

1982

TANTRIM

DILLING HAM

HEARING

SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE
Public Hearing
Dillingham, Alaska

Meeting Minutes
September 21-22, 1982

(September 21, 1982)

The meeting was called to order at 3:00 p.m. by Senator Charlie Parr, Chairman. Senator Mike Colletta, member Senate HESS, was present. Senator Anderson, Representative Joe Chuckwak and Jody Sutherland, Administrative Aide to Representative Mike Beirne Chairman of the House HESS Committee, were also in attendance.

Dorothy Anderson of Dillingham gave testimony concerning an incident in early July concerning the hospital. Her daughter was suffering from a severe earache and she was initially asked not to come to the hospital. She finally did go to the hospital and she described the conditions which she witnessed there. Mrs. Anderson recommended a management audit of the hospital. She presented the committee with written testimony and copies of letters which she received from the hospital administrator and U. S. Senators Stevens and Murkowski in reply to her complaints.

Jackie Knutsen testified that the number of doctors on staff at the hospital was less than what they used to have before the the Bristol Bay Area Health Corporation (BBAHC) Board took over control of the hospital. There used to be three doctors and now only one full-time doctor with one part-time and 2 physician's assistants. Mr. Knutsen was disappointed that the Board's promises of better health care have not been fulfilled.

Helen Chythlook spoke of her difficulties getting a proper diagnosis of her ear problem. She had several recommendations for improved health care at the hospital and in general which included special clinics, a specialist in arthritic disease, a policy and procedures manual and an addition to the state statutes concerning a medical code relating to the protection of the dignity of the patient because of the poor attitude of many doctors.

Michele McCallum stated that she used to work as a nurse at the hospital until April 1982 and that she quit because she was afraid that something dangerous was going to eventually occur at the hospital because of the lack of experience there and the lack of needed physicians. She believed that the Board was also too inexperienced to run the hospital. Time spent on services relating to the outpatient clinic and trips to the villages was inadequate. She was also concerned that the hospital

had not had a Joint Commission on Accreditation of Hospitals (JCAH) review in two years and that the one scheduled for this fall had been called off.

Gustie Knutsen gave testimony that the hospital staff lost morale when the senior doctor was removed and that there has been a lack of supervision and management at the hospital. He favored separation of the hospital from other BBAHC activities.

Irma Schroeder was a nurse at the hospital for 21 years before she quit last October after six positions were terminated including the most senior doctor. She believed that personalities and a play for power were the reasons for the terminations and not budget cuts as stated since most all of the positions have been re-filled.

Curt Armstrong testified that he had heard that the hospital was budgeted at the same level as in the previous year and that poor judgment was the cause of the terminations. He also gave testimony concerning the apparent misdiagnosis of his brother's case of appendicitis.

Kathy Linz stated that her family decided that the hospital was no longer a viable option because of the past treatment they received there. She spoke of the long hours of waiting to see a doctor and of a \$40 prescription for penicillin which cost her because it was a weekend.

Michael Gibson thanked the committee for all the help that the legislature has given in the area of health care.

Steve Levinson had worked at the hospital for three years and had twenty years experience in the health care administration field. He gave testimony concerning his history with the hospital and events surrounding his removal. Mr. Levinson stated that he and the Board had been working on raising money from the state and federal governments for a new hospital facility; however, because of inaction of the Board, the deal fell through. He stated that some board members had told him that the Board was not in control and wasn't aware of what was going on.

Joan Langlois testified that she had been the head of medical records at the hospital until March 1981. She spoke of the conflict between Dr. O'Connell and Dr. Layman which she believed had something to do with Dr. O'Connell's termination. She was also on the Technical Advisory Board to BBAHC but this Board felt useless because recommendations were ignored by BBAHC and Robert Clark, the Executive Director. The members all eventually resigned. She recommended a much needed JCAH review of the hospital.

(note: the tape recorder quit working during Ms. Hall's testimony and for the remainder of the day)

Harriet Hall, a nurse at the hospital since December, gave testimony concerning the need for a minimum of two nurses at the hospital at all times and the difficulty of getting nurses to come to Dillingham

especially since nurses were paid less there than in Anchorage. There was partially subsidized housing available on the compound but that was now full and this hospital was so isolated. She stated that it would cost about \$1400 to ship a car to Dillingham which one would need if you lived in town in order to commute to the hospital seven miles away. She also stated that the nurses now worked 12 hour shifts because that is how they preferred to be scheduled and that they did get time and a half after the first eight hours.

Billie Benedict testified before the committee that poor management of the hospital was basically the problem. She was dismissed from the hospital without reason and filed a grievance with the hospital and received an out of court settlement. She had met with Robert Clark but he did not cite any reasons for the dismissal. Mrs. Benedict stated that people who provide direct health care should be secure in their jobs. She also said that while working there she had overheard a doctor state that people should not come to the hospital after hours. Because of hearing that, she had hesitated once night in taking her son to the hospital and his ear drum ruptured.

Mark Hiratsuka gave testimony concerning his dealings with the hospital. He stated that one of his children was handicapped and that they now take her regularly into Anchorage rather than wait for the hospital here to recommend it. He was afraid that the hospital would miss something. He also testified concerning an incident relating to his grandmother who had a stroke and was taken to the hospital after hours. There was no doctor at the hospital and Mr. Hiratsuka called the doctor and begged him to come and see his grandmother. Mr. Hiratsuka was upset over the way the doctor yelled at him at the hospital. His grandmother died several months later of undiagnosed cancer. Mr. Hiratsuka said that it was frustrating for a consumer who has seen how other hospitals run to have to walk into this hospital and see the politics and disputes going on.

Mrs. Dorothy Anderson appeared again before the committee and said that she didn't have anything against the nurses at the hospital but reiterated her concern for an objective management audit taking into account all aspects of the hospital from the consumer to the administrators.

Anna Ferguson, Director of Nurses, testified that there were many disgruntled people and that part of the problem is due to the inadequate number of nurses. She indicated that it took a special type of person to come to the bush and out of 150 applications which she sent, she only received 30 back. Once the applicant read about the isolation, salary inadequacies, lack of housing, they don't want to come. She believed that the care was good at the hospital and that the Board was new and perhaps had made mistakes but so had the federal government before that.

Kay Herron stated that as a consumer she believed she was getting adequate care at the hospital but it was important to try to improve health care in Dillingham. She was concerned that the temporary duty nurses and doctors cost more than regular ones because of the per diem that was paid. People should hold the Board responsible since it is a managerial board. She stated that sometimes they needed more information.

Gordon Isaacs, member of the volunteer rescue squad, testified that he did not want to lose the hospital. There had been 250 emergency runs since January and, without the hospital, many people wouldn't have care. He stated that he thought this hearing was a year late because health care was improving. The problems related to management and the loss of many good people. He believed that many complaints are valid; he sees a problem with alcohol and would stress prevention of many problems.

Ronald Fox, from Point Heiden and a member of the Executive Committee of the Board, gave testimony concerning the difference in attitudes between the people of Dillingham and the people in the 32 outlying villages which belong to the BBAHC. The people in the villages aren't as aware of what is going on and it was difficult for them to get to the hospital. He believed that the new hospital director would help make the hospital better. He stated that the Board had recently hired an architect to help on the planning of the new hospital and the the federal government had funded \$1.2 million to cover planning.

Jean Timmerman testified that she was in the health care service and that she was concerned with health care in the Bristol Bay area because the perception of care given is important. People won't come forward with specific incidents for cultural reasons and because many had never experienced health care outside of the hospital in Dillingham. She believed that the danger was that people don't feel the hospital is an option and health care may not occur. The hospital also needed to become more competitive to attract nurses.

Robert Clark, Executive Director of the Bristol Bay Area Health Corporation, spoke before the committee and invited the people to attend the executive board meeting which was now occurring in Dillingham. He said that \$1.259 million was appropriated for the new hospital and that, in spite of the cuts, the area would get a new hospital but only with 10 beds because the government was only using statistics concerning the native population. Mr. Clark stated that they needed support from the people for the hospital and wanted to get the state to help fund the new hospital. He went on to say that past reviews have pointed out many of the problems which were discussed at the hearing and they were being worked on. He said that in theory the Board had control over the hospital but, in essence, the Federal government has certain control.

Gordon Isaacs testified again concerning the importance of preventable medicine. He said that alcoholism is a definite problem in the community and that something should be done such as stricter laws and more programs relating to prevention and treatment. He stated that 80% of his emergency calls were alcohol related.

Senator Parr adjourned the meeting at 7:30 p.m. and stated that the Committee would be available the next morning at 9 a.m. for further testimony.

(September 22, 1982)
(note: tape again working)

Senator Parr called the meeting to order at 9:30 a.m. Senator Anderson, and Representative Chuckwuk were present.

Bobby Andrew testified to the committee that the public hearing is not reaching the full scope of recipients because of the language barrier and the fact that many of the villages are too far away. He recommended that an interpreter was needed and that hearings be held in the villages. He also suggested that the hospital needed to decrease the number of hours nurses worked and hire LPNs and nurses aides in order to give better care to the patients.

Gordon Reiter, pharmacist at hospital since 1976, gave testimony concerning the deterioration of services at the hospital. He said that there was a substantial decrease in years of expertise at the hospital within the last year. He said that the number of errors concerning dosages and duration he has seen coming into the pharmacy has increased dramatically. Mr. Reiter stated that medical students and physician's assistants (PA) could not match the expertise of an MD and that sometimes the PA or medical student on call was not qualified to handle a case and did not call the doctor.

Silke Smith stated that she and her family did not use the hospital much because she did not have confidence in the hospital. She said that the staff's attitude lacked a human touch and that it was very difficult to see the doctor.

At this point in the hearing, Representative Chuckwuk asked the audience how many of them would submit confidential reports to the Committee. Approximately five people raised their hands. There was then a discussion concerning the hesitation of many people to bring up specific incidents because of doctor/patient confidentiality and fear of reprisals. The Committee explained that executive sessions could only be called in the case where you may impugn someone's character. In answering a question by Representative Chuckwuk to the Committee, Senator Parr stated that the State of Alaska does not have any control in the IHS hospitals.

Steve Levinson testified again stating that the BBAHC was state chartered and receives some state money relating to grants and medicaid (approx. \$830,000). Therefore, he said, the state would have the right to audit the BBAHC to see how those moneys were handled.

Judy Mowery gave testimony concerning her surgical treatment at hospital and, after the third day there, she had to ask for her room to be cleaned. After she left the hospital, she was still sick and went to Anchorage for treatment. She believed that the nursing staff was okay; however, she would not go into the hospital again.

Vivian Braswell stated that her major complaint was that it was difficult to get treatment at the hospital after hours and now she refused to go to the hospital.

JoAnn Armstrong, an RN not working at the hospital, related to the Committee the circumstances concerning the treatment last spring of her son-in-law. Dr Libby, in private practice, believed that her son-in-law probably had appendicitis and sent along a note stating this when the patient went to the hospital. At the clinic, her daughter and son-in-law sat for 2½ hours before being admitted. He remained at the hospital even though there was room on a charter that evening. Mrs. Armstrong stated that the next day, Dr. Aarons said to send the patient to Anchorage but his instructions were countermanded by another doctor. She said that finally he was sent to Anchorage on a Saturday and within an hour of admittance was operated on. The doctor there told the her daughter that her husband's appendix had probably been ruptured since Wednesday. Mrs. Armstrong filed a complaint with the hospital concerning this incident but was not satisfied with the results.

Carol Myhre gave testimony concerning her experiences with the hospital. The doctor had suspected that she was carrying twins but she decided to go the Anchorage to have a sonogram which indicated it was one baby. She then delivered at the Brisco Bay Hospital with only the aid of a medical student. At another time, she was in a hospital room with several other women and they all had a severe flu. The hospital then put a (healthy) pregnant woman in the room with them. She was concerned for the health of this woman. She also stated that at one visit to the clinic for a muscle spasm, she was prescribed valium and had never been asked if she was pregnant.

Roseann Savo, Mrs. Armstrong's daughter, gave testimony surrounding the incident relating to her husband's appendicitis attack. She stated that the doctor in Anchorage told her that they should have had him sooner.

Laura Schroeder, City Manager, testifying as an interested resident, stated that the problem was with management. She believed that the Hospital Director should be in charge of the hospital. She thought that there was definitely a management problem because many former employees are still in town; they had not left the hospital to leave the area.

There was no further public testimony at that time. Senator Parr stated that written testimony would be accepted until October 1, 1982. The meeting was adjourned at 11:30 p.m.

Health, Education and
Social Services Committee



Official Business

Charlie Parr, Chairman
Terry Stimson, Vice-Chairman
Vic Fischer
Tim Kelly
Mike Colletta

Alaska State Legislature

Senate

Pouch V
State Capitol
Juneau, Alaska 998
465-4907
465-4908
950 Cowles, Rm
Fairbanks, AK 9
(907) 452-539

October 11, 1982

Senator Nels Anderson
P.O. Box 234
Dillingham, AK 99576

Dear Senator Anderson:

This is a summary report of the Senate Health, Education and Social Services Committee findings concerning the health care situation in Dillingham. It is based on the testimony presented at the public hearings which you attended, on nineteen letters, and on discussions with four physicians who are knowledgeable about Indian Health Service and non-profit corporation hospitals operated under contract with the Service.

As stated at the beginning of the hearings, the state has no jurisdiction over Federal agencies. This report can be considered advisory only. Alaska does have an obligation to be concerned about the health of its citizens, but that obligation is oriented toward public health matters, e.g., inspection of water and food, inoculations and preventive health in general. There seems to be no state obligation, under our constitution, to provide health care for individuals who are ill.

Except for its status as an IHS-contract institution, the Kakanak hospital has much in common with other small hospitals in the state. It should not be regarded as sui generis. One of these commonalities is that such small hospitals are necessarily limited in staff size (economy of scale factor) and in the procedures they can ethically perform. (It seems to be accepted that, except in emergencies, difficult procedures should not be performed at all unless the doctor does them often enough to keep proficient.) Common practice in serious cases, therefore, is to stabilize the patient and send him/her to a larger hospital in Anchorage, Fairbanks, or Seattle.

Although this makes sense medically, it causes economic problems for the small hospital, which bears the higher initial hospital stay costs without receiving revenues from the lower-cost convalescent stay which follows. Since the welfare of the patient is the priority concern, the Kakanak hospital has little choice but to follow the practice.

Calls for more services in the community run into the economy of scale factor already mentioned. Health care is expensive, and expansion of services is probably not possible unless increased revenues can be obtained from third-party payors. Expansion should not be difficult if everyone in the community carries health insurance; if only a small minority can pay, the residents of the area will have to accept the need to go to a larger community for services not available in Dillingham.

Testimony indicated clearly that the major problems of concern are the shortage of medical staff and the inexperience and shortage of nursing staff. Two causes seem apparent: first, a budget reduction which caused a drop from three doctors to one and the substitution of physician assistants and medical students; second, the decision by the Board to release the senior doctor when the budget reduction came about.

The Committee received no testimony explaining why the budget reduction was necessary. It could be that the Bristol Bay Area Health Corporation (BBAHC), coming in between IHS and the hospital, added another layer of administrative cost which was not present when IHS operated the facility. The efforts Congress is making to reduce the budget, in the face of a possible \$140 billion deficit, indicate that a decrease in funds for the hospital is much more likely than an increase. Unless the Corporation can obtain additional revenues from the state, third-party payors or other sources, it may be necessary to reduce administrative expense or turn the hospital back to IHS.

Recommendation 1: The Corporation needs to continue to expand on collection of payments from third party payors and fee-for-service users in order to expand the budget.

Some persons testified that they disagreed with the decision to have physician assistants or medical students on first call after normal duty hours. Such action was clearly implied by the BBAHC Executive Board's decision to drop from three physicians to one. Doctors who do not prudently conserve their resources are apt to find that they have none left to conserve. The Board will have to decide the proper balance between funds for the medical and the administrative needs of the hospital.

Recommendation 2: Determine the optimum ratio spent on administrative services and direct health care services that will provide the most effective and efficient utilization of the hospital and clinic for patient care.

Outpatient services seem to be utilized by the community to a greater extent than the hospital services. The occupancy rate of the hospital is only 19%, while the clinic seemed to be full at all times. There was testimony relating to the inability to get appointments and utilize the clinic in a timely manner.

Recommendation 3: Examine the hospital and clinic budgets.

Some testimony reflected a concern for the lack or reduction of village services; however, few village residents were at the hearings. Reasons such as language barrier, remoteness of village and cost of travel were given as reasons for the lack of attendance. This aspect of health care is important.

Recommendation 4: The Corporation should determine the optimum balance between hospital and village services.

Nurses seem to have left the hospital because of loyalty to the senior physician who was not retained, or because they perceive a lower standard of patient health care and do not wish to be associated with it. The difficulty in replacing them with others as well qualified is probably due to a lack of competitive salaries. Nurses are presently working 12 hour shifts. Concern was expressed by some testifying that the efficiency and effectiveness of the nurse after 10 hours is probably greatly reduced.

Recommendation 5: Make adjustments to nurses salaries which will allow the pay scale to be more competitive on the statewide level and/or provide additional housing on site, a fringe-benefit which in the past attracted nurses to the staff.

Recommendation 6: Discontinue 12-hour nurse shifts in order to obtain the highest cost/benefit(service) ratio. By not having to pay time and a half for over time more money could be shifted to an additional nurse position.

A tour of the hospital made it apparent that the janitorial care of the facility needed to be upgraded. Although the cleanliness of the facility may not have been low enough to be a health hazard, the hospital did not seem to be at an acceptably clean standard for a health care facility.

Recommendation 7: An instructional/training course for the janitorial staff would be helpful in preparing them for hospital work. Health care staff could be available during the training course to explain the use of equipment and areas and reasons for the need of extremely clean conditions.

Many people testifying referred to the fact that the JCAH inspection which was scheduled to be held this fall had been cancelled. JCAH certification is valid for two years, unless JCAH provides for a one year extension; the last inspection was completed in October 1980

just as the Corporation was taking over control of the hospital. It was not clear from the testimony whether the 1982 inspection was cancelled by JCAH or by the hospital. Many residents were concerned that the hospital could not pass a new JCAH inspection.

Recommendation 8: Since the community's faith in a hospital is an important factor in enabling that hospital to provide adequate health care, the Corporation should ask for and encourage a JCAH inspection as soon as possible.

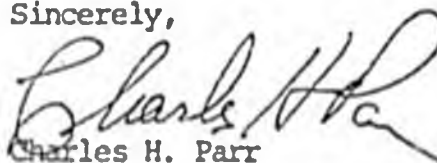
Recommendation 9: In addition, the Corporation may wish to bring to Dillingham a hospital management team from the private sector that specializes in overall management of the hospital facilities. The task of the management team would be to assist the Board of Directors in developing health care delivery goals and objectives and provide long term hospital management training to the Corporation Board.

Most important of all is a clear delineation of authority and responsibility, and testimony indicated this to be lacking.

Recommendation 10: The Board should spell out the authority and responsibility of its own executive officer, the hospital administrator and the chief medical officer. To the extent possible, the Board and executive officer should leave the day-to-day operation of the hospital to the hospital administrator and the chief medical officer.

The Committee came to Dillingham at your request and hopes that the hearing was beneficial. As you will note, copies of this report are being sent to other interested individuals and agencies which may be able to assist in improving health care in your area. We are sure you can count on their cooperation.

Sincerely,



Charles H. Parr
Chairman

cc: Representative Joe Chuckwuk
G.H. Ivey, Director
Alaska Area Native Health Service
Commissioner Helen Beirne,
Dept. of Health and Social Services
Senate President Jalmar Kerttula
Bristol Bay Area Health Corporation

SENATE AND HOUSE HESS PUBLIC HEARING
 SEPTEMBER 21, 1982

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
Joyce Armstrong	Box 10171, Dillingham, Ak. 99576	842-5928
Curt Armstrong	Box 10171, Dillingham, Ak. 99576	842-5928
James Timmerman	Box 10225, Dillingham, Ak. 99576	842-5317
Jim McMurray	Box 10044, Dillingham, Ak. 99576	842-1045
Michael Harder	Box 2824, Dillingham, Ak. 99576	842-5583
Ole Brown	Box 244, Dillingham, Ak. 99576	842-5728
Janet Quinn	Box 221, Dillingham, Ak. 99576	842-1225
Kathy Linz	Box 10200, Dillingham, Ak. 99576	842-5989
Carolyn Lathrop	Box 2767, Dillingham, Ak. 99576	842-1066
Gustie Knutsen	Box 10217, Dillingham, Ak. 99576	842-5598
Chuck Hansen	Dillingham, Ak. 99576	-
Dan & Mary Gent-Nielsen	Box 10235, Dillingham, Ak. 99576	842-1038
Marge Crump	Box 10235, Dillingham, Ak. 99576	842-1038
Maddy Chu	Kanakanak, Dillingham, Ak. 99576	842-5668
Gina Eyke	Kanakanak, Dillingham, Ak. 99576	-
Jackie Knutsen	Dillingham, Ak. 99576	842-5398
Joan Langlois	Dillingham, Ak. 99576	842-5494
Barbra Knutsen	Dillingham, Ak. 99576	842-5598
David B. Carlson	Dillingham, Ak. 99576	-
Patricia Dorey	Box 10204, Dillingham, Ak. 99576	842-5448
Bobby Andrew	Box 98, Dillingham, Ak. 99576	842-2245
Adelheid Herrmann	Box 63, Naknek, Ak. 99633	246-4495
Mørk Hiratsuka	Box 2854, Dillingham, Ak. 99576	842-5606
Jean Timmerman	Box 227, Dillingham, Ak. 99576	842-5317
Joy Powell	Kanakanak, Dillingham, Ak. 99576	842-5634
S. M. Stiver	Kanakanak, Dillingham, Ak. 99576	842-2338
A. D. Nelson	Kanakanak, Dillingham, Ak. 99576	842-5201
Lillian Collier	Box 189, Dillingham, Ak. 99576	842-5257
Harriet Hall	BBAH Box 18, Dillingham, Ak. 99576	842-5148
Anna Ferguson	Kanakanak, Dillingham, Ak. 99576	842-2220
Michael Gibson	Kanakanak, Dillingham, Ak. 99576	842-1062
Dianne Kay Herron	Box 261, Dillingham, Ak. 99576	842-5979
Steve Levenson	Box 10191, Dillingham, Ak. 99576	842-5994
Michelle McCallum	P.H.S. Hospital, Dillingham, Ak. 99576	842-5489
Irma R. Schroeder	Box 236, Dillingham, Ak. 99576	842-5384
Ronald E. Fox	Port Heiden, Alaska 99549	976-8001
Robert J. Clark	Box 10235, Dillingham, Ak. 99576	842-5201
James M. Armbrust	Box 3154, Anchorage, Ak. 99510	265-3368
Dorothy Larson	Box 237, Dillingham, Ak. 99576	842-5667
Ida Apoledak	Levelock, Alaska 99625	246-3420
William Knutsen	Box 153, King Salmon, Ak. 99613	246-4267
Andrew Wass	Box 84, Iliamna, Ak. 99606	571-1220
John Dumbolton	Box 10235, Dillingham, Ak. 99576	842-2237
Billie Benedict	Box 10041, Dillingham, Ak. 99576	842-2255
Susan Ahern	Kanakanak, Dillingham, Ak. 99576	842-5201
Paula Dumbolton	Box 10235, Dillingham, Ak. 99576	842-2237
Charles Aarons MD	Box 228, Dillingham, Ak. 99576	842-5459
Ron Perkins	Kanakanak, Dillingham, Ak. 99576	842-5462
Fritz Johnson	Box 10024, Dillingham, Ak. 99576	842-5572
H. E. Olson	Box 10056, Dillingham, Ak. 99576	842-5500
Donna Perkins	Kanakanak, Dillingham, Ak. 99576	842-5462
Martha Aarons	Box 228, Dillingham, Ak. 99576	842-5459
Thomas Tildon	Dillingham, Ak. 99576	-
Inez Webb	Box 173, Dillingham, Ak. 99576	842-5394

SENATE AND HOUSE HESS PUBLIC HEARING
SEPTEMBER 21, 1982

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
Martha Maine	Box 107, Dillingham, Ak. 99576	
Vivian Braswell	Box 90, Dillingham, Ak. 99576	842-5677
Jan. Housmas	Box 227, Dillingham, Ak. 99576	-
Rozanne Gibeau	Box 10227, Dillingham, Ak. 99576	
Anna May Sorensen	Box 173, Dillingham, Ak. 99576	482-5394

SENATE AND HOUSE HESS PUBLIC HEARING - SEPTEMBER 22, 1982

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
Lillian Collier	Box 189, Dillingham, Ak. 99576	842-5257
Lyne Nickless	Box 1, Dillingham, Ak. 99576	842-5561
Gordon Reiter	PHS Hospital, Dillingham, Ak. 99576	842-5201
Jean Timmerman	Box 227, Dillingham, Ak. 99576	842-5981
Silke M. Smith	Box 178, Dillingham, Ak. 99576	842-5426
Judy Mowery	Box 48, Dillingham, Ak. 99576	842-5659
Judy Trask	Box 10227, Dillingham, Ak. 99576	842-5217
Carol L. Myhre	Box 2845, Dillingham, Ak. 99576	842-5698
Carole McMurray	Box 10044, Dillingham, Ak. 99576	842-1045
Adelheid Herrmann	Box 63, Naknek, Ak. 99633	246-4495
Vivian Braswell	Box 90, Dillingham, Ak. 99576	842-5677
Laura M. Schroeder	Box 191, Dillingham, Ak. 99576	842-5211
JoAnn Armstrong	Box 204, Dillingham, Ak. 99576	842-5361
Allison Tennyson	Box 167, Dillingham, Ak. 99576	-
Rosanne Savo	Box 39, Dillingham, Ak. 99576	842-1085
Dorothy Larson	Pouch 229, Dillingham, Ak. 99576	842-5319
Inez Webb	Box 173, Dillingham, Ak. 99576	842-5394
Billie Benedict	Box 10019, Dillingham, Ak. 99576	842-2255
Anna Lou Levenson	Box 10191, Dillingham, Ak. 99576	482-5994

Below is a list of people who did attend the hearing but did not sign in:

September 21, 1982

Perry Adkison	Dillingham, Alaska 99576	842-5535
Norma Adkison	Dillingham, Alaska 99576	842-5535
Ernie Jennings	Dillingham, Alaska 99576	842-5221
Dorothy Flensburg	Dillingham, Alaska 99576	842-5201
Gordon Isaacs	Dillingham, Alaska 99576	842-5366
Mary Backford	Dillingham, Alaska 99576	-
Lily Keesom	Dillingham, Alaska 99576	842-2248

September 22, 1982

Charles Aarons MD	Box 228, Dillingham, Alaska 99576	842-5459
Bobby Andrew	Box 98, Dillingham, Alaska	842-2245
Fritz Johnson	Box 10024, Dillingham, Alaska 99576	842-5572
Irma Schroeder	Box 236, Dillingham, Alaska 99576	842-5384
Michelle McCallum	P.H.S. Hospital, Dillingham, Ak. 99576	842-5489
Steve Levenson	Box 10191, Dillingham, Alaska 99576	842-5994

PLEASE SIGN:

NAME	ADDRESS	PHONE
Joyce Armstrong	Box 10171 Dlg. AK. 99574	842-5928
Curt Armstrong	Box 10171 Dlg	842-5928
James Immerman	Box 10275 Dlg	842-5317
Jim McMurry	Box 10044 Dlg	842-1045
MICHAEL HARPER	BOX 2824 Dlg	842-5583
Al Beon	Box 244 Dlg	842-5528
Imogen	Box 221 Dlg	842-1225
Kathy Linn	Box 10200 Dlg	842-5789
Carolyn Luther	Box 2767	842-1066
Kate Kuhl	Box 10217	842-5598
Frank Hansen	M 1/2 M	←
Karen & Mary Mabe	Box 10235	842-1039
Margie Cross	"	9 9
Maddy Chu	Kanakanak	842-5668
Gina Eyke	"	
Jodie Kates	Dillingham	842-5395
Jean Langlais	Dillingham	842-5494
Belen Knutson	Dillingham	842-5598
David B. Carlson	Dillingham	none
Patricia Drey	Box 10204 Dlg	142-5448
Lobby Lueder	Box 98 Dlg	842-2245
Adelheid Hermon	Box 6.3 Nulnek	246-4495
Mark Heraluck	Box 2854, Dillingham	842-5606
Jean Timmerman	Box 227, Dillingham	842-5317
Jim Powell	BBAH Kanakanak	842-5634
A. M. Bauer	BBAH "	842-2338
A. D. Nelson	BBAH "	842-5201

Please sign

Name	Address	Phone
Lillian Collier	P.O. Bx 189, Dillingham	842 525
Harriet Hare	BBAH P.O. Box 18 Dillingham	842 5148
Annex ex 100	BBAH Dlg	842-2220
Michael Hill	BBAH Dlg	842-1062
Dianne Kay Heron	Job Service Bx 261 Dillingham	842-5575
Steve Levinson	Box 10191, Dillingham	842-5994
William McAllen	PHS Hospital, DLG AK	842-5489
Irma R. Schroeder	Box 236 Dillingham	842-5384
Ronald C. Fox	Port Heiden Alaska	976 8001
Bert Fleck	Box 10235, Dlg 99576 BBAHC	842-5201
James M. Aronson	PO Box 3154, Anchorage 99510	265-3368
Dao My Larson	Box 237, Dillingham	842-5667
Ma Gokkedak	Levelock Ak	246-3420
William Kuntz	Box 153 King Salmon, Ak.	246-4267
Anders Ahnlie	Box 84 Alameda Ak 99606	571-1220
JOHN DUNBOLTON	PO. BOX 10235 DILLINGHAM	842-2237
Buice Bennett	Box 10041 - Dillingham	842-2255
Suzanne Hare	BBAH	842 5201
Paula Dunbolton	P.O. Box 10235 Dillingham, AK	842-2237
Charles Aronson MA	Box 228 Dillingham	842 5459
Ron Perkins	BBA Hospital " AK.	842-5462
Eric Jensen	Box 10024 Dlg	842-5572
H. E. Gray	Box 10056 Dlg	842-5300
Donna Perkins	BBA Hosp	5462
Martha Aronson	Box 228 Dlg	5451
John Mc	Dlg, Ak 99576	
Greg Webb	Box 173, Dlg.	842-5394

NAME

ADDRESS

Martha Maine	Box 107	Alg. Alaska	
Susan Braswell	Box 90	Sillingham	
Jon Housmar	Box 227	Sillingham	
ROZANNE GIBEAU	Box 10227	DLG,	
Anne May Sorensen	Box 173	Alg., Ak.	99576
Joy Webb	Box 173	DLG,	812-5574
Jim [unclear]	#		

PLEASE SIGN

NAME	ADDRESS	PHONE
William Collier	P.O. Box 189, Dillingham	842 5257
Lynne Nickless	Box 1, Dillingham	842-5561
GORDON REITER	PHS Hospital, Dlg	8425201
J Timmerman	Box 227, Dillingham	842-5981
Silva M. Smith	Box 178 Dillingham	8425426
JUDY MOWERY	BOX 48 DILLINGHAM	842-5659
Judy Frank	Box 10227 DLG	842-5217
Carol L. Meyer	Box 2845 Dlg.	842-5698
Carole McMurray	Box 10044 Dlg	842-1045
Adelheid Norman	Box 63 Nakeak, Ak.	9246-4495
Lillian Braswell	Box 90 Dlg	842-5677
Laura M. Schuster	Box 191 Dlg	842-5211
John Armstrong	Box 204 Dlg	842-5361
Alicia Tennison	Box 167 Dlg	
Rosanne Savo	Box 39 Dlg	842-1085
Barney Larson	Box 229 Dlg	842-5319
Dorey Webb	Box 173 Dlg	842-5394

PLEASE SIGN

NAME

ADDRESS

PHONE

Bruce Bennett
Cynthia Bennett

Box 10019
Pop 10191

842-2255
842-5994

BRISTOL BAY AREA HEALTH CORPORATION

P.O. Box 10235
DILLINGHAM, ALASKA 99576

842-5201
PHONE: (907) ~~842-5206~~
~~842-5207~~

✓ November 3, 1982

Honorable Charles H. Parr, Chairman
Senate Health, Education and Social Services Committee
950 Cowles, Room 224
Fairbanks, Alaska 99701

Dear Senator Parr:

Again, I want to thank you, your committee, and those of the House H.E.S.S. Committee who were able to come to Dillingham to provide a forum for health care concerns in the area.

We appreciate your summary report. I will make several comments on your report.

We are happy to hear that the State of Alaska does have some obligation for the health of its citizens, though limited. We would urge the state to strongly consider the provision of health care "for individuals who are ill" since the federal government services are being cut back in this area. This must be done for areas that rely solely or almost solely on the Indian Health Service (IHS) for health care.

Your observation on how the Bristol Bay Area Hospital relates to other small hospitals in the state is a good one. Our problems are very similar, however, they are much compounded by the fact that we don't have the same flexibilities that they have, and we operate on a contract with IHS with several restrictions that don't allow us to use some of the management prerogatives available to the private sector.

BBAH's problem is further enhanced in the economic area because we care for everyone like a "community hospital" without being able to fully recover costs of services provided. We would urge you to have the Attorney General provide an opinion that would allow us to receive Revenue Sharing funds through the City of Dillingham designated for our hospital. We operate like a community hospital and feel, with IHS's receptivity on the national level to this, we should be allowed a waiver even though the hospital itself is owned by the federal government. Coupled with this is the upgrading of our fee structure which would help us get back all or most of our costs via third party billing and other means. Currently, we are stuck with a charge based on a statewide average developed by IHS several years ago that is too low. It is as if we pay non-beneficiaries to use our services as we charge so little. Also, this depletes the services that could/should be provided to our beneficiaries.

The Bucholdt and Battelle Studies provided excellent background on how the state can provide health insurance to all citizens. This should be a high priority for the state and would be most helpful to the small rural hospitals.

The shortage of medical and nursing staff are real problems for us. We are budgeted for two (2) not one (1) physician, but have had real difficulties in attracting a second physician. We are advertising statewide and nationwide, both in the private sector and through IHS's nationwide network of advertising. We are still looking for permanent physicians. We have always had medical students, and having a Physician's Assistant in lieu of our third physician is a viable alternative recommended by many organizations nationwide. Should third party funding bring in sufficient funding, we will look at the viability of a third physician. The choice of releasing the senior physician was a management decision. We wanted loyal physicians who believed in our local control option. We wanted people who would work together and do everything possible to carry out our charge from the board. Many factors were considered within the constraints of what we were told we had available (funding) to carry out our program by IHS.

As you should be aware, there is a nationwide nursing shortage (though from what I gather from what you told us at the hearing this may not be true for Alaska. If so, the disparity in allocation is that these folks must be all in the cities or aren't practicing nurses) and with the same above-mentioned advertising efforts, we have had difficulty in filling positions. The critical shortage we had earlier is now resolved. Due to our earlier shortage compounded by the national shortage, it has been hard to get a large selection of nurses to choose from. I might say though that, in spite of public thoughts on this, we do have a staffing now that exceeds the qualifications of those we have had under IHS's management.

We are now working with the firm Medical Recruiters of America and anticipate having a new permanent physician within 90 days. This will be most welcomed. For your information, we are going to be spending upwards to \$20,000.00 of hard-to-get money to recruit this private physician under this recruiter firm as the regular process hasn't worked for us. A private physician also will cost us more than we have budgeted under our contract for a government physician.

Since the hearing was geared primarily for the public to explain its perceptions on health care, I did not repeat the information sent to the public, state and our board on the funding constraints we were under for the Fiscal Year 1982. It was not due to another layer of administration ("BBAHC coming in between IHS and the hospital") as you stated "it could be". The decreases we received were due to federal budget reductions. Many factual items of correspondence speak to this. On top of this was

the inflation and congressionally-mandated Federal Pay Act, all of which we have no control over. We are collecting third party revenue and this should improve. If you get the state to help, we will be in an even better position. Our administrative expenses are with input from folks like: Ernst and Whinney, Region X's Cost Allocation Branch, The Inspector General's Office, State Health and Social Services Programs, A.N.C.A.D.A., IHS to name the primary sources, all more than reasonable for our size organization. They have all accepted our indirect cost rate.

I will respond to your recommendations as they were made:

1. We are doing just as you recommend with the assistance of IHS and Ernst and Whinney. Our use of non-physician after hours is no different than that of IHS. Your input is well taken.
2. This will be looked at again so that "effective and efficient utilization of the hospital and clinic for patient care" can be improved. Much improvement has taken place over when IHS did the same.
3. This will be done. We consider visits to our villages very important. The record will show no, or only a slight reduction last year over visits of the past when IHS operated our facility.
4. This is being looked at. We feel there is not a lower standard of health care with the loss of nurses who have left. The replacements have all been at an equal or higher level of education. Funding to attract nurses is a problem, however, we have offered our nurses a salary higher than the IHS entry level. The 8 to 10 to 12 hour shifts are being put into effect immediately now that we are up to full staffing.
5. We would like help in getting information from each of the hospitals in the state so that we can look at our salary scale for all employees. We do have limited housing available for all of our employees which includes our nurses. To my knowledge we haven't been able to fill a nursing position for lack of housing. We may only have a single unit to offer a nurse with a family and that particular individual wouldn't accept our offer due to this reason, or we may have only a housing unit downtown and they may want to stay on the compound, but as tight as housing has been this should not have been the reasoning for not filling the position(s).
6. We agree with this recommendation in concept as stated in 4 above. We have hired temporary help for our housekeeping department so that they can bring our hospital up to a level that can be more easily maintained by a staffing that we can afford. Several projects have already been undertaken in this area.

7. We are seeking training for our janitorial staff. We have responded to Senator Mike Colletta on his offer to help to send someone here to assist us, however, he has failed to answer our numerous calls to his office.

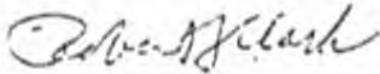
The J.C.A.H. inspection was delayed by J.C.A.H. We have no control over when they want to come and inspect us. However, this week we have received notice that they will be here somewhere between January and March of 1983.

8. Agree. See above. We need the community's support in preparing for this inspection or the effects of not being accredited will be a big loss to our potential resources necessary to provide good health care and attracting good personnel.
9. We have advertised for a management team to put together a proposal for us to review. A couple of firms will be applying to do this for us. We hoped to have reviewed their proposal(s) by our Executive Committee meeting held this week (November 2 - 4, 1982), however, due to the mail system we have not received those who indicated their proposals were enroute for consideration. This will be moved ahead to December, 1982. Also, we invited the Alaska State Hospital Association to assist us. They made their second visit today, November 3, 1982.
10. The management team hired by the board will be clarifying the many concerns expressed as to delineation of authority, etc.

These comments are all in addition to the ones I provided Senator Colletta, with copies to the joint Senate and House H.E.S.S. Committees.

Thank you for your thoughts on the concerns expressed by several people in Dillingham on health care being provided by Bristol Bay Area Health Corporation.

Sincerely,



Robert J. Clark
Executive Director

CC: G. H. Ivey, Director, Alaska Area Native Health Service
Helen Beirne, Commissioner, Department of Health and Human Services
Representative Joseph Chuckwuk
Senate President Jalmar Kerttula
Senator Nels Anderson, Jr.
BBAHC Board of Directors
Adelheid Herrmann
Representative Eric Sutcliffe
Laura Schroeder, City Manager of Dillingham
KDLG Radio Station
Bristol BayTimes
John Dumbolton, Director of Hospital Services, BBAHC

alaska
state
hospital
association

319 Seward St., Juneau, Alaska 99801 • (907) 586-1790

REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

Chairman of the Board
Ronald A. Pavellas
Humana Hospital Alaska
Anchorage

Chairman-Elect
Mark Hawkins
Sitka Community Hospital
Sitka

Immediate Past Chairman
Tom Mingen
Fairbanks Memorial
Hospital
Fairbanks

Secretary/Treasurer
Edward Zeine
Cordova Community
Hospital
Cordova

Delegate to the American
Hospital Association
Al M. Camosso
Providence Hospital
Anchorage

Alternate Delegate to the
American Hospital Assoc.
Michael Lockwood
Central Peninsula Hospital
Soldotna

Delegate to the American
Health Care Association
Jack Buck
St. Ann's Nursing Home
Juneau

Alternate Delegate to the
American Health Care
Association
Emma G. Ivy
Wrangell General Hospital
Wrangell

Delegate to the Association
of Western Hospitals
Michael Herring
South Peninsula Hospital
Homer

Alternate Delegate to the
Association of Western
Hospitals
Daniel Van Wieringen
Kodiak Island Hospital
Kodiak

Trustee Delegate to the
American Hospital Assoc.
Moe Kadish
Trustee, Providence
Hospital
Anchorage

Alternate Trustee Delegate
to American Hospital
Association
Robert Jensen
Central Peninsula Hospital
Soldotna

Physician Member of
the Board
Keith Brownsberger, M.D.
Anchorage

President
Dennis L. DeWitt
Juneau

November 16, 1982

The Honorable Charles H. Parr, Chairman
Senate Health, Education & Social Services Committee
950 Cowles Street, Room 224
Fairbanks, Alaska 99701

Dear Charlie:

Thanks for the letter on the Bristol Bay Area Hospital. Moe Kadish, a Trustee at Providence Hospital and the Trustee member of the Association Board of Directors and I visited the Bristol Bay Area Hospital on November 3, and conducted an informal Trustee Seminar with the BBAH Executive Committee which is charged with governing the hospital. Both Robert Clark and John Dumbolton have indicated that the session has had a marked and positive impact on hospital operations. Sister Barbara Haase and I will be meeting with John Dumbolton on November 29 in Anchorage to offer further assistance from Sister Barb's group, Health and Hospital Services.

As a new member of this Association BBAH is entitled to a copy of our most recent salary survey. John Dumbolton will receive it with the copy of this letter.

As you and I have discussed, the issue of revenue sharing is a thorny one. Robert Clark and I discussed it during my visits on October 12 and November 3. Among the difficulties is that BBAH maintains that it is still a federal institution exempt from licensure, certificate of need, etc. but wants state involvement with finances. This is clearly not the case where the Native Corporation owns as well as operates the facility. They do receive revenue sharing and are subject to all state laws.

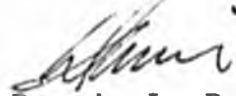
The charge and billing issues are internal management problems tied to a need for the recent federal waiver which Bethel received. That allows the IHS hospital to permit physicians in private practice to use the facility and to bill costs to the patient. While this issue is not clearly resolved, I feel that it is well on its way to solution.

Charlie, I responded specifically only to the issues you marked in Mr. Clark's letter as I expected those were

your specific questions. As a general comment I can assure you that this Association is committed to assisting BBAH with the same dedication it addresses the problems of any other member facility.

I hope all is well with you. Please give my best to Karen.

Sincerely,



Dennis L. DeWitt
President

DLD:lf
cc:John Dumbolton

Encl.

file w/ Dillingham report

BRISTOL BAY AREA HEALTH CORPORATION

P.O. Box 10235
DILLINGHAM, ALASKA 99576

842-5201
PHONE: (907) 842-5201
F307 F302-5267

October 15, 1982

Senator Mike Colletta
Alaska State Legislature
SRA, Box 1458-K
Anchorage, Alaska 99502

Dear Senator Colletta:

Thank you for participating on the Senate and House Health, Education, and Social Service Committee's panel that provided a forum for folks concerned about health care in Bristol Bay.

Several actions have resulted in response to the hearing that I can bring to your attention. They are:

- 1) Bristol Bay Area Health Corporation's Executive Committee directed me to find a firm to do a management study of our corporation, specifically how the hospital fits into this structure. We have contacted several firms. Any suggestions?
- 2) Bristol Bay Area Health Corporation has opted not to renew our only government physician's IPA/Detail to Bristol Bay Area Health Corporation and is seeking private physicians. On-going recruitment is in progress with little results to date. Could you help?
- 3) Our staff was authorized to negotiate with Indian Health Service for a contract to continue managing the government hospital (Bristol Bay Area Hospital) per the proposal submitted for their review and approval. This has been done and BBAHC has a contract with IHS for Fiscal Year 1983 commencing October 1, 1982. We are operating on a continuing resolution (month-to-month) through December 17, 1982. We are operating on our Fiscal Year 1982 funding level. Adjustments will be worked on later. The budget is to be tied to Scope of Work. Things will continue to be tight in F.Y. 1983 as was the case in F.Y. 1982.
- 4) Our Fiscal Year 1981 audit, done by Ernst and Whinney, was adopted along with the management letter and system that they recommended. It is anticipated that due to the excellent progress in this area, the F.Y. 1982 audit will be done in the normal audit time.

- 5) We were directed to find adequate housing for staff needs so that this would not be a deterrent to hiring. We are looking for more units. Presently, we have a couple of vacant units.
- 6) We were directed to get our nursing staff up to full strength. It is almost there.
- 7) The board, in trying to provide an incentive to our programs to generate income, has directed that 10 percent of collections be retained by that program for their use. The balance will go to a fund that needs board approval.
- 8) We were directed to clean up and redecorate the hospital which is in the process of being done. Our hospital Administrator will be in contact with you for help on this.
- 9) Much discussion took place on what we are, what we want to be/do and how we could improve our image with the community. We have talked with individuals and groups to get ideas and give them the facts of what is being done rather than letting folks rely on rumors. This will be a continuing process.

We appreciate constructive criticism and help in order to do our job better. We ask that people look at our constraints under our contract as it relates to the funding provided to do our job and be realistic on requests, ideas and demands. Until we have complete control of our hospital and programs, we must abide by what the government (IHS) wants us to do. Within these guidelines, there is not a whole lot of flexibility if we are measured with a private hospital e.g. Providence, Humana, etc.. Many of the concerns expressed at the hearing have been taken care of - several even prior to the hearing, but some folks haven't been out to see for themselves. We hope people will come out and visit us.

BBANC is a very viable option. We provide good health care for those who want/need to partake of our services. We do follow protocols under a system that is reviewed or audited several times a year to insure quality care delivery. We are not perfect and have had a lot of turn-over but want to stabilize with staff who believe in our local control philosophy.

Senator Colletta, in regard to your offer of assistance, there are several ways you can assist us. They are:

- 1) Persuade the Governor to approve our Federal Budget Impact Fund proposals to help us make up for the federal deficits we have incurred.

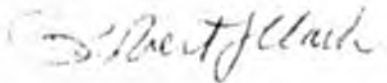
- 2) Provide Revenue Sharing to the City of Dillingham designated for use at the Bristol Bay Area Hospital so that they in turn pass this on to us for the operation of our hospital.
- 3) We would like the State to once again consider assisting BBAHC with funding to build a new community hospital. IHS wants to plan only for a 10-bed replacement hospital and out-patient clinic using only the Native statistics. Since we view ourselves as a community hospital and serve everyone, we would like the State to provide matching funding to help us plan for the 20-bed hospital (down from the 29-bed facility we now have) we need based on statistics that consider Native, non-Native and transient demand/need. Coupled with this, we would like the State to consider a match of the government's funding to increase the 10 beds to 20 beds for construction purposes. Based on the Bethel and Norton Sound experiences, the facility should be "turn key" to prevent the several problems if it were not. Precedence can be drawn on Bartlett, Fairbanks Memorial and other facilities in and out of State on this concept. Anything to help on housing for staff in this master plan would be very helpful. Look at the Bethel situation as an example.
- 4) Assisting us with equipment necessary to provide the services we would like to provide based on need for such by our patients would also be helpful.
- 5) Persuade D.H.S.S. and its contacts to help us attract a couple of private physicians to work for BBAHC as staff. They would need to have adequate experience to meet the needs of our patient mix and be willing to relocate to Dillingham. Our funding is limited, but with help the State can provide, I'm sure we could solve this problem. Referrals of nurses would also be very helpful.
- 6) We need state assistance to build a small treatment center for alcohol and drug abusers. The State office of Alcohol and Drug Abuse has on file the extent of our problems in this area. We don't have a sleep-off center or an adequate jail in Dillingham and could use your help in this area, also.
- 7) In order to keep our people closer to home, we would, per our own long-range plan, like the State to consider adding to our primary care facility a rehabilitation component. This could be along several lines, e.g. physical rehabilitation, chemical dependency, psychiatric care, nursing home and even what I mentioned under point 6. All this would put the care closer to home and away from the foreign environments of Anchorage, Seattle, etc. that our people are referred to now.

Page Four
Senator Colletta
October 15, 1982

- 8) As you may have noted, we don't have a paved road from Squaw Creek to the hospital and to the airport. We again request funds to extend the pavement in both directions. We service 32 villages in over a 40,000-square-mile area for emergencies and substandard roads are a real problem for our E.M.T.'s who are doing their best to stabilize patients enroute to and from the hospital from villages and to Anchorage for primary, secondary and tertiary care.

Thank you for your offer to make the Bristol Bay health care system "the finest available" and we look forward to your help on the above areas.

Sincerely,



Robert J. Clark
Executive Director

pn

CC: Senate and House H.E.S.S. Committee ✓
Senator Nels Anderson, Dillingham
Representative Joe Chuckwuk
Laura Schroeder, City Manager, Dillingham
Bristol Bay Times
KDLG Radio Station
James Armbrust, Indian Health Service
BBAHC Board of Directors (32)

BRISTOL BAY AREA HEALTH CORPORATION

P.O. Box 10235
DILLINGHAM, ALASKA 99576

842-5201
PHONE: (907) ~~842-5206~~
~~842-5207~~

November 3, 1982

Honorable Charles H. Parr, Chairman
Senate Health, Education and Social Services Committee
950 Cowles, Room 224
Fairbanks, Alaska 99701

Dear Senator Parr:

Again, I want to thank you, your committee, and those of the House H.E.S.S. Committee who were able to come to Dillingham to provide a forum for health care concerns in the area.

We appreciate your summary report. I will make several comments on your report.

We are happy to hear that the State of Alaska does have some obligation for the health of its citizens, though limited. We would urge the state to strongly consider the provision of health care "for individuals who are ill" since the federal government services are being cut back in this area. This must be done for areas that rely solely or almost solely on the Indian Health Service (IHS) for health care.

Your observation on how the Bristol Bay Area Hospital relates to other small hospitals in the state is a good one. Our problems are very similar, however, they are much compounded by the fact that we don't have the same flexibilities that they have, and we operate on a contract with IHS with several restrictions that don't allow us to use some of the management prerogatives available to the private sector.

BBAH's problem is further enhanced in the economic area because we care for everyone like a "community hospital" without being able to fully recover costs of services provided. We would urge you to have the Attorney General provide an opinion that would allow us to receive Revenue Sharing funds through the City of Dillingham designated for our hospital. We operate like a community hospital and feel, with IHS's receptivity on the national level to this, we should be allowed a waiver even though the hospital itself is owned by the federal government. Coupled with this is the upgrading of our fee structure which would help us get back all or most of our costs via third party billing and other means. Currently, we are stuck with a charge based on a statewide average developed by IHS several years ago that is too low. It is as if we pay non-beneficiaries to use our services as we charge so little. Also, this depletes the services that could/should be provided to our beneficiaries.

The Bucholdt and Battelle Studies provided excellent background on how the state can provide health insurance to all citizens. This should be a high priority for the state and would be most helpful to the small rural hospitals.

The shortage of medical and nursing staff are real problems for us. We are budgeted for two (2) not one (1) physician, but have had real difficulties in attracting a second physician. We are advertising state-wide and nationwide, both in the private sector and through IHS's nationwide network of advertising. We are still looking for permanent physicians. We have always had medical students, and having a Physician's Assistant in lieu of our third physician is a viable alternative recommended by many organizations nationwide. Should third party funding bring in sufficient funding, we will look at the viability of a third physician. The choice of releasing the senior physician was a management decision. We wanted loyal physicians who believed in our local control option. We wanted people who would work together and do everything possible to carry out our charge from the board. Many factors were considered within the constraints of what we were told we had available (funding) to carry out our program by IHS.

As you should be aware, there is a nationwide nursing shortage (though from what I gather from what you told us at the hearing this may not be true for Alaska. If so, the disparity in allocation is that these folks must be all in the cities or aren't practicing nurses) and with the same above-mentioned advertising efforts, we have had difficulty in filling positions. The critical shortage we had earlier is now resolved. Due to our earlier shortage compounded by the national shortage, it has been hard to get a large selection of nurses to choose from. I might say though that, in spite of public thoughts on this, we do have a staffing now that exceeds the qualifications of those we have had under IHS's management.

We are now working with the firm Medical Recruiters of America and anticipate having a new permanent physician within 90 days. This will be most welcomed. For your information, we are going to be spending upwards to \$20,000.00 of hard-to-get money to recruit this private physician under this recruiter firm as the regular process hasn't worked for us. A private physician also will cost us more than we have budgeted under our contract for a government physician.

Since the hearing was geared primarily for the public to explain its perceptions on health care, I did not repeat the information sent to the public, state and our board on the funding constraints we were under for the Fiscal Year 1982. It was not due to another layer of administration ("BBAHC coming in between IHS and the hospital") as you stated it would be". The decreases we received were due to federal budget reductions. Many factual items of correspondence speak to this. On top of this was

the inflation and congressionally-mandated Federal Pay Act, all of which we have no control over. We are collecting third party revenue and this should improve. If you get the state to help, we will be in an even better position. Our administrative expenses are with input from folks like: Ernst and Whinney, Region X's Cost Allocation Branch, The Inspector General's Office, State Health and Social Services Programs, A.N.C.A.D.A., IHS to name the primary sources, all more than reasonable for our size organization. They have all accepted our indirect cost rate.

I will respond to your recommendations as they were made:

1. We are doing just as you recommend with the assistance of IHS and Ernst and Whinney. Our use of non-physician after hours is no different than that of IHS. Your input is well taken.
2. This will be looked at again so that "effective and efficient utilization of the hospital and clinic for patient care" can be improved. Much improvement has taken place over when IHS did the same.
3. This will be done. We consider visits to our villages very important. The record will show no, or only a slight reduction last year over visits of the past when IHS operated our facility.
4. This is being looked at. We feel there is not a lower standard of health care with the loss of nurses who have left. The replacements have all been at an equal or higher level of education. Funding to attract nurses is a problem, however, we have offered our nurses a salary higher than the IHS entry level. The 8 to 10 to 12 hour shifts are being put into effect immediately now that we are up to full staffing.
5. We would like help in getting information from each of the hospitals in the state so that we can look at our salary scale for all employees. We do have limited housing available for all of our employees which includes our nurses. To my knowledge we haven't been able to fill a nursing position for lack of housing. We may only have a single unit to offer a nurse with a family and that particular individual wouldn't accept our offer due to this reason, or we may have only a housing unit downtown and they may want to stay on the compound, but as tight as housing has been this should not have been the reason for not filling the position(s).
6. We agree with this recommendation in concept as stated in 4 above. We have hired temporary help for our housekeeping department so that they can bring our hospital up to a level that can be more easily maintained by a staffing that we can afford. Several projects have already been undertaken in this area.

7. We are seeking training for our janitorial staff. We have responded to Senator Mike Colletta on his offer to help to send someone here to assist us, however, he has failed to answer our numerous calls to his office.

The J.C.A.H. inspection was delayed by J.C.A.H. We have no control over when they want to come and inspect us. However, this week we have received notice that they will be here somewhere between January and March of 1983.

8. Agree. See above. We need the community's support in preparing for this inspection or the effects of not being accredited will be a big loss to our potential resources necessary to provide good health care and attracting good personnel.
9. We have advertised for a management team to put together a proposal for us to review. A couple of firms will be applying to do this for us. We hoped to have reviewed their proposal(s) by our Executive Committee meeting held this week (November 2 - 4, 1982), however, due to the mail system we have not received those who indicated their proposals were enroute for consideration. This will be moved ahead to December, 1982. Also, we invited the Alaska State Hospital Association to assist us. They made their second visit today, November 3, 1982.
10. The management team hired by the board will be clarifying the many concerns expressed as to delineation of authority, etc.

These comments are all in addition to the ones I provided Senator Colletta, with copies to the joint Senate and House H.E.S.S. Committees.

Thank you for your thoughts on the concerns expressed by several people in Dillingham on health care being provided by Bristol Bay Area Health Corporation.

Sincerely,



Robert J. Clark
Executive Director

CC: G. H. Ivey, Director, Alaska Area Native Health Service
Helen Beirne, Commissioner, Department of Health and Human Services
Representative Joseph Chuckwuk
Senate President Jalmar Kerttula
Senator Nels Anderson, Jr.
BBAHC Board of Directors
Adelheid Herrmann
Representative Eric Sutcliffe
Laura Schroeder, City Manager of Dillingham
KDLG Radio Station
Bristol Bay Times
John Dumbolton, Director of Hospital Services, BBAHC



DEPARTMENT OF HEALTH & HUMAN SERVICES

PUBLIC HEALTH SERVICE

October 25, 1982

ALASKA AREA NATIVE HEALTH SERVICE
BOX 7-741
ANCHORAGE, ALASKA 99510

Refer to: A-D (A-CHCS)

The Honorable Charles H. Parr, Chairman
Senate Health Education and
Social Services Committee
Alaska State Legislature
950 Cowles Street
Fairbanks, Alaska 99701

Dear Senator Parr:

Thank you for providing us with a copy of your summary report regarding the Senate Health, Education and Social Services Committee findings related to the hearings held in Dillingham September 20-21, 1982 on the health care provided to the Bristol Bay region.

On behalf of the Indian Health Service, the prime sponsoring agency of the Bristol Bay Area Health Corporation which is the principal provider of health care in the Bristol Bay region, we wish to thank the committee for spending time to hear out the concerns of the several consumers who stepped forward when you gave them this opportunity to do so.

We agree with and endorse all of the recommendations outlined in your October 11 summary report. The recommendations agree with and compliment the two formal reviews which were done by this agency over the past contract year. Further, we wish to confirm the implication of assistance noted in the closing paragraph of the report: The Alaska Area Native Health Service stands ready to provide technical assistance to the Bristol Bay Area Health Corporation in order for them to address your recommendations. We will also continue to monitor contract performance and encourage the Board of Directors to share our evaluations with the community at large. In a separate response, I am sure Mr. Robert Clark, Executive Director of BRAHC, will outline current progress in addressing the recommendations and other recent related actions by the Corporation to build community-wide confidence in the Corporation's ability to provide the best service feasible for the region.

Before closing I would like to take this opportunity to correct a couple of misunderstandings expressed in the report but hasten to add that they do not negate in any way the points made by the recommendations. First, it was completely at the discretion of the Joint Commission on Accreditation of Hospitals that the Bristol Bay Area Hospital survey was

postponed or deferred this year. The JCAH's explanation was that they simply did not have the manpower to do all surveys originally scheduled in Alaska for 1982. We are aware that at least one other hospital in Alaska was postponed as well. It is expected that they will survey Bristol Bay in mid to late summer 1983. Until then, Bristol Bay enjoys a fully accredited status. Second, the Board of Directors dropped the physician manpower compliment from three to two plus a physician assistant. It is true that at the time of the hearing only one permanent resident physician was with the Health Corporation, but the second physician position was being filled with temporary coverage. The Board has never seriously considered dropping the physician compliment below two filled positions.

Again we appreciate the Committee's efforts and pledge our support to assist the Bristol Bay Area Health Corporation in addressing your recommendations.

Sincerely,

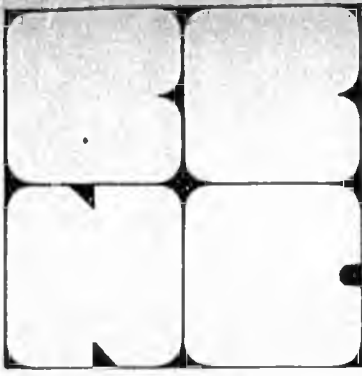


G. H. Ivey

Director

Alaska Area Native Health Service

cc: Senator Nels Anderson
Representative Joe Chuckwuk
Senator Jalmar Kerttula
Commissioner Helen Beirne
Robert Clark, BBAHC



Bristol Bay Native Corporation

P.O. Box 220, Anchorage, AK 99510

SEPT/OCT 1982 NEWSLETTER

P.O. Box 198, Dillingham, AK 99576



Dillingham physician returns to Alaska.

Barbara Riley Asher, born in Dillingham, has come back to Alaska to live. The 30-year-old physician moved to Sitka in August with her husband, Richard, and

infant son, Thomas. Richard, a family-practice physician, has joined the staff of the Mt. Edgecumbe Public Health Service Hospital. Barbara plans to practice medicine part-time and "spend the rest of my time being a wife, mother and homemaker."

"We have been very excited about returning to Alaska," she said.

Barbara Riley's journey from Dillingham to Sitka, a journey that crisscrossed the country and State of Alaska several times, took 12 years of her life to complete.

Born to Aleut and Eskimo parents, Thomas Peter Riley and Angeline Hodikoff Riley, now both deceased, Barbara is the third of four children, all daughters. Her sisters Geneva Penatac and Loretta Riley live in Anchorage and Mary Pagano, in Greeley, Colo.

"I am very proud of my family. They all encouraged me and stood behind me during my long

years of training. They deserve much of the credit, especially my mother," Barbara said.

Barbara decided she wanted to be a doctor when she attended junior high school. From Dillingham, where she was graduated from high school in 1969, Barbara went to Seattle Pacific College for a degree in biology. She then went on to the University of Colorado School of Medicine in Denver, receiving her medical degree in 1977. After that came a year of internship in family practice at Lancaster General Hospital in Pennsylvania.

Barbara then worked for seven months as a medical officer in the State of Alaska's Office of Tuberculosis Control in Anchorage.

"It was one of the best experiences of my life because I had so much contact with the Native people in their villages," she said.

After that it was more schooling, this time at the University of Wyoming in Casper, where she took a two-year residency in family practice. Part of her training included work at the Public Health Hospitals in Bethel and Anchorage and the Indian Health Service Hospital in Rosebud, South Dakota.

Barbara is now licensed to practice medicine in the states of Wyoming and Alaska. She is a member of the American Academy of Family Practice, the Wyoming State Medical Society and is an executive board member of the Association of American Indian Physicians.

"If I can be a role model for our Native people to pursue higher education and possibly even a health professional career, then one of my life's goals will be achieved," Barbara said.

Bristol Bay Native Corporation congratulates shareholder Barbara Riley Asher and welcomes her back home.

Tentative 7(i) Agreement

After a year of difficult and consuming negotiations, leaders of the regional corporations have signed a tentative agreement settling almost a decade of litigation on Section 7(i).

Section 7(i) is that section of ANCSA which requires revenue sharing among twelve regional corporations. Under 7(i), seventy percent of revenues from timber, oil and gas, and minerals are shared. These revenues were to be spread among the corporations so that

none would be disadvantaged by receiving resource-poor lands. Not surprisingly, with billions of dollars at stake, scores of questions were raised about the computation of shareable 7(i) revenue.

Reflecting this complexity, the proposed agreement is over 100 pages. It contains revenue definitions, allowable expenses, risk allocations and arbitration provisions. The Board of Directors is presently studying the proposed agreement. If approved, the agreement will reduce uncertainty in resource planning, free management time for other projects, and foster cooperation among the regional corporations.

WANTED

THROUGHOUT THE NORTHWEST



Sunny Jim Peanut Butter is a north country tradition. It's pure and delicious and made with fresh roasted peanuts. Sunny Jim Peanut Butter is wanted all through the Northwest.



July 19, 1957

The 25th Anniversary of The Discovery of Swanson River Oil Field by Richfield Oil Corporation

The Governor, the Alaska Legislature, the Municipality of Anchorage, the Cities of Kenai, Soldotna, and Homer and the Kenai Peninsula Borough all issued Proclamations declaring the week of July 18-24 "Oil Discovery Week."

Our Bill Bishop, Manager of Subsurface Resources, was honored on numerous occasions. Bill was the Geologist in charge of Alaska Exploration for Richfield and supervised the field work in 1955. In late November 1956, he was back to mark the location for the wildcat well and chose a Hemlock tree which he had marked from the air by using different colored toilet paper. Later he gave the name "Hemlock" to the producing zone.

Here to take part in all the festivities were Rollin Eckis, former President of Richfield, and Mason Hill, former Manager of Exploration, both retired, as well as Ray Arnett, the well site geologist and now Assistant Secretary of Interior for Fish Wildlife and Parks. Arnett was also one of the field geologists here in 1955.

To start the Silver Anniversary week on July 19th, the Anchorage Chamber of Commerce devoted their entire luncheon to the Richfield Discovery. Mr. Eckis was one of the speakers. Bill was reminded that the Chamber had honored him before, when they had his field boots bronzed and presented to the Anchorage Museum. The Homer Chamber of Commerce also had a program on the Richfield discovery.

On Wednesday the 21st, Bill and a group of dignitaries flew to the Swanson River discovery site where Bill spoke briefly and related how he "bombed" the Hemlock tree with toilet paper and the next day walked two miles through deep snow to mark it. Bill didn't know until then what a Hemlock tree was, but he did know they were only present in that localized area.

Next, the party flew to Kenai for a two hour luncheon sponsored by the Kenai and Soldotna Chambers of Commerce, the American Petroleum Institute and the Central Peninsula Development Council. After speaking briefly, Bill

in his introduction "roasted" Ray Arnett, the Assistant Secretary of Interior, who was the featured speaker. Bill mentioned that Arnett was now the boss of over half the Bristol Bay Region and controlled access to our lands and that Bill thought he was finished with Arnett when he left Richfield years ago, but "I still have to put up with you the best I can!"

Thursday, the 22nd, the Resource Development Council for Alaska sponsored a "Black and Gold Silver Anniversary" dinner. The theme was "You Were There," featuring some 15 speakers as well as Bill. Later Bill said, "They said some nice things about me, especially my former bosses. Of course, there were some things said that I would just as soon forget."

On Saturday, Bill was in Soldotna to participate in the "Progress Days Parade" sponsored by the Soldotna Chamber of Commerce. Bill rode in an open car as Honorary Citizen and at the reviewing stand he was presented with the following plaque:

Quarterly Financials

(Unaudited)

Bristol Bay Native Corporation and Subsidiaries

Consolidated Balance Sheets

(Unaudited)

Assets

	<u>Apr. 30,</u>	
	1992	1991
Current Assets:		
Cash in bank	\$ 230,814	\$ 308,232
Short-term cash investments	3,289,360	4,212,013
Escrowed short-term investments		4,092,323
Accounts receivable, net of allowance for doubtful accounts of \$337,896 and \$62,639	1,798,004	1,695,976
Inventory	1,831,368	1,476,743
Prepaid expenses	611,789	319,916
TOTAL CURRENT ASSETS	7,772,131	12,105,202
Real Estate Held for Resale Investments and Other Assets	1,149,873	365,345
Marketable equity securities	18,011,780	16,365,611
Investments	4,218,214	2,781,386
	22,229,994	18,146,997
Property, Plant and Equipment, at cost,		
Land	1,941,038	1,681,519
Buildings	20,677,884	19,442,344
Machinery and equipment	8,192,917	6,299,848
	30,801,837	27,423,711
Less accumulated depreciation	9,222,117	6,672,697
	21,579,720	20,851,014
	<u>982,721,810</u>	<u>81,438,658</u>

Liabilities and Stockholders' Equity

	<u>Apr. 30,</u>	
	1992	1991
Current Liabilities:		
Notes payable	\$ 481,378	\$ 920,867
Accounts payable	1,714,289	1,226,172
Accrued liabilities	888,638	748,349
Current maturities of long-term debt	348,038	356,992
TOTAL CURRENT LIABILITIES	3,398,940	3,281,340
Long-Term Debt, less current maturities	14,888,838	14,824,029
Stockholders' Equity:		
Class A common stock, no par value - Authorized, 1,000,000 shares Issued and outstanding, 488,500 and 488,500 shares	29,672,828	29,378,314
Class B common stock, no par value - Authorized, 300,000 shares Issued and outstanding, 61,500 and 61,500 shares	3,117,877	3,083,910
Estimated allowance for unrealized loss on investment in marketable equity securities		(628,000)
Retained earnings	1,751,840	1,478,988
	34,432,043	32,282,189
	<u>182,721,810</u>	<u>81,438,658</u>

Bristol Bay Native Corporation and Subsidiaries

Consolidated Statements of Operations

(Unaudited)

	<u>Three Months Ended Apr. 30,</u>	
	1992	1991
Revenues:		
Hotel operations	\$ 2,378,651	\$ 2,201,688
Product sales	3,602,318	2,474,093
Dividend income	488,938	418,763
Interest income	183,318	231,869
Other income	68,441	117,288
	<u>6,691,108</u>	<u>5,442,729</u>
Costs and expenses:		
Cost of hotel operations	1,868,438	1,766,371
Cost of products sold	3,071,844	2,266,470
Administrative and selling expenses	1,087,501	1,072,699
Interest expense	291,489	288,182
	<u>6,419,300</u>	<u>5,492,899</u>
LOSS BEFORE INCOME TAX BENEFIT		190,170
Income tax benefit		60,000
NET AVAILABLE LOSS:	<u>\$ 232,599</u>	<u>\$ 2,220</u>

State Regulations Govern Proxy Solicitation

The State of Alaska has adopted regulations governing the solicitation of proxies by certain Native corporations. The regulations apply to any solicitations of at least 30 BBNC shareholders. These new regulations require that proxy solicitations, whether by the Board or BBNC shareholders, must be accompanied by a written proxy statement providing certain specified information.

The Division of Banking and Securities has the responsibility for administering the proxy regulations

and will give assistance to any person requesting help in complying with them. A good person to help you with any questions is Larry Carroll, Senior Securities examiner, 476-2521.

Also, remember that a copy of all proxies, proxy statements and other materials used in solicitations of more than 29 resident shareholders for BBNC's Annual Meeting must be filed with the Administrator of Securities, Pouch D, Juneau, Alaska 99811 at the time it is distributed to shareholders.



Register to Vote Now!!!

State of Alaska Voter Registration Information
Voter Registration Deadline
for General Election — October 3, 1982
General Election — November 2, 1982

The issue of subsistence is soon to be determined by the voters of Alaska. An anti-subsistence initiative is scheduled to be on the November 2, 1982 General Election ballot. If this initiative passes, it will repeal (cancel) the current state law which protects subsistence. If enough Alaskan citizens vote against the initiative, State law will continue to protect your subsistence use.

This issue is of vital concern to rural people, particularly where there has been a poor fishing season. In order to protect subsistence law, it is important for every eligible Alaska citizen to be registered to vote before the deadline of October 3, 1982. Only those Alaska residents who are registered to vote before that cut-off date will be permitted to vote in the November 2 election.

The ballot initiative is challenging subsistence priority, which provides fish and game to rural Alas-

kans when stocks are low. The challengers are a segment of the Alaska population who believe the subsistence laws to be unfair and discriminatory against other resource users. This group of citizens organized and got enough signatures to put the subsistence initiative on the November ballot. The initiative is entitled "Personal Consumption of Fish and Game" initiative. (Ballot Measure No. 7.)

If a majority of the Alaska voters vote **NO** on **Ballot Measure No. 7** known as the "Personal Consumption of Fish and Game" (initiative), there will be the following results:

1. The State subsistence law will remain in effect, and
2. There will continue to be priority for subsistence.

If the majority of the Alaska voters voted **YES** on **Ballot No. 7**, there would be other results:

1. The Alaska State subsistence law would be repealed.

2. Traditional subsistence of Alaska Natives and non-Natives would be jeopardized, and the repeal might invite a federal "takeover" of the management of the fish and game on all federal lands in Alaska, and
3. The transition of rural Alaska to a totally cash-based economy would be accelerated. The present self-regenerating rural economy would be destroyed, and a cash-oriented one would have to be created at great expense and hardship. The urban cash-based economy would also be faced with sharing the costs for the creation of the rural cash-based economy.

Help defeat **Ballot No. 7**.
Send contributions to:
Alaskans for Sensible Fish &
Game Management
Willie Hensley, Chairman
P.O. Box 2760
Anchorage, Alaska 99510

VOTE NO ON BALLOT MEASURE NO. 7

**CITY OF SOLDOTNA HONORARY CITIZENSHIP
IS HEREWITH BESTOWED ON
WILLIAM C. "BILL" BISHOP**

ON THE OCCASION OF THE 25TH ANNIVERSARY OF THE DISCOVERY OF OIL AT SWANSON RIVER AND THE FORMATION OF THE SOLDOTNA CHAMBER OF COMMERCE.

IT WAS HE WHO SELECTED THE DRILLING SITE AND SUPERVISED THE RICHFIELD OIL DISCOVERY ON JULY 19TH, 1957, RESULTING IN THE BIRTH OF THE CITY OF SOLDOTNA, STATEHOOD AND ECONOMIC GROWTH FOR ALASKA, AND A SUBSTANTIAL INDUSTRIAL BASE FOR THE KENAI PENINSULA.

PRESENTED THIS 24TH DAY OF JULY, 1982 BY THE CITY OF SOLDOTNA AND SOLDOTNA CHAMBER OF COMMERCE, SOLDOTNA, ALASKA.

Signed:

/S/JIM McCONNELL
PRESIDENT
SOLDOTNA CHAMBER OF COMMERCE

Signed:

/S/JUSTIN MAILE
MAYOR
CITY OF SOLDOTNA

Shareholder Estates Are Pending

BBNC's Stock Transfer Clerk, Meg Schroeder, has compiled the following list of shareholder estates which are in the process of being settled. BBNC has been notified by a family member or other party regarding these estates.

Persons, who are related to any of those listed here and who have not already given BBNC information to help settle these estates, are asked to contact Meg Schroeder, P.O. Box 198, Dillingham, Alaska 99576. Those on the list are:

Peter W. Adlayok
Helen Acovak
Virginia Albert
Nufita Aleck
Sharon O. Anelon
Caroline B. Angawan
Anna Anuska
Larry Annarath
Anuska Ayagiak
Katie Backford
Vera Ellen Havilla
Elmer Blandov
Evon Hoggalikuk
Nat Samuel Brown
Louisa Charles
Nick Chernikoff
Alexandria Drew
Nick Eknaty
Yngvar Nicholas Enghtad
Charley Franklin
Gregory M. Glaha
Agnesia Hiratsuka
Mawa Hiratsuka

Orpha Hurley
Billy John
Tootsie Kelly
Steve Kie
Linda Knecht
Alec Kuchenoff
Anita Lopez
Marilyn Joyce Martin
Andrew Maud
Nick Metigoruk
Craig William Mulkett
Herman Sacolly Mulkett
Eleanor Nelson
Marlene Nelson
Victor Gregory Nichol
Wassilie P. Nicholai, Sr.
Emma Nicolet
M. Odomin, Sr.
...mpic
...k, Jr.
...mpic
...out
Daniel Clyde Pedersen

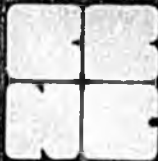
Helen Nellie Peterson
Paul Peterson, Sr.
Paul Warren Peterson
Gene Lee Pope, Jr.
Thomas Lee Pope
William Pope
Peter Dale Reamey
Carvel Bruce Shade
Tootsie Shuravloff
Johnny Stepanoff, Jr.
Miria Stepanoff
Steve Strom
Moses Taongnok
Yako Tungjung
Deulores Tumalak
Pamela Jean Vanreenan
Sophia Warne
Jack Wassilie
Delbert Wilbur
Wayne Sherwood Wilbur
Nick Willie, Sr.
Anesia Zackar

Safeway Buys 30,000 LBS.

It should be easier to pick berries this year with the help of Sunny Jim Peanut Butter and your local Safeway Store.

Earlier this spring, Pacific Foods made a presentation of its 5 lb. peanut butter in a reusable pail to be sold in Safeway's Alaska-based stores. Safeway's response was very positive, and they purchased almost 1,000 cases for their eight stores. This product should be on display the last part of July and the first week of August. It's a great item because you get 5 lbs. of Sunny Jim's "Northwest Fresh" peanut butter in a handsome reusable plastic pail that's great for berry picking and lots of other uses.





Bristol Bay Native Corporation

A newsletter publication of the stockholders of BBNC.

BOARD OF DIRECTORS

HJALMARIE OLSON, CHAIRMAN; ROBERT J. CLARK,
VICE-CHAIRMAN; HAROLD H. SAMUELSEN, ASSISTANT
SECRETARY; FREEMAN A. ROBERTS; BORIS KOSBRUK;
MOSES KRITZ; MARIE MATSUNO; HERMAN SCHHOEDER,
SR.; DONALD F. NIELSEN; ALLAN R. ASPELAND;
ANTHONY J. GREGORIO; RYGVE OLSON

CHIEF EXECUTIVE OFFICER:

H. NOBLE DICK, PRESIDENT

TREFON ANGASAN, JR.

Director, Stockholder Relations, Anchorage

Published by the Stockholder Village Corporation Relations
Department of Bristol Bay Native Corporation, Box 220, Anchorage,
Alaska 99510 Telephone (907) 278-3602. Subscriptions available.



Bristol Bay Native Corporation

P.O. BOX 220, ANCHORAGE, AK 99510

Senator Charles H. Parr
S.R. Box 50599
Fairbanks, AK 99701

1981 Annual Hospital Survey
Alaska Acute and Long-term Health Care Facilities

State of Alaska
Office of Information Systems
Department of Health and Social Services

Bed and Utilization Characteristics

Total Licensed Beds:	29
Total No. of Admissions and Discharges:	575
Total Patient Days:	2063
Average Daily Census:	5.65
Occupancy Rate:	.19
Average Length of Stay:	3.59

Bed Distribution by Service

Total Beds Set Up:	29
Intensive Care Unit:	0
Intensive Coronary Unit:	0
General Medical Surgical:	15
Obstetrics:	5
Pediatrics:	8
Psychiatric:	1

Newborn Information

No. of Bassinets:	4
No. of Newborns:	62
No. of Newborn Patient Days:	183
No. of Neonatal Inten- sive Care Bassinets:	0

Hospital Utilization by Service

ICU Patient Days:	0
ICU Adm/Disch:	0
Coronary Patient Days:	0
Coronary Adm/Disch:	0
Medical-Surgical Patient Days:	1130
Med-Surg Adm/Disch:	331
Med-Surg ALOS:	3.41
Obstetrics Patient Days:	445
Obstetrics Adm/Disch:	92
Obstetrics ALOS:	4.84
Nursery Patient Days:	183
Nursery Adm/Disch:	62
Nursery ALOS:	2.95
Pediatrics Patient Days:	266
Pediatrics Adm/Disch:	80
Pediatrics ALOS:	3.32
Psychiatric Patient Days:	222
Psychiatric Adm/Disch:	72
Psychiatric ALOS:	3.08

2. Bristol Bay Area Health Corporation (BBAHC)

The area served by BBAHC served covers 40,000 sq. miles and includes 32 villages. BBAHC has assumed total responsibility for the area formerly served by the BBASU by contracting with IHS for the following as well as the basic services:

- . Inpatient services
- . Outpatient services
- . Nutrition
- . Social Services
- . Mental health
- . Environmental health
- . Facilities support services

In addition to IHS, the state provides funding for alcoholism and mental health services. BBAHC also provides health care to the non-Native people of the area on a fee-for-service basis.

3. Cook Inlet Native Association (CINA)

CINA serves the area of the Cook Inlet Regional Association in Southcentral Alaska, including Natives living in Anchorage. The additional services provided by CINA under contract with IHS include:

- Community Health Center
- Family Health Center

Alaska State Legislature

NELS A. ANDERSON, JR.
P.O. BOX 234
DILLINGHAM, ALASKA 99576



WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA 99811
PHONE (907) 465-4550 OR 4551

State Senate

August 10, 1982

The Honorable Charlie Parr
Senate HESS Committee Chairman
S.R. Box 50599
Fairbanks, Alaska 99701

Dear Senator *Charlie Parr*,

I have been sending you copies of letters sent to me regarding a hearing on our health care delivery system in Bristol Bay. Most people are concerned but have been unable to make changes that will improve health care delivery here.

I have been asked what the State can do to help things. My answer has been that my constituents, Alaskan residents, are telling me that a problem exists and that I have an obligation under our Constitution, Article VII, Section 4., that the legislature shall provide, for the promotion and protection of public health.

On behalf of my constituents of Bristol Bay I am asking that a Senate HESS Committee hearing be held in Dillingham on or about the week of September 20, 1982. I am also asking my Representative to try to get the House HESS Committee to hear the public as well.

Thank you for your consideration and I look forward to hearing from you regarding a specific date, time, and place.

My staff aid, Inez Webb, will help you to find a hearing location. She will also provide other assistance as required by you and your committee members.

Very Sincerely,

A handwritten signature in cursive script, appearing to read "Nels".

Senator Nels A. Anderson, Jr.

cc: Representative Joseph Chukwuk
Representative Mike Beirne
Robert Clark, Director, Bristol Bay Area Health Corporation
Ida Apokedak, President, Bristol Bay Area Health Corporation
Bristol Bay Area Health Corporation Board Members

Handwritten:
842-1062
Dui 6 MJ

Sept. 20, 1982

COPY

Senator Nels Anderson Jr.
General Delivery
Dillingham, Alaska 99576

Dear Senator Anderson:

I am an employee of the Bristol Bay Area Health Corporation and for that reason I have attempted to remain neutral and not get involved in the H.E.S.S. hearings scheduled for the week of Sept. 20, 1982 in Dillingham for the purpose of "Discussing Health Care Delivery".

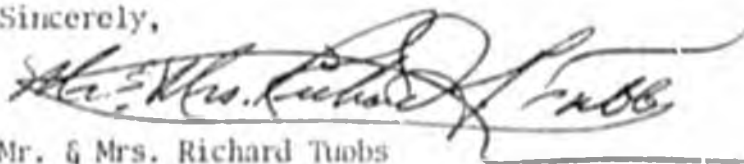
However, after a great deal of thought; I find it impossible to not get involved or remain neutral from the consumer standpoint. With that in mind, I would like to make the following statement.

I have been a consumer of the services offered at Bristol Bay Area Hospital (formerly Kanakanak) for 15 years. My family have been consumers of these services for 13 years, 11 years and 10 years respectively. My wife and myself have seen the quality of health care offered to the people of Bristol Bay grow with the need and remoteness of the Bristol Bay communities. My family and myself have been very happy with the services provided us and commend the health care providers of Bristol Bay Area Health Corporation/ Hospital for their service to us and the communities they serve. These individuals should be applauded and recognized for their commitment to "providing the best possible Health Care to all the residents of Bristol Bay" and not condemned because of vicious or unfounded rumors.

In summary, it is our opinion the "quality of Health Care provided by Bristol Bay Area Health Corporation in Bristol Bay will continue to grow and address the health needs of the residents of Bristol Bay.

I would be very interested in knowing if the H.E.S.S. committee will be traveling to, and holding hearings in the other 31 communities in the Bristol Bay Region which are serviced by the programs of the Bristol Bay Area Health Corporation?

Sincerely,



Mr. & Mrs. Richard Tuobs

cc: Robert Clark, Executive Director, BBAHC
John Dumbolton, Dir. Hosp. Services, BBAHC
H.E.S.S. Committee

ALASKA STATE LEGISLATURE - HOUSE OF REPRESENTATIVES

IN SESSION:

POUCH V
JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-4948

SUITE 1, 1020 "I" STREET
ANCHORAGE, ALASKA 99501
TELEPHONE: (907) 277-6219

REP. M. F. "MIKE" BEIRNE
DISTRICT 7, ANCHORAGE

MEMBER OF:
FIFTH STATE LEGISLATURE
NINTH STATE LEGISLATURE
TENTH STATE LEGISLATURE
ELEVENTH STATE LEGISLATURE

COMMITTEES:
HEALTH
EDUCATION AND
SOCIAL SERVICES
COMMITTEE FOR REVIEW
OF REGULATIONS

August 12, 1982

The Honorable Charlie Parr
S. R. Box 50599
Fairbanks, Alaska 99701

Dear Senator Parr:

I am concerned about the letter to the Bristol Bay Area Health Corporation Board from Mrs. Dorothy Anderson. I assume you also received a copy of this.

I plan to investigate this matter further and perhaps visit the facility. It is apparently a substandard facility, which has been identified by the federal government as a problem. I would appreciate knowing if you are interested in participating in some action on this matter this fall.

I hope your campaign is going well and I will certainly understand if I don't hear from you for a few weeks since you must be quite busy on the campaign trail.

Sincerely,


Mike Beirne
State Representative

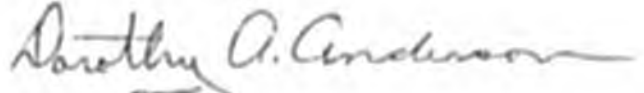
Box 234
Dillingham, AK
99576
July 23, 1982

Senator Neils A. Anderson, Jr.
Box 234
Dillingham, AK 99576

Dear Sir:

I respectfully request that you call for a hearing on the health care delivery status of the Bristol Bay Area Hospital located at Kanakanak. I would like to see this hearing take place as soon as possible.

Very sincerely,



(Mrs.) Dorothy A. Anderson

cc: Rep. Chuckwuk

Enclosure

Box 234
Dillingham, AK
99576
July 22, 1982

Mrs. Ida Apokedak
President
Bristol Bay Area Health Corp. Board
Levelock, Alaska 99625

Dear Mrs. Apokedok:

My family and I use the Kanakanak Hospital facilities when Dr. Libby is not available. The week of July 4, 1982, I had to take our daughter out for ear treatment. I notice several things about the hospital which really bother me, so I am writing you and the Health Board members because I don't know who else to go to who will insist on change.

1. My daughter developed a severe ear ache - into the jaw and all around the area - which became so painful that even though Monday, July 5, was a holiday I had to do something. On my first call that day, the nurse said, "We're very busy. Could you come in for clinic Wednesday? Try some aspirin." I hung up, cried a little and tried again. This time the reply was, "Hell, you can come in, but you'll have to wait." That was fine with me and we were seen. I seldom call out there - I was calling because I didn't know what to do about the ear pain my daughter was suffering all around the ear area. I do not like the off-handed way the nurse treated me.
2. Having to wait a while, I couldn't help but notice the dirt in the halls and after being in the doctor's examining room - noting dirt in corners and just a general messiness. I mentioned this to a friend who said she was a patient in early June. Before getting out of bed to go to the bathroom, she had to lay tissue on the floor - the floor was too dirty to step on.
3. While waiting that Monday, I became aware that a baby was being born. (We were waiting at the nurses' station). While sitting there, a hospital bassinets was wheeled up to the nurses' station and in it was what looked like a newborn babe. It sat there for at least five minutes - there were nurses there, but we outsiders were also coming and going. If I were that baby's mother or dad and knew that new little one was out there with who knows what germs, I would have gone after the supervisors for such carelessness. I have three children and none of them as newborns were treated that way. In my estimation that baby belongs either in a nursery or with the mother or some type of more protected area.
4. Not satisfied with the results of the visit on Monday, we returned Wednesday and were seen by a Dr. Norman (temporary for a month) whose diagnosis and prescription have worked. My complaint here is that on entering the waiting room I went directly to the receiving door and waited and waited. Finally, I asked if someone could help me - the girl said, "Write your name here," and she left. A little later an elderly gentleman came in, stood there - finally I told him just to call in. Mrs. Apokedak, there should be a person sitting there to receive patients, make them feel welcome -- check to see if immediate attention is needed. I know of one particular case where the patient came in, signed the book -- was left sitting for two hours before he was seen. There should be a receptionist sitting at a desk facing the incoming patients. That person can

answer phone, be checking records or whatever - but most importantly make the patients feel welcome and not left wondering what they are supposed to do. Even if someone has been in that waiting room many times, he or she should not have to come in, sign and sit without a word from anyone. That place is like a tomb.

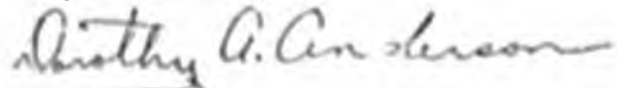
5. Then, there is some very disturbing talk - rumors?? but people are saying the hospital should be turned back to the Federal government. Somebody needs to do some investigating. Note the following:

- I've heard of at least two deaths this spring which according to the talk did not have to happen.
- Nurses are working twelve hour shifts. Someone in the community told me she had received a letter asking if she'd volunteer some time. Why? Is money a problem. If so, why? Is too much going into administration?
- Why are people who have worked with the facility for many years quitting or being laid off?

6. You say, complain to the doctor in charge or the health corporation director or hospital administration. People have done this, there's no change. I felt extremely depressed after my visit out to the Bristol Bay Area Hospital. I talked to several different individuals - it was suggested I write. I said, "It won't do any good." Then I decided to write the full board. I do not like what I would call the degeneration of this health facility which is here for all of us throughout this area. We should not be satisfied with second and third rate care. None of us knows when we might need that health care. If Bristol Bay Area Hospital claims to be a health care facility then it better be ready with the best, or if that is physically impossible net their patients referred immediately to Anchorage or even Seattle without personalities, politics or what have you getting in the way.

Finally, I am writing my senator, Nels A. Anderson, Jr. and my representative, Joseph Chuckwuk to ask for a hearing on this health facility, the Bristol Bay Area Hospital, and I ask that you do the same. People need to be heard - patients and staff alike. And staff better be able to speak out without fear of losing their jobs. Patients must be able to air their grievances without feeling intimidated.

Very sincerely,



(Mrs.) Dorothy A. Anderson

cc: BDAHC Board
Robert Clark
Dr. Lamon
Senator Charlie Parr
Rep. Mike Beirne
Senator Frank Murkowski
Senator Ted Stevens
Congressman Don Young
Bob Singvake
Director, Indian Health Services, Washington, D.C.
Senator Nels Anderson, Jr.
Rep. Joseph Chuckwuk

August 7, 1982

Honorable Nels A. Anderson Jr.
Alaska State Senator
Dillingham, Alaska 99576

Dear Senator Anderson,

The situation at BBAHC Hospital
at Kenai worsens each day. Health
care appears to be deteriorating.

If a public hearing would help
correct already dangerous circumstances
I will gladly give it any support
you may need.

Sincerely,

James R. Schroeder

Dear Anata Anderson

We understand a hearing will be held in Dillingham so that residents of Bristol Bay can voice concerns about health care. We feel there are some very important concerns about the quality, availability & of management problems of the hospital & its services.

The area is growing rapidly yet we've seen a decline in personnel that is critical to quality delivery of health care services. There is no reason residents shouldn't be afforded quality routine & emergency care available locally.

We hope that a hearing will bring forth productive, progressive and objective ideas & changes for 1) health care providers 2) management and last but not least - the user groups.

Sincerely

Carl and Dorothy Larson

Box 337

Dillingham AK 99576

Box 63
Dillingham, AK
99576
August 3, 1982

Senator Nele Anderson Jr.
Box 234
Dillingham, AK 99576

Dear Senator Anderson:

I am not happy with the
Bristol Bay Area Hospital services.

Would you hold a hearing on
the health care here in Bristol Bay?

I would be willing to make
a statement.

Sophie G. Woods

Michelle Kay McCallum

August 4, 1992

Senator Anderson:

I understand that you are soliciting input concerning an official investigation of the Bristol Bay Area Hospital. I am writing this note to tell you that I am very supportive of such an investigation. As a

former employee of the Bristol Bay Area Hospital, I would be willing to provide testimony or any other information you may require for your investigation. As a resident

of Dillingham, may I add that I fear for the health and welfare of Bristol Bay residents if the hospital is

allowed to continue functioning at its
current level. It is unfortunate that
the quality of care has deteriorated in
such a short period of time and I feel
that the only way it will change is if
the general public is informed of their
right to safe and competent health care
delivery system.

Sincerely,

Muriel Kay McCallum

August 5, 1982

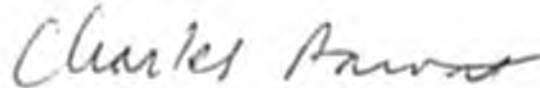
Senator Nels Anderson, Jr.
Dillingham, Ak 99576

Dear Senator Anderson,

I have heard that you are interested in conducting a hearing or investigation on the Eristol Bay Area Hospital. I am sure you know that I recently terminated my employment at BBAH. The reason I no longer work there is primarily that I was unable to stop a seemingly inexorable train of events leading to a very serious deterioration of medical care. I do feel that the present situation at the hospital was completely avoidable and both Dr. O'Connell, formerly of BBAH, and myself predicted the present situation over a year ago. But those who held the reins of power were not in a mood to listen.

I would be happy to cooperate with any hearing of investigation. I can be reached by phone (usually in the evenings) at 842-5459.

Sincerely,



Charles Arons, MD
Dillingham, Ak



Official Business

Alaska State Legislature

Senate

Pouch V
State Capitol
Juneau, Alaska 99811

October 4, 1982

The Honorable Charlie Farr
Senate HESS Committee Chairman
950 Coxlea, Room 224
Fairbanks, Alaska 99701

Dear *Charlie* Farr,

I want to thank you for coming to Dillingham to hear our views on health care delivery in Dillingham. The purpose of the hearing was to determine if a problem of any magnitude existed and to make recommended steps to correct a situation that affects peoples health and welfare.

In order to bring about a responsible caring health care delivery system with existing resources I recommend the following:

One. The Bristol Bay Area Hospital Board of Directors bring into the area hospital a hospital management team from the private sector that specializes in overall management of hospital facilities. The task of the management team would be to assist the BBAHC Board of Directors develop health care delivery goals and objectives. In addition, the hospital management team should provide long term hospital management training to the BBAHC Board of Directors.

Two. The BBAHC Board of Directors should hold hearings on a regular basis in the villages that they serve to see what the villages view as ways to improve health care delivery.

Three. The BBAHC Board of Directors should create an organizational chart that clearly defines who is in charge of the hospital administration at the Kanakanak Hospital. There should be clear lines of authority between the BBAHC Board and the hospital. Further, a clear line of authority between the BBAHC Board and other operations needs to be defined in order to prevent overlap in functions.

Four. The BBAHC Board of Directors needs to take a hard look at nurses salaries and make other necessary policy decisions to guarantee that a highly trained nursing staff with a long-term commitment to the Bristol Bay Area Hospital are on site.

The above stated recommendations are made based on what I heard at the two day hearing in Dillingham, I hope you will find them useful as you develop your findings.

Sincerely,

Nels

SENATOR NELS H. ANDERSON, JR.

Silke Smith
Box 178
Dillingham, AK 99576

(citizen of D. ham -
mother of many
LP Nurse 20y ago at Karakoramak hospital)

Sept 29 '82
Dillingham

To whom it may concern,

This letter concerns Public Hearing on Karakoramak hospital held Sept 21/22 '82 in Dillingham.

I testified briefly at the hearing but got frightened so I would like to add a few things in writing.

As I stated, I don't go by rumors and still go to the hospital and try to have confidence in their services. Today I may - I don't have confidence! Even 2 days after the hearing my husband went out to the hospital with a "long time" sore toe. He came home with a very strong realization for you, that is usually only presented in extreme cases - severe pain. I

Silke Smith
Box 178
Dillingham, AK 99576

immediately called the pharmacist & he advised me to discontinue it - he just couldn't go against doctors orders, but had noticed it to be the wrong medication. - These kind of experiences we run into all along, it is most uncomfortable - but our family can handle it since I am a nurse and double check and don't need to use the med. services much.

But - and this is the point I want to make: What about the Natives? who are entitled to med. help and dependent on this hospital? They are shy and unsure in health problems. If I feel hesitant to go to the hospital - how much more do they? There is a negative attitude spread among the staff - more than once I was told: Well, you know, we only have one doctor, a small staff and low funds. True! Do they know how much (one) country doctor can and

Silke Smith
Box 178
Dillingham, AK 99576

3

used to accomplish with a positive
attitude? - and this one has a whole
staff! Their neg. attitude makes them
rigid - incooperative - gives them poor
judgement as to whom ~~should~~ should be seen
when & where. The human, considerate
helpful touch is missing. What the cause
of it all is, I don't know, but I feel
a hospital for natives should be an inviting
place for those people, considering their
lifestyle and makeup - using approaches
and methods to make these people feel
welcome, comfortable and at ease.
There needs to be time, concern,
patience, flexibility enough to instruct
& help these people - so they can trust
the services offered.

Instead they are afraid to go -
made to wait - treated wrong that they
turn around and don't even give the
hospital a doctor credit what is due
them and call Dr. Lehman the killer.

Bilke Smith,
Box 178
Dillingham, AK 99576

Bilke Smith
Box 178
Dillingham, AK 99576

(4)

doctors" throughout some villages!

Why is it not possible for natives to get a simple thing as glasses prescribed, when it is such a need - and plane fares twice as much as glasses would be - old retired folks not able to make the trip - physically or financially?

20 years ago, shortly after training and immigration from Germany, I worked as a L. Practical Nurse at this Naval hospital for 2 years and enjoyed it much.

The staff was happy - the patients were satisfied. What was the difference?

- we had a lot of patients, sometimes full house (30 beds) now 1-5.
- We did a lot of surgery - minor - ~~some~~ ^{major}
- Much less disposable things, so more work to clean & sterilize.
- No fancy equipment.
- Outpatient clinic around the clock. Every time the bell rang, someone promptly attended to the patient.

Silke Smith
Box 178
Dillingham, AK 99576

even if it only meant to put some-
one's mind at ease (isn't that a most
important part in helping and healing
sick people?)

There was a cooperation, appreciation
and respect among the staff and a
positive attitude toward the patients.
We had pleasant dedicated Native
nurse's assistants who were always
there and first, with familiar ways to
comfort the patients, interpret if need
be.

So, I know good conditions can exist
and they did exist.

I sincerely hope that you can
help provide better medical services
than there are now - we will really
appreciate your efforts.

Thank you much
Sincerely

Silke H. Smith.

August 16, 1982

Senator Nels Anderson
General Delivery
Dillingham, Alaska 99576

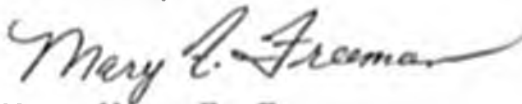
Senator Anderson:

As a private citizen and a member of this community, I feel there is a tremendous need to have a hearing regarding the functions of the Bristol Bay Area Hospital.

I am a natural born native and a participant of the Alaska Native Medical Services privileged to me and my family. However, as a member of such, I feel that a person who utilizes the services, should be able to go to a doctor and have the feeling of trust and confidence, due them. I cannot and have no such feelings when I do go there, due to the callousness and the lack of confidentiality shown me.

I would like to see the hearing become a reality and I support it, wholeheartedly.

Sincerely,



Mrs. Mary F. Freeman

August 16, 1982

Senator Nels Anderson
General Delivery
Dillingham, Alaska 99576

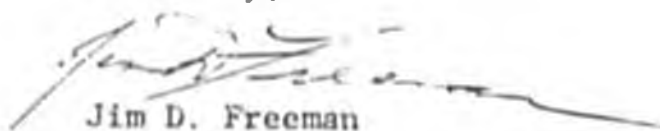
Dear Senator Anderson:

I am writting this letter to support a joint Senate, House Committee Hearing on the Bristol Bay Area Hospital, and Health Corporation.

As a consumer, I am deeply concerned with the health care being offered at the present facility.

I feel that we need full co-operation and participation from all persons concerned, to receive the insight needed for direction in correcting present problems.

Sincerely,



Jim D. Freeman

9/23/82

Senator Charlie Parr, Senate HESS
950 Cowles, Room 224
Fairbanks, Ak 99701

Dear Senator Parr,

There is additional testimony that I would like to provide at this time in writing. This is information that I felt was inappropriate to reveal in a public meeting since it involves the discussion of confidential medical information about a particular patient who came to our hospital for care. Please keep in mind that I do not have access to the medical chart of this individual to refer to, so that the events that I will disclose are from notes and memory. The medical chart could be obtained from the Bristol Bay Area Hospital if you wished to corroborate information or investigate it more thoroughly.

In late March of 1982, an 18 month old native female (Annette Paine) was admitted to the Bristol Bay Area Hospital by Dr. Charles Layman. This child had sustained a 35% , primarily second degree, burn as a result of falling head first into a pot of scalding water. Her burns were located on her head, face, neck and shoulder regions. Under the criteria published by the thermal unit of the Providence Hospital in Anchorage, any child under two years of age with a second degree burn covering over 10% of the body is classified as a major burn which would be treated at a specialized thermal unit, for optimal and safe care. Appropriate care for this child as far as I was concerned would have been to stabilize her condition at our facility and then transfer her to Providence Hospital for specialized burn care. I base my opinion on several factors.

It is a fact that burn victims are extremely receptive to serious and fatal infections due to the loss of primary barrier (i.e. skin) against infection. A burn is a large open wound which readily colonises bacteria that invade the bloodstream and result in septicemia. Typically a burn victim will stabilize from the initial burn trauma and appear to be making a good progressive recovery only to succumb to massive infection and die suddenly. For this reason, burn victims need critical care nursing and medical care for long periods of time during their recovery. There is another rehabilitative aspect of their care which involves plastic surgery consultation and physical therapy, none of which is available at a small acute-care facility like the Bristol Bay Area Hospital. Had the child survived, she would have probably required some plastic surgery consultation due to the location of her burn which involved her face, eyelids and ears--all cosmetic areas that are normally given special attention in a burn unit.

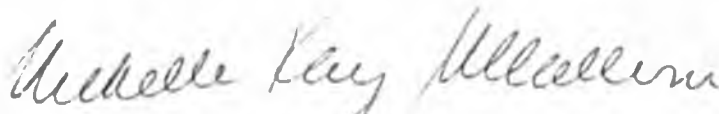
As it turned out, this child was never sent to Providence Hospital. She remained at Bristol Bay Area Hospital for two to three weeks until her condition started rapidly deteriorating over an 18 hour period at which point the physician on call decided to charter her by plane into Anchorage, escorted by her parents and a registered nurse. Her plane taxied onto the runway in Dillingham and she suffered a cardiac arrest. She was brought back to the Bristol Bay Area Hospital where a two hour resuscitation effort proved unsuccessful and she was pronounced dead at about 11:30 am, Tuesday, April 6th, 1982.

I was present at her resuscitation as it took place in the emergency room where I worked. At the time I felt that her death in our facility was totally avoidable if only the primary physician in charge of her care had sent her to a more specialized facility during the first few days after her burn. I was extremely upset at the outcome of this patient's care as I felt it was poor judgement on the part of the medical and nursing staff to try and treat this little girl at our hospital. She died of complications resulting from sepsis--her blood cultures in her medical chart were positive for streptococcal and staphylococcal organisms. It is interesting to note that we were experiencing at the time an increase in incidence of positive streptococcal throat and skin cultures in the clinic that entire Winter and Spring. With the increase in incidence, obviously there was an increase in exposure risks and the patient was not in strict isolation after her initial stabilization.

After this child died, there was a meeting of the medical and nursing staff to discuss what changes could have been made in the patient's care. I attended this meeting where the primary physician (Dr. Charles Layman) addressed certain aspects of this child's care. He stated that he did not feel she needed to be cared for at the thermal unit in Providence Hospital. He contributed her sudden demise to a combination of factors which included a "premorbid personality" of the child and lack of parental involvement in the child's care. In my opinion, the issue of the lack of sound medical and nursing judgement in the management of this child's care was never addressed properly. My concern is that if another case like this presented itself to the Bristol Bay Area Hospital, the same outcome would result, i.e. a patient in need of specialized care would remain at the Bristol Bay Area Hospital until their condition deteriorated to a point where a life would be in jeopardy. The fact that this patient died is a terrible thing in itself since it was an avoidable statistic. The fact that the Primary care physician did not feel he would handle a future case like this any differently demonstrates to me that nothing was learned by this fatal experience in a pediatric major burn care.

As I mentioned in my public testimony, I left my position at the Bristol Bay Area Hospital on April 30th, 1982 and this particular incident has weighed very heavily on my mind ever since. I feel that it is one example of poor medical and nursing judgement which had a greivous result; this type of care is dangerous and unwarranted and it could conceivably happen again. Witnessing this incident certainly strengthened my resolve not to work at the Bristol Bay Area Hospital under the present medical and nursing administration until they could demonstrate once again a commitment to providing the best care for a patient; sometimes that means the recognition of your facility's limitations and the responsibility to refer a patient into more specialized care facilities.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Kay McCallum". The signature is written in dark ink and is positioned above the typed name and address.

Michelle McCallum
Dillingham, Ak 99576

To : Senate & House Committee
Department of Health & Social Services

From: Helen M. Chythlook, Box 2799, Dillingham AK 99576

Re: Testimony of September 21, 1982

Date: Sept. 21, 1982

There have been several incidents that have been neglected too long that have caused me to testify before your committee.

I am an Alaska Native and have gone to the Kanakanak Hospital and the Alaska Native Medical Center for more than 20 years because of my left ear problems. I have had a long history of chronic otitis media. In November, 1982, I went to Kanakanak Hospital and was told by the medical doctors there that they could not do anything for my ear pain and asked if I wanted to make an appointment to see the ENT Specialist at the Alaska Native Medical Center.

Dr. Hayes, the ENT Specialist put in a plastic eustascian tube by microsurgery. In two weeks time it was out. I was having a lot of pain and dizziness, and I was missing some work days due to my illness. Kanakanak made an appointment with the ANMC ENT Specialists and I had to pay my own way over to Anchorage. Dr. Hayes told me that my eustascian tube had fallen out due to the pressure of the fluids that had collected behind the eardrum. I came back home and I went back again in January because I was in almost constant pain and it was affecting my equilibrium and was making me feel frustrated, as well as tired of the constant pain. Dr. Hayes did put another tube in my left ear and said that nothing was really wrong with me; that I was sensitive to pain. But, I have been able to tolerate a lot of pain, and usually do not run out to the hospital for every little ache. I felt like there was no answer to what was wrong with my ear. I also got a private ear doctor's opinion to see why my eustascian tube was falling out and, since the x-rays did not show anything, he suggested exploratory surgery in my inner left ear. It got to the point where I had to tell myself that I was alright, especially when the pain hit me and felt like I was going to black out.

Finally, in July 15, 1982, the private doctor operated on my inner left ear, and he took my left mastoid out, and here the ANS Ear Specialists were telling me I was alright and just too sensitive to pain. Is that Health care- 8 months later?

Senate & House Committee
Department of Health & Social Services
September 21, 1982
Page Two

From going through what I did, it makes me wonder how the Alaska Natives who cannot fluently understand English medical terminology feel, especially those who cannot speak out because they are afraid to, or do not speak English as a second language.

There is a difference between the health provider, which is the medical doctor in my case, and the patient. It is the doctor's professional responsibility to satisfactorily perform his/her duties, and the Alaska Statutes, Title 8, Article 2, section 08.64.200 states: "each physician applicant shall be of good moral character;" To me, this includes one trait that is lacking among the government health provider agencies-- empathy. Being empathetic is not showing pity or disgust to one more patient the health professional must examine and come up with a diagnosis. Being empathetic is putting your shoes into another person's shoes, as the saying goes. You must all realize that although the annual federal inspection of your hospital passed, this is a fact that things look good on paper, as we recently heard on the news. The atmosphere, the medical professional team and their positive or negative attitudes toward their patient's has a great impact on our health care delivery system.

The medical doctors must realize that they got limits in how far they could go in treating their patients with the best that they know how. Otherwise, they can be charged with "professional incompetence". As used in A.S. 08.64 "professional incompetence" means lacking sufficient knowledge, skills, or professional judgment in that field of practice in which the physician or physician assistant concerned engages, to a degree likely to endanger the health of his or her patients."

I am sure there have been many malpractice cases practiced by the ANMC Hospital, but certain medical professionals are too proud to admit it. I have known some of my friends and neighbors who have died suddenly due to diagnoses that have left me wondering. This could continue on and on, but I will conclude my testimony and I would like to suggest some recommendations.

Senate & House Committee
Department of Health & Social Services
September 21, 1982
Page Three

Recommendations:

- 1) The Dillingham Community could open specialty fields, for instance, --E.N.T. (Ear, Nose & Throat) clinics, especially if otitis media is prevalent in our area.
- 2) For the Bristol Bay Senior citizens, arthritis and rheumatism is also a problem. Specialists in this area would be a benefit to our community.
- 3) I also would ask that a supplement to the medical profession section be inserted as "quoted," "Medical professionals should remember to preserve the health and dignity of those human beings who come to them for medical aid."
- 4) I also understand that the Bristol Bay Area Health Corporation does not have a policy and procedural manual. I recommend that the agency responsible to implement the above mentioned policy and procedures manual.

September 22, 1982

Senator Nels Anderson,

In my administration there are those who like it and those who do not....for what ever reason. It is not my place to like or dislike B.B.A.H.C. because I am an employee of that organization. Rather than my subjective opinion, I would like to offer some facts:

1) The turnover in staff is phenomenally high. Although other native Health Corporation also have a fairly high turnover rate, it does not compare to B.B.A.H.C. In and of itself, this is not bad, but coupled with almost non existant historical documentation, we end up re-inventing the wheel over and over again. No one knows what has been done and what was planned in past years. The Regional Specific Health Plan that was compiled for B.B.A.H.C. is not updated at all and rarely (if ever) used.

2) Our fiscal department is not adequate to meet corporate needs. It is my feeling (I am not an accountant) that things are so far behind in the accounting department, that catching up is an impossibility. For over a year i was told that the fiscal reports were "going into the computer". My grants started in July.....I requested fiscal reports in September, October, November, December, January, February and March. I recieved none, The curious thing is that these same fiscal reports were submitted to the funding agency who were so confused my the mixed up reports that they were ordered by S.O.A.D.A. to call me for information rather than the accounting department. The quarterly reports are a one page form with the directions printed on the back. All reports were done wrong. S.O.A.D.A. even called me and read to me the correct figures so that I could "teach" the Controller the proper way to do the forms. Two were done wrong even after that.

Page 2

3) I travel alot to the villages and I am careful not to put the corporation in a bad light to the people there. However, it is my responsibility to be a listening post for the people if they have concerns or questions about the health corp. In every village that I have gone to in the last month (Koliganek, New Stuyahok, Levelock, Kokhanok, Pedro Bay, Iliamna, Newhalen, and Nondalton) the village councils were very unhappy with the hospital. Complaints were about the constant influx of new staff, not being informed of what is going on, being charged for transportation, Feeling like they don't get the quality of health care, etc. As one village council member put it, "That hearing is going to be a battle cry of the people, who are tired of the mess at the hospital!"

4) Personally, my job is made very difficult due to the constant confusion of the administration and fiscal department. I am embarrassed to say that I work for the Health Corp., as are most of the employees. We need clear decisive leaders who will do what the B.B.A.H.C. was organized to do.....
Improve the quality of health care for the people of Bristol Bay.

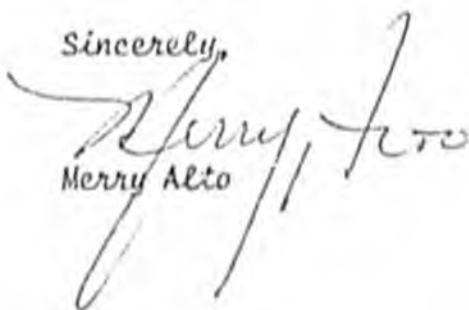
I will surely lose my job if it is known that I have written this, so I would appreciate confidentiality on this matter, but I will be happy to answer any questions that you have if it can be done privately.

Thank you for organizing this hearing. I could probably go on for another 10 pages, but I know you are pretty cramped!

Thanks again!

Sincerely,

Merry Alto



August 11, 1982

Dear Senator Anderson,

I have for some time been concerned about the Bristol Bay Area Health Corporation & particularly since they assumed management of the hospital. My wife has taken great pains to remain confidential about corporate matters but the message of problems can't help but get out.

When we became involved with the Health Corporation in 1979, the corporation had a great deal of problems even then. They had had no controller for almost a year and two accounting clerks were trying to hold the ship together with direction from the then Deputy Director Steve Levinson. The personnel turnover was tremendous and continuity did not exist. The wheel kept getting invented over and over again.

This same seriously troubled and unstable organization then proceeded to take over the hospital ahead of schedule. Naturally there was a certain amount of stress related to the change, but for the most part all indicators pointed to the fact that a seriously troubled organization was about to embark on a path that would now have a seriously troubled hospital on it's hands. Coupled with the administratively deficient direction for the hospital, Indian Health Service began making cuts.....but not like what you have been told. First of all in FY 81, the Corporation was to have eliminated some positions as I understand it. They did not, leaving a serious deficit over what they got of about \$300,000.00. Then they went into FY 82 and found themselves getting into deeper and deeper trouble. I know that Mr. Clark does not want to cut services, but it is far better to do a good job with a small operation than it is to do a poor job with a big operation. Nurses who must work 12 hour shifts for weeks and months at a time is wrong, no matter now you look at it. It is no longer quality health care, it is

quidity health care. The people of Bristol Bay deserve better.

I don't know if you are aware that the programs that my wife administered were in so much trouble before she took them over that these programs were offered to the Bristol Bay Native Association two years in a row. Apparently the State of Alaska did not feel that putting money into B.B.A.H.C. was a wise expenditure. (S.O.A.D.A. and S.O.M.H.E.D.D.)

The Community Health Aide Program which is the very foundation of the B.B.A.H.C. has had five directors in the past three years and because of this turnover, the quality of the health care that the C.H.A.'S can deliver is also deteriorating.

I don't believe that Robert Clark is malicious in any way. But it takes a great deal of knowledge and a very strong leader to manage a multi-million dollar corporation, let alone a corporation takeover that is the first of it's kind. Further, he tends to overlook the weaknesses of those he trusts (which seems to be very few people, indeed) causing particular problems in the accounting department. This department has been troubled for at least 5 years, but currently my wife has not been able to have accounting send in one fiscal report to S.O.A.D.A without it being done wrong. This is especially bad since it is a one page report with the directions on the back.

I am not sure what you can do, but this cannot continue. People's lives and wellness are going to begin to be jeopardized. Turnover will continue to be astronomical. And the faith in the people of being able to control their own welfare will be lost to ineptness. We all deserve better.

Sincerely,

Jim Alth

(over)

BRISTOL BAY AREA HOSPITAL HEARING SEPTEMBER 21, 1982

Mr. Chairman, Members of the Joint Senate/House HESS Committees:

My name is Dorothy Anderson. I live here in Dillingham. I am here to present a statement concerning my feelings and observations with regard to the lack of caring, responsible health care delivery by the Bristol Bay Area Hospital.

Last summer my daughter developed a severe earache - into the jaw and all around the ear area. It became so painful that even though Monday, July 5, was a holiday I had to do something. On my first call to the hospital that day, the nurse said, "We're very busy, could you come in for clinic Wednesday? I said, "My daughter has a severe earache." The nurse replied, "Try some Aspirin." I hung up. I was so hurt and angry. She hadn't even bothered to ask about my daughter's ear history, nothing. All I could think was what if it is mastoids or what if her ear drum breaks and she loses her hearing. How will she be able to travel and do all the things an 18 year old dreams of doing? I went to the bedroom to take another look at my daughter and touch around her ear area. I told her what had happened and asked if it was really hurting so badly that I should try again. She answered, "Mom, it feels like it did when I was little." From 8 months until she had tubes put in her ears at age 5, this girl had had fever, running ears and pain in those ears. Not since the tubes were inserted had she had such ear pain. So I went back to the phone to try again. Dr. Libby, a local independent doctor wasn't in town, otherwise I wouldn't have even bothered with the hospital. This time, when I asked the nurse if I could bring my daughter in, I said I didn't want to give aspirin because I didn't know what was wrong and was afraid aspirin might make things worse. The nurse then said, "Well, you can come in, but you'll have to wait because we are very busy."

During our wait in the nurses' station area, I couldn't help but notice the dirt in the halls and later in the doctor's examining room - dirt in the corners and just general messiness.

July 5 the place was busy. Two women were in labor we were told. The nurses were nice in telling us several different times that it would still be a while. While waiting, one lady did give birth to a baby. We were asked to move out of the hallway into the entrance doorway area. A little while later a bassinet was wheeled out to the nurses' station - maybe about ten feet from where we were sitting. A couple other emergency patients were going back and forth in that nurses' station area. The bassinet was holding a tiny baby. My thought was that if I were the mother and I knew my tiny baby was out there in the open at the nurses' station I would call the hospital negligent. I would want my newborn either in the nursery or with me.

After our wait, we were seen by a physician's assistant. He stated that he couldn't see any great redness in the ear, but that it looked as if it might be an infection in the middle ear. He prescribed ampicillin, acetified and ear drops - the drops for one day. We went home, but the pain persisted. Tuesday was bearable, but the other ear was beginning to pain and sleep was practically nil, so Wednesday I called and got an

appointment. We were seen by a doctor who was on temporary duty at this hospital for a month. He diagnosed the ear problem as swimmer's ear and stated that the drops were to be given for two weeks in each ear. If we had any questions we were to call. Finally, I felt as if we were in good hands.

This whole episode was one of the most unnerving I have had with any doctor or hospital facility.

Not only was the reply to my original phone call unnerving, but when we come to the reception/waiting room area that Wednesday following our Monday visit, we walk up to a window and wait and wait. There were people inside the area all seemingly busy with this and that. Finally, I said, "Could someone help me?" A young lady then came over. I told her my daughter had an appointment. She said, "Sign here and have a seat." A little later an elderly gentleman came and he stood at the window. Finally I told him, "You have to ask for help." Is this any way to treat people?? Evidently, if one goes there often enough, he knows enough to sign and sit down. So if a person is an emergency case he could conceivably sit there and no one would know for an hour or two depending on where the person is on that list. Someone should be receiving patients, making them comfortable, checking to see if immediate attention is needed - someone caring.

While in that waiting room, we couldn't help but overhear the doctor discussing birth control with a patient in the examining room. That is private business. I was embarrassed to find myself listening in on a conversation. So I began thinking, "What privacy do I have in that hospital?"

My experience with the hospital those July days left me demoralized. I wanted to write someone - I thought of the hospital administration, but others had tried that to no avail. I talked with a couple friends and was told I should write the full health board - that there were other disturbing things about the lack of dependable and caring health service from the Bristol Bay Area Hospital. Such talk included:

- rumors of two deaths last spring, which, according to talk, did not have to happen;
- nurses working twelve hour shifts. Someone in the community told me she had received a letter asking if she'd volunteer some time. Why?
- why are people who have worked with the facility for many years quitting or being laid off?

I have had no reply to my letter from the board or hospital administration. Robert Clark did talk to me on the phone after we had discussed another matter not related to the hospital. He did state that he was getting in some people experienced in accounting and someone for hospital administration. He also invited me to come out and look at the facility and also view some documents which are public in nature. I told him that I wasn't interested, that I hoped there would eventually be a hearing and that everything would be laid in the open because it was then, and still is, my feeling that something is wrong when a patient goes in and feels as if they are going to a place to die rather than live.

Just recently, I went to the hospital and met a woman who has just now been hired to "help get patients through faster". But she is sitting in a little cubbyhole - patients can't see her or she them unless they happen

to walk down the hall past her door. It appears to me to be a band aid measure.

Just the other day I talked with a board member. When asked if he had received my letter he said he had, along with a couple other letters. He'd gone to the hospital to talk with the administration, but as far as I could tell, he didn't sound all that confident in what the hospital is doing. This same board member stated that the Bristol Bay Area Health Corp. Board does need help to run this hospital. "We don't know what we are doing. We go to meetings and are asked to vote on things we know nothing about," this board member told me.

I don't ever want to go through such feelings of anger and frustration again. This is my family's - my home. We have close family ties and friends throughout this region. This hospital is to be serving Bristol Bay with responsible, caring health service. In my experience, this is not happening. I want to see it changed. Thank you.

BRISTOL BAY AREA HOSPITAL

P.O. Box 10235
DILLINGHAM, ALASKA 99576

PHONE: (907) 842-5201
842-5202

September 20, 1982

Mrs. Dorothy A. Anderson
Box 234
Dillingham, AK 99576

Dear Mrs. Anderson;

To begin with, I would like to introduce myself. My name is John Dumbolton and as of July 28, 1982, I have been the Director of Hospital Services at the Bristol Bay Area Hospital in Dillingham.

In my capacity as Director, I will attempt to answer, to the best of my ability, the concerns that you have mentioned in your letter of July 22, 1982.

As you stated in your letter, you came into the hospital with your daughter on July 5th because of a problem with her ear. Since I was not here to verify the true condition of the hospital, I can only summate from the records of patient visits that with the long holiday weekend and the shortage of staff, that indeed, the hospital was probably very messy, as would any hospital that had just experienced the busiest weekend patient load they had had for the past three years. Mrs. Anderson, did you know that between 5:00 pm on Friday, July 2nd, to 8:00 am on July 6th, that our hospital staff took care of 159 emergency patients? Combine this with a short staff due to federal budget reductions and holiday weekend requirements and maybe you can begin to get a better understanding of why the hospital was "messy" that weekend.

In regards to your concerns in the out-patient waiting room, I can only say that I agree with you. There are some very real problems that I can see in this area and these problems are currently being addressed to see how things can be improved. One of the problems that have been identified is the loss of two personnel positions in the out-patient clinic due to federal budget reductions. We are looking into the possibility of becoming computerized in order to reduce the workload on the staff we currently have. This in turn would hopefully release a person to meet patients and take care of them immediately, as you suggest.

Page 2
Dorothy Anderson

In answer to your paragraph 5, and I quote "there is some very disturbing talk - rumors??" Mrs. Anderson, I can only say that rumors can destroy any institution in a very short time, whether they are true or not. They are also impossible to answer since they do not deal with facts. However, in an attempt to prepare for the public hearing that you and other members of the community have called for, I have done extensive research with the Indian Health Service officials in Anchorage, concerning the deaths occurring in this hospital for the past year and I have found that they concur with the physician-in-charge as to the course of treatments for these patients. I have also learned that our nursing staff has volunteered to work twelve hour shifts rather than shut down this hospital due to the shortage of nurses. I have the original copy of that letter that "someone in the community" had received and it is in fact a plea from our Director of Nurses to the many nurses living in Dillingham to return to work for pay, in the hospital due to the severe shortage of nurses that our hospital and many others all across the nation are experiencing.

I could go on and on answering rumors but it becomes non-productive in a very short time. Much misunderstanding could have been avoided if you, or any other member of the community, would have accepted the invitation offered by Robert Clark, and now offered by myself, to come visit the hospital anytime there is a question or policy that you do not understand. This hospital is here for the community and we all need to work together to make it an integral part of the community. If we do not cooperate, we will all have lost something very valuable to us.

In closing, I would again like to make the offer to come see ~~the~~ changes that have been made under my administration at the Bristol Bay Area Hospital. I will personally show you around the hospital and answer any questions you may have as to its operation.

Sincerely,



John H. Dumbolton
Director, Hospital Services

JHD/cjb

MARK O. MATFIELD, OREG., CHAIRMAN

TED STEVENS, ALASKA
LOWELL P. WEICKER, JR., CONN.
JAMES A. MC CLURE, IDAHO
PAUL LAXALT, NEV.
JAKE GARN, UTAH
HARRISON SCHMITT, N. MEX.
THAD COCHRAN, MISS.
MARK ANDREWS, N. DAK.
JAMES ARDNOR, S. DAK.
ROBERT W. HASTEN, JR., WIS.
ALFONSE M. D'AMATO, N.Y.
MACK MATTINGLY, GA.
WARREN RUDMAN, N.H.
ARLEN SPECTER, PA.

WILLIAM PROCKMIRE, WIS.
JOHN C. STENNIS, MISS.
ROBERT C. BYRD, W. VA.
DANIEL K. INOUE, HAWAII
ERNEST F. HOLLINGS, S.C.
THOMAS P. Eagleton, MO.
LAWTON CHILES, FLA.
J. BENNETT JOHNSTON, LA.
WALTER D. HUDDLESTON, KY.
QUENTIN N. BURDICK, N. DAK.
PATRICK J. LEAHY, VT.
JIM BASSER, TENN.
DENNIS DE CONCINI, ARIZ.
DALE BUMPERS, ARK.

J. KEITH KENNEDY, STAFF DIRECTOR
THOMAS L. VAN DER VOORT, MINORITY STAFF DIRECTOR

United States Senate

COMMITTEE ON APPROPRIATIONS

WASHINGTON, D.C. 20510

July 27, 1982

Mrs. Dorothy A. Anderson
Box 234
Dillingham, Alaska 99576

Dear Dorothy:

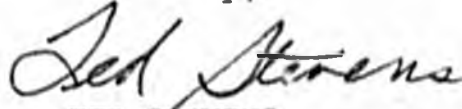
Thanks for providing me with a copy of your letter to the Board of the Bristol Bay Area Health Corporation. I appreciate you informing me of your concerns.

I have sent a copy of your letter to the Executive Director of the Bristol Bay Health Corporation to insure his receipt of it.

Thanks again for your letter.

With best wishes,

Cordially,


TED STEVENS

FRANK H. MURKOWSKI
ALASKA

COMMITTEE ON ENERGY AND
NATURAL RESOURCES
COMMITTEE ON ENVIRONMENT
AND PUBLIC WORKS
COMMITTEE ON VETERANS'
AFFAIRS

United States Senate

WASHINGTON, D.C. 20510

July 27, 1982

WASHINGTON OFFICE:
(202) 224-6665

ANCHORAGE OFFICE:
701 C STREET, Box 1
(907) 271-3735

JUNEAU OFFICE:
FEDERAL BUILDING, Box 1647
(907) 586-7463

FAIRBANKS OFFICE:
101 12TH AVENUE, Box 7
(907) 452-6227

Mrs. Dorothy A. Anderson
Box 234
Dillingham, Alaska 99576

Dear Mrs. Anderson:

Thank you for sending me a copy of your recent letter to the Bristol Bay Area Health Corporation.

I appreciate your taking the time to share your concerns with me, which you have also appropriately brought to the attention of other interested parties. I am certain that the Health Board will give your constructive comments the consideration they deserve.

Sincerely,

Frank H. Murkowski
United States Senator

Sept. 20, 1982

COPY

Senator Neils Anderson Jr.
General Delivery
Dillingham, Alaska 99576

Dear Senator Anderson:

I am an employee of the Bristol Bay Area Health Corporation and for that reason I have attempted to remain neutral and not get involved in the H.E.S.S. hearings scheduled for the week of Sept. 20, 1982 in Dillingham for the purpose of "Discussing Health Care Delivery".

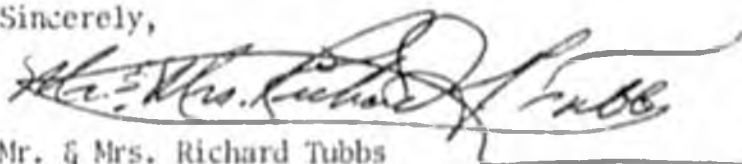
However, after a great deal of thought; I find it impossible to not get involved or remain neutral from the consumer standpoint. With that in mind, I would like to make the following statement.

I have been a consumer of the services offered at Bristol Bay Area Hospital (formerly Kanakanak) for 15 years. My family have been consumers of these services for 13 years, 11 years and 10 years respectively. My wife and myself have seen the quality of health care offered to the people of Bristol Bay grow with the need and remoteness of the Bristol Bay communities. My family and myself have been very happy with the services provided us and commend the health care providers of Bristol Bay Area Health Corporation/ Hospital for their service to us and the communities they serve. These individuals should be applauded and recognized for their commitment to "providing the best possible Health Care to all the residents of Bristol Bay" and not condemned because of vicious or unfounded rumors.

In summary, it is our opinion the "quality of Health Care provided by Bristol Bay Area Health Corporation in Bristol Bay will continue to grow and address the health needs of the residents of Bristol Bay.

I would be very interested in knowing if the H.E.S.S. committee will be traveling to, and holding hearings in the other 31 communities in the Bristol Bay Region which are serviced by the programs of the Bristol Bay Area Health Corporation?

Sincerely,



Mr. & Mrs. Richard Tubbs

cc: Robert Clark, Executive Director, BRAHC
John Dumbolton, Dir. Hosp. Services, BRAHC
H.E.S.S. Committee

Mr. & Mrs. Alfred Roath
P.O. Box 10031
Dillingham, Alaska 99576

September 20, 1982

Senator Nels Anderson, Jr.
Dillingham, Alaska 99576

Dear Senator;

The medical staff at Bristol Bay Area Hospital has been doing an outstanding job in providing quality care. I think the entire staff should be commended.

There has been only one permanent physician on staff since June 1 and the nursing staff has been working twelve hour shifts for some time now. Yet, the quality of their work has not deteriorated. There is a more enthusiastic and harmonious working atmosphere than ever before.

At the present time, all nurses on staff are experienced Registered Nurses. The Director of Nurses is doing an exceptional job. She has fresh new ideas.

Many people in the community are resistant to changes. It is that pessimistic non-change attitude that is harmful. Although, the hospital is still under the influence of federal bureaucracy and all its red tape, it is more of a community hospital than a government facility.

Senator, you probably receive letters of complaint more often than you care to admit. People take good medical attention for granted. It is only when something goes wrong that a citizen decides to write his Senator.

All of us make mistakes. Doctors and Nurses are not exception. A person's life is not something to experiment with, and they don't! Most complaints are from individuals who think they should be treated according to their rank on the social ladder rather than by the nature or seriousness of their illness.

Once again, I'd like to thank Bristol Bay Area Hospital just for being there for all of us.

Sincerely,



cc: Robert Clark, Executive Director BBAHC
John Dumbolton, Hospital Director BBAH

Box 10191
Dillingham, AK 99576
September 20, 1982

Senator Nels Anderson, Jr.
Dillingham, Alaska 99576

Dear Senator Anderson:

You have asked for public response on the level of health care in Bristol Bay and I would like to respond as factually as I am able to do within my direct knowledge of facts and conditions.

Since I have not utilized the facilities of Bristol Bay Area Health Corp., including the hospital, since leaving their employment, I cannot comment directly on the level of care there. However, let me state that due to my prior knowledge of attitudes and abilities of the medical staff, all of my family's care is obtained in Anchorage or outside the state. My mother recently visited us for the first time since we moved to Alaska; due to her medical history we all flew to Anchorage to visit because I was in fear for her life if she had to depend of the level of care available in Dillingham as I am able to perceive what that level of care is.

In February of 1981 during a trip to Washington, D.C. and to the offices of the National Health Service Corps in Rockville, Marlene Johnson, then president of BBAHC, Paul Umberger, formerly controller of BBAHC, Robert Clark, executive director of BBAHC and myself, in my position at the time of deputy director and director of hospital services, secured agreements from NHSC officials for the services of one additional physician dedicated to providing direct primary care and an additional dentist dedicated to providing direct primary dental care, to begin their duties not later than May 1, 1981. At the same time, in discussions with Senator Ted Stevens' office and the staff of the Appropriations Committee, we presented and received favorable reaction to a plan for funding construction of a new hospital.

In March and April of 1981 I flew to Washington and met with key members and staff of the Appropriations Committee and our delegation and secured their agreement to a compromise plan for hospital construction that was dependent on two related actions. The first was that BBAHC was to secure the services of a registered architect or civil engineer to oversee the planning of a new facility, using \$1,229,000. in funds appropriated to the Indian Health Service for that purpose under direct contract with BBAHC so that the money and the plans would be locally spent and conceived. The use of an expert was necessary because nobody at BBAHC had the necessary background. This would have meant that BBAHC would have the plans in hand to begin construction as soon as it obtained funding for that purpose. It would also have meant, due to negotiated indirect cost reimbursement agreements with DHHS, that between \$22,500 and \$65,000 in indirect costs would have been available to offset administrative costs at BBAHC, thus freeing a like amount for direct patient care. The second action necessary to conclude the agreement was that BBAHC had to secure a substantial portion of the construction costs from non-federal sources.

In a subsequent trip to Juneau during April or May of 1981 I met with Rep. Chuckwuk, Sen. Hohman and several other legislators and obtained agreement to introduce legislation appropriating half the costs of building a new hospital in the 1982 construction season, providing that plans were completed by that time. All of this negotiation was at the direct request and with the concurrence of the Board of Directors of BBAHC. It also coincided with the period during which public outcries were being made in Dillingham in which my resignation was demanded and received from BBAHC.

After I had resigned and while I was awaiting the agreed upon period of transition to a new deputy director, I was summoned from a trip outside and asked to attend a special meeting of the Executive Committee in Seattle, which I did. At that meeting Mr. Clark resigned his position as executive director. The committee asked me to return as executive director and after much deliberation and presentation of arguments on the subject, I agreed and was hired on a six-month basis. This was in mid-March. When I returned to Dillingham there was another meeting of the committee at the end of the month and I was discharged from the corporation with a negotiated transition period of 60 days. In early April the entire board met and at that meeting I presented my progress report on funding for the new hospital and plans to obtain further construction money. The board agreed to my proposal to obtain the maximum possible funding as a measure of my good faith and feeling about health care in Bristol Bay. In return the corporation was to issue a favorable reference report to potential employers.

When I requested permission to travel to Juneau to "seal" the plans for an appropriation for construction, Mr. Clark informed me that BBAHC couldn't afford a round trip ticket just then. I told him that my political analysis was that the time was ripe for a bill, due to the pending bailout of Alaska Hospital and the need to find a rural site to fund, and that fast action was of the essence. He still refused to authorize the travel. This was on Monday of the week that the House reorganized" its leadership, effectively stopping all further new legislation for that session. BBAHC never got a bill passed, then or later.

During a business trip to Washington this winter I stopped in at the offices of the Appropriations Committee to thank the staff for all the help they had given me last year. I was told by a key staff member that she was "sorry about the money for Bristol Bay". When I asked what she meant, she told me that Mr. Clark had called earlier in the year and told the staff that BBAHC did not have the ability to spend the \$1.29 million for planning and asked that Congress take it back. I have no direct knowledge of this, and am repeating what was told to me, unsolicited.

In summary, during the spring of 1981 BBAHC had earned nearly \$80,000 by investing its short term funds, received assurance of increasing the medical staff by 1/3 and the dental staff by 1/2, and had within its grasp the means to plan and build a new hospital. Also in the works were plans to build new clinics at Togiak, Chignik and New Stuyahok similar to the clinic at King Salmon. Within six months BBAHC reduced its medical staff by 1/3 and its dental staff by 1/2, lost all hope of getting a new hospital in the foreseeable future, made no announcements about new clinics and, in a policy announced by Mr. Clark in the Bristol Bay Times, ceased investing its money to earn additional funds.

Senator Anderson
page 3

I leave it to the members of the House and Senate Committees on Health, Education and Social Services to draw any conclusions about what these steps have meant to the level of health care available in Bristol Bay.

Respectfully submitted,



Stephen A. Levinson

Sept. 20, 1982

Senator Nels Anderson Jr.
General Delivery
Dillingham, Alaska 99576

Dear Senator Anderson:

I am an employee of the Bristol Bay Area Health Corporation and for that reason I have attempted to remain neutral and not get involved in the H.E.S.S. hearings scheduled for the week of Sept. 20, 1982 in Dillingham for the purpose of "Discussing Health Care Delivery".

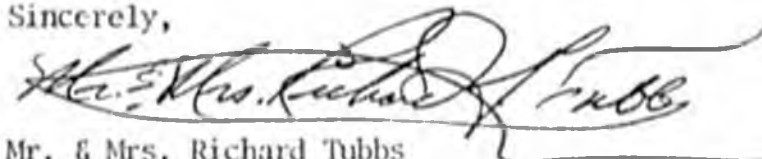
However, after a great deal of thought; I find it impossible to not get involved or remain neutral from the consumer standpoint. With that in mind, I would like to make the following statement.

I have been a consumer of the services offered at Bristol Bay Area Hospital (formerly Kanakanak) for 15 years. My family have been consumers of these services for 13 years, 11 years and 10 years respectively. My wife and myself have seen the quality of health care offered to the people of Bristol Bay grow with the need and remoteness of the Bristol Bay communities. My family and myself have been very happy with the services provided us and commend the health care providers of Bristol Bay Area Health Corporation/ Hospital for their service to us and the communities they serve. These individuals should be applauded and recognized for their commitment to "providing the best possible Health Care to all the residents of Bristol Bay" and not condemned because of vicious or unfounded rumors.

In summary, it is our opinion the "quality of Health Care provided by Bristol Bay Area Health Corporation in Bristol Bay will continue to grow and address the health needs of the residents of Bristol Bay.

I would be very interested in knowing if the H.E.S.S. committee will be traveling to, and holding hearings in the other 31 communities in the Bristol Bay Region which are serviced by the programs of the Bristol Bay Area Health Corporation?

Sincerely,



Mr. & Mrs. Richard Tubbs

cc: Robert Clark, Executive Director, BBAHC
John Dumbolton, Dir. Hosp. Services, BBAHC
H.E.S.S. Committee

David F. Bouker
Box 241
Dillingham, Alaska 99576

9/17/82

Mr. Robert Clark, Director
Bristol Bay Area Health Corporation
Kanakanak Hospital
Dillingham, Alaska 99576

Dear Robert,

This is to register a complaint about apparent price gouging for prescription drugs for "non-beneficiaries" at your Kananak Hospital.

Our little girl recently contracted strep throat and we drove to Aleknagik on a Sunday to get Dr. Aarons to examine her. He wrote a prescription for erythromycin which we had filled at the hospital for \$40.00.

Subsequently our oldest son contracted strep throat and we had an identical prescription filled for him in Anchorage for \$4.80.

I have a difficult time entertaining kind thoughts about your operation after this sort of treatment.

Yours very truly,

David H. Bouker JB

cc: Nels Anderson Jr.

Billie J. Benedict
Box 10019
Dillingham, Alaska 99576

August 17, 1982

To The Honorable
Nels Anderson, Jr., Senator
STATE OF ALASKA
Dillingham Legislative Office
Dillingham, Alaska 99576

Dear Sir:

I truly appreciate the opportunity I have been given to express my feelings and ideas on the level of health care which is delivered to the constituents in your region of responsibility. I have grave misgivings and doubts which, until now, have had no real outlet.

Let me first begin by saying that no facility can run smoothly and efficiently without good, solid leadership which cares about their staff on both a personal and professional level. The competence displayed by those involved in direct care is often the reflection of the competence demonstrated by those holding the reins of direction. If one looks, then, at this aspect, an understanding of the true situation can be gained. At this point, decisions are being made about the administration of health care by truly non-professionals. These decisions are made, more often than not, as a result of personal rather than professional feelings. The director holds a degree in teaching, not hospital administration. Although this individual has headed the Health Corporation almost since its inception, one has only to look at their past record of compliance to determine the level of professionalism which he has achieved. There was nothing in his past record of accomplishments which could have demonstrated to the public at large, or the State and Federal funding agencies that he could successfully direct the complicated and vital functions of a primary care facility. His evaluation of the competence of staff and their ability to provide top rate, supervisory care does not reflect an in-depth perception of their capacity to make correct medical decisions. As often as not, the choice of people to take key supervisory positions has been made on a political basis. This has resulted, in my opinion, in a core group of decision makers who first consider their personal, political security before the immediate needs of the patients who depend on them for their health.

Consider as well, the person in charge of the finance of the organization. The gentleman is not qualified to handle the

assets of the corporation, as would be testified to by the Board of Directors themselves. At their last Full Board meeting, administration was directed to remove him as Controller and give him a new position if they desired to keep him under their employ. This directive was taken into account in only a half hearted manner. The person was, in fact, removed as Controller, but given the position of Director of Finance with supervisory duties over the accountants. In the first place, the person has violated federal law by possessing quantities of unworked ivory. This may be checked through the court system, I am sure. It makes me, a consumer, quite suspicious of a person have such a position of authority when they have been less than law abiding. In addition, one only has to check his record of submission on monthly financial reports to the State to judge his competency. I am sure upon checking that you would find that reports to the State have had to be repeatedly submitted before they were deemed correct. I have been informed that other staff persons within the State programs have been directed by the State to complete the financial forms in order to gain a true picture of operations. Again, because of the high stress politics has been given within the organization, this individual has been directly involved in personnel matters such as hiring and firing and disciplinary measures. It is my feeling that a person should devote their attention to the area in which they have been assigned supervisory functions.

The corporation has had nearly two years to set up a satisfactory billing system, and have, indeed spent thousands of dollars to more than one consulting firm to accomplish this. There is no billing system in place at this time.

Mr. Clark himself has, in the past, admitted that the administration lacks competency. When they were told that they were to receive a \$1.29 Million grant from the federal government to do a facilities planning study, with over \$60,000 for overhead, Mr. Clark called the funding agency and requested they take the money back because they were not able to handle the grant. Since then, the agency which was given the grant to do the planning has come up with a design which is not workable for their needs; however, there is nothing they can do about it. They gave up that right when they gave up the grant.

It is my opinion that nearly everyone who works for the organization does not feel secure either in their position or their ability to act. They have been told that there is not money to do anything and, therefore, hesitate to spend money for such things as patient travel unless they feel it is absolutely necessary. This has resulted in numerous horror stories being passed around about patients who were not sent to Anchorage in time. One of these accounts concerns a small child who suffered scalding burns on her body, but was not flown to Anchorage. While under observation at the hospital, the child's burns became infected, and before they could get her to Anchorage, she died. My own daughter suffered burns this past week, and I must admit that I did not trust the judgment of the clinic physicians. I sought a second opinion before my fears could be laid to rest.

Again, after nearly two years in operation, the hospital does not have a viable set of medical staff by-laws in place. They do not have correct licensing procedures intact, and they are not staffed adequately to meet basic JCAH standards. The discontent of the employees spills over into their work, and affects everyone who comes through their doors. Should one personally interview the employees who have worked for, and left, the organization over the past two years, there would be some startling revelations. I feel that this exercise would be a valuable one, under the circumstances.

Each of us who lives in the region fear the ultimate: that the hospital will be taken away from us. We have heard the news from Tanana, and know that their hospital has been closed. If the situation does not clear up here, and the administration continues to be incompetent, we fear the same will happen to us. Now that the hospital has declared that they are a private non-profit institution, it is time for all of us to get involved. For this reason, I welcome the idea of a public hearing. I am sure there are many people who would have something to say about the way the hospital has been handled since the take-over of the Health Corporation. We all want these problem cleared up so that we can rest assured the facility will be there to address our needs in the future. We support the idea of state funding to the organization provided the funds are administered wisely. We share the belief that the continuation of their operation rests with the State. Please help us to upgrade the standard of administration so that those who deal with the direct delivery of health care will be able to concentrate fully on the job at hand.

Thank you very much for your consideration.

Sincerely,



Billie Benedict

10 August 1982

Senator Nils Anderson, Jr.
Killingham, Alaska 99576

Dear Senator Anderson:

As a health care consumer in the Bristol Bay area I am very concerned about the quality and availability of medical services offered by the Bristol Bay Area Hospital (Kotzebuk).

The previous stable staff at the hospital left upon the management take-over of the hospital by the Bristol Bay Area Health Corporation to cause the majority of the employees could not function within their jobs and health care goals under the inadequate and mismanagement of the health corporation. I know for I was one of the employees

and I gave up 20+ years of
federal service. Without going
into my own multiple reasons for
leaving and without sounding
like "sour grapes," I am still very
concerned about the Hospital's
direction. I should point out that
the previous employees did not leave
on the effective date of management
turn-over but left after repeated
efforts at trying to cope with
the corporation's bungling. The
final straw for many came when
the senior medical officer - and
certainly the most respected medical
officer by both employees and
patients - was "fired" to save money.
He, along with five others, were
all let go in order to balance spending.
Hogwash!!! This was a matter
of corporation politics.

The Corporation's very open dislike for federal employees was always in evidence and their main objective became getting rid of those employees and not giving a thought to the continuity of care to the people. All of us, including myself, had received many quality mark awards and none of us were a detriment to our jobs, hospital, community or, most of all, the patients.

Currently, there is a continued turn-over in all departments and that, indeed, affects quality of health care. Dr. C. Layman, the only remaining physician, was always a dissonter and worked diligently to undermine the S. non-medical officers' authority. He has succeeded in becoming the head physician - the job he wanted at any cost.

I'm sure the present nurses are trying their best but none can function at optimum level on 12-hour days with little or no relief.

Also, none of the new people are aware of the traditions and customs of the native population in this area nor do they seem inclined to learn -- many of them are on temporary duty here.

There are many stories of poor care given recently at the hospital. I can't say how many are factual or misunderstandings. I will not repeat them because that would be second hand hearsay. But, when there's smoke you can almost be assured there is some fire.

According to a recent Radio news report on KDLG the hospital reported ^{an} increase in in-patient census plus increased outpatient

Care. While a portion of that care certainly be attributed to the increased summer population, a good look should be taken at the Corporation's deteriorated village health aide program. I have been told of lack of equipment and supplies (bandages, medicines, etc.). Why has this occurred? In addition, a good share of the increased number of patients occurred prior to the summer population explosion. Fewer patients can be interpreted as good care at the village level plus good preventative medicine, including field visits by the physicians.

In view of these few above listed concerns, I feel the peop^l of Bristol Bay are desiring of a full and complete investigation into the health Corporation's management of the local

Hospital. This should include:

- 1) a good look into the number of personnel changes in the Hospital and Corporation and the reasons therefor. The number is staggering.
- 2) a detailed inquiry into the firing of Don O'Connell, M.D., Jack Gordon, Head of Dietary, plus the other employees let go at the same time.
- 3) A review of the community's irate reaction to the Health Corporation (held at the Dillingham Court House in early 1981).
- 4) Thorough financial audit
- 5) Why the Supervisor of the X-Ray Department has also been detailed (with pay) to the position of Head of Dietary Services.
- 6) Conferencing with the Head of the Alaska Native Medical Center, Anchorage, Gerald Dury. This

Facility provides back-up services and federal financing also comes thru. A.M.C. He will also have other staff members who know the situation. My only hope here would be that they would provide open communication, and not paint a "rosy" picture since criticism might be construed as not in favor of self determination. Ask Lloyd Hermanson, he was the hospital's former plant director, why he absolutely would not continue here once the Health Corporation assumed management. He is now a department head at A.M.C.

?) Insist upon a JCAH (Joint Commission on Accreditation of Hospital.) Review. Only then can the patients be assured of a reasonably safe facility and competent care.

The last accreditation was
accomplished when all the
new st-employees were still
at Kanakamak.

I am available at any time
for private or public comments.

Sincerely,

Jean Langlois
Box 30

Dillingham, Ak 99526

842-5494 (home)

842-5154 (my store)

PS Recently, a gentleman told me
"Kanakamak is now a place where
you go to die." If necessary, I will
provide his name although he is
an employee there.

The Bristol Bay Area Health Corporation has not fulfilled its contract to the people of Bristol Bay. As a resident of Bristol Bay and an employee of the Bristol Bay Area Hospital, I would like to address the following items of concern that I feel require immediate state and federal investigation and/or arbitration.

-The BBAHC has not been fiscally responsible. Full disclosures of corporate financial records involving state and federal funds has been petitioned for by outlying villages in the Bristol Bay Area. These requests should be honored under the guidance of an impartial federal or state investigation since the BBAHC is a recipient of several state and federal grants.

-As a protest to recent personnel changes in high-level management, several villages have petitioned to withdraw their resolutions from the BBAHC. The impact of these petitions will affect future funding for the BBAHC should these withdrawals remain in effect. Re-evaluation of eligibility of the BBAHC for certain funding should be initiated from state and federal sources immediately.

-The trust of the people of Bristol Bay has been irrevocably damaged by recent management changes in the BBAHC. Administration within the BBAHC is in a state of crisis. The chain of command within the corporation has been altered several times within the past six months. A power struggle among certain individuals within the corporation has developed and is now out of control. On this basis alone, I call for arbitration from state or federal sources. What was once designed as a democratic organization dedicated to self-determination has crumbled into an autocracy dominated by the self-interest of a few individuals. The very structure of the BBAHC as well as the entire health care system in Bristol Bay is in peril.

I urge state and federal representatives at this time to intervene in this situation. It is of immediate concern not only to the employees of the BBAHC but also to the communities of Bristol Bay.

Murder Kay McAllister

SENT 3 31-81
1pm

3-30-81

To the Honorable, Senator Ted Stevens, Senator Frank Murkowski
and Congressman Don Young.

I Russell S. Nelson a Native
Alaskan am fearful for the Continuity
Health Care for the People of the Bristol
Bay Area. As A member of the
Area Wide Volunteer Crash Rescue Squad I am
Aware that the Manner in which
Policies and procedures have been Applied
by the Board and Staff of the Bristol
Bay Area Health Corporation has Led to a
Crises situation concerning Health Care.

I Ask Your Help in finding - Solutions
to the problems that now exist and
Hope that by Such Action we may
Once Again Have a Viable Health
Program in the Bristol Bay Area

Russell S. Nelson
Dillingham Volunteer Crash Rescue Squad
Box 161
Dillingham, Alaska 99576

3-30-81

To: Honorable Ted Stevens, Senator Murkowski,
Congressman Don Young.

I Carl R. Nelson am a native Alaskan, and resident of Bristol Bay. The present situation within the BBHHC, which includes the Kanaakank, Hospital has seriously affected the delivery of healthcare to the residents of Bristol Bay.

The concerns of the consumer are not being met by the Board of Directors and Management of BBHHC. The need of independent input into and solutions for resolutions of this situation is necessary to provide adequate health care services.

Can you please aid in seeing that some federal intervention is forthcoming.

Thank you
Carl R. Nelson

March 30, 1981

To: Senator Ted Stevens
Senator Frank Murkowski
Congressman Don Young

Dear Sirs:

This letter is my request as a taxpayer and health care consumer that a federal and state inquiry into the administrative and fiscal management of the Bristol Bay Area Health Corporation, Dillingham, be instituted. This is not an accusatory letter but one that reflects an extreme concern regarding our area's health care services, the funding of which is through federal and state sources.

As you may already be aware, this past weekend the people of Bristol Bay demanded, and tentatively received, that the recent appointment of Mr. Stephen Levinson be overturned due to their dissatisfaction with his operation of the BBAHC and that of the Executive Committee. Mr. Levinson's appointment came approximately six weeks AFTER his resignation had been sought by the staff of BBAHC and the Bristol Bay Area Hospital (of which the BBAHC assumed management control October 1, 1980). The resignation was accepted by the BBAHC Executive Committee. At the same time the resignation of Mr. Paul Umberger, comptroller, was also requested and, apparently, accepted by the Executive Committee. He, too, is still with the corporation.

The credibility of the Executive Committee is lost with the people of Bristol Bay; therefore, it is vital that an impartial person(s) be appointed to investigate this corporation in depth with findings pertinent to the staff and health care consumers being made available to the public.

Your assistance is genuinely needed and appreciated.

Sincerely,

Joan & Russell A. Langlois
Joan & Russell A. Langlois
Box 30
Dillingham, Alaska 99576

March 30, 1981

Senator Frank Murkowski
for Alaska
Washington, D. C.

Dear Senator Murkowski

My name is Herman E. Schoedel and I am a resident of Dillingham Alaska and $\frac{1}{2}$ Aleut. I am also a consumer of services provided by the Bristol Bay Area Hospital supposedly to be taken over and run by the Bristol Bay Area Health Corporation.

Now the crux of this matter is that ~~the~~ ^{some} ~~of~~ ~~the~~ ~~members~~ ~~of~~ ~~the~~ ~~Executive~~ ~~Board~~ ~~of~~ ~~BBAHC~~ are not qualified to be on that Board and this is public sentiment of a lot of residents in Dillingham and from surrounding villages. Things have to be pretty tough when I say it because the President of BBAHC is Madeline Johnson, my sister. I would like you to consider the possibility of an investigation into this matter since this hospital is funded by IHS and, most importantly, a detriment to health care services.

Sincerely,

Herman E. Schoedel, Jr.

Box 236

Dillingham, Ak. 99576

Box 234
Dillingham, AK
99576
July 22, 1982

Mrs. Ida Apokedak
President
Bristol Bay Area Health Corp. Board
Levelock, Alaska 99625

Dear Mrs. Apokedok:

My family and I use the Kanakanak Hospital facilities when Dr. Libby is not available. The week of July 4, 1982, I had to take our daughter out for ear treatment. I notice several things about the hospital which really bother me, so I am writing you and the Health Board members because I don't know who else to go to who will insist on change.

1. My daughter developed a severe ear ache - into the jaw and all around the area - which became so painful that even though Monday, July 5, was a holiday I had to do something. On my first call that day, the nurse said, "We're very busy. Could you come in for clinic Wednesday? Try some aspirin." I hung up, cried a little and tried again. This time the reply was, "Well, you can come in, but you'll have to wait." That was fine with me and we were seen. I seldom call out there - I was calling because I didn't know what to do about the ear pain my daughter was suffering all around the ear area. I do not like the off-handed way the nurse treated me.
2. Having to wait a while, I couldn't help but notice the dirt in the halls and after being in the doctor's examining room - noting dirt in corner, and just a general messiness. I mentioned this to a friend who said she was a patient in early June. Before getting out of bed to go to the bathroom, she had to lay tissue on the floor - the floor was too dirty to step on.
3. While waiting that Monday, I became aware that a baby was being born. (We were waiting at the nurses' station). While sitting there, a hospital bassinet was wheeled up to the nurses' station and in it was what looked like a newborn babe. It sat there for at least five minutes - there were nurses there, but we outsiders were also coming and going. If I were that baby's mother or dad and knew that new little one was out there with who knows what germs, I would have gone after the supervisors for such carelessness. I have three children and none of them as newborns were treated that way. In my estimation that baby belongs either in a nursery or with the mother or some type of more protected area.
4. Not satisfied with the results of the visit on Monday, we returned Wednesday and were seen by a Dr. Norman (temporary for a month) whose diagnosis and perscription have worked. My complaint here is that on entering the waiting room I went directly to the receiving door and waited and waited. Finally, I asked if someone could help me - the girl said, "Write your name here," and she left. A little later an elderly gentleman came in, stood there - finally I told him just to call in. Mrs. Apokedak, there should be a person sitting there to receive patients, make them feel welcome -- check to see if immediate attention is needed. I know of one particular case where the patient came in, signed the book -- was left sitting for two hours before he was seen. There should be a receptionist sitting at a desk facing the incoming patients. That person can

answer phone, be checking records or whatever - but most importantly make the patients feel welcome and not left wondering what they are supposed to do. Even if someone has been in that waiting room many times, he or she should not have to come in, sign and sit without a word from anyone. That place is like a tomb.

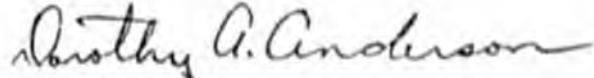
5. Then, there is some very disturbing talk - rumors?? but people are saying the hospital should be turned back to the Federal government. Somebody needs to do some investigating. Note the following:

- I've heard of at least two deaths this spring which according to the talk did not have to happen.
- Nurses are working twelve hour shifts. Someone in the community told me she had received a letter asking if she'd volunteer some time. Why? Is money a problem. If so, why? Is too much going into administration?
- Why are people who have worked with the facility for many years quitting or being laid off?

6. You say, complain to the doctor in charge or the health corporation director or hospital administration. People have done this, there's no change. I felt extremely depressed after my visit out to the Bristol Bay Area Hospital. I talked to several different individuals - it was suggested I write. I said, "It won't do any good." Then I decided to write the full board. I do not like what I would call the degeneration of this health facility which is here for all of us throughout this area. We should not be satisfied with second and third rate care. None of us knows when we might need that health care. If Bristol Bay Area Hospital claims to be a health care facility then it better be ready with the best, or if that is physically impossible get their patients referred immediately to Anchorage or even Seattle without personalities, politics or what have you getting in the way.

Finally, I am writing my senator, Nels A. Anderson, Jr. and my representative, Joseph Chuckwuk to ask for a hearing on this health facility, the Bristol Bay Area Hospital, and I ask that you do the same. People need to be heard - patients and staff alike. And staff better be able to speak out without fear of losing their jobs. Patients must be able to air their grievances without feeling intimidated.

Very sincerely,



(Mrs.) Dorothy A. Anderson

cc: BBAHC Board
Robert Clark
Dr. Lamon
↳ Senator Charlie Parr
Rep. Mike Beirne
Senator Frank Murkowski
Senator Ted Stevens
Congressman Don Young
Bob Singvake
Director, Indian Health Services, Washington, D.C.
Senator Nels Anderson, Jr.
Rep. Joseph Chuckwuk

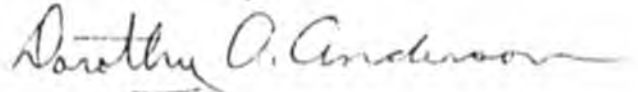
Box 234
Dillingham, AK
99576
July 23, 1982

Senator Nels A. Anderson, Jr.
Box 234
Dillingham, AK 99576

Dear Sir:

I respectfully request that you call for a hearing on the health care delivery status of the Bristol Bay Area Hospital located at Kanakanak. I would like to see this hearing take place as soon as possible.

Very sincerely,



(Mrs.) Dorothy A. Anderson

cc: Ren. Chuckwuk

Enclosure

Box 234
Dillingham, AK
99576
July 22, 1982

Mrs. Ida Apokedak
President
Bristol Bay Area Health Corp. Board
Levelock, Alaska 99625

Dear Mrs. Apokedok:

My family and I use the Kanakanak Hospital facilities when Dr. Libby is not available. The week of July 4, 1982, I had to take our daughter out for ear treatment. I notice several things about the hospital which really bother me, so I am writing you and the Health Board members because I don't know who else to go to who will insist on change.

1. My daughter developed a severe ear ache - into the jaw and all around the area - which became so painful that even though Monday, July 5, was a holiday I had to do something. On my first call that day, the nurse said, "We're very busy. Could you come in for clinic Wednesday? Try some aspirin." I hung up, cried a little and tried again. This time the reply was, "Well, you can come in, but you'll have to wait." That was fine with me and we were seen. I seldom call out there - I was calling because I didn't know what to do about the ear pain my daughter was suffering all around the ear area. I do not like the off-handed way the nurse treated me.
2. Having to wait a while, I couldn't help but notice the dirt in the halls and after being in the doctor's examining room - noting dirt in corners and just a general messiness. I mentioned this to a friend who said she was a patient in early June. Before getting out of bed to go to the bathroom, she had to lay tissue on the floor - the floor was too dirty to step on.
3. While waiting that Monday, I became aware that a baby was being born. (We were waiting at the nurses' station). While sitting there, a hospital bassinet was wheeled up to the nurses' station and in it was what looked like a newborn babe. It sat there for at least five minutes - there were nurses there, but we outsiders were also coming and going. If I were that baby's mother or dad and knew that new little one was out there with who knows what germs, I would have gone after the supervisors for such carelessness. I have three children and none of them as newborns were treated that way. In my estimation that baby belongs either in a nursery or with the mother or some type of more protected area.
4. Not satisfied with the results of the visit on Monday, we returned Wednesday and were seen by a Dr. Norman (temporary for a month) whose diagnosis and perscription have worked.
My complaint here is that on entering the waiting room I went directly to the receiving door and waited and waited. Finally, I asked if someone could help me - the girl said, "Write your name here," and she left. A little later an elderly gentleman came in, stood there - finally I told him just to call in. Mrs. Apokedak, there should be a person sitting there to receive patients, make them feel welcome -- check to see if immediate attention is needed. I know of one particular case where the patient came in, signed the book -- was left sitting for two hours before he was seen. There should be a receptionist sitting at a desk facing the incoming patients. That person can

answer phone, be checking records or whatever - but most importantly make the patients feel welcome and not left wondering what they are supposed to do. Even if someone has been in that waiting room many times, he or she should not have to come in, sign and sit without a word from anyone. That place is like a tomb.

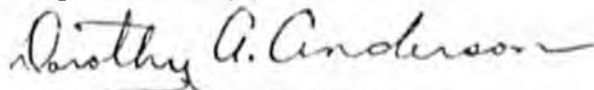
5. Then, there is some very disturbing talk - rumors?? but people are saying the hospital should be turned back to the Federal government. Somebody needs to do some investigating. Note the following:

- I've heard of at least two deaths this spring which according to the talk did not have to happen.
- Nurses are working twelve hour shifts. Someone in the community told me she had received a letter asking if she'd volunteer some time. Why? Is money a problem. If so, why? Is too much going into administration?
- Why are people who have worked with the facility for many years quitting or being laid off?

6. You say, complain to the doctor in charge or the health corporation director or hospital administration. People have done this, there's no change. I felt extremely depressed after my visit out to the Bristol Bay Area Hospital. I talked to several different individuals - it was suggested I write. I said, "It won't do any good." Then I decided to write the full board. I do not like what I would call the degeneration of this health facility which is here for all of us throughout this area. We should not be satisfied with second and third rate care. None of us knows when we might need that health care. If Bristol Bay Area Hospital claims to be a health care facility then it better be ready with the best, or if that is physically impossible get their patients referred immediately to Anchorage or even Seattle without personalities, politics or what have you getting in the way.

Finally, I am writing my senator, Nels A. Anderson, Jr. and my representative, Joseph Chuckwuk to ask for a hearing on this health facility, the Bristol Bay Area Hospital, and I ask that you do the same. People need to be heard - patients and staff alike. And staff better be able to speak out without fear of losing their jobs. Patients must be able to air their grievances without feeling intimidated.

Very sincerely,



(Mrs.) Dorothy A. Anderson

cc: BBAHC Board
Robert Clark
Dr. Lamon
Senator Charlie Parr
Rep. Mike Beirne
Senator Frank Murkowski
Senator Ted Stevens
Congressman Don Young
Bob Singvake
Director, Indian Health Services, Washington, D.C.
Senator Nels Anderson, Jr.
Rep. Joseph Chuckwuk

August 7, 1982

Honorable Nels A. Anderson Jr.
Alaska State Senator
Dillingham, Alaska 99576

Dear Senator Anderson,

The situation at BBAHC Hospital
at Kenai worsens each day. Health
care appears to be deteriorating.

If a public hearing would help
correct already dangerous circumstances,
I will gladly give it any support
you may need.

Sincerely,

Irma R. Schroeder

August 6, 1982

Dear Senator Anderson

We understand a hearing will be held in Dillingham so that residents of Bristol Bay can voice concerns about health care. We feel there are some very important concerns about the quality, availability & of management problems of the hospital & its services.

The area is growing rapidly yet we've seen a decline in personnel that is critical to quality delivery of health care services. There is no reason residents shouldn't be afforded quality routine & emergency care available locally.

We hope that a hearing will bring forth productive, progressive and objective ideas & changes for 1) health care providers 2) management and last but not least - the user groups.

Sincerely

Bill and Dorothy Larson

Box 337

Dillingham AK 99576

Box 63
Dillingham, AK
99576
August 3, 1982

Senator Nele Anderson Jr.
Box 234
Dillingham, AK 99576

Dear Senator Anderson:

I am not happy with the
Bristol Bay Area Hospital services.

Would you hold a hearing on
the health care here in Bristol Bay?

I would be willing to make
a statement.

Sophie G. Woods

August 4, 1912

Senator Anderson:

I understand that you are soliciting input concerning an official investigation of the Bristol Bay Area Hospital. I am writing this note to tell you that I am very supportive of such an investigation. As a former employee of the Bristol Bay Area Hospital, I would be willing to provide testimony or any other information you may require for your investigation. As a resident of Dillingham, may I add that I fear for the health and welfare of Bristol Bay residents if the hospital is

allowed to continue functioning at its

current level. It is unfortunate that

the quality of care has deteriorated in

such a short period of time and I feel

that the only way it will change is if

the general public is informed of how

much to a job and competent health care

delivery system.

Sincerely,

Marshall King McLean

August 5, 1982

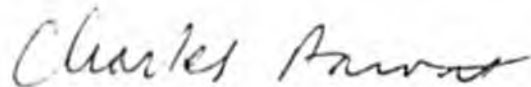
Senator Nels Anderson, Jr.
Dillingham, Ak 99576

Dear Senator Anderson,

I have heard that you are interested in conducting a hearing or investigation on the Bristol Bay Area Hospital. I am sure you know that I recently terminated my employment at BBAH. The reason I no longer work there is primarily that I was unable to stop a seemingly inexorable train of events leading to a very serious deterioration of medical care. I do feel that the present situation at the hospital was completely avoidable and both Dr. O'Connell, formerly of BBAH, and myself predicted the present situation over a year ago. But those who held the reins of power were not in a mood to listen.

I would be happy to cooperate with any hearing of investigation. I can be reached by phone (usually in the evenings) at 842-5459.

Sincerely,



Charles Aarons, MD
Dillingham, Ak

Senate HESS Hearing - Tues - Sept. 21, 1982

Matter #	Action
000	Introduction: Senator Parr
028	Sen. Anderson - opening remarks Thank you
036	Southy Anderson Box 224 Dillingham Complaint concerning her daughter's carache Board member's remarks to Mrs Anderson
126	Sen. Colletta: how can changes occur
129	Mrs Anderson: private sector management audit management team to help guide board training in hospital
144	Sutherland: complaint against system not personalities
146	D. Anderson: not personalities
149	Parr: don't usually use local dis.
151	D. Anderson: yes
164	Sen. Colletta: How long have you been hearing rumors
166	D. Anderson: always but worse in the last year
190	Jackie Knutsen - Box 187 Dillingham works at hospital used to have 3 doctors; now only have one full time when Board took over promised better health care
218	Sen. Colletta -
241	Mr. Knutsen: members of Board
257	Sen Parr: any part time dis.
260	Mr. Knutsen
263	Sen. Parr: 12:00 bed capacity
270	Mr. Knutsen
280	Sen. Parr.
288	Mr. Sutherland: How could they approve the hospital?
295	Mr. Knutsen: need another dis.
315	Helen Chythook 2799 Dillingham long history of a problem ended up w/ major surgical procedure health care for natives who don't speak English Nuclempathy

Recommendations

Special Clinics

Specialist in arthritic

Insert in state statutes

Policy & Procedure Manual

410 Sen. Parr (Rep Chuckwut introduced)

419 Sen Colletta - titus media?

421 Sen Parr - appropriations

432 Sen Colletta ENT specialist does come in

435 Ms Chythlook - yes but sometimes wait is so long

440 Sutherland - management audit?

449 Chythlook - patient

451 Sutherland early diagnosis

460 Rep Chuckwut: you heard about a report

468 Chythlook - heard that they passed their fed. expectation

482 Parr: After removal of mastoid the pain ended

489 Chythlook - yes

490 Parr: why add section

495 Chythlook - attitude isn't good

500 Parr - you felt you were a nuisance

527 Micheli McCallum Gen Del. S. Lingham

used to work at hospital until April 80

outpatient load is great

need clinic all day long

PH's has to go out to villages unassisted

village contracting for services their not getting

Cuts shouldn't come in direct patient care areas

tape end

000 turning it when PH's were hired to replace Mrs.

no outside stimulus hinges on 2 or 3 people

PH will not come out for inspection

no state inspection need to have some type of

046 Sutherland why the high turnover

049 McCallum personally: worried about health care

& intimate

- 054 McCullum: did see bad patient care + negligence
staff is inexperienced
- 070 Sen. Colletta: Exec. Director - who place?
- 072 McC. - exec. dir. elected by board but calls
board.
Director of Hospital separate
- 090 Sen. Colletta - problems from gov't control?
- 095 McC. - some basic problems
- 100 Sen. Colletta - did people leave because of board takeover
- 104 McC. - some people began to quit then
but when the positions terminated
when terminated one physician (w/ most experience)
three very experienced nurses left
- 138 Rep Chuckwick:
- 147 McC.
- 150 Rep Chuckwick
- 162 McC.
- 172 Rep Chuckwick disrupted personnel
- 180 McC. - Corporation upset the structure
now no longer stable
many personnel problems
D's haven't been beneficial
- 208 Sen. Parr. how many out patient
- 214 McC. - very busy
- 226 Sen Parr - do they have ^{community} health aides on the field?
- 230 McC.
- 235 Sen. Parr - how often in past did they visit
- 240 McC. 2-4 trips a year
King Salmon is supposed to have twice a month
- 260 Parr - Doctors & 2 PA's
how does pay scale vary w/ state
- 272 McC. don't know - w/ health service
- 285 how about they going to recruit nurses
prior to this fed. gov't provide!

- 300 Sen. Parr: 10 terminations. because of money
or what - after corporation took over
was decision of which people to
cut.
- 320 McC - budget cuts but corp. made choice
- 325 Sen. Parr
- 330 McC -
- 335 Sen. Parr doesn't PHS inspect
- 350 Krutzen.
problem started w/ self determination (PHS)
but when they removed unwords.
very unattractive to nurses/
- 489 Rep Chuckwick - do you know why positions terminated
- 511 Mr. Krutzen - not right to have board & hospital
together
No pride to be working there
- 569 Irma Schroeder - was a nurse for 21 yrs. 19 days
quit last Oct.
problem - administration
respect for people worked w/ (not admin)
- apx end
- 605 Rep Chuckwick. no one has been able to establish
where the problem lies
- 627 Ms Schroeder: many contributing factors
- 650 Sen. Parr: already dangerous circumstances
- 656 Ms Schroeder: no procedure & policy manual
- 780 Sen. Parr:
- 658 Litterland: need to give management prerogative
to step in
- 100 Mr. Krutzen: lack of supervision
- 127 Curt Armstrong box 10/
near that hospital was budgeted January 1987
is a judgment
- 198 Sen. Parr. -

207 Cathy Lens -

had to wait several hours before seeing a doctor
charged \$40 to fill a penicillin prescription
(to try to discourage weekend use)

237 Sen. Colletta - any worse over past 2 years

239 Mrs. Lens: hard to say - use it so seldom now

250 Sen. Parr: Private Practice also.

280 Rep Chuckwuk. why do you have to wait

285 Mrs. Lens: never got a straight answer

don't have a good system

340 Sutherland - cost of penicillin

Break

359 Michael Gibson Boy 57

Thanks for help in health care

(on board of directors (another organiz.))

382 Sen Parr - are you on hospital Board

383 Mr. Gibson - no

398 Steve Levenson

former employee - dep dir, ^{Dir of hosp. services:} Exec Dir.

went to D.C. for funding for ins. a non-hospital

cut by Reagan -

demanding his resignation by Health Corp.

then made exec. director

then dismissed

20 yrs.
in admin.
778-81

ape end

000 - Mr. Levenson:

016 - Rep Chuckwuk:

020 - Mr. Levenson:

067 Rep Chuckwuk - reasons for reductions

069 Mr. Levenson: don't know, some personal

cuts could have been made in other ways

101 Rep Chuckwuk:

- 143 Sen. Parr - went to C. to get money
for planning? entirely
fed. funded (? planning)?
- 160 Levinson - yes
- 162 Sen. Parr - how much money were you asking for
from state
- 168 Lev. - 12 mill ; 12 mill from US.
- 169 Sen Parr - how many beds
- 174 L. - 10 beds
- 179 Parr - That would be enough
to cover (according to census)
- 180 L. - yes during a
- 195 Parr - will budget cuts in travel raise seed load
- 205 L. - it could
- 212 Parr - small hospital rates are usually low
- 236 Joan Lakshwal - Supervisor - Med. Records Dept.
ex employee - left March 1971
believes that many natives from the villages
hesitate to appear before boards
Vilagus respected J. J. O'Connell
for left was on technical ^{advisory} board for Corp
(concerning problems ; make recommendations)
ignored - members resigned because felt
they were wasting their time
* need a TCAT which was supposed to be installed
- 334 Parr - TCAT
- 375 Rep Chuckwick
- 400 Lakshwal
- 538 Harriet Hall Bristol Bay Hosp. Mill
Nurse since Dec.
people shouldn't complain w/out coming out
nurses are doing best they can do.

Tape not working

Sen. Chuckwuk - funding out of control
for people who run the hospital

Sen. Parr - Nurses pay is less than in Anch. why?
Is housing usually furnished?

Ms. Hall - hasn't been updated & ^{under} certain
budgets & if I pay the # of nurses
no housing - not usually furnished
but most places not so isolated
& to live in city (cost \$1400 to ship car)
(? pay for housing on compound)

Sen. Parr - you need 2 nurses at hosp.

Hall - 3 nurses now

Parr - why hard to get nurses. Pay?

Hall - don't know. - pay, or isolation

Parr - 12 hour shift

time 1/2 for over 8 hours.

Billie Benedict - management of hospital is
basically the problem
ex employee of Health Corp
left under less than satisfactory circumstances
did file a grievance & received out of court
settlement

dismissed w/out reason & no substantiation
met w/ Mr. Clark & never cited any reasons
if you provide direct care you shouldn't
have to worry about job security
have heard about doctors who said that
people were idiots who they can't come between 8-5
Not giving care they are trained to give.

Mark Huraska -

heard radio announcement that the Director said the hosp. had passed the inspection & was not aware of problems felt that Dillingham had something good. Chose to return to Dill.

Grandmother (79) in/out of hosp. for stomach pain
(59 yrs.) thought she had a stroke. called hospital & 1/2 hr. later when brought her to hosp. - dr was not there. had to call Dr. & beg him to come. Dr. said that he didn't want to be called from his house over & over again. Finally came & yelled at witnesses then treated woman. And it was a stroke. ~~no~~ Grandmother died mo. or later & from undiagnosed cancer

hospital is very necessary. Take daughter to such every 6 mo. so that they don't miss anything.

If hospital doesn't have expertise then should tell family where to go & in time to have things done

Frustrating for a consumer who has seen ^{now} what a good hospital runs & then to walk into this hosp. & see the politics & disputes going on

Ms. Anderson; I don't have anything against the nurses. We need an objective team to have a management audit should talk to all aspects of hospital from consumer to admn.

Why aren't housing available
Now maybe an oversight commission from leg. could come here.

need good caring people working there.

Anna Ferguson: Director of Nurses

There are a lot of disgruntled people
Part of the problem is an inadequate # of
nurses. It takes a special type of people
to come to bush. Sent of 100-150
applications & got 30 back. Once they
really read thru ^{into} (isolation) they aren't
always interested. Housing full
Increase in salary.

Care is good out there. The Corp is new
& perhaps has made mistakes but
it has the feel.

Barry the nurses ^{living} out there because of emerg.
or for

Ferguson. yes & to help make it more feasible
to live here.

Barry - A not biggest

Ferguson

Tody - how long Dir. of Nursing

Ferg - since Jan.

Kay Herring - Indian Health Care Service
as a consumer, getting adequate care
is important to everyone. Here to try to
improve the care. Things that bother
me is:

TOT nurses ^{is also} get a premium, & you could
get more Reg nurses

Board before was advisory board but
now is the managerial board. People
should hold Board responsible
Sometimes they need more information

Rep. Chuckwuk :

Mo. How adequately the care is given to patients

Gordon Isaacs : Member Rescue Squad
don't want to lose the hospital
250 emerg. runs since Jan.
out hosp., many people wouldn't have
care. This hearing is a year
or so late. Health care is improving
Many people contacted Leg. over problems
a year ago. Problems were management
& not many good people. Difficult
how to find the right kind of people.
Many things are valid complaints.

Ronald For Board - Exec. Comm. P. Heiden

Many rumors in Ill. People in
outlying areas over, as aware
or have as many complaints
\$1.22 architect - federal money
to build a new hosp.
new Hospital director should help make
a better
Pro - in outlying areas have it tough to
get p here to see dr.

Jande Timmerman :

in health service
concerned w/ care & perception of care given
people won't come forward w/ spec
incidents - cultural, don't have outside experiences
present danger: people's perception of care here.
people don't feel it is an option
hospital nursing is a shortage everywhere.
& need to be competitive to get nurses.

Gody - in your opinion, do people have good reason for that perception

Timmerman - can't say - ~~there~~ hesitate to answer

Robert Clark - Exec. Director BBHC

Oct. 81

#1,259
appropriated

Exec. Mtg now & are welcome now to come out & speak w/ Board.

Can't attract people if the situation continues

In spite of new cuts, will get hosp. but only 10 beds (only looking at native population)

Aren't getting people to support the hospital & to get state to help fund new hospital

Reviews have pointed out many of problems which you brought out increased salaries but still not in line In theory we have control over hospital, in essence Fed govt has certain control Staffs have

over 12000 visits

3rd party payments (using medicare/medicaid & insurance)

Other THS hospitals should be community hosp

Cordon Doacs; preventable medicine

alcoholism is a definite problem if anything can be done (stricter laws)

SAP Programs (prevent. & treatment) what is happening is not working need to see that addressed.

80% of Emerg. calls are alcohol related.

Day 2

Bobby Andrew - Dillingham

Wife is an RN at hospital

Public Hearing is not reaching full scope
of recipients (language barrier)

↓ # of hrs worked in nursing staff
need nurses aides & LPN's

Chuckwuk - how does this effect health care

Andrews - overworked

Chuckwuk - Sounds like some of the Drs were
overworked - is there a shortage
of Drs?

Andrew -

Gordon Righter - Director of Pharmacy Services
June 1976

Deterioration of service - leap backwards
with experience w/in last year

3 phys. to 1st of med stud. & 4 A's

PH's can't match a med doctor.

of errors have jumped dramatically
of instances

Chuckwuk - Need some facts

Righter - drastic drop in level of expertise

does make a dramatic change

Chuckwuk -

Parr - What types of errors

Righter - dosage error, wrong duration

Parr -

Righter -

Parr -

Parr - 1st call in summer PH's & med. student

Righter - many times Dr. should have been called

Parr - sometimes PA doesn't know

Silke Smith - used to work at hosp (20 yrs ago)
confidence in hospital has diminished
hard to get a chance to talk to the Dr
always too busy

Hospital lacks human feeling

Parr - lacking the personal touch

Smith - worse than a big city

Parr - Staff attitude lacking personal touch

Smith - yes

Parr -

Chuckwuk - how many confidential reports
5 people down

Righter - Have you ever had to have
hearings such as this concerning
health care?

Parr - yes,

Righter - did it have to do with funding or like it is here

Parr - at least one other place had personnel problems

McCallum - can't present specific case because
of patient confidentiality

Dr. Aaron - when talking about people working
there, you're talking about people's
reputation

Sen Parr:

Immersion:

Sen Andrew M. Are you going to impugn someone's character

Dr. Arons - It is hard to say. But I am inhibited

Sen Parr

Sen Andrew M.

Righter -

Sen Parr -

Rep Chuckwuk - what will the state's role be now?

Parr - no role for state fee in fed-run hospital

but the state may have some control
if they ask money for new hospital

discussion
about
Sessions

Rep. Chuckwork: What exactly is state role in Dillingham
arr. State does not control or have any control
in IHS

McC.

Arano:

Parr:

Steve Livinson -

-tape end-

3BAHC - state chartered

& receives state money for state grants

+ medicaid money

State should have right to audit how
those moneys are spent

Parr -

Livinson. The law states that all facilities
should seek payment

Jim Parr

Jim Anderson.

Righter

Anderson

McCallum:

in Arano

Righter may. of people away from hospital

McC.

Judy Mowman:

needed certain medical care

had surgery procedure

at the hospital

after 3 days had to ask for room to be cleaned

Divian Braswell -

Dr. should not refuse to see you

after hours

now refuse to go to hospital

Chuckwuk - have you ever brought this to the attention of the administration

Baswell - talked to Robert Clark
Lighter - no real alternat. choice
Lacking competition

Parr -

John Armstrong - RN worked ²⁵ years ago
turned in a complaint concerning
son-in-law

Dr. Silby diagnosed appendicitis
sent to clinic

sat in clinic for 2 1/2 hrs.

could have sent him out that eve.

Dr. Arons said to leave the next day
but was counter ordered by another Dr.

when finally got to Anch. he was operated
on & probably had a ruptured appendix
since wed. (now Sat)

Carol Meyre -

— had a baby at hospital

hosp. concerned about twins but went to

Anch (for sonogram) & found it wasn't

when delivered (in Ill) the Dr. wasn't present.

— then she was in hospital for flu &

very sick.

In same room w/ others w/ flu & they

put a (healthy) pregnant lady in w/ them

— had been prescribed sodium at another

time & was never asked if she was pregnant

Sen. Parr - No indications of problems

Meyre -

Chuckwuk is it incompetence or negligence

May - attitude nurses were always good

Chuckwik - Drs are liable for mistreatment
& malpractice.

Megee -

Chuckwik -

Roseann Salvo - (Mrs. Armstrong's daughter)

testimony surrounding husband.

Dr. in Anch said they should have had
him sooner.

Laura Schoeder (City Manager)

former employee (Director)

hospital director should be in charge

of hospital & clinical in charge of clinic

many former employees have left but not
left town

arr:

Dillingham Sep 21, 1982

Collette
Nels Anderson
Jody Sutherland
Cynthia Klepaeki

950 Cowles, Rm 224
Flks 99701

Svillager -

Dorothy Anderson -
Box 234

1. Case of dau w/ earache (seen by PA). Overheard doctor-patient conversation.
2. Letter from Hosp Admin rec'd Sep 20, 1982.
3. BBAITC - board member says "vote OK on things we know nothing about"
Recommend management audit -

Jackie Knutsen -
Box 187

1. Works at hosp.
2. Had 3 doctors, now 1 full-time, 1 part-time, 2 PA
3. ISd promised better health care - not there
4. Maybe should have taken over part at a time.

Helen Christ

Box 729 (?)

1. More than 20 yrs ~~at~~ to this hosp.
2. Long-term otitis media. Paid own way to Anch for treatment, Eustachian tube falling out.
3. July 15, 1982 private doctor took out mastoid, now OK (Eight months after PHS said too sensitive to pain)
4. Medics need to know limits
5. Rec: a. Spec clinics, e.g. EENT
b. " arthritis, rheumatism
c. Med prof code, add protect dignity of patient
d. Policy's procedures manual
6. Heard on radio that passed inspection (Fed)
at PHS Hosp Anch treated like another nuisance -

Dorothy A.
Jane Sutherland
Carl O Lamm
Daphne Woods
M. [unclear]
Dr. Aaron
R. Turbbz

Michelle McCallum

Gen Del

1. Was out-patient nurse - Apr 82.
2. Hosp needs more doctors, esp if he to make field trips. Now 1 pm, 1 TOY, 2 PA's.
3. Village could contract w/ private physician rather than BSAHE.

4. Board doesn't really understand what's going on. Decision to replace dr w/ PA not approved by Board.

5. Board involved only if Ex Dir calls them in.

6. JCAH review not done for two years, not coming this year. No info on PTH's insp except mgmt audit

7. High turnover - she quit because afraid something bad likely to happen, didn't want to be around. Came to a lack of experienced people. Big exodus started last year (6 slots, incl 1 dr w/ 14 years exp but high salary) Made nurses mad, key ones quit.

8. Now have to recruit nurses for two weeks on 12-hour shifts. Lab tech came Feb, left in Aug, afraid life be lost.

9. 15-30 out patients day, maybe 40 in summer
village got 2-4 visits year

10.

Gusti Knutsen -

1. When lost sr. dr., as housekeeper lost morale
{ Maint gone down

2. Inept ~~leadership~~ mgmt last two years.

3. Favor sep accounting for hosp vs. other BSAHE activities

4. Lack of supervision by dep director.

Budget
cut

nurses
pay scale?

Irma Schroeder - after 26 years -

1. Left hosp last Oct. Problem is admin.
2. Robert, Richard & Lehman planned run ~~of~~ hosp - they are - it's a mess.
3. Six fired because not liked. Positions have been re-filled.
4. Deterioration since BSATC took over. No policy & procedure (not required to follow IHS).
- 5.

Curt Armstrong -

1. Budget cuts - hosp funded at same level as in previous year.
2. Case of brother w/ appendicitis, apparently (?) mis-diagnosed.

Cathy Leary - 10 yr resident

1. Hosp not even option now, except emergency.
2. \$40 for penicillin prescription - higher price on weekend.
3. Usually wait 7-8 hours when goes out. Doesn't know if difference now under BSATC.

Michael Gibson

Box 47

1. IHS cut money - thanks for leg help.
2. Board dictates when meetings will be held, can't understand that hosp board doesn't

Steve Levinson - 26 yrs in ^{3 yrs w/ ~~hosp~~ hosp} health care field (admin)

1. formerly of BSATC (leg dir, briefly exec dir, then hosp)
2. got promise dir, tentat.
3. facility old, need new one, in DC got promise of planning funds (\$1,229,000) but BSATC had to get "substantial certin" & cost money from non-feds.
4. Holman, Chickwork & agreed to try for half the money from state.

25/2/52

The Foreman (cont.)

- 5. Fred, head, lost. Made deal that left for man money in return for good references.
- 6. Ben Higgins, common, stolen, said Black told her. BSA the doesn't give it. He \$1,229,000
- 7. Head mad about to sit on bed when acting as keep it. Dr. Connell not on with cut capability of group.
- 8. Ed mentions tell him not in contract, not aware of what's going on
- 9. Dr. Johnson tried to get rid of Dr. Connell

you fanglers - ex-Kid Med Records - 17 Mar 81

1. East of Connump, about the BSA the took over, good

2. Dr. Connell gave his officiating report in Dr. Johnson. Johnson, opposite Dr. Connell, had some thing to do with his demoral.

3. Was on feet Adv Bd to BSA the - 7 months. He fell on his own, Clark didn't attack, eventually

4. He: 50th anniversary for organization

5. Looking patient about year ago. Found case re patient) seem not cleared this days

Hannette Hall - nurse nurse the.

10. Nurse pay for the. Book -

20. 3 nurses, read min 2 on floor

30. Working 12-h shifts, 9-12 (Nurse work 12-h)

*

Billy Benedict - ex-employee BBAAE
- got cash settlement after grievance/dismissal
- provider of direct health care should be secure in job
- dau lost ear drum because didn't want to go in after hours -

Mark Kuratza -
- miss one thing, after hours visit something else
- 2 premature children, 1 OK, 1 had prob retarded
- grandmother stroke, or didn't want to come
- " " bid of colonic cancer, not diagnosed by hosp.
- takes dau to Ancl every six mos, doesn't want to miss any chances
- street talk tells of fights with hosp.

Dorothy Anderson -
- repeats need for mgmt audit.

Anna Ferguson - Dir of Nurses since Jan
- sent out 150 applications this summer, got about 30 back

Kay Heron -
1. Pay nurse raise cost less than TDY nurse.
2. Ad needs more info, more to tag.

Gordin Isarea - Dir All Vol Reserve Squad
- 250 emerg calls since Jan
- HESB Ann hearing about year late
- many complaints valid
- alcohol - stress prevention

Ronald ~~Holtz~~ ^{Fox} } Member Bd BSAAC 1,259,000
Port Heiden }
Arch hired, will get new bldg.

Gene Timmerman - (nurse)

1. Danger in perception that care here not OK.
- 2.

Robert Clark - Ex Air since Oct 81

- open except for conf materials
- using 3d party payers

Sep 22, 1982

Bobby Andrew - wife employed at hosp.

1. need interpreter, hearings in villages
2. .. to cut # of hours nurses work, hire LPA - aides, get better care for patients

Gordon Ryder - pharmacist since 1976

1. nurses did have 12-15 yrs exp, now 2-3
 2. drs cut back 3 -> 1, plus PA
 3. first call summer student or PA, 2d dr.
 4. some nurses prescribe on own, dosing errors.
- not qualified, should call dr, didn't

Silke Smith - little use of hosp.

1. ~~the~~ confidence in hosp diminished
2. staff attitude rigid, loses human touch
3. hard to see dr -

Steve Levinson -

- BBAAC state-chartered corp, gets ^{ca} \$300,000 yr state money.
- obligated seek payment from all users

Judy Merrill -

- surgical treatment at hosp. After 3rd day had to ask for room to be cleaned. Still sick when left, ~~sent~~ went to Arch.
- Nursing staff ok.
- Will not go into hosp again.

Vivian Braswell - worked 6 yr at hosp, 6 yrs ago

1. Main complaint - hard to get treatment after hours.
2. Sister complaint - same.
3. Doesn't go to hosp

Jean Armstrong - nurse at hosp 25 yrs ago -

1. Treatment of Daniel Savel (sp?) son in law, last spring - Dr Libby said prob appendix, go to hosp - sat in clinic 2 $\frac{1}{2}$ hrs, then admitted. Room on charter, not used, Dr Aaron said send (next day) other dr countermanded. Sent to Arch, in surgery less than hour later, ruptured appendix since Wed (this was Sat).

②

Carol Myree - lived in Bill Zycam

1. Suspected twins, sonogram in Arch, baby delivered by student
2. Four days in hosp in spring - flu - they thought kidney infection. Two women with flu in same room w/ expectant mother
3. Last week emergency visit after hours - spastic muscle - given Valium w/o asking if pregnant.
4. Boy's swollen glands, knots on necks - Oregon pediatrician said build-up infection from mosquito bites - good they got out for a while.

Rozanne Savel -

Husband case (same as Mrs Armstrong).

Laura Schroeder - city mgr

1. problem is mgmt - delegation of auth.?
2. many former employees still in town