Guard coordinated a textbook-perfect rescue, using five aircraft and two dozen rescuers. In tough conditions, they plucked 24 crewmembers off the listing ship, and flew the bruised, exhausted and scared survivors to the community of Adak. The people of Adak and the Adak Medical Clinic took over from there.

It all began Sunday night when Captain NyiNyi Tun and his men made the ballast changes required of ships transiting from international into US waters. The ship, the



Photo courtesy US Coast Guard

On July 23, 200 miles south of Adak, the Cougar Ace lies on its side after rolling.

Cougar Ace, was on a routine voyage from Singapore to Vancouver, BC, planning to deliver nearly 5,000

factory-fresh cars. But something went terribly wrong. Maybe it was a

See **COUGAR** on Page 12

Annual Meeting set for Dec. 1

The Alaska Native Tribal Health Consortium has scheduled its ninth annual meeting with tribes, tribal organizations, and beneficiaries for

Friday, Dec. 1, 2006, from 2-4 p.m. The meeting will be in the Denali Room at the Hilton Anchorage Hotel, located at 500 West 3rd Avenue.

Deputy US health secretary visits Anchorage

ANTHC Staff Report

On August 9, 2006, Deputy Secretary of the US Department of Health and Human Services Alex Azar met in Anchorage with tribal leaders, health directors, and State partners. Behavioral health (substance abuse and mental health) was a main topic.



Alex Azar

Azar reported that the Indian Health Service (IHS) Division of Behavioral Health has developed several strategies to promote behavioral health. For example, IHS is mobilizing tribes and tribal programs to promote behavioral health in systematic, evidence-based approaches that embrace traditions and culture as critical foundations for that health; support and promote programmatic collaborations within communities, as well as

with state and federal programs and agencies; promote leadership development from the community to national level with training and mentorship; and provide advocacy for behavioral health programs in Indian communities among federal, state, tribal, local and private organizations.

The Alaska Tribal Health System has developed some unique, innovated approaches suited to Alaska's needs:

Behavioral Health Aides

Behavioral health aides (BHA) are similar to other aides that IHS has trained and certified to provide basic care at the village and community level: Community Health Aide Practitioners (CHAP), who offer medical care; and Dental Health Aides, who provide dental care. Tribal health organizations have 120 village-based BHAs, and are working toward a minimum long-range goal of 470.

See **AZAR** on Page 10



Dee Hutchison

Alaska Native Medical Center in transition

ANTHC Staff Report

Alaska Native Medical Center (ANMC) Administrator Dee Hutchison recently submitted her resignation following nearly six years on the job. She has relocated her family to the homelands of her Navajo tribe, and plans to continue her career with the Indian Health Service in a new capacity. All of us at Alaska Native Tribal Health Consortium (ANTHC) expect that she will continue to excel in health services management and provide the strong leadership she demonstrated during her tenure at ANMC.

At ANMC, Hutchison's accomplishments included:

- Overseeing the transition of the Medical Center from federal

See **HUTCHISON** on Page 12

Vox

The Voice of the People

By Buffy McKay

LEAD Program Coordinator, ANTHC

The Alaska Native Tribal Health Consortium operates a training and mentoring program for Native employees called Leadership Excellence through Advancement and Determination (LEAD). We asked participants "What has been your biggest transformation since joining LEAD?"



My biggest transformation since beginning LEAD has been my increased confidence in all situations. I've learned to share my opinions and expertise without feeling like I am boasting or bragging.

— **Evangelyn "Angel" Dotomain**
Clinical Project Administrator, ANMC



I think that we, the Beta LEAD, need to appreciate ourselves more and not minimize or undervalue what we are doing. We should appreciate all the things we are involved in—LEAD, school, work, etc., and how we are being transformed. I think we have the tendency to not give ourselves the full credit we deserve for all that we do in our lives, both personally and professionally, as we learn and grow.

— **Karen Mitchell, CPS/CAP**
Community Health Program Assistant,
Office of Alaska Native Health Research, ANTHC



The most significant thing I have learned is that I am involved in an organization that supports my professional growth by providing an avenue for me to learn professional skills, leadership development, and networking with other departments and divisions within ANTHC. Networking with other leaders provides me with the necessary support for developing my own leadership abilities.

— **Pamela Miljure**
Clinical Nurse Manager, Day Surgery/Endoscopy, ANMC



I have a much broader view of what ANTHC does for our customers across Alaska and how what we do is modeling rural healthcare around the world. I have learned that everyone has great ideas to share, and by working together we can achieve our goals. I have also learned that I have a voice and a valuable opinion. I hope to inspire others to realize they always have choices in their lives. They can choose to do the right thing even when no one is looking, be positive and learn from their experiences.

— **Roberta Webb**
Medical Assistant, Pediatrics,
Alaska Native Medical Center (ANMC)

My biggest area of growth has been a greater awareness of the functioning of ANTHC as a whole organization. I have greater awareness of the peripheral agencies, corporations and people that are impacted by and interact with ANTHC. The "bigger picture" makes one examine issues in a different perspective and hopefully with greater consideration of all entities an issue will impact, influence and change.

— **Deanna Chaney**
Social Worker, Department of Social Services, ANMC



Overcoming fear has been my biggest transformation. As I overcome fear, I allow myself to grow and gain new insight, challenging my abilities and communication skills. This is opening up a whole new world for me. Very exciting!

— **Michaela Straughn**
Tribal Utility Support, ANTHC



I am much tougher on myself than others are, and I've learned about how others see me as compared to how I see myself and my skills, particularly my public-speaking skills. It is significant and eye-opening.

— **Cindy Wilson**
Nurse Manager, Internal Medicine Clinic, ANMC



I've become more comfortable sharing my ideas and feelings with others. Oh, and my hair has turned white. It's probably not related though

— **Irene Douthit**
Administrative Support, Finance, ANTHC



The biggest transformation has been my understanding of the different types of effective verbal and non-verbal communication styles that people have.

— **Matthew Ione, PHR**
Senior Advisor, Office of Human Resources, ANTHC



I think actually having the confidence now to get up and address a group of people, which has been my Achilles' heel throughout my career, has been my biggest transformation. I obviously need to work on it, as most people do, but now I have hope that I'll succeed.

— **Dennis Benson**
Biomedical Systems Engineer, ANTHC



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THE Mukluk Telegraph

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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 to tackle STDs among Alaska Natives

By Manon England and Jessica Leston
Alaska Native Medical Center

Across Alaska and the United States, Alaska Natives and American Indians are over-represented in the rates of HIV/AIDS and other sexually transmitted infections (STI). The Alaska Native Tribal Health Consortium (ANTHC) plans to find out why.

Alaska Natives and American Indians make up 19 percent of Alaska's population, but in 2004 they made up 52 percent of the total gonorrhea cases. That same year, Natives were five times more likely than caucasians to be diagnosed with chlamydia.

To fulfill its vision that "Alaska Natives are the healthiest people in the world," ANTHC has shouldered the responsibility to investigate the apparent sexually transmitted disease discrepancy between non-Natives and Alaska Native and American Indian populations.

ANTHC has requested assistance from the Indian Health Service to investigate the discrepancy. ANTHC will conduct a statewide assessment of health systems for STI.

The Centers for Disease Control and Prevention (CDC) has assigned three of its staff to the project. Those three individuals visited Alaska Native Medical Center (ANMC) in June, and met with key organizations such as State of Alaska Department of Corrections, Alaska State Medical Board, Public Health Nursing, and the Municipality of Anchorage Department of Health and Human Services.

Based on these meetings, the researchers have made preliminary recommendations on ways to boost or add to existing programs. They submitted a formal report to ANTHC in August. Based on the CDC recommendations, ANTHC plans to devise an initiative to address STIs among Alaska Natives and American Indians.

ANTHC is leading the effort to assess and improve services for prevention and treatment of STIs, while working closely with Southcentral Foundation, ANMC and other tribal health corporations. HIV/AIDS prevention and hepatitis programs will also help with the design and implementation of an STI program, which will eventually allow for comprehensive testing for HIV, hepatitis and STIs, and contribute to greater continuity of care for Alaska Natives and American Indians. For more information about STI and HIV rates in Alaska, contact the State of Alaska Department of Public Health HIV and Sexually-Transmitted Disease Program at: www.epi.hss.state.ak.us/hivstd.

Manon England is a senior office specialist with the Alaska Native Medical Center (ANMC) Viral Hepatitis Program. Jessica Leston is a community research assistant at ANMC.

Statewide News

YKHC responds to Hooper Bay fire

Damage is being assessed and donations are being accepted after a fire raged through Hooper Bay on Aug. 3. The fire began in the school and went on to engulf more than a dozen homes, a grocery store, and a teacher housing unit. Hooper Bay community health aides were relieved to report no injuries or casualties.

Yukon-Kuskokwim Health Corp. (YKHC) staff assisted the community by sending extra medical supplies, making emergency response teams available, sending employees to support health aides, sending counselors to respond to behavioral health needs, and sending an Office of Environmental Health employee to assess the village water situation.

Arctic Transportation Services, Arctic Circle Air, Hageland Aviation Services and Grant Aviation are transporting donations to Hooper Bay at no charge with no weight restrictions as long as all goods are well-packaged.

YKHC is in contact with the community of Hooper Bay and is available to provide assistance as requested.

More than 60 people lost everything in the blaze. To make monetary donations to the community of Hooper Bay, please call 1-888-345-4376 or mail them to American Red Cross of Alaska, "Hooper Bay fire," 235 E. 8th Ave., Suite 200, Anchorage, AK 99501. Please indicate on the check memo that your donation is for the Hooper Bay fire.

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

Lifestyle changes help Southeast man cope with diabetes

Four years ago, Cliff Johnson thought he was a goner.

He was overweight, his body was bloated and even getting up to use the bathroom was painful because of seven infections and an intestinal blockage. Then Johnson was diagnosed with diabetes, which probably saved his life.

"I thought I was going to go. I really was in bad shape."

See STATEWIDE on Page 4

Three new films aimed at cancer education for Alaska Natives

Now showing: Three inspiring films about cancer and Alaska Natives. Native cultural values of story, humor, community, spirituality, elder wisdom, interconnections and living traditions breathe life into these movies. Experience stories of wellness, and celebrate the gift of life through the beauty of Alaska Native songs, dances and culture as shared in these movies.

The Story Basket: Weaving Breast Health into Our Lives

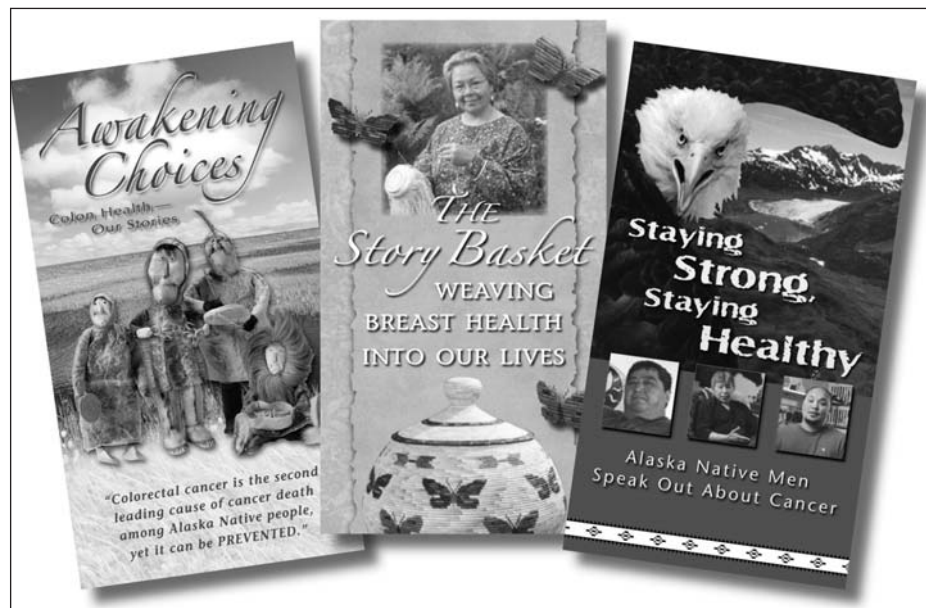
We see a clinical breast exam, a mammogram, and an Alaska Native woman doing a good self-breast exam using the vertical pattern and three levels of touch.

Awakening Choices: Colon Health, Our Stories

We learn the importance of colorectal screening through the stories of Alaska Native men and women.

Staying Strong, Staying Healthy: Alaska Native Men Speak Out About Cancer

This movie shares the resilient stories of men whose lives have been affected by cancer, and hopeful



stories of men living with prostate, colorectal and testicular cancer.

Copies of these films are available through Native CIRCLE or Cancer Education for Community Health Aides/Practitioners in Alaska. Contact Melany Cueva at mcueva@anmc.org, (907) 729-2441 or ANTHC- CHAP, 4000 Ambassador Dr., Anchorage, AK 99508. Please specify DVD or VHS.

The films were funded with support from the National Cancer Institute; State of Alaska

Department of Health and Social Services, Division of Public Health Section of Epidemiology; Alaska Native Medical Center Auxiliary; Avon Foundation; Centers for Disease Control and Prevention; Alaska Comprehensive Cancer Partnership; Native CIRCLE; Association of Alaska Community Health Aide Program Directors; Breast and Cervical Cancer and Early Detection Program in Alaska; and Men's 5-Miler Cancer Research, Anchorage, Alaska.

Invitation to join Tradition of Healthy Families Research Study

Southcentral Foundation (SCF) is inviting pregnant women to join a new research study—A Tradition of Healthy Families. SCF is doing this study to find out more information about side-stream tobacco exposure in pregnant women and their infants. It is an important study because it will help us learn more about how tobacco use in the home gets into the body of mother and infant. Participants do not need to use tobacco products or be exposed to tobacco products to be eligible for this study.

You may be eligible to participate if you:

- Are an Alaska Native or American Indian woman in your first trimester of pregnancy or a non-Native mother in your first trimester of pregnancy who is expecting a child from a Native person
- Plan on receiving your prenatal care at the Alaska Native Medical Center (ANMC)
- Plan on bringing your baby to ANMC for well-baby visits

See STUDY on Page 10

STATEWIDE

Continued from Page 3

Johnson said. "I thought I was slowly dying."

When he was diagnosed with diabetes, Johnson joined a monthly support group hosted by the SouthEast Alaska Regional Health Consortium (SEARHC) Diabetes Program and volunteer facilitator, Emma Widmark, a retired home

economist. Due to the support group, Johnson began changing his lifestyle with the support of his wife Debbie. He also got a lot of help from Dr. Nandi Than, reg-

istered nurse

Nicole Hill, registered dietitian Tiffany Andres and others involved in the SEARHC Juneau Medical Center's Diabetes Program.

He cut out the sweets, limited his intake of starches and made other dietary changes. He also started walking a lot and exercising at a gym. Johnson, who is 5-foot-7 1/2, has lost 84 pounds over the past four years (from 290 to 206). He said he went from taking three diabetes pills a day to just one. He said Dr. Than even suggested no medication, since the lifestyle changes seem to have his diabetes under control, but Johnson's not sure if he's ready.

"He has such a good outlook," Andres said. "It shows that attitude can go a long way in helping someone live a healthy life with diabetes. He's really encouraging for a lot of the others in the group."

Johnson said he couldn't have made the changes without the support of his wife. He said the other members in the diabetes support group and the workers with the SEARHC Diabetes Program were a big help, too.

"There's such a positive attitude here, I like it," Johnson said. "They kept making me feel good about myself, and because of the positive feedback that made me keep coming back. Lately, I feel like a 35-year-old man. I can do things I didn't do before. I don't feel 66."

From the SouthEast Alaska Regional Health Consortium Web site, www.searhc.org.

Youth write about what makes them smile, their life worthy

The Tanana Chiefs Conference Walking Strong program asked youth to send stories on the themes "what makes me smile," or "what makes my life worthy." Twenty-two stories came from Fairbanks, Galena, Grayling, Holy Cross, Manley Hot Springs, Minto and Ruby. Co-chairs for the

Walking Strong Committee Debbie Mitchell and Betty Weeks say all the participants are exceptional and that they are proud of them.

The two first-prize winners are Breanna Martin of Galena and Francine St. Laurent of North Pole Middle School for "What Makes My Life Worthy" and "The Pony Game," respectively. Ajay Wright of Manley won second prize for his story, "Man Eating Moose." A story by one of the first-prize winners follows.

The Pony Game

By Francine St. Laurent

This past June, my choir traveled to Eugene, Oregon, to participate in the Pacific International Choral Festival (PICC Fest). It was an experience I will never forget! We all saved our money and fund-raised for over a year trying to raise the tuition fee and airplane costs! We sent in our audition tape ... and got an invitation to the 2005 PICC Fest! It was a new experience for all of us. It was our first time traveling as a choir, staying in dorm rooms, singing with other choirs and singing with a famous composer! It was an absolutely amazing experience!

The other choirs were so much fun. They seemed so full of energy! Everyone who was there wanted to be there. During rehearsal breaks, the other choirs taught us a game called "The Pony Game." At first it didn't make sense to me. There was no obvious point.

Everyone would stand in a circle facing each other while a few people would run around inside and everyone would start clapping—"Clap, clap, clap, clap." And singing—"Here I come on a pony, riding on a big fat pony, here I come on a pony, all around the circle." Then, the people inside the circle would stop in front of someone and boogie, singing—"Front to front to front, oh baby! Back to back to back, oh baby! Side to side to side, oh baby! All around the circle." And the game would start back up again.

It just wasn't like me to "boogie" in front of other people! People would come up to me and try to get me to dance but I would just tell them "No thanks." After a while, a few of my friends convinced me to join in. It seemed like in that circle, no one was judged or stared at. Everyone was bubbly and giggling with excitement! The circle was a place where you could just join in and nothing mattered except that you were having fun!

The pony game showed me how to just be myself! Whenever I think of the pony game, I smile and the "Pony Tune" plays through my head. The song and the game remind me of when I was with my friends, just having fun and being silly! It reminds me of what's really important in life. Life is too short not to dance around in a circle singing, "Here I come on my pony!" When I tell my grandchildren this story, I'll be proud to tell them I boogied out there with my

friends! I read a proverb a little while ago that says: "Dance as if no one were watching, sing as if no one were listening, and live every day!" Because of a silly game, I do.

From *The Council*, a newsletter of the Tanana Chiefs Conference, available at www.tananachiefs.org.

Tiepelman named Norton Sound Health Corp. president

By Ken Pritchard

Norton Sound Health Corp.

Dennis J. Tiepelman is into accountability.

He also believes that everyone who works at Norton Sound Health Corp. (NSHC) or receives its services has a stake in its future.

Tiepelman's first day as president and CEO of the corporation was April 17. He replaces Joe Cladouhos, who stepped down Sept. 16, 2005.

Tiepelman comes to NSHC from Wainwright, where he was city administrator appointed to guide the city through financial troubles. He said the task of steering NSHC through its growing pains and new hospital construction should not be as difficult.

"I said my next job would be an adventure," Tiepelman said. And an adventure is what he expects here.

"I think we can build it bigger and better," he said, comparing the pending hospital project here to one he worked with in Kotzebue in the 1990s. "A larger facility allows you to do what you do best."

Tiepelman, originally from Deering, is the former president and CEO of Maniilaq Association in Kotzebue. He said he looked forward to returning to Nome, where he was superintendent for the Bureau of Indian Affairs office from 1992-1995.

An aspect of the new position that intrigued Tiepelman was NSHC's upcoming new hospital project. He worked for Maniilaq during pre- and post-construction phases of the hospital project in Kotzebue, but was not on staff during its construction.

The NSHC Board of Directors hired Tiepelman in March from among three finalists for the job. His knowledge of the region, tribal health care systems, and tribal self-governance laws led to his selection, said Emily Hughes, NSHC board chair.

"We're excited to have someone who's familiar with our region and system," Hughes said. "He's interested in quality health care and the health care of our people."

At its April 21 board meeting NSHC board member Berda Wilson thanked Helen Pootoogooluk, NSHC

chief operating officer, for serving as acting president for eight months.

Pootoogooluk said, "I truly love working for the patients and the employees."

From *Kaniqsirugut*, a newsletter of the Norton Sound Health Corp.

Bering Straits youth learn healthy living skills at fish camp

Fifteen youth from around the Bering Strait region gathered at a fish camp near White Mountain July 25-29 for the 2005 Summer Wellness Camp with Tom Gray. Campers helped seine, cut and put away salmon. They learned why traditional activities are healthy, and about how to prevent cancer and diabetes. Gray organized the camp using mini-grant funds from Norton Sound Health Corp.'s CAMP Program.

From *Kaniqsirugut*, a newsletter of the Norton Sound Health Corp., available at www.nshc.org.

'Gumboot Determination' wins national book award

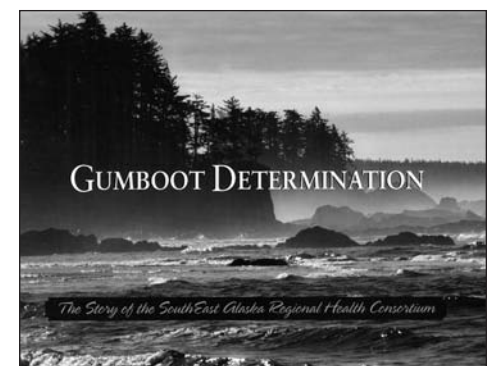
"Gumboot Determination: The Story of the SouthEast Alaska Regional Health Consortium," written by lifetime Juneau resident Peter Metcalfe, recently was named one of a dozen winners of the 27th annual American Book Awards. The 240-page illustrated book chronicles the history of Alaska Native health care in Southeast Alaska.

The American Book Awards were established by the Before Columbus Foundation in 1978 as a way to recognize outstanding literary achievement by contemporary American authors, without restriction to race, gender, ethnic background or genre (novels, poetry, essays and histories).

"Gumboot Determination" follows the story of the SouthEast Alaska Regional Health Consortium (SEARHC) from its inception in



Dennis Tiepelman



The cover of "Gumboot Determination."

1975 to its 30th anniversary celebration in April 2005. The idea for the book had been a vision for SEARHC for more than a decade.

"I am very proud of Peter for this achievement," said SEARHC President Emeritus Ethel Lund, who served as SEARHC's President from 1977-2000. "He did an outstanding job in capturing the events at that

Military exercise delivers health care in Northwest

By Ken Pritchard

Norton Sound Health Corp.

Blackhawk helicopters buzzed over Nome and shuttled military medical personnel throughout the Norton Sound region for two weeks this spring in an exercise performed in conjunction with Norton Sound Health Corp. (NSHC), which provided additional health care services to the Bering Strait region.

Operation Arctic Care brought 126 medical and support personnel into the region from March 27-April 15. Seventy-six of the men and women were deployed to villages in the area. The exercise was part of an annual training requirement for reserve personnel. Most participants have civilian jobs in the medical field.

US Navy Capt. Bill Pomputius, joint exercise commanding officer and medical section leader, said nearly 1,000 medical procedures were performed during the exercise. It was part of an annual "innovative readiness training" program.

"They didn't take over our programs or services, but supplemented what we have," said Carol Piscoya, NSHC vice president of community health services. "Once we got the bumps ironed out, it went well."

The program was especially effective in the areas of eye care, dentistry and veterinary services, Piscoya said. "We have limited time and resources for dental care and eye care in the villages, and there's such a need."

Personnel from the Army, Navy, Air Force, Marine Corps, Public Health Service and the Alaska Army National Guard participated in the exercise. They came from throughout the United States and Alaska.

Pomputius, a Minneapolis pediatric specialist, said seven medical, five optometry, five veterinary and three dental teams were disbursed to 13 communities. They were shuttled by Blackhawk helicopters, which became a common sight at village landing pads. Those villages included Shishmaref, Brevig Mission, Teller, Wales, White Mountain, Koyuk, Elim, Unalakleet, Shaktoolik, Golovin, Savoonga, Gambell and Little Diomed.

The military personnel worked primarily in village clinics and were housed in schools. Pomputius said the teams got a slow start as the personnel settled in and developed a routine. When villagers arrived seeking assistance, activity stepped up.

At the Shishmaref Clinic, Cecelia Watson, a Norton Sound Health Corp. nurse practitioner, said Arctic Care helped meet some of the biggest needs



Photos by Ken Pritchard/NSHC

Above: Shishmaref Clinic Health Aide Judie Eningowuk, center, holds 3-month-old Nicholas Eningowuk. They are flanked by Air Force Capt. Chad Simpson of North Carolina, left, and Air Force Airman 1st Class Michelle Calmer of Iowa.

Above right: Lab phlebotomist Liz Murphy at Norton Sound Regional Hospital talks to Sarah Kennedy, 3; Emily Kennedy, 5; and Hannah Kennedy, 7. They are the daughters of Joe and Paula Kennedy of Nome.

Right: Ken Stenek of Shishmaref arrives to transfer National Guard personnel participating in Arctic Care.



in the community. Health screening is a major priority, she said.

"We found some patients with problems we might not have picked up so soon," Watson said, noting follow-up care after the health screenings will keep the clinic busy. Navy Capt. Rebecca de Villers of Ohio directed medical and dental operations at Shishmaref. The clinic proved to be tight quarters when, at one point, 16 military personnel were there.

"We asked Cecelia what we could do to benefit the clinic most," said de Villers, "and she suggested health screens. The idea of Arctic Care is to complement the clinic setup."

Shishmaref Mayor Stanley Tocktoo, who went to the airport to meet two military helicopters carrying dignitaries near the end of the exercise, said, "I think it worked out pretty good. The community is getting along with them and getting a lot of care."

Ken Stenek, a teacher in Shishmaref, said the community "really has taken advantage of the different aspects of care." Stenek said there were other benefits as well, as children enjoyed talking to the military personnel, and older residents displayed Native art and took people out to see the northern lights.

"Because they wore their uniforms and spoke in the schools," Piscoya said, "they were very good role models, both as professionals and for the mili-

tary for the younger kids."

During the two-week exercise, a total of 373 medical patients and 201 dental patients were seen for a total of 923 medical procedures performed. Optometry teams provided 750 eye exams and made 704 pairs of eyeglasses. Both Piscoya and Pomputius said the addition of lens fabrication teams to Arctic Care this year has made a significant difference in the lives of those who received eyeglasses.

The veterinary teams saw 764 animals, including four horses and a ferret. They provided 2,158 vaccinations, among them the vaccine to prevent rabies.

"The purpose of Arctic Care is to supplement the efforts of the corporation [NSHC] in providing care," said Pomputius. "We worked with its assistance and its protocols."

Daily updates were provided to NSHC personnel, Piscoya said. "Whenever there were issues or problems," she said, "they came to us."

Personnel supporting the exercise were based at the Alaska National Guard Armory in Nome. When they grew tired of eating MREs, or meals ready to eat, the personnel checked out local restaurants and shopped for Native art.

From Kaniqsirugut, a newsletter of the Norton Sound Health Corp., available at the NSHC Web site at www.nortonsoundhealth.org.

2006 Alaska Stroke Symposium: The Frontier Future of Stroke Care

Monday, September 25, 2006, 8 a.m.-1 p.m., Alaska Regional Hospital, First Floor - Ivy Room, Anchorage

Conference Objectives: To provide an overview of current practices in the evaluation and management of the acute stroke patient and the future possibilities of stroke care using telemedicine.

Topics include: The State of Stroke in Alaska, advanced neurointerventional procedures, tele-stroke and rural evaluation of ischemic stroke, and the Alaska Native Stroke Registry.

Registration fee is \$30

For more information contact Tina Roy, Alaska Regional Medical Staff Services Department (907) 264-1416. Brochures also available by contacting Rebecca Hamel, RN - Alaska Native Stroke Registry Coordinator (907) 729-1558 or <http://alaskastroke.com>. CME & CNE credit available - designed to meet the educational needs of health care providers interested in stroke care. Centered on evidence-based, current, practical updates in the field of acute stroke medicine and telestroke advances.

No-shows to appointments at clinics cost us all

By Dr. W. Henry MacPherson
Maniilaq Association

There is a long-standing situation in our clinics involving longer waiting times for appointments than many people would like and a great many absences for scheduled appointments. Looking at the recent activity in my clinic (the Eye Clinic) inspired me to communicate the relationship

absences for appointments have to waiting times for those appointments.

During the regular hours of operation, the Eye Clinic scheduled 41 appointments for the week of Monday, May 15, through Friday, May 19. The number of patients who came to their appointments was 14. The number absent was 27. If the 14 people who came to their appointments were all scheduled consecutive-

ly, they all could have been seen during Monday and on Tuesday morning.

The first patient who comes to their appointment next week could have been seen on Tuesday afternoon. The unused appointments during just that week caused a delay of almost one week for all those patients who will be seen after it. This is how absences delay people from getting clinic appointments sooner.

An "appointment" means the time is reserved for a particular person. If the time is not used to see the person who is scheduled, it is not used to see anyone. People who miss their appointments still need to be seen. Another appointment will be arranged when they desire it. Some people miss several appointments before they come in to be seen.

Sometimes when people cannot come to their appointment, they telephone the clinic to let the clinic know. This is a very courteous thing to do. It gives the clinic time to contact someone else who wants an appointment, so the time is not wasted. There are many reasons people do not come to their appointments. Many people come in from villages to be seen in Kotzebue. If it is a foggy day airplanes may not be flying. If you know you will not be coming to a clinic for your appointment try to remember to telephone the clinic to let them know, too. If you do, the length of time you must wait for an appointment will be less and the waiting time will be less for others, also.

The staff in every clinic are here for one purpose: to provide you with the services you need and desire. If you help to reduce the absences for appointments, you will help reduce the waiting time for appointments, and you will help us to provide better services to you and your family.

From Sivutmuuluta, a newsletter of Maniilaq Association, available at www.maniilaq.org.

Donating hair a direct way to help people with cancer

By Katie Cueva

I honestly don't remember a time when cancer hasn't been part of my family. Writing out a quick list, my aunt, three grandmas, my grandpa, my great-grandmother, and my great uncle have all suffered from cancer.

When I was 4, I visited the home of my great-grandma, "Big Granny," who was in the process of overcoming her first bout of lymphoma. During treatment, all her hair was lost and she'd been wearing a wig to hide her baldness. However, her hair was starting to grow back, and she excitedly pulled off her wig to show us. At the time, that seemed like the coolest convertible hair trick to me! I reached up to try to pull off my own hair, but it didn't work nearly as well as it had for her.

When I was nine, Big Granny, and her daughter Grandma Lois, died within months of each other. Their struggles with lymphoma had been extremely painful and difficult for all of us, but Grandma told us from her hospital bed that she'd be the best guardian angel any of us had ever had. This was when I realized that all the cancers in my family had the potential for death attached to them. With terms like uterine cancer, breast cancer, and prostate cancer always freely discussed at family get-togethers, I now began to understand the weight that a new cancer diagnosis carried with it.

My family's reactions to cancer have been inspiring. My mom, Melany Cueva, began work as a cancer educator shortly after losing both her mom and grandma to lymphoma. My mom works with the Community Health Aide Program at the Alaska Native Medical Center to educate Alaska's people on the risks and causes of cancer. My Grandma Lucy began to speak to cancer patients shortly after she was diagnosed with her first cancer. Grandma Lucy shares her stories of breast and colon cancer in her native Spanish, translates for Spanish-speaking patients to and from the daunting language of can-



Katie Cueva before her donation ...



... during ...



... and after.

cer, and would often remove her wig to show her shiny bald head. Grandma Lucy's hair has grown back now, but her stories are still vivid, and her understanding and translation skills are still necessary.

My family's courage and ability to create positive change from their experiences with cancer motivates me to take action of my own. When I was 16, my soccer teammate's brother was diagnosed with leukemia. My teammate told me

about Locks for Love, and I realized that I could contribute something of myself to directly help an individual suffering from cancer-related hair-loss.

On July 22, I made my third hair donation, this time as Alaska's Hometown Ambassador of Pantene Beautiful Lengths. Pantene has partnered with the Entertainment Industry Foundation to launch Pantene Beautiful Lengths—a campaign that encourages people to grow, cut and donate their hair to create free wigs for women affected by hair loss from cancer treatment. I'm excited to be a part of this new opportunity to ease the lives of cancer patients.

I have donated my hair in support of all those who've struggled with cancer, in admiration of my mom and Grandma Lucy's commitment to cancer education, and in memory of Grandma Lois and Big Granny, who are the best guardian angels I have.

For more information about Katie Cueva or Beautiful Lengths, contact Katie at: kcueva@gmail.com

Beautiful Lengths encourages people to donate their hair to create real-hair wigs for adult women suffering from cancer-related hair loss. Wigs created by Beautiful Lengths are distributed through the American Cancer Society. For more information about Beautiful Lengths, call 1-800-642-3754, or visit their website at www.beautiful-lengths.com. For information about obtaining a Beautiful Lengths wig, call 1-877-277-1596, or the Alaskan office at (907) 277-8696 opt 3.

Locks of Love is a nonprofit organization that provides hairpieces to financially disadvantaged children, 18 and under, in Canada and the United States who suffer from any type of long-term medical hair loss. For more information about Locks of Love, call (561) 963-1677, or visit their Web site at www.LocksofLove.org.

Katie Cueva is the daughter of Melany Cueva, educational consultant, Community Health Aide Program, Alaska Native Tribal Health Consortium.

Verification of US citizenship now needed for Medicaid

Beginning on Aug. 1, US citizens in Alaska applying for or renewing Medicaid benefits, including long-term care and Denali KidCare, will need to provide proof of US citizenship and identity. This is due to a change in federal law that took effect on July 1.

For most citizens, a birth certificate and some form of identification will be needed to prove citizenship. A list of some of the documents that can be accepted as proof of citizenship and identity can be found online at www.hss.state.ak.us/dpa/programs/dkc/MedicaidApplicationFlyer.pdf.

The Alaska Department of Health and Social Services, Division of Public Assistance will be working with current Medicaid recipients to help them provide the necessary information.

The Division of Public Assistance is doing everything it can to meet the new federal requirements and get the information out to those enrolled to prevent people from losing their

Engineer completes humanitarian mission to the Philippines

By Lt. Cmdr Mike MarcAurele

Civil Engineer, Division of Environmental Health and Engineering, ANTHC

When I first received an e-mail from the Commissioned Corps Office of Readiness Force Deployment (ORFD) requesting volunteers for a humanitarian mission in the Philippines, I knew I would have to volunteer. And so, almost 10 years to the day that I departed from Manila, Philippines as a successful US Peace Corps volunteer (PCV), I found myself still bleary from the more than 18 hour flight from San Diego standing on the back of a small tug boat chugging across the pungent waters of Manila Bay toward the hulking white shell of the US Naval Ship Mercy. This time, however, my volunteer work would be on somewhat different terms: I would be exchanging my sandals and shorts for combat boots and body armor.

The USNS Mercy is a floating hospital originally constructed as an oil tanker which now provides a wide range of medical support as needed. The ship is 894 feet long, 106 feet wide and has over eight deck levels between the bilge and the bridge. Living and working aboard the Mercy is similar to living in a boarding school or college dormitory. The rooms are shared-space with four to eight bunk beds, the shower/bathroom facilities are communal, and the food is served cafeteria style, three times a day.

The Philippines is an archipelago in the South China Sea about 10



Photo (on self-timer) by Lt. Azar

Lt. Cmdr. Mike MarcAurele (back row, far right), DEHE, and Lt. Azar (back row, third from right), of the US Navy, pose with the Sulu Provincial Hospital Laboratory staff.

degrees north of the equator made up of about 7,000 islands. The area of focus for this mission was in the vicinity of the Sulu Sea.

There were many different groups of volunteers represented aboard the Mercy for this mission. In addition to the obvious US Navy personnel, the US Army, Air Force, and Public Health Service personnel were present. There were also representatives from the Canadian Navy, Indian Navy and the Philippines Air Force and Army, as well as civilian volunteers from Project Hope, Project Smile and the U.C. Davis School of Dentistry. I liked to think of the ship as the "Floating U.N." The crew of the USNS Mercy put forth very sincere and impressive efforts to support all of the varying needs of this diverse workforce with excellent results.

The Navy categorizes the degree of threat in four levels from A, which means that there is no threat, to D, which means we are under attack. For this deployment, we were operating in C or C-Plus status because of known terrorist organizations operating in the area.

This is the reason I found myself wearing Kevlar body armor and a combat helmet every time I went ashore. It is hard enough for many Alaskans to imagine 100° F temperatures combined with 90 percent humidity, but when you add body armor, it's something you have to experience to fully appreciate. It is like being in a steam bath without a door so you can't exit when you have had enough.

While the Public Health Service (PHS) doctors and Environmental Health Officers (EHOs) in our six-person team blended in with the other service personnel, the two PHS Engineers stood out because we were the only Civil Engineers aboard the entire ship. Fortunately, our unique skills and experience were put to good use because we were the most

frequently assigned skill set in our group.

Our goal as the Preventative Medicine Team was to assess hospital facilities in historically underserved areas, and to recommend improvements. This would provide a tool for facilities to secure funding and correct the problems of greatest concern. Our team completed over seven of these assessments during this deployment.

We performed assessments of the Zamboanga Medical Center (ZMC) in Zamboanga City, the Sulu Provincial Hospital (SPH) in Jolo, and the Datu Halun Sakilan Memorial Hospital (DHSMH) in Tawi-Tawi. The ZMC was a large facility with almost 30 structures which served as a referral hospital for a population of approximately 500,000 people. The SPH is a recently renovated facility in the heart of Jolo, which is essentially the only 24-hour facility on the island. The DHSMH is a recently rebuilt facility with severe water supply and distribution problems. All of these facilities are overloaded and under-funded. Also, in almost all cases, these facilities have capable staff members who are struggling because of the lack of available cash to provide good health care to as many people as possible.

From an engineering perspective, the most critical problem was the safety of the facilities' water supplies followed by the integrity of the facilities' distribution systems. All but one of the hospital facilities we investigated had water sources that tested positive for E.Coli contamination. There were no warning signs to alert patients of this condition and generally no resources to routinely test the systems. Finally, there were usually very limited options to correct problems if they were detected.

Despite the intense security and resulting limits on personal freedoms, I still found it possible to make heart-

"Our goal ... was to assess hospital facilities in historically underserved areas and recommend improvements. This would provide a tool for facilities to secure funding and correct the problems of greatest concern.... All but one of the hospital facilities we investigated had water sources that tested positive for E.Coli contamination."

felt connections with the Pinoy we encountered. I have maintained a reasonable level of fluency in Visayan (which I spoke as a PCV) since I completed my assignment on Bohol in 1996. I found that in each of the locations I worked, there were many Visayan speakers which allowed me to speak directly with most of the Filipino people I met on this assignment.

The ability to speak Visayan was extremely helpful when conducting house-to-house surveys or collecting information on the history of water system development in the areas of interest. At the ZMC and the SPH, I was able to find out things that I would not have otherwise discovered through informal discussions with older gentlemen who had actually worked on the facilities' construction. Beyond the ability to collect more information, my Visayan language skills allowed me to connect with the local population on a level few of my co-workers could manage.

Perhaps most notably, while conducting a survey in Jolo, I met a woman named Narsi who explained that she had a tumor and could not get help at the local clinic. I arranged for a physician to examine her and I assisted by translating some of the doctor's questions. I was initially told Narsi could not be seen aboard the Mercy due to technicalities, but with the help of the Mercy staff, I found a way to bring her aboard. Unfortunately, aboard the ship it was discovered she had active tuberculosis and her operation would have to wait. Despite this setback, Narsi said she was very grateful and happy because now she knew the tumor was not cancerous. As an engineer who is rarely involved in direct patient care, it was moving to be able to assist Narsi in this way.

I felt that my contribution to the USNS Mercy Humanitarian work in the Philippines was significant and fulfilling on many levels. I am grateful for the opportunity to represent the USPHS and thankful for the support of my Division at ANTHC and my wonderful family.

MEDICAID

Continued from Page 6

Medicaid benefits, Public Assistance Director Ellie Fitzjarrald said.

This new law does not apply to individuals who receive Supplemental Security Income or are enrolled in Medicare because the Social Security Administration has already verified citizenship and identity for those individuals.

The Division of Public Assistance is available to help find other ways to prove US citizenship or identity. To find a local Public Assistance Office call 907-269-5777 ext. 5 in Anchorage or 1-888-804-6330 ext. 5 outside of Anchorage, or visit the department Web site at www.health.hss.state.ak.us/dpa/features/org/dpado.html.

Reprinted from a US Department of Health and Social Services news release.

Programs help ANMC Emergency Room patients receive timely care

By Joaqlin Estus and Gary Chythlook

Several years ago the Alaska Native Medical Center (ANMC) began working to avoid the emergency room (ER) overcrowding and longer wait times that hospitals across the country were already facing. The goal was to reduce demand on ER care while providing quality, timely care—whether people are mildly sick, have a serious but chronic illness, or have serious and immediate threats to life or limb.

To do that, ANMC has used several approaches: more emphasis on primary (early, preventive) care, advanced access to primary and specialty care, and increased staffing in radiology, laboratory and the operating room so that ER patients do not have to wait for those services.

ANMC began advanced access to primary care about five years ago so that patients can get an appointment on the same day they request one, and 65 percent of that time with their usual provider.

“It’s much better this way,” said Steve Tierney, MD, director of clinical quality for Southcentral Foundation’s Medical Services Division. “Much greater focus has been placed on preventive measures and good control of chronic conditions, with vaccination rates among the best in the nation for children, and control of sugar levels in diabetics in the top 10 percent of health plans in the country.”

“The changes allow us to focus on trauma care and, ultimately, save lives,” said Dr. Richard Brodsky, ER medical director at ANMC. ANMC is Alaska’s only level 2 trauma center, which means it



is prepared 24 hours a day, seven days a week to provide care to people with trauma injuries (such as those from car and four-wheeler crashes).

In addition to treating illnesses that threaten life or limb, the ANMC has an Urgent Care (UC) department designed to provide care to people who have not been feeling well due to illnesses such as an earache or the flu. UC serves patients visiting Anchorage from outside the Anchorage Service Unit who would usually get primary care services in their home area.

ER and UC physicians say they will continue to first and always see patients in the most critical condition, such as those with difficulty breathing, broken bones, other traumatic injuries, and signs of heart attack or stroke. They want to remind people that if you are going to the ER for a minor emergency, you may need to wait longer than those who are more seriously ill.

Joaqlin Estus is public relations and communications director at Alaska Native Tribal Health

ER directors: overcrowding is a problem nationwide

To get a sense of the problem nationwide: In a 2000 survey* of 836 emergency room directors, 575 responded. Of those who responded, 91 percent (or 525) said overcrowding was a problem.

At those hospitals, signs of overcrowding included patients in hallways, full beds in the ER, waiting rooms full more than six hours a day, and acutely ill patients who wait more than an hour to see a physician. Directors described several potential causes of overcrowding: serious illnesses that require more time in the ER, including shortages of hospital beds that meant patients had to stay in ER before being moved into the hospital; and high numbers of patients.

* January 2000 issue of the *Annals of Emergency Medicine*, Official Journal of the American College of Emergency Physicians, a study by Robert W. Derlet, MD, John R. Richards, MD, and Richard L. Kravitz, MD, from the Divisions of Emergency Medicine (RWD, JRR) and General Medicine (RLK), University of California, Davis, Medical Center, Sacramento, CA.

Consortium. Gary Chythlook is public relations manager at Alaska Native Medical Center.

Their retiring after 38-year career

John Thein has been the Alaska Utility Supply Center (AUSC) manager since its beginning in 2002. On Sept. 30 of this year he will retire. During his career, Thein has traveled to every corner of Alaska to work on building, troubleshooting, and assisting communities with their water and sewer facilities.

Thein was born in Mount Vernon Washington and graduated from high school in LaConner Washington, a small rural town north of Seattle. Thein came to Alaska in 1964 to work as a commercial fisherman during the summers and on construction projects during the winters. John was hired in October 1968 to work as a Heavy Equipment Operator in Hoonah for the Alaska Area Native Health Service. Thein took over the water and sewer project as Project Superintendent at Hoonah in 1969. He also worked on water and sewer projects as a Superintendent in Kake, Kipnuk, Bethel, Goodnews Bay, Lower Kalskag, Kotzebue, Klawock, Craig, and Angoon from 1969 to 1975. In September of 1975, John switched from construction to Operation and Maintenance (O&M) where he worked as an O&M Specialist until January of 2002. Thein then retired from Civil Service on Jan. 31,



John Thein, left, poses with a halibut that earned him an award in the Homer Halibut derby in the late 1990s.

2002, and became a direct hire employee for ANTHC as Utility Supply Specialist, his current position.

Thein’s future plan after retiring from ANTHC is to move back home to Washington State where he was born so he can be near family and friends. ANTHC would like to thank John Thein for 38 years of service to rural Alaska communities. ANTHC will miss him and wishes him a wonderful retirement that he much deserves.

Diabetes conference to be held Dec. 6-8

The Annual Alaska Area Diabetes Conference, “Diabetes Care in the Great Land, Prevention and Treatment Among Alaska Natives,” will be Dec. 6-8 at the Hilton Anchorage Hotel. This conference is for health care professionals, and continuing medical education credits will be available (from 1 to 18 credits) for a small registration fee of \$25 for tribal/Indian Health Service (IHS) and \$100 for non-tribal/IHS. The conference brochure will be available at the end of September. They will be available by mail or on Alaska Native Medical Center Web sites: www.home.anmc.org/clinical.diabetes/ (internal) and www.anmc.org/services/diabetes/ (external). For more information contact Alaska Native Medical Center Diabetes Program (ANC-DIA), 4315 Diplomacy Drive, Anchorage, AK 99508, Carol Treat, RD, MPH, CDE (907) 729-1128 or Joan Hastie, Office Specialist (907) 729-1125 jhastie@anmc.org

For reservations at the Hilton Hotel call 1-800-245-2527 and mention group code ANM. You may also make your reservations on line by going to www.anchoragehilton.com and clicking on “Reservations.”

Advanced diabetes course offered for CHA/Ps

Community Health Aides/Practitioners (CHA/P) have the opportunity to take the Advanced CHA/P Diabetes course Oct. 24-26 in Anchorage. CHA/Ps who complete the course will fulfill continuing medical education needs, learn more about diabetes and will earn three college credits at the College of Rural Alaska (University of Alaska Fairbanks)

Part one of the course involves study at home of a self-learning unit on diabetes followed by a teleconfer-

ence. In part two of the course, participants will spend three days with the Diabetes Team at Alaska Native Medical Center. In part three, CHA/Ps will work independently so they can apply what they have learned with their own patients.

To put on a course at your referral hospital, we need a minimum of six CHA/Ps and a local supervisor interested in participating. For more information on setting up a course in your area, contact Teresa Hicks at (907)729-3925 or tahicks@anmc.org.

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

Nine Alaska Native children attend diabetes Camp Kushtaka

ANTHC Staff Report

Fishing, canoeing, hiking, crafts, games, and swimming as well as daily education on diabetes management were on the agenda for nine Alaska Natives attending a six-day residential diabetes camp. The camp, held in late June, was for people ages 7-17 who have diabetes. For some children, leaving home alone for the first time and going to camp is a new experience and can be daunting. But all nine mustered the courage and ended up having a great time.

Diabetes camp was held at Camp Kushtaka. The camp is located in Snug Harbor at Kenai Lake on the Kenai Peninsula. Youth had cabins for sleeping, and a main lodge for meals and indoor

activities. The camp also provided a medical room equipped and staffed 24 hours a day by the camp doctor, dieticians and nurses.

The nine Alaska Native youth attending camp included six from Anchorage and one each from Juneau, Kodiak and Ketchikan. This is the fourth year the Alaska Area Diabetes Program has provided this opportunity to children with diabetes.

The Alaska Area Native Health Service Diabetes Program would like to recognize volunteers of the Alaska Native Medical Center Auxiliary Craft Shop for graciously awarding \$5,000 to sponsor children with diabetes to attend the camp.

The Alaska Area Diabetes Program also works with the parents and families



Youth in Camp Diabetes 2006 send a big thank you to sponsors.

of the children, Southcentral Foundation's health education staff, the American Diabetes Association, the diabetes programs at regional Alaska Native health

facilities, American Express Azumano Travel, and other community volunteers to help make it possible for Native youth to attend camp.

Kids Wish donates toys to ANMC Pediatrics

By Roberta Webb

Office Specialist, Inpatient Pediatrics, ANMC

In January 2006 the Alaska Native Medical Center (ANMC) Pediatrics Department became part of the Kids Wish Network, a program that allows the hospital to make monthly nominations for a child to become Hero of the Month. The child must be 3-17 years of age and have suffered an adverse life experience, not necessarily a life-threatening illness. The program's aim is to bring hope back to those who may have none.

Anyone can nominate a child by contacting Roberta Webb, Holiday of Hope coordinator, at 729-1076 for the one-page application and by writing a short paragraph about why you think the child is a hero. In addition, ANMC qualified, through Kids Wish Network, to receive a large donation of toys worth over \$65,000. These will be handed out through the pediatric and dental clinics and the Centers for Disease Control and Prevention Arctic Investigations Program while supplies last.

ANMC would like to thank CIRI and Tesoro of Alaska for sponsoring this donation by covering the costs of shipping and handling. The hospital would also like to thank ANMC's Regional Supply Service Center for storing and dispensing the toys as needed.

This is another example of how when we work together in the Native community and within our organization, we can bring hope to those in need and take another step toward our vision: Alaska Natives are the healthiest people in the world.

Village softball hits a grand slam

By Jason Dau

Tobacco Prevention, Maniilaq Association

Maniilaq's Diabetes, Tobacco Prevention, and Health Education programs have an answer to the summertime "there's nothing to do's."

Airstrip softball!

In an effort to bring youth an alternative activity throughout the summer, individuals and organizations have sponsored this program at the village level. The teams are coached by volunteers and played on airstrips after commuter planes have left for Kotzebue for the night.

One point of playing softball is encouraging healthy habits—like diet, exercise and proper rest patterns—that build the foundation that youth need for a healthy childhood. Developing organizational skills, team-building and good sportsmanship are also focus points for the softball teams.

Players, parents, supporters and community members all look forward to the summer tournaments. Children of all ages are seen at the games, cheering on their teams.



Deering's left short stop Tinmiaq Hailstone, pitcher Patrick Smith, second baseman Christopher Moto and center fielder Robert Moto.

At tournaments in Kiana and Noorvik, kids proudly wore their teams' colorful shirts emblazoned with "Smoke Free and PROUD!" Ambler, Buckland, Deering, Kobuk, Noatak, and Selawik all fielded teams this summer.

All programs involved in the events agree, the young folks and coaches did a great job, both on and off the fields.

The following organizations helped sponsor this season of summer co-ed youth softball: Teck Cominco; NANA Regional Corp.; Maniilaq Association's Diabetes, Health Education and



Buckland's second string batter Sam Ballot.

Community Health Aide programs; Hageland Aviation; Noorvik IRA; City of Noorvik; Kiana Boys and Girls Club; Kiana Traditional Council; Northwest Arctic School District; and Northwest Arctic Borough.

Thank you to the cooks, umpires, chaperones, boat drivers and local volunteers. These events could not happen without the collaboration of everyone involved. We look forward to the '07 season!

From *Sivutmuuluta*, a newsletter of Maniilaq Association, available at www.maniilaq.org.

Revised Community Health Aide Manual debuts in Y-K region

For the past two months several Community Health Aide (CHA) and emergency medical service (EMS) instructors have been busy rolling out the new 2006 Community Health Aide Manual.

This was a huge undertaking in that Yukon-Kuskokwim Health Corp. (YKHC) staff provided training to 180 YKHC employees, including all the CHAs, medical providers and support staff. In addition to the manual, staff covered several different areas, including the new Telemedicine Unit, fit

testing for the N-95 respirator mask, immunizations update, and new Code Blue EMS equipment.

The success of this operation hinged on tireless effort from behind the scenes by many people. Above all, thanks to our Community Health Aides of the Yukon-Kuskokwim Delta who always go above and beyond in completing the mission. You're why we're here.

Excerpted from an article in *The Messenger*, a newsletter of the YKHC, available at www.ykhc.org.

NEWS

Continued from Page 4

time, with an honest portrayal of health care in Southeast and the many people involved in bringing about

change. The story has humor, pathos, success, failure, determination, inspiration and comedy — all the elements for good reading. We are proud to be a part of the effort to tell this story, hoping it will be an inspiration to others."

Proceeds from the sale of "Gumboot Determination" benefit

the SEARHC Foundation, which helps fill unmet medical needs for SEARHC tribal health care beneficiaries. To order copies, call 1-907-364-4401.

From a statement by the SouthEast Alaska Regional Health Consortium.

Looking for a job? Try www.anthc.org

Carving continues on Kootéeyaa Project Wellbriety totem pole

The Kootéeyaa Project Wellbriety totem pole is taking shape at the SouthEast Alaska Regional Health Consortium (SEARHC) Mt. Edgecumbe Hospital campus in Sitka, and all community members are invited to take part in the carving of the pole.

The totem will represent the Native journey to wellness, the SEARHC substance abuse and prevention treatment programs, and the process of transformation to and the continuing journey of "Wellbriety." Wellbriety is part of a national movement that uses a Native journey to wellness—one that links physical, mental, spiritual and emotional health—as part of its process of healing the total person.

"Wellbriety Kootéeyaa means healing, hope, unity and forgiveness for Tlingit people and anyone who is working on the healing of mind, body and spirit," said Kootéeyaa Project chairwoman Roberta Kitka, a drug and alcohol treatment spe-



Sitka community members carve the Kootéeyaa Wellbriety totem pole.

cialist at SEARHC's Gunaanastí Bill Brady Healing Center and Déilee Hit Safe Harbor House.

Kitka said all community members are welcome to take part in the carving of the pole. The

"... all community members are welcome to take part in the carving of the pole."

pole currently is being carved by Tlingit Master Carver Wayne Price, of Haines, in a shelter next to the Gunaanastí Bill Brady Healing Center on the lower part of SEARHC's Mt. Edgecumbe Hospital campus.

The pole is scheduled to be raised Oct. 14 at a location to be announced on the SEARHC Mt. Edgecumbe Hospital campus. The project received funding from the MJ Murdock Charitable Trust.

This article is an excerpt of a press release by Southeast Alaska Regional Health Corp. More information is available at www.search.org.

Governor signs cancer screening bill at ANMC

By Brandy M. Hand

Senior Office Specialist, Public Relations, ANMC

During his Aug. 2 visit to the Alaska Native Medical Center (ANMC), Gov. Frank Murkowski signed House Bill 393 in the main hospital lobby. Prior to that, Alaska law only required health insurance companies to cover screening for breast, cervical and prostate cancers. Under the new law, colon cancer screening will also be included. The statute will go into effect Jan. 1, 2007.

Sponsored by Rep. Tom Anderson, this bill is significant because Alaska Natives have the highest rates of colon cancer in the country. Colon cancer remains the second most lethal cancer in Alaska and the United States. Doctors are not clear as to what causes such high colon cancer rates in Alaska Natives, but genetics are suspected to play a significant role.

Still, screening in Alaska Native villages will remain a challenge. The best form of screening, a colonoscopy, requires a surgeon or a gastroenterologist. Dr. Frank Sacco, a general surgeon at ANMC, said that highly trained doctors are able to reach hub communities such as Barrow and Nome about twice a year and stay a few days.

"If you're my age, or younger, older—it doesn't matter—go and get a colonoscopy," said Florence



Photo by Audrey Armstrong/ANMC

Gov. Frank Murkowski displays the sign colorectal cancer screening bill Aug. 2 at ANMC.

Busch, 56, a colon cancer survivor, at the bill-signing event. "I am a survivor, and you can be too."

Colorectal cancer affects men and women alike. You have a higher risk if you are 50 or older and/or have a personal or family history of colon polyps or ovarian,

See BILL on Page 12

STUDY

Continued from Page 3

- Are eligible to receive care at ANMC
- Are able to provide informed consent
- Live in Anchorage or the Mat-Su Valley

The study will involve three visits during your pregnancy and five visits after your baby is born. All information we collect will be kept confidential. If you choose to participate, you will be asked to fill out an informed consent form and a questionnaire. You will also be asked to provide us with a saliva sample. A questionnaire and saliva sample will be a part of each visit thereafter. You will receive a \$20 gift certificate at each study visit.

If you are interested in joining us in this study or have additional questions, please call SCF's research office to schedule an appointment. Study staff can be reached at 907-729-5488 or 907-729-5489.

SCF is also in the process of organizing another study for women who are in their third trimester of pregnancy. This study is called *Sivunmuurugut* (we are forging ahead), and looks to determine the relationship between alcohol use or non-use during pregnancy and measurement of certain chemicals in baby's first bowel movement. For more information about this study, you may contact study staff at 907-729-5463.

AZAR

Continued from Page 1

Tele-Behavioral Health

Tribes are working to expand the Alaska Tribal Health System's tele-behavioral health capacity to provide best practices and highest quality behavioral health care to rural Alaska Natives and American Indians. The goal is to increase access to direct clinical behavioral health services for rural residents, and to increase clinical collaboration among village-based behavioral services staff.

Influenza Pandemic Preparedness

Azar also announced the release of \$930,000 for Alaska for influenza pandemic preparedness. This is in addition to \$660,000 released to Alaska earlier.

He described efforts to closely

monitor avian influenza among wild bird populations, because wild migratory birds serve as an early detection system for the highly pathogenic H5N1 avian influenza virus. "Because Alaska is at the crossroads of bird migration flyways, we believe the H5N1 strain of avian influenza currently affecting Southeast Asia would most likely arrive here if it does spread through wild migratory birds. So we are focusing on a prioritized sampling system with emphasis in Alaska, followed by the Central, Mississippi, and Atlantic flyways," said Azar.

Wildlife biologists, migratory bird specialists, veterinarians, and epidemiologists from federal and state agencies and national and international associations, have developed "An Early Detection System for Asian H5N1 Highly Pathogenic Avian Influenza in Wild Migratory Birds—US Interagency Strategic Plan."

Throughout 2006, field specialists and wildlife biologists from the US Department of Agriculture and other partner groups plan to collect between 75,000 and 100,000 samples from live and dead wild birds. They are also planning on collecting 50,000 samples of water or feces from high-risk waterfowl habitats across the United States.

Azar thanked the people who were present for their comments, which highlighted the following themes: 1) when addressing behavioral health issues, the focus needs to be on the root cause, 2) the cultural and societal ideas are much different in Alaska, and that needs to be recognized when creating care models, 3) like that of the CHAP program, clinical oversight and training support is critical to the success of the BHA program, and 4) culturally sensitive care is part of the solution.

**Join us for ANTHC's
Annual Meeting
Friday, Dec. 1, from 2-
4 p.m. in the Denali
Room of the
Anchorage Hilton
Hotel!**

IHS, Mayo Clinic to work together on Alaska Native health

Indian Health Service (IHS) and Mayo Clinic have signed a memorandum of understanding (MOU) to work together to improve health care to American Indian and Alaska Native communities.

The goal is to capitalize on the individual and combined strengths of the two organizations and reduce cancer in American Indian and Alaska Native communities. This joint effort will be carried out through research and its applications, education and training, and clinical practice.

"The IHS and Mayo Clinic share a philosophy of collaboration, open communication, and commitment to respectfully serve the American Indian patient and community needs," said Dr. Charles W. Grim, IHS director. "The Mayo's Native American Programs have a long history of working with American Indian and Alaska Native students, physicians, nurses, researchers, tribal communities and the IHS in a way that respects Tribal sovereignty and self-determination."

He went on to say that Mayo's Native American programs have complemented the IHS mission and IHS looks forward to this joint effort.

Making the most of the different resources, functions, roles and areas of expertise the two have to offer, IHS and Mayo will work jointly in five areas to improve the health of American Indian and Alaska Native people. The areas are:

- Education and training—encourage and promote training and education opportunities for American Indian students seeking health care careers.
- Career opportunities for qualified professionals—promote career and service opportunities for qualified American Indian and Alaska Native researchers, clinicians and allied health care workers.
- Research to address American Indian and Alaska Native health issues—in consultation with the tribes, identify, develop and execute research to address American Indian and Alaska Native health needs.
- Federal and foundation grant contract and funding—identify appropriate funding resource and support research and service efforts to improve health circumstances.
- Cost-effective health care and preventive health services for American Indian and Alaska Native communities—develop greater access to reliable, high-quality health care and preventive health services that respond to the identified needs and health profiles of the communities.

Additional information about IHS is available on the its Web site at www.ihs.gov and <http://info.ihs.gov>.

Clinic celebrates one year, welcomes directors

By McKibben Jackinsky
Staff Writer, Homer News

The doors were wide open at Seldovia Village Tribe (SVT) Health Center Aug. 11, with the public invited to tour the two-story clinic, hear about the services provided, and meet the new dental and medical directors.

Larry Johnson has been SVT Health Center's dental director for six weeks. He is originally from Kansas and served as a US Army dental officer before retiring 27 years ago. He spent seven years in private practice, and came to Alaska two years ago to work at Fort Wainwright in Fairbanks. Johnson learned that SVT Health Center was recruiting for a dental director from a friend in Saudi Arabia who was searching the Internet and saw the job posted.

"This is my great Alaska adventure," Johnson said, smiling.

Dr. Judith Steyer became the SVT Health Center's medical director in June, replacing acting medical director Tim Scheffel. Prior to moving to Homer, she was employed by the Tanana Chiefs Conference Chief Andrew Isaac Health Center in Fairbanks and, before that, by the Yukon-Kuskokwim Health Corp. in Bethel. Steyer is board certified through the American Academy of Family Medicine and has been in Alaska since 1994.

The 7,000-square-foot SVT Health Center, a non-profit community health center, held its grand open-



Photo by McKibben Jackinsky/Homer News

Dr. Larry Johnson, SVT Health Center's dental director, and Sarah Wolf during dental appointment at Seldovia Tribal Clinic in Homer.

ing July 7, 2005, with medical services available. Dental services were offered in January 2006 on a limited basis, expanding to full-time in July. The clinic provides primary and preventive care for Alaska Native and non-Native clients. Discounts based on family income and family size are available; Medicare, Medicaid and private insurance are accepted.

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A look back to 1985 in the Mukluk Telegraph

The editor of the Mukluk Telegraph recently came across some back issues of the newspaper. Here are some of the news items from 21 years ago, from February through June 1985.

February 1985

Driver retires with accolades

Don Orcutt retired after almost 32 years of federal service. He started driving patients for Alaska Native Medical Center (ANMC) in 1955. In 1973, Orcutt received a Memo of Appreciation for volunteering to answer an emergency ambulance request to the Seward General Hospital. There was a seriously ill baby there. Don drove to Seward in minus 25-degree weather, over hazardous roads, and returned with baby and escort nurse in darkness and in safety. He also received commendation for his diligence during the devastating earthquake in 1964.

Dental/nutrition fair held

Two hundred sixty-four staff members and visitors viewed exhibits and many had their diet analyzed by the "Eat Smart" computer program. The results showed that many people were eating too much protein and fat, and women frequently consumed diets low in the minerals iron and calcium.

March 1985

Alaskan foods are good foods

More than 175 staff and visitors saw more than 25 different Native food exhibits and food preparation demonstrations by Kathy Bourdukofsky, Doris Fisher, Elizabeth Lewis and Martha Ray at the Alaska Native Food Exhibit and Demonstration. Samples included whipped soapberries, fish pie, Alaska-style soup and Eskimo ice cream

ANMC holds open house to celebrate new radiology equipment

ANMC held an open house to celebrate the dedication of its new computer-aided tomography (CAT) scanner and mammography unit. Area Director Robert Singyke (now retired) opened the ceremonies at 2 p.m. and radiologists gave 5-minute presentations at 2:30, 3, 3:30 and 4 p.m., describing the benefits, use and applications of the

two new imaging units. Coffee, punch, cookies and cake were served with the participation of the ANMC Auxiliary.

April 1985

NANA salutes Kotzebue Indian Health Service employee

Catherine Green, nursing assistant at the Kotzebue Hospital, was awarded a plaque from NANA Corp. for her work with Native people in the area. The Mukluk Telegraph described the ceremony as an emotional event with many elders in attendance. Speakers said she helped senior citizens with their appointments and made herself available whenever an elder needed assistance. By serving as an interpreter and explaining medications, she helped carry on meaningful communications between patients and doctors.

June 1985

ANMC school closes

There were many tears and hugs when Alaska Area Native Health Service and Alaska Native Medical Center (ANMC) personnel came to say goodbye to ANMC schoolteachers Barbara Yorke and Phyllis Adams. The Alaska Department of Education did not provide funding to continue the ANMC School. Many Alaska Native children who had to stay in Anchorage for extended periods for treatment were able to continue their education there. The loss of this service was expected to affect many youngsters throughout Alaska.

Alaskans receive a record number of awards

Sixteen award presentations were made to employees of the Alaska Area Native Service at the Health Resource Services Administration ceremony in Rockville, Maryland. Awardees included Robert Singyke, area director [now retired]; Richard Hall, [then] Chief Program Development Section, Program Formulation Branch, Area Office [and now a director of ANTHC's Division of Information Technology]; Brian J. McMahon, MD, [then] ANMC medical officer [and now hepatitis program director]; and Stephen E. Livingston, MD, [then] serving in Aberdeen [and now an internist with the hepatitis program].

COUGAR

Continued from Page 1

rogue wave or a problem with the ballast system, yet in fewer than 10 minutes, the ship was on its side in nine-foot seas.

On board, 24 crewmembers were eating, napping, reading or doing routine chores. The next thing they knew, they were running for their lives as the ship rolled onto its side and bounced in the waves. "Lucky" was in the shower when it all went down, and his charm of a name did not help him. As the ship began its roll, he grabbed a towel and ran outside onto the deck, where he lost his footing, as the deck became a climbing wall. Lucky fell onto the ship's railing and fractured his ankle. Then, as the ship continued its roll, he slipped through the railing. As his towel fell off into the sea below, Lucky hung on to the railing, naked and dangling over the icy Pacific. Other crewmembers yanked him to safety as everyone scrambled for higher, flatter ground.

Over the next 24 hours, the men managed to get everyone together, into survival suits, and onto a perch on the upper side of the ship. What was once an outside wall on the deck became their floor as they waited, without food or water, for rescue. All the falling, bouncing and hanging on had banged them up, bruising bones and straining muscles; but their adrenalin would buffer some of the pain for a while. They sat through the night in the dark and chill, no one daring to doze off, lest a sudden lurch in the drifting, heaving ship toss them into the churning sea below.

Meanwhile, back in Anchorage, the Coast Guard literally flew into action. An orange-and-white C-130 arrived on scene, flying circles



Photo by Michael Terry/Adak Medical Clinic

The crew of the Cougar Ace poses for a photo in front of Adak Medical Clinic.

around the wayward ship, assessing the situation. The coastguardsmen dropped three life rafts to the ship, but the Cougar Ace was riding on an ocean current, and the rafts were sucked under the moving ship. The Coast Guard next launched two jet helicopters from Anchorage to pull the men off the vessel, but none of the Coast Guard ships could refuel in mid-air, so they called on the Alaska Air National Guard for help. The Air Guard sent two planes from Kulis Air Base in Anchorage, and six hours later two Air Guard planes and the two Coast Guard helicopters arrived on scene. The Cougar Ace crew was thrilled to see the "Air Force" overhead, coming to their rescue. In less than an hour, the entire crew of 24 was lifted off the distressed ship and flown to Adak Island, where the community of Adak was prepared for them.

Just before 9 a.m. that Monday, the Coast Guard notified the Adak Medical Clinic to stand by for injuries from the Cougar Ace. Clinic staff notified the city and emergency medical services (EMS), and everyone sprang into action. City employees sent the word out to the community that donations of dry clothes were needed. Within hours, there were enough shoes, underwear,

pants, shirts, and jackets collected to clothe two dozen men of various sizes. EMS volunteers, led by Marge Tillion, emergency medical technician III, set up the Community Center, converting it into living quarters, with visqueen floors, cots and a triage plan. The cafeteria crew, headed by Violet Pearl, took on the challenge of providing warm food and drink for the survivors, plus the two dozen Guard crewmembers. They cooked up midnight dinners of community-donated fresh fish and caribou and made breakfasts the next morning. Clinic Nurse Practitioner Mike Terry and patient care technician Brenda Thieme gathered first aid supplies, four oxygen tanks, and checked all equipment. They set up a hypothermia machine and got the clinic shower ready for the exposed, shivering victims.

The crew of the Cougar Ace began arriving just before midnight. Within two hours, every survivor had changed into clean, dry clothes; and had been assessed and treated for multiple contusions, strains, minor lacerations and exposure. The men who were cleared headed over for the feast awaiting them in the cafeteria. It took a few more hours for most of them to bunk down and get some needed rest. Some, however, began

to discover new pains after all the adrenaline wore off. A few could not sleep as their restless minds replayed the terror of the day's experiences. Shortly before noon that day, the rested, fed, clothed and treated crew gratefully thanked the Adak volunteers and headed off on the school bus to the airport where Air Guard planes stood by to fly them to Anchorage. The Adak volunteers put the Community Center, clinic and cafeteria back in working order before heading home for a few hours' sleep. When Wednesday morning dawned in Adak, it was back to business as usual; but an invigorated sense of community spirit and satisfaction lingered.

A few days later, the Tun family wrote to Michael Terry to express their heartfelt gratitude to all those who were responsible for the safe rescue of NyiNyi Tun, captain of the Cougar Ace, and all crew members aboard that ship. Gavin Tun said "We would also like to acknowledge the courage and bravery of the Cougar Ace crew, and the true spirit of leadership and teamwork to which their survival should be attributed."

BILL

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endometrial or breast cancer, colorectal cancer, or inflammatory bowel disease.

Colonoscopy is more than 90 percent effective at detecting colon cancer and can remove pre-cancerous polyps, actually preventing cancer from ever developing. It is important to get tested regularly. In the beginning stages of colon cancer there are often no symptoms. However, sometimes symptoms do occur. They include:

- Blood in the bowel movement
- A change in bowel habits
- Pain in the abdomen
- Frequent gas pains
- Weight loss for no reason

If you develop any of these symptoms contact your health care provider.

Alaska Native Tribal Health Consortium (ANTHC) and Southcentral Foundation (SCF) employees attended the event to hear comments and remarks from speakers, who included: Don Kashevaroff, chairman and president of the ANTHC board; Paul Sherry, chief executive officer of ANTHC; Katherine Gottlieb, president and chief executive officer of SCF; Emily Nenon, Alaska government relations director for the American Cancer Society; and Rep. Tom Anderson.

HUTCHISON

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management to Native management under tribal self-governance agreements

- Facilitation of collaboration between ANTHC and Southcentral Foundation under the guidance of the ANMC Joint Operating Board, resulting in expanded services across the campus
- Maintained Joint Commission on the Accreditation of Healthcare F accreditation and Trauma Center accreditation
- Achieved Nursing Magnet Status designation
- Improved specialty clinic access
- Implemented initiatives prescribed by Baldrige National Quality

Program and the Institute for Healthcare Improvement

Hutchison has worked collaboratively with our affiliated regional hospitals and health centers to ensure that a comprehensive system of care is provided for our patients. These are significant accomplishments, especially in our environment of constrained federal funding and a steadily rising workload.

In announcing Hutchison's planned departure, Chief Executive Officer Paul Sherry said, "We have been honored to have her on our team. She has shared with us her professional skills and experience, her unwavering commitment to quality and placing the patient's needs first, and her spiritual wisdom and knowledge. She has men-

tored and supported our Native health professionals, and learned and respected our Alaska ways and traditions. We offer her our best wishes for the future wherever her path leads."

Susan Childers will serve for several months as acting administrator while a permanent replacement is selected. Childers has served as Chief Financial Officer and as a member of the Hospital Operations Team of the Medical Center since 2002. Senior leadership at the Alaska Native Tribal Health Consortium and the ANMC Joint Operating Board have begun efforts to identify an individual to fill the Administrator position on a permanent basis. This process of advertising, candidate review, selection, and installation is expected to last 4-5 months.