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Alaska Area Native Health Service: description of the program.

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DESCRIPTION OF THE PROGRAM

ALASKA AREA NATIVE HEALTH SERVICE



NORTHERN ESKIMO 1903 Charles Burnell Collection, Archives, University of Alaska

Department of Health & Welfare Public Health Service • Health Services Administration
Indian Health Service • Alaska Area Native Health Service

About this publication. . . .

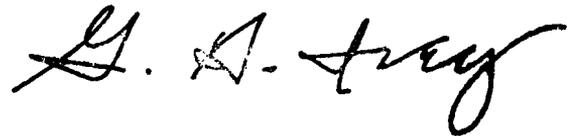
The Alaska Area Native Health Service has prepared this publication to provide current information on the health status of the Alaska Native people and the programs which the Alaska Area Native Health Service are working with to fill those needs.

Exciting developments and innovations have taken place in the Health Care Delivery Program. The Community Health Aide Program has proven to be one of the most accepted and cost effective programs developed in recent years in Alaska. Increased efforts have been made in the area of consumer involvement and participation in the Health Care Program. The Alaska Area Native Health Service has been instrumental in assisting the development of Regional Health Corporations in the 12 regional areas of Alaska. Through the efforts of the Alaska Native Health Board, the Alaska Federation of Natives and the Regional Health Corporations, significant accomplishments have been made in contracting with Native health organizations. At the present time, we have 14 health-related contracts which address a variety of health needs amounting to over 12 million dollars for Fiscal Year 1978.

With the passage of Public Law 93-638, the Indian Self-Determination Act, increased resources and efforts have been directed towards further enhancing and expanding the capability of Native Regional Health Corporations in the health field. We expect these efforts to increase in magnitude and quality as the expertise of the Health Corporations continues to develop.

Other important developments that have occurred in the last year have been the implementation of the Patient Care Information System (PCIS); a computerized health data system designed to furnish medical data on all Alaska Native patients. Serious chronic health problems such as cancer, tuberculosis, rheumatic and congenital heart diseases, handicapping conditions of childhood and others are being monitored to insure the best of medical care is being furnished to these patients. The development of an operational satellite communications network to serve all remote communities and the hospital system is becoming a reality. Another area being implemented is the Emergency Medical Services Program, a cooperative effort between the Health Corporations, State of Alaska and the Alaska Area Native Health Service.

In a continuing effort to improve the health of the Alaska Native people, the Alaska Area Native Health Service encourages suggestions or recommendations for improvements to our programs. Please direct these comments to the staff of the Alaska Area Native Health Service.

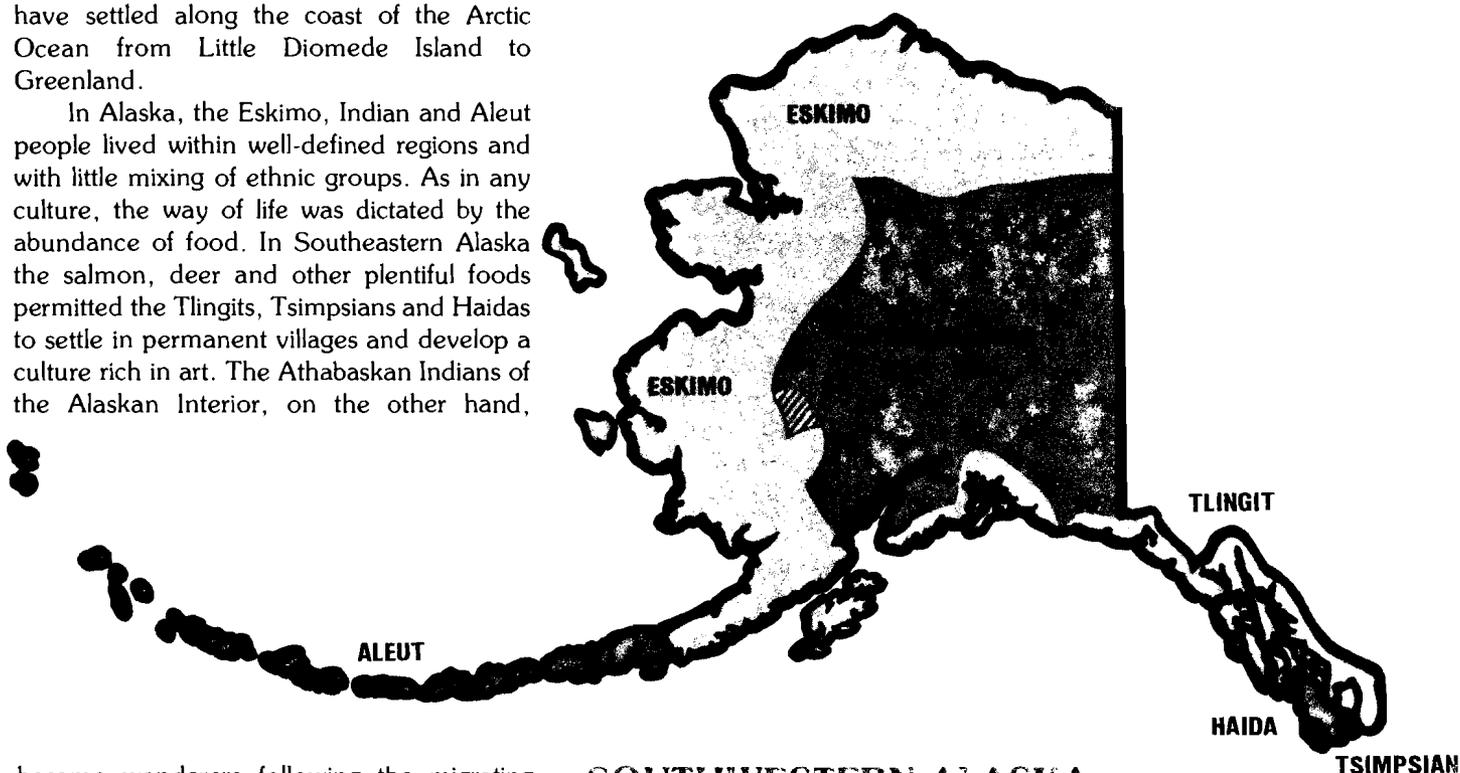


G.H. IVEY
Director
Alaska Area Native Health Service

The Alaska Native people

At the time of European discovery of Alaska in 1741 by Vitus Bering, the Indians, Eskimos and Aleuts were well distributed throughout the area. Anthropologists generally believe that these people migrated across the Bering Strait from Asia. Apparently, this migration occurred in successive waves 25,000 to 40,000 years ago. The northern Eskimos appear to be the most recent immigrants and to have settled along the coast of the Arctic Ocean from Little Diomedede Island to Greenland.

In Alaska, the Eskimo, Indian and Aleut people lived within well-defined regions and with little mixing of ethnic groups. As in any culture, the way of life was dictated by the abundance of food. In Southeastern Alaska the salmon, deer and other plentiful foods permitted the Tlingits, Tsimpsons and Haidas to settle in permanent villages and develop a culture rich in art. The Athabaskan Indians of the Alaskan Interior, on the other hand,



became wanderers following the migrating caribou herds and taking advantage of seasonal abundance of fish, waterfowl and other wildlife. The Eskimo people, like the Tlingits, depended upon the sea for life. However, a more hostile climate and fewer resources required a far different way of living. The food resources of the Aleuts were quite abundant. Adult men hunted seals, sea lions, and whales in the open sea from kayaks. Roots, berries, birds and eggs were available on the land.

Of the total population taken from the 1970 census there are 28,233 Eskimos, 6,292 Aleuts and 16,080 Indians. The 1975 Alaska Native Claims Settlement Act enrollment figures estimate that approximately 65,000 Alaska Natives reside within the state. For the most part, they live in widely separated villages which are scattered along the 25,000 mile coastline and the great rivers of Alaska.

SOUTHWESTERN ALASKA

The Aleuts

Most Aleuts originally lived in coastal villages on the lower end of the Alaska Peninsula. They spoke three distinct dialects which were remotely related to the Eskimo language. Many thousand years ago the Aleuts and Eskimos may have spoken the same language, but isolation from one another led to changes in language and culture.

When the Russians reached the Aleutian Islands in the 1740's, practically every island was inhabited, but now only a few islands have permanent Aleut villages.

Today, the Aleuts live in well-constructed frame houses. The majority are members of the Russian Orthodox Church. They fish commercially, many of them going to Bristol Bay to fish for the summer. Others

work in canneries, engage in commercial fishing or operate boats.

The finest basketry produced in Alaska, if not in the world, was formerly made by the Aleut women. They were particularly skillful and painstaking, and fortunate too, having a type of grass on Attu Island better adapted for basket weaving than the grass that grows farther eastward in the Chain.

SOUTHEAST ALASKA

The Indians

The three Southeastern tribes, living in and around the Alexander Archipelago from Ketchikan to Katalla, found many abundant natural foods. The shellfish, salmon, seal, berries, deer, black and brown bear furnished food which permitted a relatively easy life. There are no mythological starvation stories among these people. Food was abundant enough so that these groups were able to live



Aleut Woman: 1916

Charles Bunnell Collection Archives, University of Alaska, Fairbanks, Alaska

in permanent villages. The climate is relatively warm in winter and cool in summer with precipitation from 50 to 200 inches. The terrain is characterized by rugged mountains, torrential rivers, craggy coasts and dense forests. There are few flatlands and the region is poorly suited for agriculture.

The Tsimpsons

These people were originally from British Columbia, migrating in 1887 to Annette Island which was given to them by the United States Congress. A modern, model village was built under leadership of Father William Duncan, an Anglican minister. Now living in Metlakatla on Annette Island (just south of Ketchikan) are 900 Tsimpsons. They live a partly cooperative life running a salmon cannery, four fish traps, a water system and a hydroelectric plant. Individually they own fishing boats and operate stores in the village. Like all Southeastern people, they are primarily fishermen. They are well-integrated into the life of the state and take part in the social, economic and political life of the region.

Charles Bunnell Collection Archives, University of Alaska, Fairbanks, Alaska



The Haidas

At the south end of Prince of Wales Island is the village of Hydaburg with a population of 300. These are relatively recent immigrants (1700's) from Canada. (Many Haidas live on Queen Charlotte Island and are Canadian citizens.) There is a relationship between the Tlingits and the Haidas, their languages being similar in the way that English and German are similar. Tradition states that totem carving originated among the Haidas, and it is generally conceded that they excelled in this art. The Tlingits sometimes utilized the Haida totem carvers to take advantage of their skills in adorning their own homes and villages. The Haidas are also noted for their fine slate carvings and the precise and delicate working of articles of wood, bone and shell.

Chief of the Haidas, 1907. Photographed by the U.S. Army. Photo courtesy of the National Archives.

Chief of the Haidas, 1907. Photographed by the U.S. Army. Photo courtesy of the National Archives.



CHIEF WILLIAM OF TANANA PAUL WILLIAMS TANANA CHIEF CHARLIE OF MINTU
CHIEF ALEXANDER OF DOLOVANA CHIEF THOMAS OF NENANA CHIEF SVEN OF KOSCHAKAT CHIEF ALEXANDER WILLIAM OF TANANA



Like the Tlingits, the Haidas are grouped into two phratries or brotherhoods and marry into the opposite phratry. They lived in times past on the fish from the sea, and on the seal, berries, deer and black bear.

The Tlingits

The Tlingit Indians of Southeastern Alaska are also relatively recent immigrants from Canada. However, they were well distributed when the first European contact was made in Southeast Alaska. Their folklore contains many stories of how they crossed mountains and glaciers on their way to the sea. Their villages are scattered from Ketchikan to Katalla and each village is a part of the complicated social structure which characterizes the Tlingits. Like the Haidas, their area was so rich in resources, food surplus could be acquired, thus allowing time for extensive art work, large competitive potlatches and long trading expeditions.

INTERIOR ALASKA

The Indians

Wide river valleys rimmed with high mountains are the home of the Athabaskan Indians of Alaska. Birch and black spruce grow along the rivers — the Yukon, Kuskokwim, Koyukuk, Porcupine, Tanana and many others. This is a land of short, warm summers and long, cold winters when the temperature often plunges to 40 and 50 degrees below zero.

Before the advent of the white people, the Interior Alaskans were nomadic, following the moose and caribou, and there were no permanent villages. Theirs was mainly a hunting economy. When the game was plentiful, they thrived and when the game was scarce the people starved.

The Alaskan Athabaskan Indians are the Northern Athabaskans. The Southern Athabaskans are the Navajos, Apaches and Hopi, who are closely related to their northern cousins. The Alaskans, so far as is known, lived formerly in Canada and were driven into Alaska by the warlike Crees, possibly 700 to 800 years ago. All the Athabaskans have a similar language. In Alaska, those from as far south and west as Iliamna can soon understand the people of

Fort Yukon in the north and east. The similarity seems to be about that of Dutch and German. These Athabaskans extended from Kachemak Bay on Cook Inlet at Seldovia, up the Kenai Peninsula to the Copper River and on to the Canadian border — also from Lake Iliamna, Lake Clark, the upper Kuskokwim above Sleetmute, on the Yukon at Holy Cross, south of the Brooks Range, to the border.



Eskimo couple, Wainwright Area, 1929; C. L. Andrews Collection, Archives, University of Alaska, Fairbanks, Alaska

WESTERN AND NORTHERN ALASKA

The Eskimos

The Bering Sea and Arctic Coastlines, the habitat of the Eskimos of Alaska, is as harsh an area for human life as the planet has to offer. Windy, treeless terrain where temperatures are well below zero in winter, and hardly more than 50 degrees in the short, cold summer, presents what seems to be an almost unsurmountable challenge to the ingenuity of man. Living along the coast in permanent villages, the Eskimos found the salmon reasonably plentiful, some berries, great flocks of ducks, geese and other



Umiak, Van Valin Collection, Archives, University of Alaska, Fairbanks, Alaska

shorebirds, as well as numerous ptarmigan and a few wandering caribou. They would have scarcely survived, however, had they not been able to develop their sea and harpoon. In sturdy craft made of driftwood covered with skin, these people secured the 60-ton bowhead whale. Whales, seals and walrus were the mainstay of their economy. Clothing was made entirely of skins from reindeer, ground squirrel, eider duck, cormorant and murre.

Northern Eskimos

Northern Eskimos lived on the Seward Peninsula and on the lands bordering the Chukchi Sea and the Arctic Ocean. If they were not on the coast, they typically lived along rivers, including the Kobuk, Noatak, and Kuzitrin rivers. Only one group — the Nunamiut — lived almost entirely inland.

The Inupiat Eskimos living along the northern coasts were hunters of the enormous bowhead whale, walrus and seal. They supplemented their sea-based activities by hunting on land, fishing in inland waters and gathering plants and berries.

Along the rivers flowing into the area of Kotzebue Sound, Eskimos relied less on sea mammals and more upon land animals and

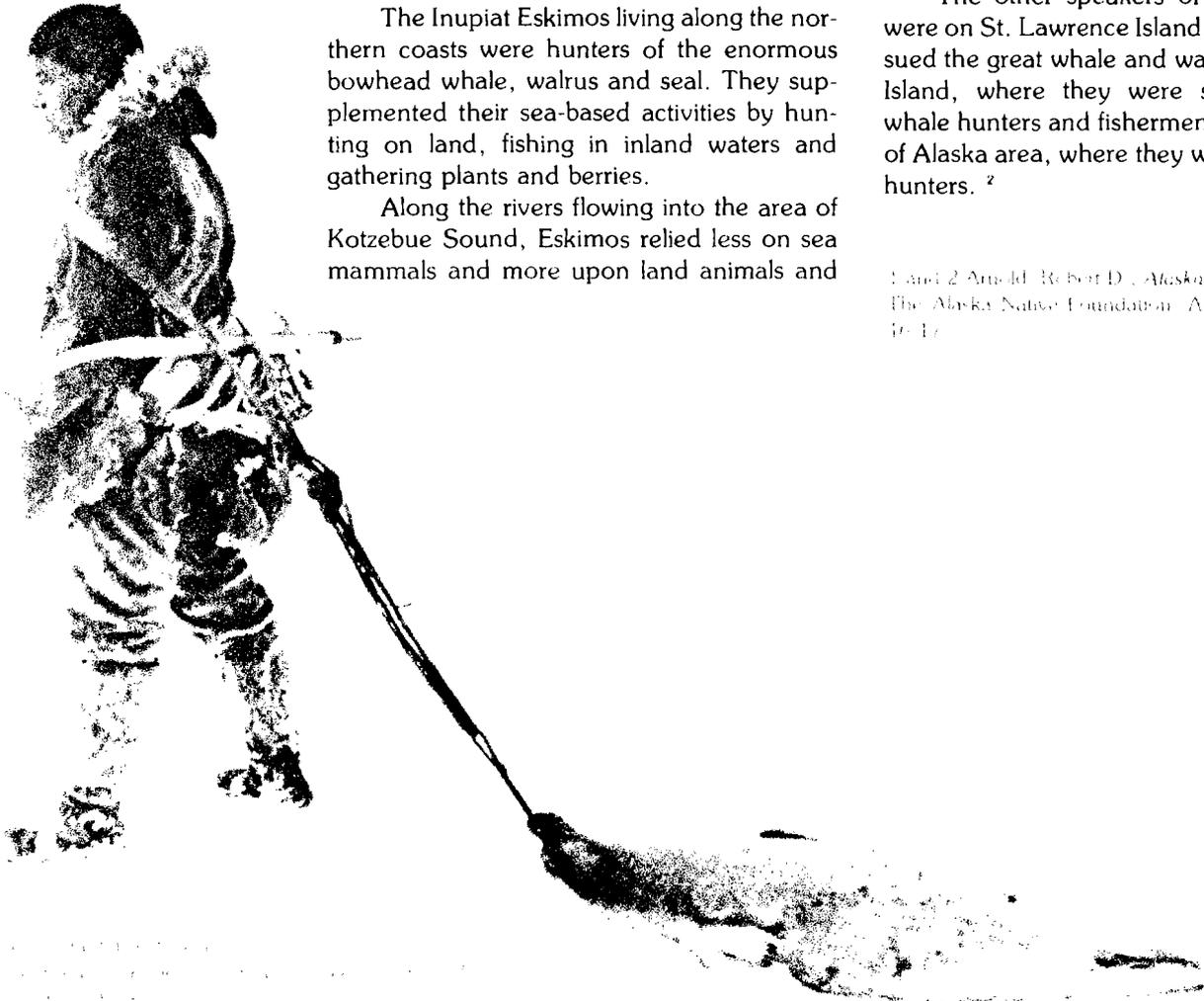
river fishing. At the northwestern tip of the Seward Peninsula lived Eskimos who — like those of the northern coast — were principally whalers. Others on the Seward Peninsula depended largely upon caribou, as did the people of the upper Noatak and Kobuk rivers, and of the Brooks Range. ¹

Southern Eskimos

Most southern Eskimos lived along the Bering Sea Coast from Norton Sound to the Bristol Bay region and along the rivers flowing into the Bering Sea. These Yupik-speaking people were primarily hunters of the bearded seal along the southwestern coast and salmon fishermen along the Yukon, Kuskokwim, Nushagak and other rivers. Over a wide area, they were also hunters of caribou and small game animals.

The other speakers of a Yupik dialect were on St. Lawrence Island, where they pursued the great whale and walrus; on Nunivak Island, where they were seal and beluga whale hunters and fishermen; and in the Gulf of Alaska area, where they were sea mammal hunters. ²

¹ and ² Arnold, Robert D., *Alaska Native Land Claims*. The Alaska Native Foundation, Anchorage, 1976, pp. 10-11.



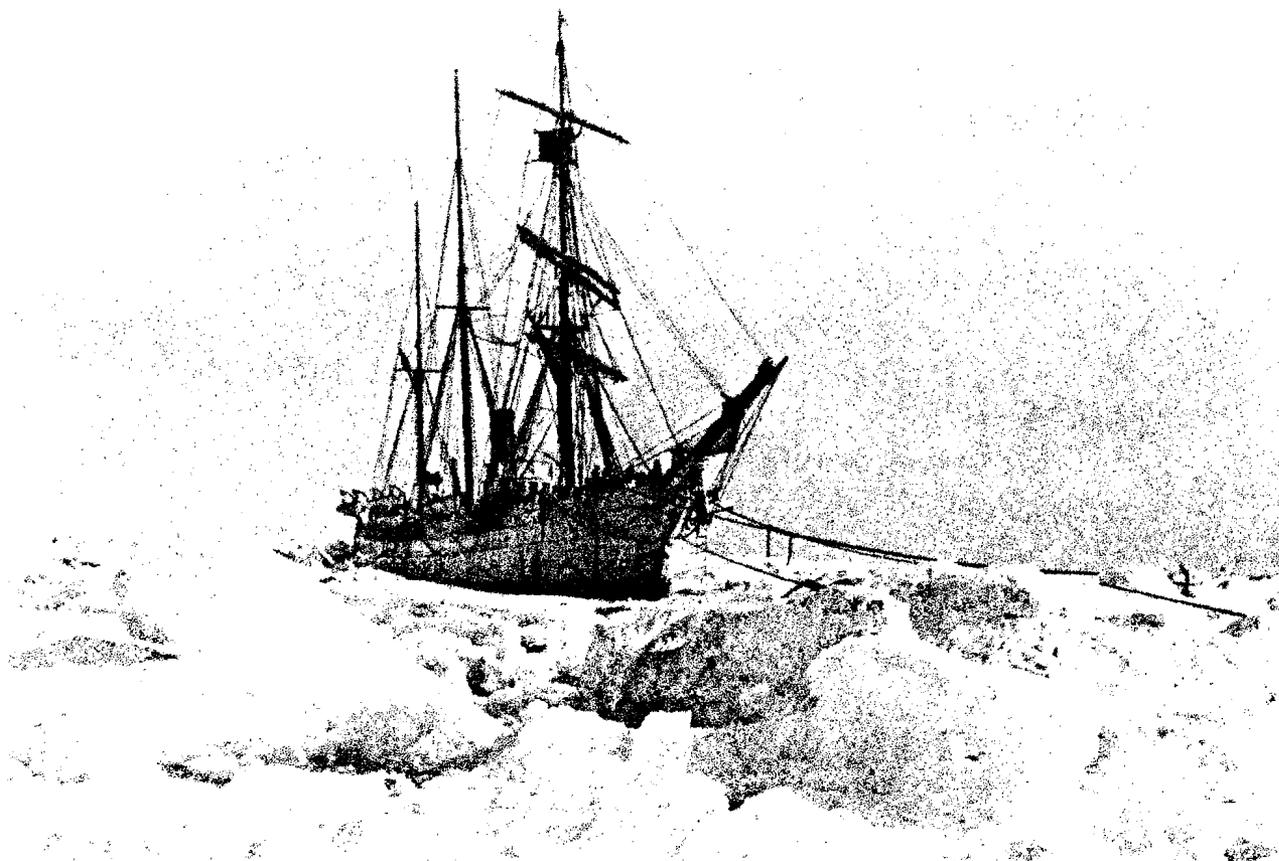
The development of health services

After the United States purchased Alaska from Russia in 1867, the Natives had minimal access to any kind of health care, except when it was available from medical officers at a few scattered Army outposts or on board Navy or Revenue Marine ships which occasionally called at coastal villages. In the 1880's and 1890's, several religious groups, notably the Methodists, Presbyterians, Roman Catholics, Moravians and Episcopalians, initiated some medical services as part of their mission work in widely scattered regions of the territory.

Since the treaty with Russia had stipulated that the Native people of Alaska would be provided for on the same basis as Indians elsewhere in the country, the federal government belatedly undertook a measure of responsibility for the health of the Alaska Natives. The U.S. Bureau of Education began employing physicians and nurses as early as 1907, and small hospitals or dispensaries were modified from existing school buildings about that time at Juneau, Nushagak, Nulato and Kotzebue. The first

specific federal appropriation for Native health was in 1915 for \$25,000, most of which was used to construct at Juneau a new 25-bed hospital, which opened in May 1916. Over the next few years, small Native hospitals were built or remodeled at Akiak, Noorvik, Kanakanak, Unalaska and Tanana. A barge modified as a clinic also served the villages of the lower Yukon from 1926-1933. Dental services began in 1925, when a part-time dentist was employed in Southeastern Alaska.

On March 16, 1931, the Bureau of Education transferred its responsibilities for Alaska Native education and health to the Bureau of Indian Affairs. The first full-time Medical Director, a Public Health Service officer on detail, was appointed that same year. New hospitals were opened over the next decade in Mountain Village, Kotzebue, Unalaska, Barrow, Bethel, Kanakanak and Tanana; the latter two of which are still in service. The Bureau, later to be known as the Alaska Native Service, or ANS, laid particular stress on the role of the village school teachers



Revenue Marine Ship from Barrow, 1908. Gift named a Public Health Service physician and codr. Dr. Samuel C. Collection, Arctic University of Alaska, Fairbanks, Alaska.

in the provision of health care, and supplied teachers with drugs, first-aid manuals, and a shortwave radio network by which they could communicate with the Native hospitals. Other aspects of the program stressed during these years included Public Health Nursing, a responsibility later turned over to the Territory and State, and the contract health program, through which the government purchased medical services for Natives from private hospitals and physicians both inside and outside Alaska.

After the Second World War, the major effort of all health agencies was directed toward the control of tuberculosis, which was rampant among the Alaska Native people. In cooperation with the newly revitalized Territorial Health Department, the Bureau mounted an intensive program of tuberculosis case-finding and treatment. Large new Native hospitals primarily for the care of tuberculosis were opened at Mt. Edgecumbe (1950) and Anchorage (1953) and a replacement hospital was built at Bethel (1954).

Major health surveys under the direction of the American Medical Association (1947) and of former PHS Surgeon General Thomas

Parran of the University of Pittsburgh (1953-54) studied every aspect of health in Alaska. Their far-reaching reports led to reform of all kinds and a substantial increase in appropriations. In part as a result of these studies, the health program for Alaska Natives was transferred from the BIA to the U.S. Public Health Service on July 1, 1955.

The first priority was still clearly tuberculosis, and the new Division of Indian Health collaborated with the Arctic Health Research Center, the Communicable Disease Center, and the Territorial Department of Health in a series of significant research studies which proved the effectiveness of home drug treatment and the ability to prevent the disease by the use of isoniazid. These studies ultimately proved extraordinarily effective in bringing tuberculosis under control, and thus permitted greater attention to other needs such as maternal and child health, environmental health, mental health, and dental care, to name only a few.

By the 1960's, Native hospitals were becoming much better staffed and equipped. A new facility was opened in Kotzebue in 1961 and another in Barrow in 1965. Physicians, dentists, and sanitarians began regular visits to Native villages. In Anchorage, the Native hospital gradually evolved, as the tuberculosis census declined, into a short-term general hospital providing specialty referral care to the field facilities.

Health at the village level also improved significantly as a result of new water and sanitation facilities built by the Indian Health Service, and of new homes and improvements funded under various other federal programs. A new type of health worker emerged during this period, the Community Health Aides, who were Native men or women who provided primary care in the village, reported to the doctors on the radio, and kept the village drug and medical supplies. Since 1968, these aides all have undergone a standardized program of instruction.

By the late 1960's, a system of health care had evolved which included basic primary care and health education by the Community Health Aides in the villages, a group of field hospitals and clinics where general medical and hospital care was



U.S. Government Hospital, Barrow, 1916. Alaska Historical Library

available, and a third level of specialized care which was available at the Alaska Native Medical Center in Anchorage. The program was tied together not only by a communications network, but also through referral, training and consultations at each level.

During the century of American sovereignty in Alaska, the health conditions of the Native people have undergone great changes, most of them crowded into the past 25 years. In the earlier years, the Natives were victimized by repeated and severe epidemics of diseases such as influenza, measles, whooping cough and diphtheria. Tuberculosis, though its course was more indolent, became the greatest killer of them all. Accidents were and still are the cause of much death and crippling. Parasitic diseases added their burden of misery, as did other animal-borne diseases. Otitis media, with consequent crippling and hearing loss, became especially prominent in the 1950's and 1960's.

Once the infectious diseases were brought under some measure of control by immunizations, new drugs, surgery, and a better standard of living, other patterns of disease evolved, partially in response to rapid

cultural change. Mental disorders, alcoholism, cancer, dental decay, and refractive errors have become very widespread in the past two decades. Finally, hypertension, stroke, diabetes and coronary heart disease, once considered rare in the Alaska Native population, are now found with some frequency. All these trends demonstrate that the health conditions of the Alaska Natives are moving toward the pattern found at large in our society.



Mountain Village Hospital. Photograph, courtesy of Mrs. Mae Alexie



Physician and nurses at Noodin Hospital, early 1920's. Photograph, courtesy of Louise S. Hartley

Director

Directs the Alaska Area Native Health Service program to the mission of the U.S. Public Health Service in the State of Alaska in conformance with guidelines established by U.S. governmental and Alaskan Native bodies. Provides leadership to health care facilities and administrative staff. Evaluates effectiveness of area staff. Assures equal employment opportunity.

Alaska Native Health Board

Members from: Alaska Federation of Natives, Aleutian/Pribilof Islands Association Health Department, Bristol Bay Area Health Corporation, Cook Inlet Native Association, Copper River Native Association, Kodiak Area Native Association, Mauneluk Association, The North Pacific Rim, North Slope Borough Health and Social Service Agency, Norton Sound Health Corporation, Southeast Alaska Regional Health Corporation, Tanana Chiefs Health Authority and Yukon Kuskokwim Health Corporation, serve as an advisory group to the Area Director in planning, conducting and evaluating health care programs.

Alaska Native Medical Center

Provides medical and dental care with emphasis on health education for a Native population of 15,380 throughout over 40 villages located over an area of 100,000 miles.

Barrow Service Unit

Provides medical and dental care with emphasis on health education for a Native population of 3,670 throughout five villages located over an area of 84,225 square miles.

Bethel Service Unit

Provides medical and dental care with emphasis on health education for a Native population of 15,400 throughout 49 villages located over an area of 75,000 square miles.

Kanakanak Service Unit

Provides medical and dental care with emphasis on health education for a Native population of 4,000 throughout 27 villages located over an area of 40,425 square miles.

Kotzebue Service Unit

Provides medical and dental care with emphasis on health education for a Native population of 4,600 throughout 12 villages located over an area of 36,000 square miles.

Mt. Edgecumbe Service Unit

Provides medical and dental care with emphasis on health education for a Native population of 10,985 throughout 20 villages located over an area of 37,600 square miles.

Interior Alaska Service Unit

Provides medical and dental care with emphasis on health education for a Native population of 7,150 throughout 28 villages located over an area of 165,650 square miles.

Environmental Health Branch

Provides environmental health support to service units and other health care activities throughout Alaska. This includes concerns for sanitary practices, living conditions, environmental health surveys of institutions and consultation on environmental problems. Also designs and constructs sanitary facilities in cooperation with Native villages and interested government agencies. Provides required consultative services and emergency assistance.

Program Formulation Branch

Provides program planning, statistics on the health needs of Alaska Native people, evaluates effectiveness of health services, promotes Native community health development, develops, implements and maintains management information systems and computerized health information systems and coordinates for the Director in all of the foregoing activities among Federal and non-Federal entities and institutions.

Patient Care Standards Branch

Provides implementation of professional standards that will assure the highest possible level of patient care in the direct care and contract health care programs, provides technical assistance and consultation to service units and tribal governments on matters concerning health and safety standards, including other departmental and service organizational entities, non-Federal governmental agencies and voluntary professional health organizations to improve the enforcement of health and safety standards under the Indian Health Service Delivery System, coordinates the activities of the State of Alaska Emergency Medical Service (EMS) Program, the 12 Alaska Native Regional Health Corporations EMS programs and the seven AANHS hospitals EMS programs.

Community Health Services Branch

Provides technical assistance and consultation in Maternal-Child Health, Health Education, Nutrition, Social Services, Mental Health and Dental to service units and Regional Health Corporations in their administration and management of the community health service programs and other health care activities, maintains working relationships with other departmental and service organizations, non-Federal government agencies and voluntary professional health organizations; and coordinates the activities of the branch to assure the effective implementation of community health services programs. The Community Health Aide Program functions out of this branch.

Construction and Maintenance Branch

Provides support to the area office and service units in construction, maintenance and operation of facilities and supporting utilities and occupational safety and fire prevention programs.

General Services Branch

Provides logistical support to the area office and service units in matters of property, contracting, office services, procurement, supply and transportation.

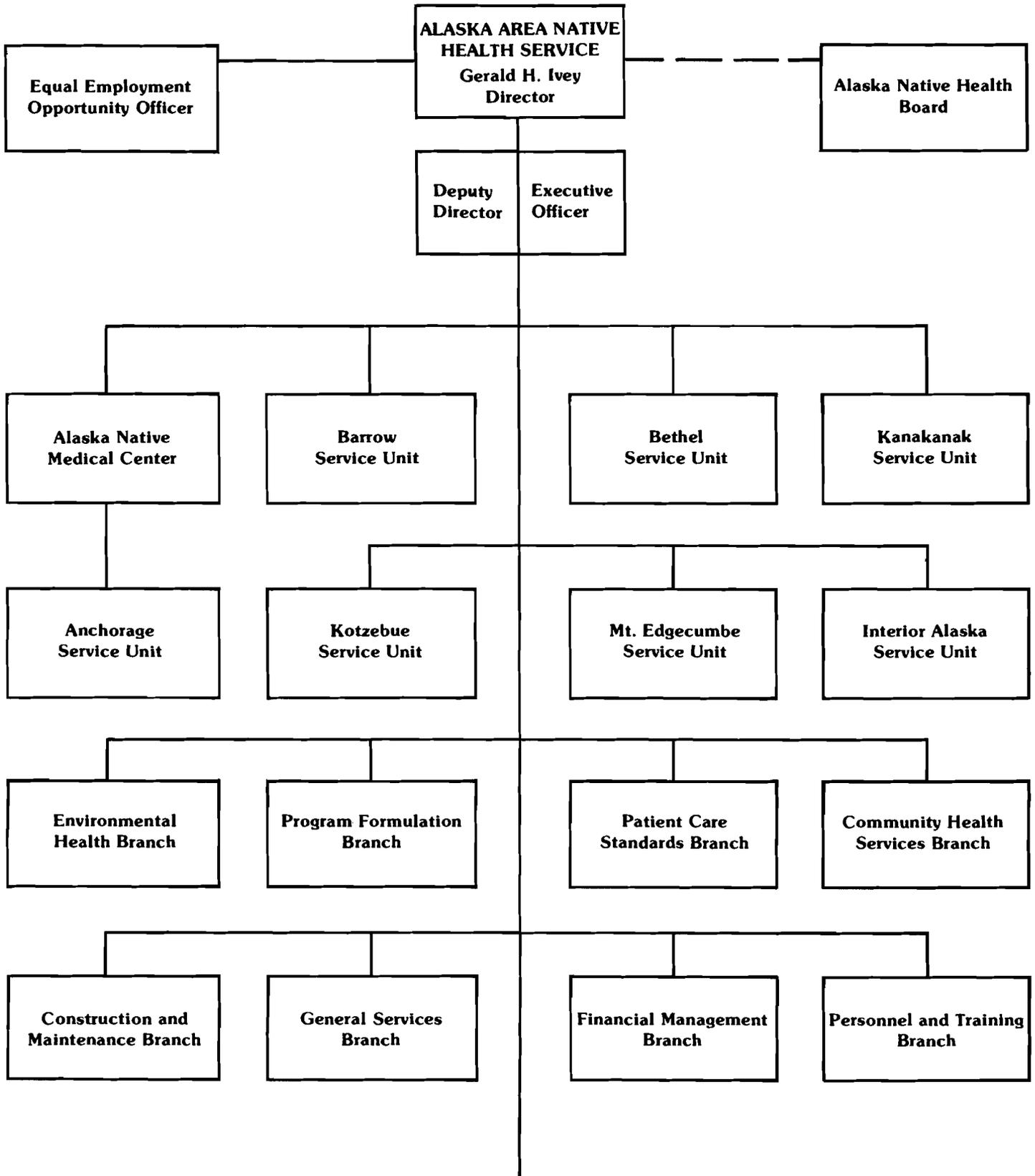
Financial Management Branch

Provides financial management support to the area office and service unit managers, including budgeting, accounting, financial and statistical data and funds availability and redistribution.

Personnel and Training Branch

Provides personnel management support to the area office and service unit managers, including recruitment, placement, position management, position classification, training, employee services and public relations matters.

Alaska Area Native Health Service Organization and Services



The Alaska Area Native Health Service is administered by the Director of the Alaska Area. He is supported by a staff of health professionals and administrative specialists headquartered in Anchorage.

The support services include these special categories: Program services, covering maternal and child health, dentistry, health education, nutrition and dietetics, nursing services, pharmacy services, health records and contract health care; social and mental health, environmental health, Native affairs, program development, planning, systems development; and administration, covering personnel management, financial manage-

ment, general services, construction and maintenance and equal employment opportunity.

The seven Service Units collectively cover the entire State of Alaska, providing comprehensive health services to all Native people and for non-Native people living in remote areas.

A Service Unit Director administers each Service Unit's programs with as much latitude as possible under Indian Health Service policies. The composition and size of the staff at each Service Unit varies according to the population served and its needs.

Each Service Unit's field hospital and the



Public Health Service physician and young patient, Mt. Edgecumbe Service Unit



Alaskan Native Health Aide at Koochlikuk, and patient. Photograph by Mike R. Meyer

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Alaska, Division of Public Health, and the Alaska Area Native Health Service.

The principal provider of health services at the village level is the Community Health Aide, who is chosen by the Village Council and is responsible for giving first aid in emergencies, examining the ill, reporting their symptoms to the physician, carrying out the treatment recommended, instructing the family in giving nursing care, and conducting on-going health education in the villages.

Salaries for the Community Health Aides are paid by contract between the Alaska Native Health Service and the Native Corporations or village councils.

The health delivery system operates on three distinct levels:

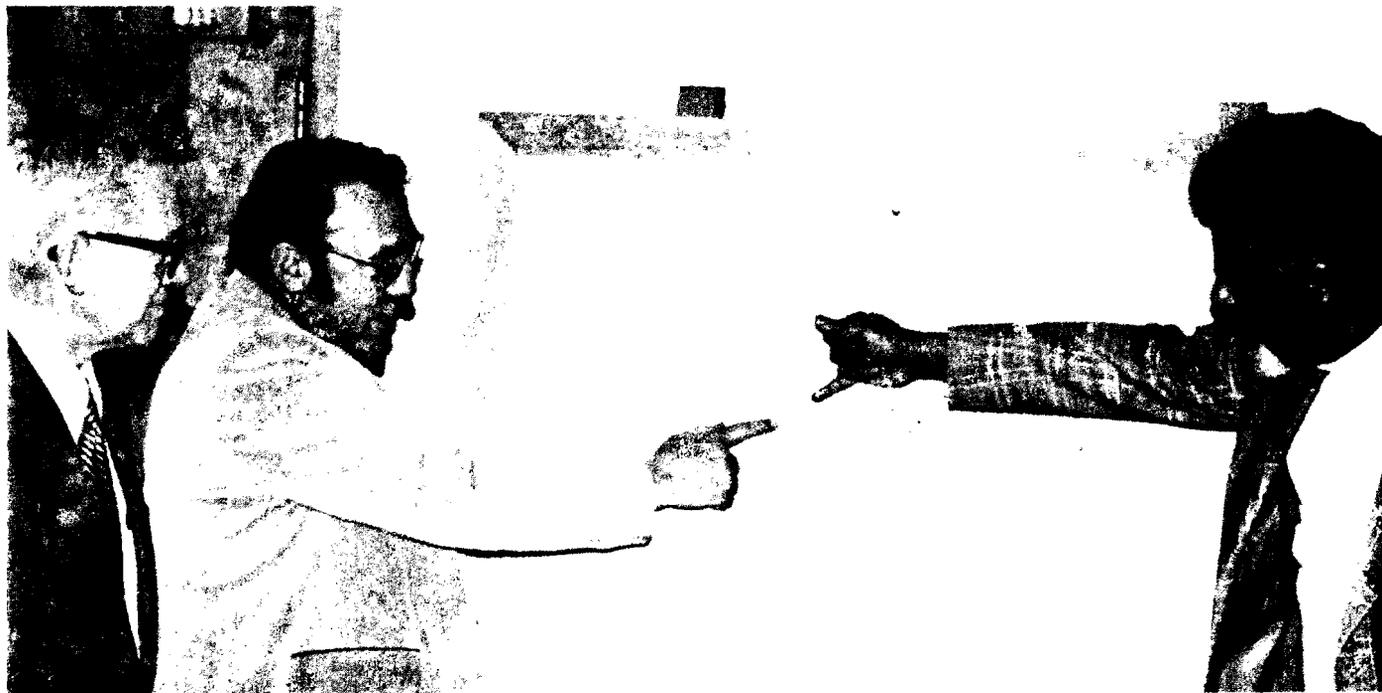
Primary care includes routine health maintenance and the treatment of common or minor illnesses on an ambulatory basis. Such care is given by Community Health Aides residing in the villages or by physicians, dentists, physicians assistants, nurses, and others periodically visiting the villages or working in the hospitals or clinics.

Secondary level of care includes routine hospital admissions for common illnesses or injuries, for minor surgical conditions, or for

pregnancy, and specialist outpatient care, occasionally in the village but generally in the field hospitals, or in the Alaska Native Medical Center.

The third level of care is that of special services for serious or life-threatening illnesses or injuries. It is provided under the immediate direction of a specialist and on an inpatient basis, and often involves major surgery or complex diagnostic procedures. The Alaska Native Medical Center is the clinical focus for this health care delivery system.

Under the Contract Health Care Program of the Alaska Area Native Health Service, health care is purchased on behalf of Native patients from private care sources, including physicians, dentists, optometrists, hospitals and pharmacies. For the most part, these services are provided in areas where direct Indian Health Service facilities or services are not available in a timely manner or for needed services that IHS is unable to provide directly. Two significant uses of Contract Health Care funds are for consulting specialists and for direct referrals to other hospitals when the field hospitals and the Alaska Native Medical Center are unable to render such specialized care as open heart or neurological surgery.



(Left to Right) Dr. Dave Johnson, Regional Health Administrator, Region X; Gerald H. Ivey, Director, Alaska Area Native Health Service; and Dr. George J. Lythe, Administrator of the Health Services Administration.

A brief profile of each of the seven Service Units follows:

ANCHORAGE SERVICE UNIT

The Anchorage Service Unit includes the area south of the Alaska Range, the Alaska peninsula, Aleutian Islands and Kodiak Island. It measures about 100,000 square miles and would, if all the islands were consolidated into one land mass, equal the size of Washington and Oregon combined. The 1970 census and the 1971 Native Claims Act list 43 "Native" communities as being located in the Service Unit, but it is important to note that many Native people also live in predominantly non-Native communities, such as Anchorage, Kodiak, Seward and Kenai.

The heart of the Anchorage Service Unit's health delivery system is the Alaska Native Medical Center. The Alaska Native Medical Center is a general hospital operating at 170 beds and providing comprehensive health services and training programs to Alaska Natives and other persons eligible by law.

The Medical Center is located at Third and Gambell streets in Anchorage and serves as a primary care and referral facility for the people residing in or visiting the Anchorage Service Unit and as a specialized referral center for the other six Alaska Native hospitals. The Anchorage Service Unit has 17 Village-Built Clinics staffed by Community Health Aides. The clinic also serves as headquarters for itinerant professional medical teams. The Anchorage Service Unit also includes two small health facilities on the Pribilof Islands. These are under the direction of a physician's assistant and a family nurse practitioner.

BARROW SERVICE UNIT

The Barrow Service Unit consists of an area of approximately 84,225 square miles, encompassing the most northerly coast of Alaska. It is bordered on the north by the Arctic Ocean, on the west by the Chukchi Sea, and the Beaufort Sea is northeast of Point Barrow. It is in the U.S. Naval Petroleum Reserve No. 4. Prudhoe Bay, and the start of the Alyeska pipeline is within its boundaries.



Alaska Native Medical Center and Alaska Area Native Health Service Headquarters, located in Anchorage.

The hospital is a 14-bed general medical surgical facility accredited by the Joint Commission on Accreditation of Hospitals. It is a single-story woodframe structure, erected on wood pilings in 1965, and contains 21,405 square feet. The hospital serves the estimated population of 3,670 Eskimos living in five communities in the Barrow Service Unit.

Although 5,000 people technically worked at Prudhoe Bay and along the Alyeska Pipeline as of July 1975, their impact on the hospital and facilities has been negligible. Of more importance is the potential impact of the opening of Naval Petroleum Reserve No. 4 for exploration by Husky Oil Company.

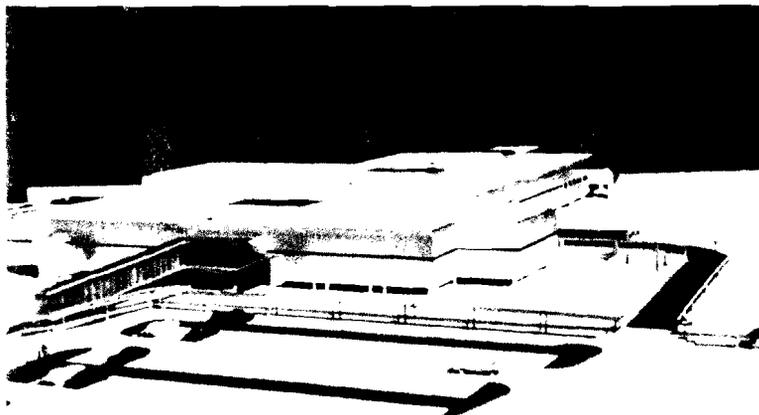
The Barrow Service Unit has five Village-Built Clinics within its boundary staffed by Community Health Aides. The clinic also serves as headquarters for itinerant professional medical teams.

BETHEL SERVICE UNIT

The Bethel Service Unit is located in the delta region of the Kuskokwim and Yukon Rivers. The unusual phenomena in the Bethel area are the spectacular spring breakup and the wild mushrooms, berries, and vegetables that grow wild in the tundra. In 1976, the population of the Bethel Service Unit was approximately 16,400 of which 15,400 were Natives. Scattered along the Yukon and Kuskokwim Rivers, the Bering Sea coast, Johnson River, and over the adjoining tundra are some fifty villages.

The Bethel hospital is a 42-bed general medical, surgical, pediatric, and obstetrical health care facility (accredited by the Joint Commission on Accreditation of Hospitals) providing health care and services for the Native residents and to non-residents. Because non-Native residents do not have access to private practitioners, Service Unit personnel provide these residents health care services on a reimbursable basis.

A new 50-bed hospital is presently under construction in Bethel. The 95-thousand square-foot facility has a projected completion date of 1980. The new hospital will be a complete, self-contained regional medical facility. Services will include general medical and surgical patient care covering both adult and pediatric care and dental care. Full services will be available for obstetric patients and care of their new-born infants. Complete



Architectural design -- Bethel Comprehensive Health Facility



ambulatory care services will be provided. Full support laboratory and radiology services will be provided for both inpatient and ambulatory patients.

Funded by the Department of Health, Education and Welfare, the structure will be built in phases. Monies will be allocated each year until completion date.

The Bethel Service Unit has 37 Village-Built Clinics and one Health Station staffed by Community Health Aides. The clinic also serves as headquarters for itinerant professional medical teams.

KANAKANAK SERVICE UNIT

The Kakanak Service Unit is in the Bristol Bay area which is famous for its fishing and hunting. It is an area of 40,425 square miles and serves an estimated 4,000 Native people who are predominately Aleut and Eskimo. This part of Southwestern Alaska has a great variety of climate, topography, economics and culture.

The Service Unit surrounds Bristol Bay and is ringed by beautiful mountains which extend from the Pacific side of the Alaska Peninsula northeast to Lake Iliamna on the east. The northern and western boundaries of the Service Unit are the Taylor and Kuskokwim mountains. There are large expanses of tundra and hundreds of lakes and numerous rivers.

The hospital at Kakanak is a 29-bed (including six bassinets), general medical facility which was constructed in 1941. Complete rehabilitation of the woodframe hospital structure was completed in FY 1973. In July 1975, the Joint Commission on Accreditation of Hospitals awarded full accreditation to the Kakanak Service Unit Hospital.

The Kakanak Service Unit has 17 Village-Built Clinics within its boundary staffed by Community Health Aides.



U.S. Alaska Native Hospital, Kakanak, Alaska

KOTZEBUE SERVICE UNIT

The Kotzebue Service Unit region is located in Northwestern Alaska and is an area remote physically and culturally from the continental United States. The region covers about 36,000 square miles. It is one of the more sparsely populated areas of the world. The total population is 5,600 with 4,600 Native people. Almost one-half of the population live in the community of Kotzebue.

The hospital in Kotzebue is a 40-bed, general medical and surgical facility which was constructed in 1961. It is a 40,000 square-foot, single-story building, with cement asbestos siding covering the insulated exterior walls. The hospital incorporates such facilities as the dental clinic, laboratory, separate surgical and obstetrical suites and an x-ray facility. Surgical facilities are utilized for minor operations and emergency major surgery. A six-bed geriatrics unit was completed in January 1975. The hospital is fully accredited by the Joint Commission on Accreditation of Hospitals.

The Kotzebue Service Unit has nine Village-Built Clinics and two Health Stations staffed by Community Health Aides.





NORTON SOUND SERVICE AREA

During the summer of 1974, the Norton Sound Health Corporation technically separated from the Kotzebue Service Unit. This came about in a great part as a result of the Land Claims Settlement Act which cut the Kotzebue Service Unit into two regional corporations. This was a natural geographic split since Nome is a population center in the south and Kotzebue is a population center in the north. The new Norton Sound Service

Area includes the communities on the Seward Peninsula from Shishmaref south and includes Little Diomedé three miles from USSR Diomedé, and the communities on the St. Lawrence Island. This constitutes 17 villages, including Nome, with an estimated Native population of 5,200.

The Norton Sound Health Corporation is assuming essentially the same health services as any other Service Unit, the difference being that most services are provided through contractual arrangements. The Service Area is directed and managed by a Consumer Board with the Executive Director of the Norton Sound Health Corporation serving as its Director. The Norton Sound Service Area is not considered a Service Unit in previous discussions on the seven Service Units.

Clinical dental services continue as an Alaska Area Native Health Service function with the Area's Chief of Dental Services as the supervisor of the Dental Officers.

PHS real property maintenance in Nome, a clinic in Unalakleet, and the Health Stations at Savoonga and Gambell continues to be supplied by the Kotzebue Service Unit.

Training of Community Health Aides for the Norton Sound Service Area is conducted by the Norton Sound Health Corporation through contractual agreement with Area's Community Health Aide Program Section.

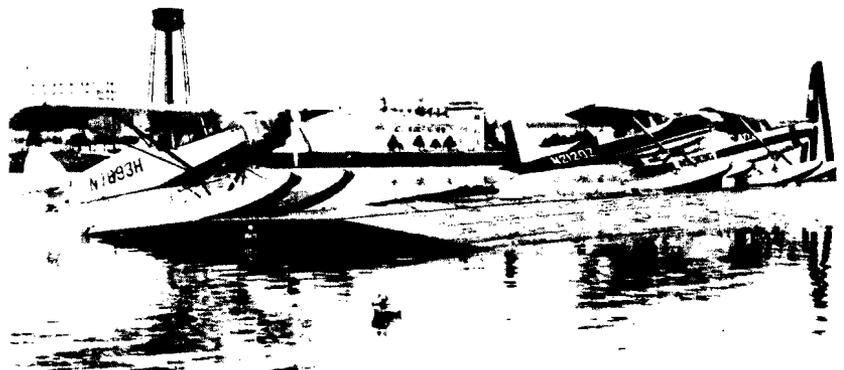
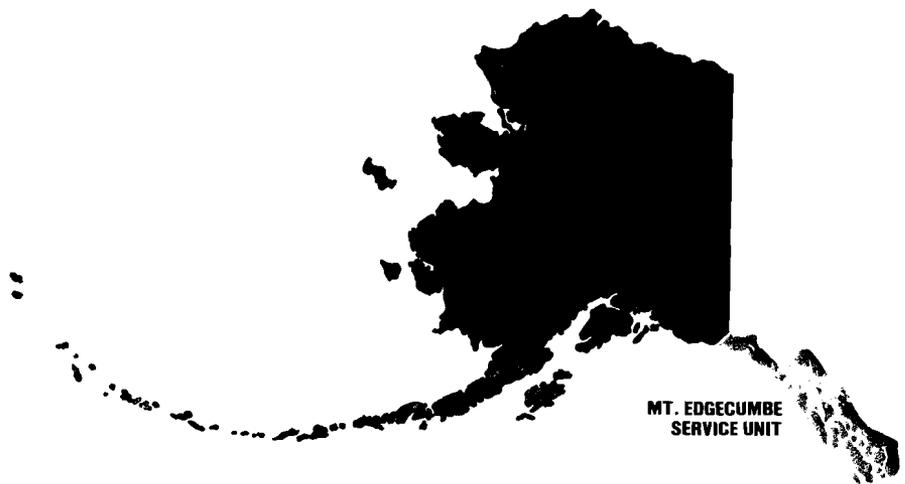


Log Cabin, Kotzebue, Pt. Barrow, Alaska

MT. EDGECUMBE SERVICE UNIT

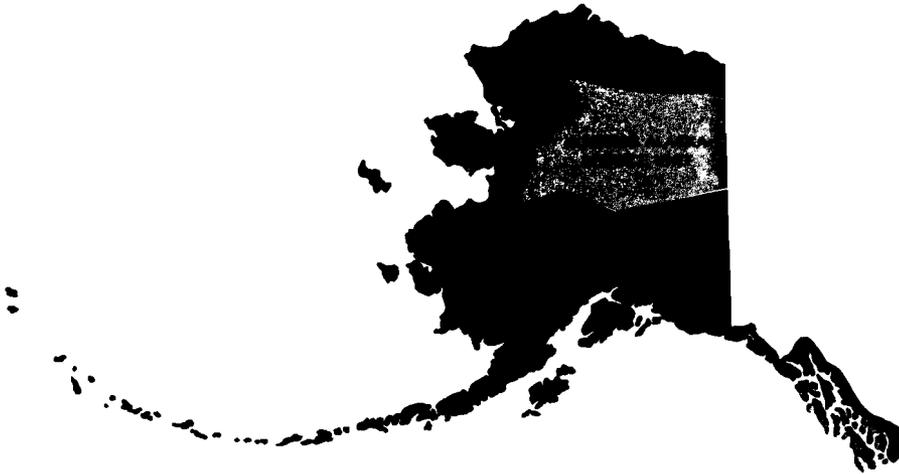
Mt. Edgecumbe is on Japonski Island located off the west coast of Baranof Island. A bridge connects the two islands. This is the area settled by the Russians after they left Kodiak, and the city of Sitka on Baranof Island is the site where the Russians transferred the ownership of Alaska to the United States. The Tlingit, Haida, and Tsimpsian are the Indian people living in this Service Unit. The Mt. Edgecumbe Hospital is a five-story, 78-bed general medical and surgical facility constructed in 1948. The structure is concrete reinforced, fire-resistive, and has an area of 90,680 square feet. The hospital includes such facilities as walk-in treatment clinics (dental, medical-surgical and specialty), emergency room, physical therapy, medical laboratory, audiology laboratory, x-ray, surgical suite and varied nursing care units. The hospital is fully accredited by the Joint Commission on Accreditation of Hospitals. Health Centers are located at Juneau, Ketchikan and Metlakatla. The clinics in Juneau and Ketchikan are incorporated in the community hospitals supported by Joint Federal-community funding. The Metlakatla Health Center is housed in a building owned by the city of Metlakatla.

The Mt. Edgecumbe Service Unit has two Village-Built Clinics within its boundary staffed by Community Health Aides.



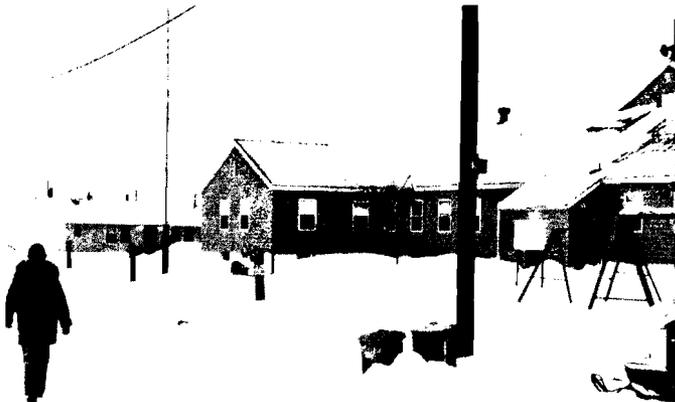
Float planes, a major source of transportation to Alaska Mt. Edgecumbe Hospital and Service Unit.





INTERIOR ALASKA SERVICE UNIT

The Interior Alaska Service Unit, formerly known as the Tanana Service Unit, is the largest geographically. Ethnically, the Native



PHS Alaska Native Hospital, Tanana, Alaska
Photograph by Kaarna Abel

people of this Service Unit are Athabaskan Indians, except for the Eskimo residents of Anaktuvuk Pass, a village located north northwest of Fairbanks in the Brooks Range, and in the city of Fairbanks.

Traditionally, the Athabaskan groups were nomadic, following the moose and caribou for subsistence. With the coming of the white man, people settled in villages strategically situated on the great rivers where fishing, hunting, and trapping could be pursued. The people in the villages adapt their modes of living and their government structure to insure survival.

The Interior Alaska Service Unit has three U.S. Public Health Service staffed facilities to provide health care: PHS Alaska Native Hospital, Tanana; PHS Alaska Native Health Center, Ft. Yukon; and PHS Alaska Native Health Center, Fairbanks.

The hospital at Tanana is a 20-bed general medical surgical facility with inpatient and outpatient facilities. The hospital was built in 1941 and is a two-story woodframe structure.

There is a health center in Ft. Yukon staffed by one registered nurse. The health center in Fairbanks is attached to the Fairbanks Memorial Hospital. This enables the outpatient clinic, with its full professional team, to take advantage of the hospital's modern facilities.

The Interior Alaska Service Unit has nine village-built clinics and one health center within its boundary staffed by Community Health Aides.



Regional Health Development Program

With the advent of the Alaska Native Claims Settlement Act, twelve Native regional profit corporations were established delineating specific boundaries which have been further interpreted as service areas. As a result, all regional corporations, with the exception of the Arctic Slope Regional Corporation, have established nonprofit corporations which are assuming the responsibility for developing or refining health delivery systems within their respective areas.

Public Law 93-638, "Indian Self-Determination and Education Assistance Act" was developed as a tool with which Alaska Native people could become more actively involved in determining their destinies in health and educational affairs. P.L. 93-638 provides them with self-determination grants, contracting of authorized Indian Health Service programs, planning for Indian Health Service programs and access to Federal personnel.

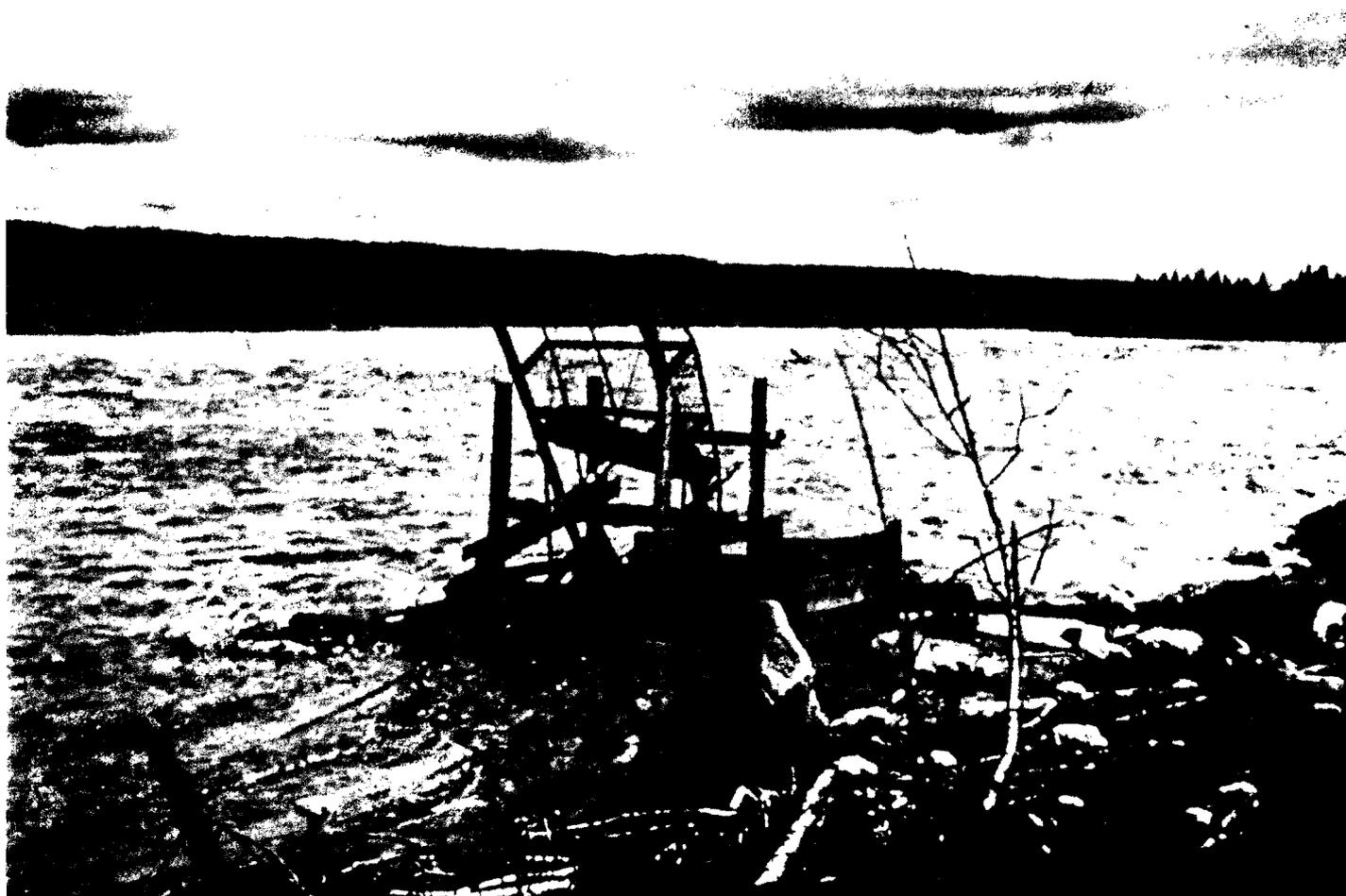
The Regional Health Development Section serves under the Alaska Area Native Health Service Program Formulation Branch

and is responsible for coordinating health-related activities between the Alaska Area Native Health Service and the health corporations. Presently, these health corporations are contracting to develop management systems, personnel systems, accounting systems, equipment and office space, and a cadre of consumer and direct health care programs.

The Regional Health Development Section has the primary responsibility for developing plans, implementation of PL 93-638, the Community Development Program and the Tribal Leader and Tribal Employee Training Program. Consequently, they are the primary focal point between the Indian Health Service and tribal entities regarding contractual grants, technical assistance and program policy concerns.

One of its major functions is to insure that tribal entities maintain the right to experience self-determination within the parameters of the law.

Within the Regional Health Development Section are two units; the Community



Fishhook on the Yukon River

Relations Unit (Native Affairs), and an Area Project Officer. The Community Relations Unit employs one individual whose major responsibility is to perform liaison activities between the Alaska Native Health Board and all other tribal persons, groups or organizations and the Indian Health Service. Other responsibilities are to insure that all important and other pertinent policy implementation is made available to the Native consumer and Native health entities.

The Area Project Officer has the primary responsibility for insuring the expeditious

handling and processing of contracts and grants within the context of the law (PL 93-638). Other responsibilities are to develop programs and recommend policies which would enhance the Indian Health Service's efforts to meet the demands of implementing the intent of the Indian Self-Determination Act.

Although great strides have been made in implementing the philosophy of PL 93-638, there is still a great distance yet to cover if we are to see the Alaska Native people achieve self-determination to the maximum extent possible.

It is the commitment of the Regional Health Development Section to continue developing new programs, policies and ideas which will ultimately allow the transfer of direct health care program responsibility to the Alaska Native people as expeditiously as possible; thus Indian Self-Determination can be achieved in the highest sense of the philosophy.

The Community Health Aide Program is an example of a program which embodies many of the elements of Native management and participation set forth under the Indian Self-Determination Act. This statewide effort operates through contract funding made available by the Alaska Area Native Health Service to the 12 health corporations and two individual village councils. These 14 contractors, in turn, agree to provide the



Community Health Aide in training at the Alaska Native Medical Center



Barbara Queen's Health Aids are participating in education workshop. Photograph by Keanna Abel

necessary management and supervision needed to support the Community Health Aides in their regions. The grassroots concept is further seen in the hiring practices of the health corporations. Under this arrangement the health corporations hire Community Health Aides selected by and acceptable to the village residents.

The current work force of 215 Community Health Aides in the Alaska area come from varying backgrounds and are asked to assume a highly responsible role in their villages. Mature judgment is employed in providing for and coordinating the services required in meeting the health needs of the village people. Community Health Aides, in meeting this responsibility, are given basic and advanced training by the Training Section, Community Health Aide Program, in Anchorage; the Yukon-Kuskokwim Community College in Bethel, and the Norton Sound Health Corporation in Nome.

An established curriculum has been developed to insure the uniformity and relevance of the training provided. The curriculum has been approved by the University of Alaska, thus enabling Community Health Aides to earn college credit for courses completed.

The Community Health Aide Program, formally recognized and funded by Congress in 1968, has, in a relatively short time, made good progress and is now contributing to the direct health care of 50,000 Alaska Natives. While the Community Health Aide Program is committed to continued progress, recognition is given to the accomplishments to date and to the self-determination features incorporated in program delivery.

Aleutian/Pribilof Islands Association Health Department

The Aleutian/Pribilof Islands Association (A/PIA) serves the sparsely populated chain of islands which is more commonly referred to as the Aleutian Chain. The Chain is over 1,000 miles in length with limited means of

transportation due, in part, to extremely volatile weather conditions. These factors alone account for the high cost of delivering health services to this segment of the Alaska Native population.

The Association is a nonprofit affiliate of the Aleut Corporation, formed following the Alaska Native Claims Settlement Act in December 1971. The Aleut League, incorporated in January 1972 to serve the needs of people on the Aleutian Chain and Pribilof Islands, preceded the more recent formulation of A/PIA from the League and the Aleutian Planning Commission. With five departments (health, education, manpower, community development and housing) and the philosophy that decisions affecting local communities must be made at the local level, the

The beach at Atka Photograph by Richard Taylor



priorities include the improvement of education, transportation, communication and most importantly, health.

In July 1974, A/PIA's Health Department, through contract funds from the Indian Health Service, was formally established and organized. The goal is to elevate the health status of the Aleuts to the highest possible level in the areas of general health, mental health, and alcohol and drug abuse. Important to this goal is the increasing involvement of Aleut people in developing and administering the health care system effecting them.

King Salmon.

Photograph by Kaarina Abel



Bristol Bay Area Health Corporation

The Bristol Bay Area Health Corporation (BBAHC) is a private nonprofit health organization established in 1973. The Corporation seeks to provide health care to 6,000 people residing in 32 villages over a

40,000 square mile area. This area includes the villages in the Kanakanak Service Unit, as well as five villages served by the Anchorage Service Unit of the Indian Health Service. This area is commonly called the Bristol Bay Area.

The Corporation is headed by a Native health board with a representative from each village which meets quarterly as dollars permit. An executive committee, executive director and staff administer programs funded by IHS, other federal agencies and the State of Alaska.

Present BBAHC activities include education, direct services and planning programs. Health education of both a general and specific nature and undertaken as specific needs are identified. A full-time program is devoted to emergency medical services which provides training at the village level including advance first-aid, CPR and EMT courses. A safety program offers courses on water safety, fire prevention and cold weather survival.

In the area of direct services, BBAHC, under contract with IHS, provides primary care in 29 villages through its Community Health Aide Program (CHAP).

Under a Health to Underserved Rural Area Grant (HURA) BBAHC has established a nurse practitioner clinic in King Salmon which provides direct services to the people in the nearby villages. The clinic also serves as a referral and backup to the local public health nurse, health aides and the clinic staff as well as providing additional training to the local health aides.

Other BBAHC services include a youth activities program operating primarily in Dillingham and mental health counseling in a program that will include a heavy emphasis on drug and alcohol abuse.

The planning program of BBAHC offers technical assistance to villages seeking grants for additional health services or facilities. It is also coordinating the development of BBAHC to become the primary health care providers in the area in accordance with the Indian Self-Determination Act, and to provide the best possible health care to the people of Bristol Bay. The "core" of BBAHC is a result of Community Health Development funding from IHS, used to make the corporation a viable entity in Alaska under their villages' guidance.

Cook Inlet Native Association

The Cook Inlet Native Association (CINA) was formed and organized by its first president, Nick Gray, in 1964. The Association received its Alaska State Charter as a non-profit organization in 1965. The Cook Inlet Native Association was formed to promote cultural heritage and pride among the Alaska Native people and to promote the physical, social and economic well-being of the Alaska Native people.

Its membership is comprised of Eskimos, Aleuts and Indians. Together, the Association represents a cross-section of all Native ethnic groups within the State.

The Association is governed by a 15-member board that is elected annually. Presently, CINA is managing programs that have a total expenditure of 2.5 million dollars.

The area served is encompassed by the Cook Inlet Region in Southcentral Alaska. This includes the Natives residing in the city of Anchorage, all towns and villages extending east to Bethel in the south to Mountain Creek but not only as well as Kenai in the western part of the Inlet.

The Cook Inlet Region is an area of approximately 100,000 square miles. It is a diverse area with a wide variety of cultural and ethnic groups. The population is approximately 100,000 people.

The Cook Inlet Native Association is a non-profit organization that is dedicated to the promotion of the physical, social and economic well-being of the Alaska Native people.

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Employee, Anchorage Service Unit Board, the Regional Specific Health Plan, the Ambulatory Care Improvement Demonstration Project and the Outpatient Evaluation Project. CINA inaugurated a 3-chair full dental program in Anchorage in the Fall of 1978, in conjunction with the Alaska Area Native Health Service.

The development of a strong health committee that will reflect the feelings of the consumer within the Cook Inlet Region has been a primary objective for the past two

Russian Orthodox Church, Kenai.



The fishing fleets



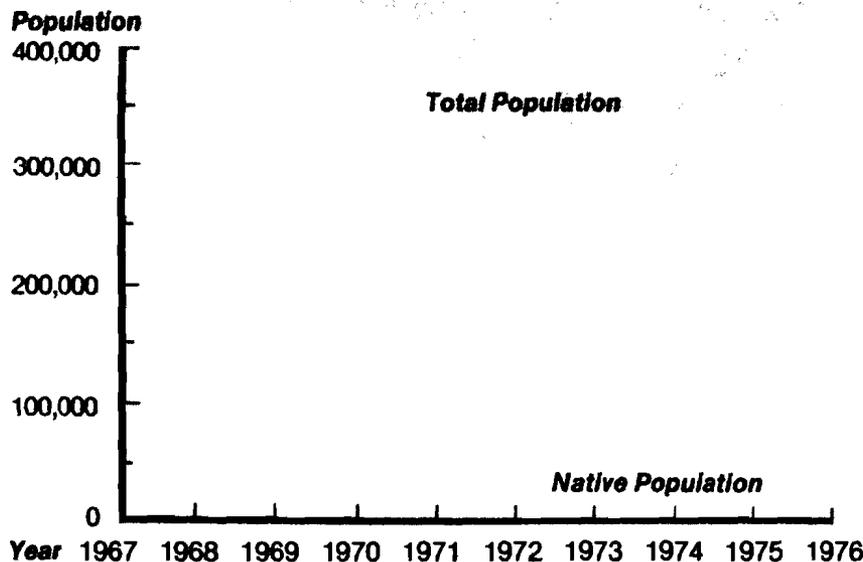
The Cook Inlet Native Association is a non-profit organization that is dedicated to the promotion of the physical, social and economic well-being of the Alaska Native people.

years. The ultimate goal of strengthening the administrative and management systems thus reflects the intent of Public Law 93-638, the Indian Self-Determination and Education Assistance Act, and Public Law 94-437, the Indian Health Care Improvement Act. Through the availability of P.L.'s 93-638 and 94-437, CINA hopes to increase their capacity and capability to administer and manage a health delivery system through consumer advocacy.

Village travel and transportation.



**POPULATION OF ALASKA
1967-1976**



SOURCE: Systems Development Section, Alaska Area Native Health Service
State of Alaska, Department of Health and Social Services, Bureau of Vital Statistics

Copper River Native Association

The Copper River Native Association (CRNA) was organized and incorporated in the State of Alaska in February of 1972. The Health Department, a department within the Copper River Native Association, was established in August of 1975 with the stated goals of elevating the health status of the Native population within this region to a level comparable to the level of health, and availability of health care experience by the United States as a whole.

The Association is a nonprofit corporation which serves the Copper River Basin (Ahtna Region). The region occupies an area of 18,488,000 acres in Southcentral Alaska. It encompasses an area bounded by the Canadian border on the east, the Alaska Highway from the border to Glennallen and Valdez on the north and west, and the Gulf of Alaska on the south. Population is 1,079. The Natives reside in the eight villages which are accessible by car all year round.

This corporation has continually expanded its staff and services since August 1975. The current status of health care now includes: five primary health aides, two health aide alternates, one physician's assistant/clinic-instructor, psychologist, social services, mental health, alcoholism program, aging program, nutritionist, sanitation, public health nurse, contract eye care and contract dental services. Other departments consist of manpower, housing, maintenance and bilingual.

The Copper River Native Association is 70% Native staffed and managed. The development phase is continually strengthening the administration and management efforts. As with other health corporations, CRNA is committed to the concept of self-determination and strongly supports consumer advocacy in its mission.

Kodiak Area Native Association

The Kodiak Area Native Association (KANA) a nonprofit corporation, was incorporated in November 1966, addressing social and economic problems throughout the Kodiak Island villages.

The KANA Health Unit began subcontracting in Community Health Development in 1973, through the Alaska Federation of Natives, Inc., Health Affairs Division. The Health Unit has grown from a staff of 13 to a present staff of 23. Its activities include: Community Health Development, Community Health Aide Program, Emergency Medical Services, Outreach Worker Program, Patient Boarding Program, Tribal Leader and Board Training, Alaska Native Health Board and Anchorage Service Unit Native Health Board Travel.

The Kodiak Island Native Health Authority has become strongly established and is known as the "KANA Health Board" to more accurately reflect its position as advisory group on health matters to the Kodiak Area Native Association Board of Directors.

The KANA Health Board consists of seven representatives; one member from each of the villages of Akhiok, Karluk, Kodiak, Larsen Bay, Old Harbor, Ouzinkie and Port Lions. Thirteen villages in the Kodiak Island jurisdiction will be represented by the KANA Health Board upon certification under the Alaska Native Claims Settlement Act.

During the period of recorded history, the number of settlements on Kodiak has fluctuated widely, being variously reported as 45 or 57 at different times. The Koniag Region encompasses several villages in the Kodiak Island District as mentioned above with a total Native population of 2,478 persons.

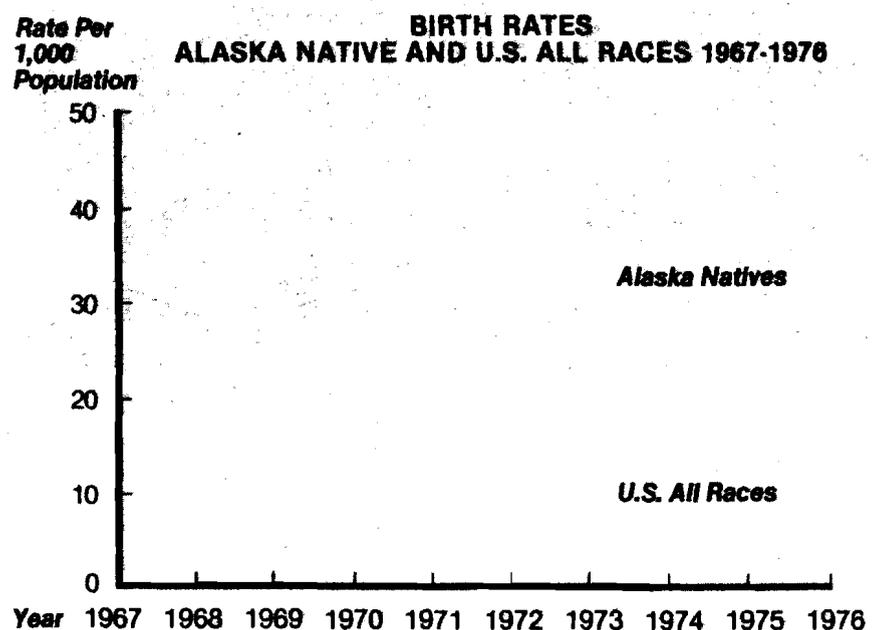
The term "Koniag" has been applied to the indigenous inhabitants of the Kodiak Archipelago since the earliest time known to Europeans. The Koniag were and are separate ethnographic groups, originally neither Aleut nor Eskimo, but probably a mixture of the two.

The major accomplishments made through the KANA Health Unit are: establishing well working conditions between



Kodiak Island

the Community Health Aides and KANA; implementing Community Health Representative Programs throughout the Kodiak Island villages; completing a Health Needs Assess-



SOURCE: Systems Development Section, Alaska Area Native Health Service

ment, Outpatient Clinic Feasibility Study and Management Transfer Plan under the Indian Self-Determination Act under the direct supervision of the KANA Health Board; and developing and implementing a three-year master plan for modification of health needs as defined by the KANA Health Board.

Anticipated future activities through the KANA Health Unit is to assume direct management of Indian Health Service contracts with local providers; implement future steps to present health needs study to Congress for outpatient facilities; provide basic life support systems, i.e., EMS Basic First-Aid training and village-built clinics.

Mauneluk Association

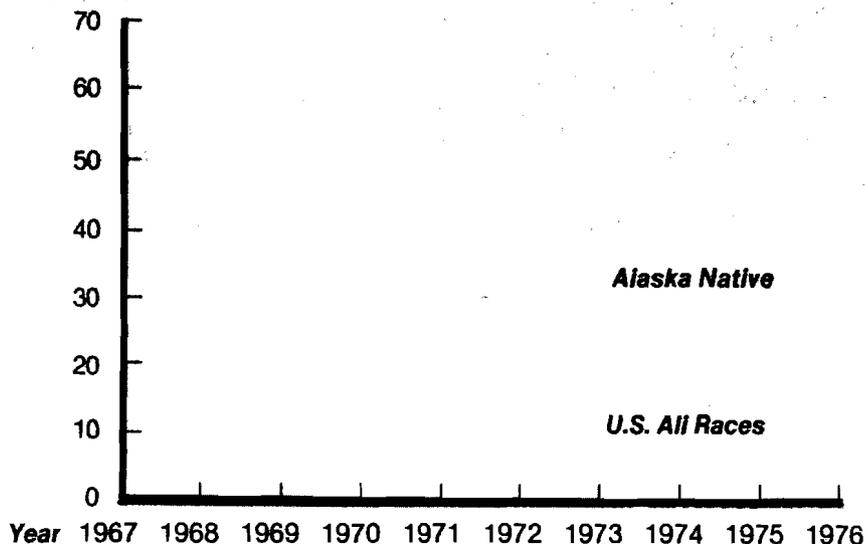
The Mauneluk Association is a regional non-profit corporation, incorporated in 1972, in order to promote the economic well-being of the people of northwest Alaska. The Association assists the people of the NANA Region and its 11 villages with the planning and implementation of programs aimed at self-determination and the promotion of all pertinent activities as defined under the Alaskan Nonprofit Corporation Act. Early in 1975, Mauneluk filed articles of merger with the State of Alaska resulting in the Kotzebue Area

Mauneluk Board of Directors quarterly meeting. Photograph: R. Eastman, Mauneluk Association.



Rate Per
1,000
Live Births

INFANT DEATH RATES ALASKA NATIVE AND U.S. ALL RACES 1967-1976



SOURCE: Systems Development Section, Alaska Area Native Health Service

Health Corporation becoming a part of the Association.

The NANA Region straddles the Arctic Circle and encompasses Kotzebue Sound and the Kobuk-Noatak-Selawik River systems. The Sound itself opens into the Chukchi Sea between the Arctic Ocean and the Bering Straits. The major town is Kotzebue which is the hub of the region serving the 10 villages of Ambler, Buckland, Deering, Kiana, Kivalinia, Kobuk, Noatak, Noorvik, Selawik and Shungnak. Kotzebue also serves the Arctic Slope village of Pt. Hope with scheduled flights.

The Mauneluk Association primarily conducts program activities concerned with the full range of human development services. These programs deal with health, education, social services, planning, manpower and local government. Some programs provide direct services while others work within established units of government. Pt. Hope receives a few services from both Mauneluk and the Kotzebue Service Unit.



Novik Road, Courtesy R. Filla, Mauneluk Association



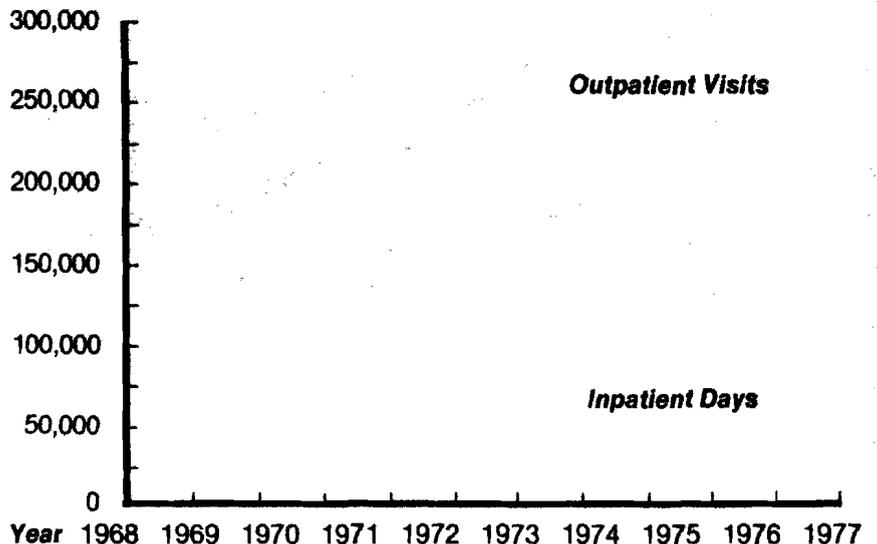
Dennis J. Tjepelman, President of the Mauneluk Association. Photo courtesy R. Frampton, Mauneluk Association.

North Pacific Rim

The Chugach (North Pacific Rim) Region encompasses 15,000 square miles; an area four times the size of the State of Connecticut, and includes the Prince William Sound, Resurrection Bay and Lower Cook Inlet areas. Approximately 1,300 Alaska Native Aleut and Eyak people reside in the three towns of Valdez, Cordova and Seward, and the three villages of Tatitlek, Port Graham and English Bay. The members of an additional village, Chenega, relocated to Tatitlek and Cordova following the destruction of their village in the Good Friday Earthquake of 1964.

The North Pacific Rim Health Department was organized in the summer of 1976 with the mission of developing the capacity of the Chugach people to direct their health care services. It currently provides community health services through the Health Aide, Outreach and Emergency Medical Services Programs. Administrative services include

Number of Days and Visits



SOURCE: Systems Development Section, Alaska Area Native Health Service



Bush planes

village and regional comprehensive health planning, coordination with state and local health services, and co-management with the Anchorage Service Unit of the entire Contract Health System in the Chugach Region. Additionally, the North Pacific Rim represents the Chugach people on policy-making bodies that impact their health care services.

The North Pacific Rim has just completed the first regional evaluation of Alaska Native Health care, entitled, "We Help Ourselves to Nurse Back to Health." Funded

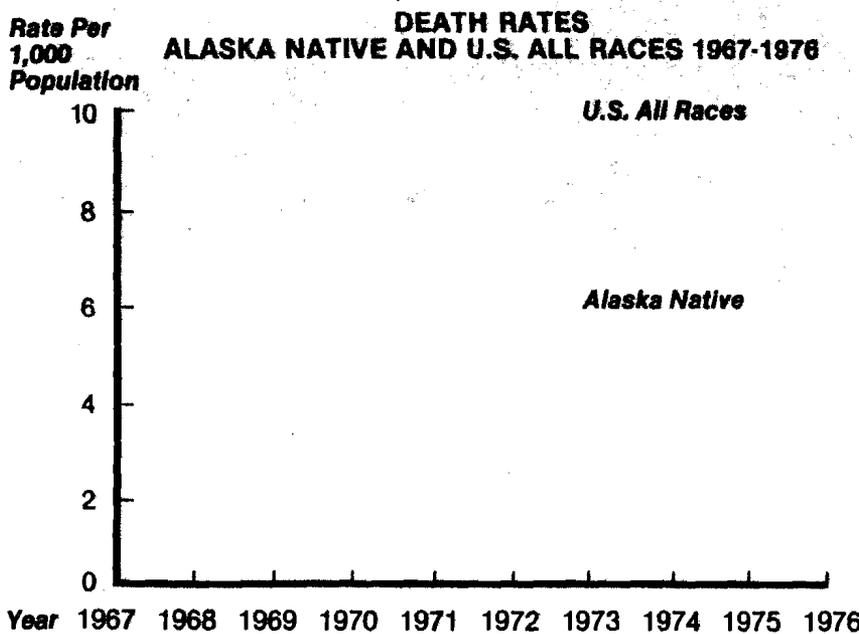
under the Indian Self-Determination Act, this study will provide the basis for developing health programs under the Indian Health Care Improvement Act and other legislation. As the title describes, health program development will be to enhance the capabilities of the Chugach people for self-reliance in health care.

North Slope Borough Health and Social Service Agency

This Agency serves the area within the boundaries of the North Slope Borough. The Borough is comprised of 88,261 square miles of land; an area larger than 40 of the 50 states. However, despite its vast area, the Borough is very sparsely settled. There are only seven communities outside of Barrow: Nuiqsut, Point Hope, Point Lay, Atkasuk, Wainwright, Kaktovik and Anaktuvuk Pass.

The population of the North Slope Borough stands at 7,397 of which 49 percent are Eskimo. Approximately 50 percent of this population is under 20 years of age and it can safely be predicted that the population will continue to grow, despite a declining birth rate.

Transportation throughout the Borough is almost entirely by plane. There is daily flight service between Anchorage, Fairbanks and Barrow and scheduled flights to the villages twice a week. For approximately six weeks



SOURCE: Systems Development Section, Alaska Area Native Health Service

during August and September, ships are usually able to reach the coastal villages, but during the rest of the year, a solid icepack prevents use of this service. Still another mode of transportation is the snowmachine, which is used to travel between villages during the winter months.

The North Slope Borough Health and Social Service Agency is unique in that it is synonymous with the State of Alaska's health system. The intention of this health entity is to combine all health resources into one program to promote a comprehensive health delivery system for that region. To date, significant strides have been made as they are now recognized as a grantee of the Public Health Service. The priority concern of the Agency is to encourage and elicit consumer advocacy and participation commensurate with P.L. 93-638. The Agency, to date, has branched out and is offering direct services and programs to individuals within the North Slope Borough. Some of the services and programs are Public Assistance, Dental Care, Eye Care, providing interpreters for ANMC, Fairbanks Memorial and the Barrow Hospital, running the Children's Receiving Home, the Senior Citizens Program and the Community Health Aide Program.

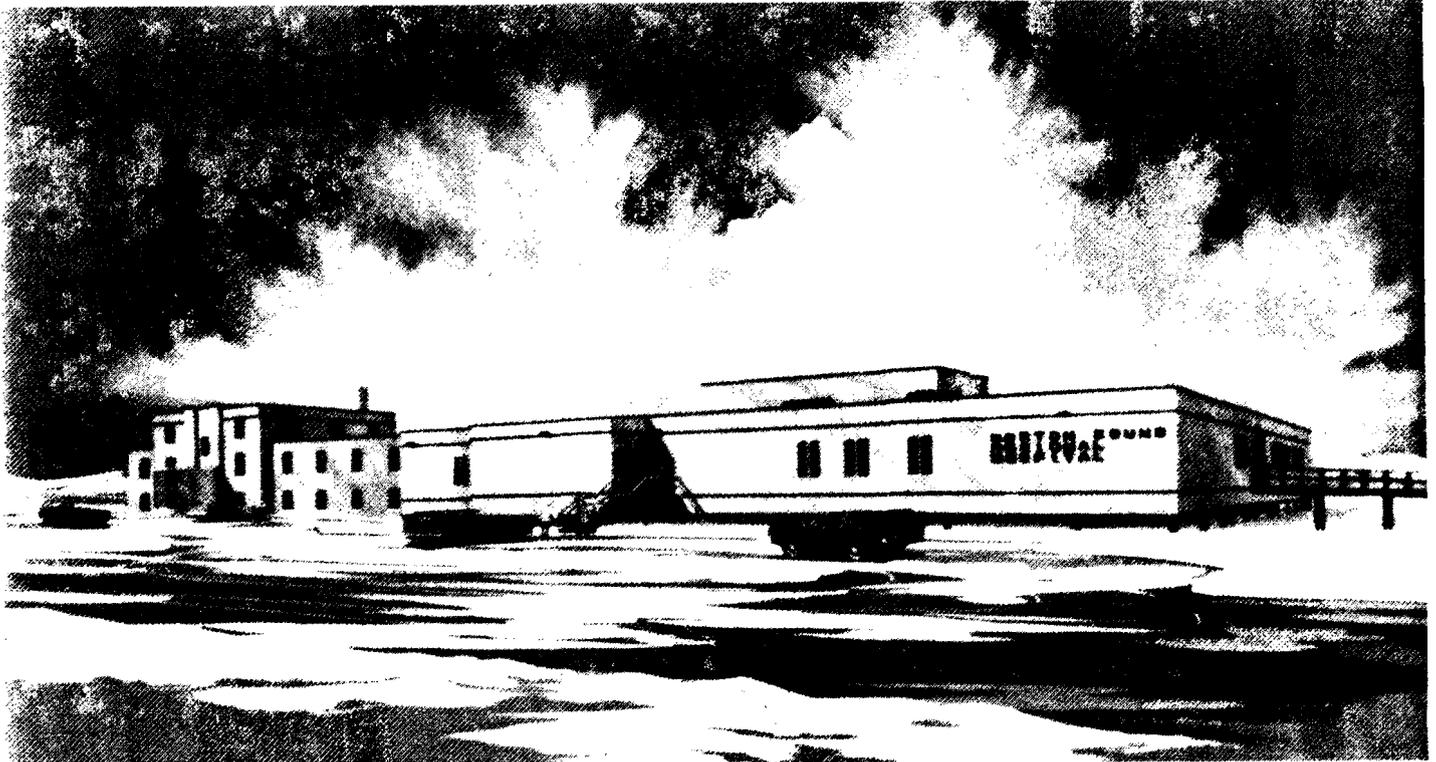
Norton Sound Health Corporation

The Norton Sound Health Corporation serves the people of the Bering Straits-Norton Sound Region with direct and preventive health services excluding only direct dental services provided by private and IHS dentists and the services furnished by the state-employed Public Health Nurses. The Corporation is directed by a board consisting entirely of consumers.

The Bering Straits-Norton Sound Region is composed of 17 communities, including Little Diomedede Island, Gambell and Savoonga on St. Lawrence Island, and 14 communities along the coast of the Bering Straits and Norton Sound, including the regional center of Nome. The total population is 6,000 of whom 5,000 are Eskimo. The villages are almost entirely populated by Eskimos who still follow a rural, subsistence lifestyle.

The Corporation was created in 1970 through funding from the Office of Economic Opportunity. They sought to facilitate and coordinate the delivery of health services in the region. It operated within the Kotzebue Service Unit and worked with the Indian

Norton Sound



Health Service, State Public Health Service and the Methodist-owned and operated hospital in Nome.

The new Norton Sound Regional Hospital was dedicated April 29, 1978 and opened its doors. The structure was completed in 11 months at a cost of \$6.3 million dollars. The building is attached to the old Maynard McDougall Memorial Hospital which will be completely done over. It has 12 acute care beds and six long-term care accommodations. Funds for the new hospital were appropriated by Congress. The majority of the Corporation funding and about 55% of the hospital funding are through IHS contracts.

Services provided by Norton Sound include inpatient and outpatient services at the hospital and 16 village clinics staffed by Community Health Aides. Also, eye refraction and prescription services by an eye care technician, preventive dental by health aides, environmental health services, including accident and safety control supervised by a

Sanitarian, emergency medical services emphasizing emergency training, communications, transportation and equipment, college credit training and field supervision of health aides by physician's assistants and physicians, and mental health and alcoholism direct and preventative services.

Southeast Alaska Regional Health Corporation

The Southeast Alaska Regional Corporation (SEARHC) is a private non-profit corporation founded in April 1975, representing 18,000 Alaska Natives in Southeast Alaska.

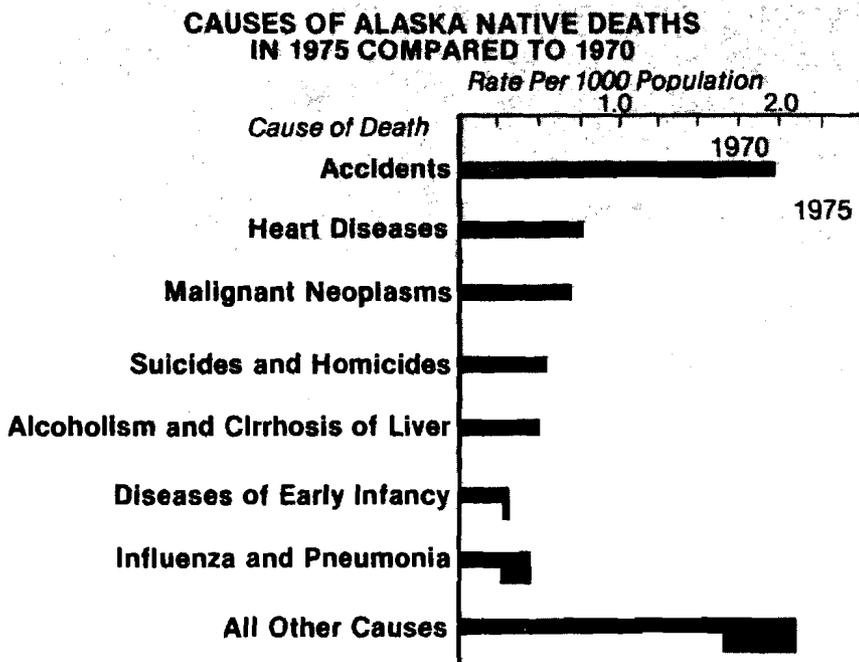
The Corporation was formed to furnish services (through its own resources and affiliations with other providers) to engage in education, research and other activities related to health services.

As a provider of these direct services to the Native populace in Southeast Alaska, the health corporation strives to provide better quality, more convenient health care and program delivery to all Southeast rural communities by developing sound planning strategies in all areas of need.

With the SEARHC and IHS goal in mind, "to elevate the health status of all Southeast Alaska Natives to the highest possible level," there derives these responsibilities that SEARHC adheres to:

- (1) To initiate and develop a planning system for Southeast Alaska;
- (2) To develop and provide administration for health care delivery systems in Southeast Alaska which has a primary objective — the optimum health care of each and every Native person; and,
- (3) To act as an advocate in the health care delivery field for Natives in Southeast Alaska.

SEARHC has contracted with IHS to fund the following programs: Community Health Development, consumer input to the Mt. Edgecumbe Service Unit, feasibility studies and evaluation, CETA Title VI Program, Community Health Aide Program, Emergency Medical Services and Tribal Training.



SOURCE: Systems Development Section, Alaska Area Native Health Service

Tanana Chiefs Health Authority

The area covered by the Tanana Chiefs Health Authority is approximately 223,890 square miles. The total population is 65,756, of which 34,977 live in Fairbanks and 10,917 reside on military bases in the area. The village population is 19,892, of which most are Native people (1970 Census).

The Tanana Chiefs Health Authority area is representative of rural and urban Alaska, generally. Of the 43 villages within the Tanana Chiefs Health Authority, two are served by the Alaska Railroad and six by a system of roads and navigable rivers, as well as by air travel.

The rural health needs of the Tanana Chiefs Health Authority are primarily served by the Interior Alaska Service Unit. However, four villages of this vast area are served by the Bethel Service Unit and nine more by the Anchorage Service Unit. The services consist of field hospitalization and itinerant medical and dental clinics.

Most of the 43 villages within the Tanana Chiefs Health Authority area have a village health aide who provides the majority of the health care delivered to Native beneficiaries which is commensurate with the Indian Self-Determination Act. The program is truly an expression of consumer involvement in delivering health care to their own.



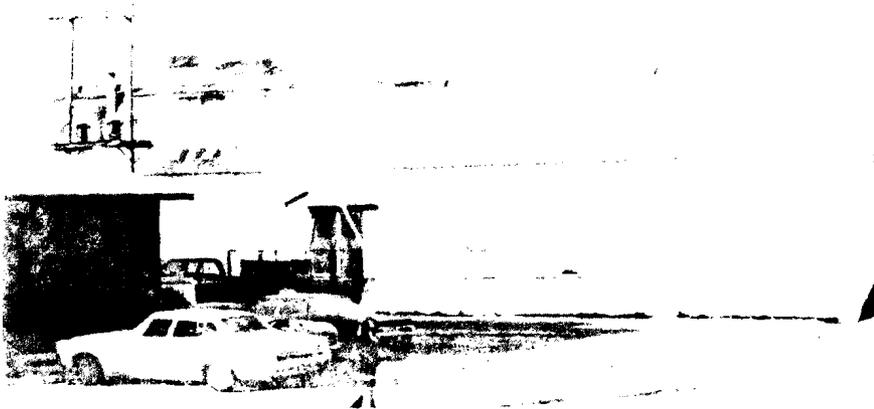
Tanana Chiefs Annual Conference, 1975. Left to Right: Flora Bergman, secretary; Claude Demerille, Director, Tanana Chiefs Health Authority; Mervin Charlie, President, Tanana Chiefs; Andrew Isaac, Traditional Chief. Photograph by Kaarina Abel.



Kaitag. Photograph by Kaarina Abel.



Meeting, Tanana Chiefs Health Authority, Fairbanks, Alaska, December, 1975. Photo by Kaarina Abel.



Yukon-Kuskokwim Health Corporation

The Yukon-Kuskokwim Health Corporation (YKHC), centered at Bethel, provides outreach, outpatient and aftercare health services to 16,000 residents of some 50 Native villages which are located in the 88,000 square-mile Yukon-Kuskokwim River Delta of Southwest Alaska. In 1978, YKHC became a P.L. 93-638 Contractor under the "Indian Self-Determination and Education Assistance Act." Presently, YKHC services complement the inpatient health care provided by the Bethel Service Unit so that a comprehensive health program exists in the Delta Region.

In general, the 16 programs conducted by the Corporation through the YKHC staff can be divided into: (1) Health Aide programs; (2) hospital-related programs; and (3) human behavior programs.

(1) **Health Aide Programs:** The network of 68 permanent Native village health aides who provide basic medical services in their home villages comprises the heart of the YKHC health delivery system. Through an ongoing Health Aide Education program conducted by the Corporation in conjunction with Kuskokwim Community College, 22 of these permanent health aides have received full certification for their positions. Training is also given to 48 alternate health aides. The health aides are supplemented in the field through a Dental Disease Prevention Program. A Dental Feasibility Study to determine dental needs for future program implementation also is in operation. The Community Liaison staff work closely with the villages to

provide assistance in the establishment of the village clinic facilities.

Plans have been initiated for the establishment in the regions of three District Health Centers to be staffed by a resident physician. Such centers would be able to provide full outpatient and some inpatient services for outlying villages within the orbit of the District Health Center village area.

(2) **Hospital-Related Programs:** To assure that a comprehensive range of outpatient services are available through the hospital, YKHC provides funds for these programs: (1) Maternal and Child Health and Family Planning which provides or arranges for a complete range of services; (2) Eye care which primarily does refractions and prescribes and repairs glasses; and (3) Streptococcus disease which provides cultures of the throat and of impetigo scabs to secure early detection and treatment of strep infections.

Other programs closely coordinated with the hospital are: (1) Community Health Representative services which includes assistance at hospital specialty clinics and home visits; and (2) Emergency medical services which emphasizes training, communications and transportation.

(3) **Human Behavior Programs:** Inasmuch as alcoholism and alcohol abuse are the primary health problems in the area, the YKHC Alcoholism Prevention Program funded via (ANCADA) has established nine Village Alcoholism Educational programs in order to provide alcoholism education, aftercare treatment, and alternatives to alcohol abuse in the villages. The Mental Health Department, having two Clinical Psychologists, had the second largest active caseload in the State (Anchorage having the largest) and plans to have five Native Village Outreach Specialists by 1983 to provide adequate aftercare counseling throughout the region. The Department also conducts an Alternative to Institutionalization Program for the developmentally disabled. The Accident Prevention Program works closely with both Mental Health and Alcoholism Prevention staff to reduce the number of violent accidents in the area. A food distribution program aligned to an Otitis Media Prevention Program also is planned for fiscal year 1979.

In addition to the above YKHC-staffed programs, the Corporation channels funds for other health-related programs in the region.

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Norton Sound Health Corporation
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ALASKA AREA NATIVE HEALTH SERVICE FY 1978 OPERATING BUDGET

As of: 5/16/78

Activity	Regular Program	PL 94-437 Title II	Total Budget
HOSPITAL HEALTH			
Operational	22,607,100	159,500	22,766,600
Maintenance and Repair	2,478,800	221,000	2,699,800
Inservice Nursing Education	15,000		15,000
Tribal Employee Training	64,500		64,500
Staff Training	12,000		12,000
Total Direct Patient Care	25,177,400	380,500	25,557,900
Contract Health - Dental	1,054,000		1,054,000
Contract Health - Other	7,892,400		7,892,400
Unmet Surgical Needs	393,700		393,700
Total Indirect Patient Care	9,340,100		9,340,100
Total Hospital Health	34,517,500	380,500	34,898,000
FIELD HEALTH			
Tribal Leader Training and Meetings	201,100		201,100
Service Unit Training	180,700		180,700
Sanitation	1,813,700	1,353,000	3,166,700
Dental	1,764,100	90,000	1,854,100
Public Health Nursing	505,000		505,000
Health Education	203,100	24,000	227,100
Field Medical Service (Md MCH-Strep Throat)	634,900		634,900
Patient Care Info System	120,000		120,000
Accident and Injury Control	300,000		300,000
Self Determination	3,002,500		3,002,500
Emergency Medical Service	1,350,000		1,350,000
Mental Health	568,700	138,000	706,700
Community Health Aide Program	3,429,000		3,429,000
Otitis Media	588,000		588,000
Community Health Representative	1,017,500		1,017,500
Satellite Communications	807,000		807,000
Upward Mobility	116,500		116,500
Alcoholism Grant		124,900	124,900
Community Health Development	3,242,400		3,242,400
Village Built Clinics	848,000		848,000
Total Field Health	20,692,200	1,729,900	22,422,100
AMBULATORY CARE			
Hospital Outpatient	6,710,600	62,000	6,772,600
Field Medical Clinics	2,128,000	2,400	2,130,400
Patient Care Info System		62,000	62,000
Total Ambulatory Care	8,838,600	126,400	8,965,000
AREA OFFICE SERVICES			
Program Administration	2,478,300		2,478,300
GRAND TOTAL	66,526,600	2,236,800	68,763,400

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