

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 86/2

1433 SHES 1982 INTERIM: HEALTH REPORT '82 - DILLINGHAM HEAR.



## Thomas Frist, Jr. named CEO of HCA

**T**homas F. Frist, Jr., M.D., president of Hospital Corporation of America (HCA) of Nashville, Tennessee, has assumed the additional duties of chief executive officer.



Frist

Donald S. MacNaughton, who has been chief executive officer since October, 1978, continues as chairman of the board.

Frist, 44, one of the founders of the company in 1968, has served as chief operating officer since August, 1976, and as president since April, 1977.

MacNaughton joined HCA as board chairman and chief executive officer after taking early retirement from Prudential Insurance Company of America, where he held similar positions. □

## HGI's acquisition of SHS completed

**H**ealth Group Inc. (HGI) of Nashville, Tennessee, has completed its acquisition of Southern Health Services, Inc. (SHS) of Atlanta, Georgia. The purchase price was \$70 million in cash, notes, HGI stock and the assumption of SHS debt.

The merger gives HGI a total of 17 hospitals with a total of 1,528 beds — 13 owned hospitals with a total of 1,112 beds, and four managed hospitals with a total of 416 beds. New projects under way include the construction of one new hospital and the expansion of two others for a total of 210 beds.

HGI executive offices will remain at Nashville. The former offices of SHS at Atlanta will serve as operating headquarters for HGI facilities.

George P. Van is board chairman and chief executive officer of HGI. A. Ronald Turner, a founder and president of SHS, has been elected president of HGI, and Richard B. White, former board chairman and also a founder of SHS, has been named HGI's executive vice president of development. □

## AMC, Forum Merge

**A**merican Medical Centers, Inc. (AMC) of Nashville, Tennessee, has announced plans to merge with Forum Group, Inc. of Indianapolis, Indiana. The transaction is valued at \$88 million and involves cash, common stock and assumption of debt.

AMC owns and operates five psychiatric and five general hospitals with a total of 876 beds.

Lewis F. Wood, Jr., AMC president, will serve as president of the subsidiary, which will continue to be based at Nashville. Wood and AMC's two founders, Ronald I. Dozoretz, M.D. and Arnold Leon, will join Forum's board of directors. □

## Staff: a market force

**H**ospital staffs can be a catalyst toward achieving an effective marketing program, according to William J. Casey, chairman of the Federation of American Hospitals (FAH) Marketing Seminars.

Casey, vice president-operations for National Medical Enterprises, Inc. (NME), told the Annual Conference of the National Association of Rehabilitation Facilities (NARF) at Indianapolis, Indiana, recently:

"In most communities, the hospital is one of the largest, if not the largest employer in the community. If your employees, your auxiliary, and your medical staff are pleased with the services you provide, then they can tell their friends and relatives about your hospital in a positive way. If they are not pleased, then they might be talking negatively. This acts as a counter-indication to utilizing your facility."

Casey announced at the meeting that the FAH would sponsor its second Marketing Seminar at its 1983 Annual Meeting at the Fountainbleau Hotel, Miami Beach, Florida, April 6-8. The first was held at the 1982 Annual Meeting at Las Vegas in March. □

Ronald C. Dodson, to executive vice president; Gerald L. Stevens, to senior vice president, corporate development, and Stanley J. Kwiatkowski, to executive vice president and general manager of the International Group. Dodson is president of NME's new Psychiatric Group.



Stevens



Dodson

Hospital Corporation of America (HCA) of Nashville, Tennessee, has announced the appointment of Donald E. Strange as regional vice president for the HCA Management Company.



Strange

He will be responsible for operations in 13 Eastern states. Other changes include: Creighton E. Likes, Jr., to district vice president, Charlotte, Virginia, Group Office; Richard H. Scheffer, to district vice president, Boston District Office; Charles Neumann, to district vice president for the new Washington, D.C. District Office, and Robert Yeager, to vice president, controller, corporate office.

Lifemark Corporation of Houston, Texas, has named Stanley J. Brzenk as vice president, facility management, and Carol Jacobson as assistant vice president and group controller of the Specialty Care Group. The following have been appointed development managers on the Corporate Development Staff: John Peter Hacker, Robert R. Smith and Randall Allen Hammock.



Jacobson

Paracelsus Hospital Corporation (PHC) of West Covina, California, has announced the promotion of Paul S. Hersch, Ph.D., to president and chief operating officer of domestic operations, and Michael J. Costello, Jr., to chief hospital operations officer and assistant to the chief operating officer. Also,

## PERSONNEL

### Executive

**N**ational Medical Enterprises, Inc. (NME) of Los Angeles, California, has announced these corporate changes:



Theodore (Ted) Papanickolas has been appointed to vice president of finance and chief financial officer.



Hersch



Costello

Humana Inc. of Louisville, Kentucky, has named Richard A. Schweinhart as director of corporate accounting.



Salberg



Detroy

Health Group, Inc. (HGI) of Nashville, Tennessee, has made these appointments: Harvey P. Detroy, to division controller; Jack R. Salberg, to regional director of operations in the Southeast, and Dennis Meaders, to vice president of operations for the Southern Division.

Universal Health Services (UHS) of Bala Cynwyd, Pennsylvania, has announced that Arthur Heimbald, vice president of marketing, will assume the responsibility for business development, and William Grinwis will fill the newly-created position of director of business development.



Rutherford



Reinhardt

American Healthcare Management, Inc. (AHM) of Dallas, Texas, has promoted Grace D. Dilworth, R.N. to senior vice president of operations.

Good Samaritan Health Services, Inc. of Tampa, Florida, has named J. Rudy Reinhardt as vice president-operations, and Thomas S. Rutherford as vice president-legal services.



Huber

Brim & Associates of Portland, Oregon, has appointed Connie S. Huber, R.N. to the position of professional services consultant. □

**Administrative**

Humana Inc. of Louisville, Kentucky, has announced these administrative changes: William W. Ward, executive director of Community Hospital of South Broward at Hollywood, Florida; Jimmie

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H. O'Dell, executive director of San Antonio Community Hospital at San Antonio, Texas; Frank P. Kocczynski executive director of St. Petersburg General Hospital at St. Petersburg, Florida; Jeffrey S. Holland, executive director of Aurora Community Hospital at Aurora, Colorado; Stephen L. Sutherlin, executive director of Community Hospital of the Palm Beaches at West Palm Beach, Florida; Prosser L. Ashbury, executive director of Suburban Medical Center at Overland Park, Kansas; Barry S. Schneider, executive director of Suburban Medical Center at Hoffman Estates, Illinois; Sanford H. Kaplan, executive director of Baldwin Park Community Hospital at Baldwin Park, California; Brian J. Bassalline, executive director of Studebaker Community Hospital at Norwalk, California; Thomas P. Williams, executive director of Woodland Park Hospital at Portland, Oregon; John W. Hanshaw, executive director of Allenmore Community Hospital at Tacoma, Washington, and Jack C. Colligan, administrator of Ville Platte General Hospital at Ville Platte, Louisiana.

Humana also announced these overseas appointments: James B. Bissell, executive director of Hospital de la Tour at Geneva, Switzerland; Max K. Harder, executive director of Wellington Hospital at London, England, and Rex Macklin, executive director of Hospital Humana de Madrid at Madrid, Spain.

American Medical International, Inc. (AMI) of Beverly Hills, California, has made these appointments: Gene Barron, administrator of West Texas Hospital at Lubbock, Texas; Luran Bowytz, administrator of Rancho Encino Hospital at Encino, California; Richard Forrester, administrator of Woodruff Gables Hospital at Bellflower, California; Rick Seidler, administrator of Arroyo Grande Hospital at Arroyo Grande, California; William J. Simpson, Jr., administrator of Glendora Community Hospital at Glendora, California; Michael Windes, administrator at Glenn R. Frye Memorial Hospital at Hickory, North Carolina, and Daniel E. Short, administrator/director of marketing at Meridian Industrial Clinic at Oklahoma City, Oklahoma.

Hospital Corporation of America (HCA) of Nashville, Tennessee, has announced these administrative changes: Keith Baldwin, administrator of Gritman Memorial Hospital at Moscow,

Idaho; Stephen Brandt, administrator of North Florida Regional Hospital at Gainesville, Florida; William Campbell, administrator of Carter County Memorial Hospital at Elizabethton, Tennessee; Louis Garcia, administrator of Kleberg Memorial Hospital at Kingsville, Texas; Andy Gramlich, interim administrator at Johnson City Eye and Ear Hospital at Johnson City, Tennessee; Charles Lochar, administrator of Clifton Springs Hospital at Clifton Springs, New York; Donald Patterson, administrator of Doctors Osteopathic Hospital at Erie, Pennsylvania; Wesley Oswald, administrator of Northwestern Medical Center at St. Albans, Vermont; James Sato, administrator of Community Hospital of Gardena at Gardena, California; Glenn Smith, administrator of John Graves Ford Memorial Hospital at Georgetown, Kentucky; Robert Thackston, administrator of Tigua General Hospital at El Paso, Texas; E. Eugene Williamson, interim administrator of Hubbard Regional Hospital at Webster, Massachusetts; Larry Winder, administrator of James Archer Smith Hospital at Homestead, Florida; Joe Depew, administrator of Lewisburg Community Hospital at Lewisburg, Tennessee; Joe Grimes, administrator of Medical Park Hospital at Chattanooga, Tennessee; J. Daniel Miller, administrator of Monsour Medical Center at Jeannette, Pennsylvania; Gail Oberta, administrator of Holly Hill Hospital at Raleigh, North Carolina; David Stansberry, administrator of Wayne County General Hospital at Waynesboro, Tennessee; Jack Travis, administrator of Northwest Community Hospital at Des Moines, Iowa; Nicholas T. Carbone, administrator of Lawnwood Medical Center at Fort Pierce, Florida, and William Hiers, administrator of Heritage Park Hospital at Macon, Georgia.

Charter Medical Corporation of Macon, Georgia, has named Darrell Lumpkin as administrator of Metropolitan Eye and Ear Hospital at Atlanta, Georgia, and Jim Hackett as administrator of Charter Pacific Hospital at Torrance, California.

Lifemark Corporation of Houston, Texas, has appointed Don Clulla as administrator of Westgate Hospital and Medical Center at Denton, Texas.

Health Group, Inc. (HGI) of Nashville, Tennessee, has named Alfred G. Stubblefield as administrator of Fen-

tress County Hospital at Jamestown, Tennessee, and Richard A. Levy, Jr., as administrator of Jefferson Memorial Hospital at Alexandria, Virginia.

Paracelsus Hospital Corporation (PHC) of West Covina, California, has announced these administrative appointments: Samuel T. Santl, administrator of Bellwood General Hospital at Bellflower, California; Douglass D. Dalley, administrator of Lancaster Community Hospital at Lancaster, California; John Milford, administrator of Oakland Hospital at Oakland, California; Robert G. Shell, administrator of West Covina Hospital at West Covina,



Milford



Stone



Shell

California; Willa Stone, R.N., administrator of Women's Hospital at Las Vegas, Nevada, and David R. Topper, interim administrator of Hollywood West Hospital at Hollywood, California.

HEI of Houston, Texas, has named Walter H. Carpenter as administrator of Rosewood General Hospital at Houston.

Good Samaritan Health Services, Inc. of Tampa, Florida, has appointed Robert V. Greene as administrator of Good Samaritan Hospital at Tampa. □



Greene

## HOSPITALS

Hospital Corporation of America (HCA) of Nashville, Tennessee, has acquired the following facilities: the 45-bed John Graves Ford Hospital at Georgetown, Kentucky; the 55-bed Smyrna Hospital at Smyrna, Tennessee, and the 39-bed Alexander-

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# HealthCare NewsBriefs

## Healthcare Management Consultants To Use MediFlex™

Atlanta, GA--Healthcare Management Consultants, Jacksonville, Fla., one of the country's largest home healthcare consulting firms, and publisher of The Home Health Journal, has contracted to use MediFlex™, an advanced financial modeling system offered by Whittaker Medicus, Inc., Evanston, Ill., according to Lee Lampiris, senior vice president of Medicus.

Rod Windley, president of Healthcare Management Consultants, said, "MediFlex™ will provide our clients with the most sophisticated and powerful financial modeling tool available. This will certainly help home healthcare agencies deal with their complex financial environment--an environment in which reimbursement regulations are becoming as restrictive as the regulations being applied to hospitals."

## Whittaker General Medical Continues Western Expansion

Richmond, VA--New distribution facilities in Denver, Colo., and Seattle, Wash., opened in June, giving further impetus to Whittaker General Medical's overall expansion program. WGM-Denver, located in Arvada for more than a decade, moved to new quarters in Denver where distribution, sales, and packing operations now employ 22 people.

Whittaker General Medical is new to Seattle, having previously serviced that area from its Portland, Ore., center. Twenty employees work out of the Seattle office.

Both new locations extend the company's full-service capabilities in addressing the needs of hospitals, nursing homes, physicians, laboratories, and home health.

## Three More Hospitals Sign On With NMIS

Evanston, IL--Bayfront Medical Center, St. Petersburg, Fla., Charleston Area Medical Center, Charleston, W.V., and Hackley Hospital, Muskegon, Mich., have signed contracts to install Nursing Management Information Systems™. NMIS, a Whittaker Medicus, Inc., product, embraces a patient classification tool, a quality monitoring methodology, staffing framework, and a computerized management reporting structure offered by Whittaker Medicus, Inc.

Whittaker Medicus, Inc., specializes in the application of management science principles and computer technology to healthcare institutions. It offers its clients computer software, computer products, consulting, and contract management.

For more information about any Whittaker HealthCare product or service write:

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Whittaker HealthCare Services Group

Whittaker



Eastman Hospital at Derry, New Hampshire. HCA Management Company has announced agreements to manage the 118-bed Blue Ridge Hospital System, Inc., including Spruce Pine Community Hospital at Spruce Pine, North Carolina, and Burnsville Community Hospital at Burnsville, North Carolina, and the 195-bed Holladay Park Hospital at Portland, Oregon.

Humana Inc. of Louisville, Kentucky, has announced plans to acquire the 301-bed Gateway Community Hospital at St. Petersburg, Florida, and the 144-bed Coweta General Hospital at Newnan, Georgia.

National Medical Enterprises, Inc. (NME) of Los Angeles, California, has signed agreements to acquire the 185-bed Sydney R. Forkosh Memorial Hospital at Chicago, Illinois.

Qualicare Inc. of New Orleans, Louisiana, has acquired controlling interest in the Rhodes J. Spedale Hospital at Plaquemine, Louisiana and has announced plans to build a 100-bed replacement facility. The company also has started construction of the 107-bed Lander Valley Regional Medical Center at Lander, Wyoming and has completed the 102-bed River Parishes Medical Center at LaPlace, Louisiana.

Paracelsus Hospital Corporation (PHC) of West Covina, California, has acquired the 85-bed Bellwood General Hospital at Bellflower, California, and the 44-bed Hollywood West Hospital at Hollywood, California.

HEI of Houston, Texas has purchased the 25-bed Sealy Medical Center at Sealy, Texas. The facility has been renamed the Brazos Valley Hospital.

Geisinger Medical Management Corporation (GMMC) of Danville, Pennsylvania, has signed a contract to manage the 133-bed Miner's Hospital of Northern Cambria, Spangler, Pennsylvania.

Basic American Medical, Inc. of Indianapolis, Indiana, has purchased the 14-bed Suburban Hospital at Satsuma, Alabama.

Hospital Management Professionals (HMP) of Brentwood, Tennessee, has signed a contract to manage the 77-bed Starke Memorial Hospital at Knoxville, Indiana.

Brim & Associates of Portland, Oregon, has signed a management contract with the 70-bed Indianhead Medical Center at Shell Lake, Minnesota. □

## MENTAL HEALTH

National Medical Enterprises, Inc. (NME) of Los Angeles, California, has completed the acquisition of First Washington Group, Inc., the parent company of Psychiatric Institutes of America (PIA). The purchase price was approximately \$100 million in cash.

First Washington Group, through PIA, operated 21 psychiatric hospitals and mental health care facilities with a total of 1,586 beds in Washington, D.C., and 13 states: Virginia, Connecticut, California, Florida, Texas, New Jersey, Colorado, Michigan, Georgia, North Carolina, South Carolina, Maryland and New York.

The addition of the PIA facilities gives NME's new psychiatric group a total of 25 free-standing psychiatric hospitals and five psychiatric units in acute care hospitals, with a total of 2,102 psychiatric beds.

Richard K. Eamer, NME's board chairman and president, has announced the appointment of Ronald C. Dodson as president of the company's psychiatric group. Dodson was general manager and executive vice president of PIA. He also has been named an executive vice president of NME.

Commenting on the acquisition, Eamer said, "Growth in the private psychiatric hospital industry averages 20 percent annually, and the market will reach \$4 billion by 1985. We are confident that PIA's high level of quality care will attract a steadily increasing share of this expanding market."

HCA Psychiatric Company, a subsidiary of Hospital Corporation of America (HCA) of Nashville, Tennessee, marked its first anniversary recently with the formal opening of the new 100-bed Poplar Springs Hospital, a replacement facility for the Petersburg Psychiatric Institute at Petersburg, Virginia. Bruce C. Waldo is the administrator. The company also announced expansion plans for three other psychiatric facilities, Cypress Hospital at Lafayette, Louisiana; Holly Hill Hospital at Raleigh, North Carolina, and Riveredge Hospital at Chicago, Illinois.

HCA Psychiatric also announced the appointment of James Hunt as assistant vice president for community relations.

Community Psychiatric Centers

(CPC) of Santa Ana, California, has named Patrick Cecil as administrator of Belmont Hills Hospital at Belmont, California, and Jay L. Waggoner as administrator of Alhambra Hospital at Rosemead, California.

Qualicare, Inc. of New Orleans, Louisiana, has announced plans to build a 126-bed replacement facility for River Oaks Hospital, a psychiatric facility at New Orleans, Louisiana.

American Medical Centers (AMC) has appointed Jeanne Tannenbaum as administrator of Portsmouth Psychiatric Center at Portsmouth, Virginia.



Charter Medical Corporation of Macon, Georgia, has named Jim Daher as group administrator of its Addictive Disease Division at Atlanta, Georgia, and Mac Stribling as group administrator/executive director of Broad Oaks Hospital at Savannah, Georgia.

Horizon Health Corporation of Dallas, Texas, has acquired the 80-bed Beverly Glen Hospital at Beverly Hills, California, and the 90-bed Woodland Hills Psychiatric Hospital at West Monroe, Louisiana. The company plans to convert Beverly Glen from an acute care to a specialty hospital offering psychiatric and substance abuse treatment.

Grant Center Hospital, a psychiatric facility in South Dade County, Florida, has named Thomas D. Farben as administrator.

American International Health Services (AIHS) of Lynn, Massachusetts, has appointed Ed Bateman as director of the Southern Region Office of the new AIHS-Employee Assistance Program (EAP) Division. The company also announced the opening of a new Alcoholism Help Unit in the 214-bed Daytona Community Hospital at Daytona Beach, Florida. □

## FOREIGN

Hospital Corporation of America (HCA) of Nashville, Tennessee, announced recently that its subsidiary, HCA Saudi Arabia, Ltd., had concluded negotiations to commission, staff and



manage the Saudi Arabian National Guard Medical City Complex in Riyadh.

The 500-bed hospital was built by the Ministry of the National Guard of Saudi Arabia. HCA Sauc. Arabia, Ltd.'s contract will be with the U.S. Department of Defense, which has an agreement with the Saudi Arabian government to operate the medical complex.

The 30-month contract provides that a total of 250 beds will be opened in phases from November, 1982 to February, 1984, according to HCA officials, who said that the pact would be a cost plus fee arrangement, totalling between \$175 million and \$200 million over the full period. The company was selected in competitive bidding to negotiate the contract.

HCA also announced the purchase of Centro Medico Paitilla, a 122-bed hospital in Panama City, Republic of Panama. The company has held a consultancy agreement with the facility since 1975. The purchase price was \$7.2 million. Rodrigo A. Moreno, a former director of the Panama Ministry of Health, is the hospital's administrator.

American Medical International, Inc. (AMI) of Beverly Hills, California, has signed contracts to manage two more overseas hospitals — the 378-bed Hypala Diagnostic and Therapeutic Center of Athens, Greece, a 17-story medical, surgical and dental acute care hospital, and the 263-bed King Khalid Eye Specialist Hospital at Riyadh, Saudi Arabia, which is scheduled to open in December, 1982.

## FAH names new sales manager

**G**arren E. Hagemeyer has been named National Sales Manager for the Federation of American Hospitals (FAH).

John Walker, FAH Director of Administration, announced the appointment. He said that Hagemeyer would be responsible for the sales of advertising for the *Review* and exhibit space for the FAH's Annual Trade Show — and the recruitment of FAH associate members.



Hagemeyer

Hagemeyer succeeded Mary Lou Galician, Ed. D., who resigned after serving two years as FAH Marketing Manager. She will devote full-time as president of her own company specializing in motivational programs for individuals and institutions. She will retain her Little Rock, Arkansas, residence and will serve as an FAH sales consultant.

For the past 10 years, Hagemeyer has served in general management and sales management positions for companies operating in the Southwest. Also, he served in the Air Force for seven years and was attached to the National Security Agency.

Commenting on the appointment, Walker said, "We are particularly

pleased with Garren's sales background and abilities, and we believe that he is very well qualified to serve manufacturers and suppliers in effectively presenting their product and service message to our high-growth sector of the hospital industry." □

## CALENDAR

September 22-24, 1982: Quarterly Board of Directors Meeting of the Federation of American Hospitals. New York Hilton Hotel, New York, New York.

December 1-3, 1982: Quarterly Board of Directors Meeting of the Federation of American Hospitals, Registry Resort, Scottsdale, Arizona.

April 6-8, 1983: Annual Meeting and Trade Show of the Federation of American Hospitals, Fontainebleau Hotel, Miami Beach, Florida.

April 24-27, 1983: Annual Convention of the Association of Western Hospitals, Disney Hotel and Anaheim Convention Center, Anaheim, California.

August 1-3, 1983: Annual Convention of the American Hospital Association, Houston, Texas (in conjunction with the Texas Hospital Association).

## ADVERTISERS IN THIS ISSUE

Advanced Health Systems, Inc. ....	40	MEDIQ Mobile Services .....	17
C. R. Bard, Inc. ....	6-7	Nuclear Associates .....	57
Basic American Medical .....	31	Paracelsus Hospital Corporation .....	29
Bill Miller & Associates .....	59	Physical Therapy Associates, Inc. ....	45
The Burdick Corporation .....	Cover 2	Picker International, Inc. ....	54-55
Coastal Group, Inc. ....	22	J. T. Posey Co. ....	51
Community Psychiatric Centers .....	8	Shared Medical Systems .....	23
Continental Nurse Corps .....	28	Siemens Corporation .....	61
CPHA .....	4	Traveling Nurse Corps, Inc. ....	21
Drexel Burnham Lambert Incorporated .....	46, 53	USECO .....	24
General Electric Medical Systems .....	14-15	Video Communications,	
HCA Hospital Corporation of America .....	Cover 4	A Division of Inn-View Movies, Inc. ....	20
Hill-Rom .....	62-63	Whittaker HealthCare Services Group .....	64
Marshall and Stevens Incorporated .....	27	Whittaker Medicus .....	Cover 3

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For further information write Hospital Corporation of America, One Park Plaza, Nashville, TN 37203 or call 1-800-251-2561.

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# BIG



TURN OUT  
FOR  
ALASKA HEALTH FAIRS

A TREMENDOUS amount of community spirit was generated throughout Alaska as 23 Health Fair sites opened their doors and reached out with news of good health and the opportunity for Alaskan citizens to learn more about their health. Approximately 7,000 participants registered for the free screening tests, with over half of these opting for the Blood Chemistry Analysis. The vast majority of these participants found that they were enjoying good health. In addition to the number of registered participants, roughly 3,000 more "passer-bys" took the opportunity to visit the numerous, informative Health Education Exhibits. Alaska ranks as a leader among the Health Fairs nationwide by reaching almost 2% of our state population. At this point, follow-up volunteers are continuing to contact selected participants who had one or more abnormalities detected at the Health Fair to encourage their procurement of additional medical attention.

## Take A Bow!

### ---OUR STATEWIDE SITE COORDINATORS---

- DIMOND MALL - Barbara Bathony, RN
- ANCHORAGE NEIGHBORHOOD HEALTH CENTER - Sue Aultman, RN
- ALASKA HOSPITAL - Lana Gessler, RN
- YMCA ANCHORAGE - Debra Muller
- NORTHWAY MALL - Joyce Comp
- CHUGIAK SENIOR CENTER - Dorothy Douthit, RN
- PROVIDENCE HOSPITAL - Candy Pierson
- KODIAK - Ilva Murbach, NP / Joan Mirks, RN
- KENAI - Leila Jones / Judy Downs, RN
- SEEK - Sam Alexie / Nancy Bill
- NINILCHIK - Virginia Kvasnikoff
- PALMER - Darlene Reed, PHN
- DILLINGHAM - Jeanne Timmerman, PHN
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- JUNEAU - Connie Trollen, PHN
- SITKA - Nancy Eliason, PHN
- FAIRBANKS - Marcia Cressel-Argau / Phyllis Varney, RN
- HOMER - Donna Fenske, PHN / Johnnie Parks, PHN
- CORDOVA - Dianne Jansen
- BETHEL - Nancy Bill
- SELDOVIA - Donna Fenske, PHN
- WHITTIER - Jimmy Yeagle



Victor Jorge, KTUU News Director, visits Chugliak Senior Center on May 1. Dorothy Douthit, RN, site coordinator stated Victor is "FIT FOR ALASKA"!!

### ---WORTHY OF NOTE---

We have recently completed a "major overhaul" of our mailing list. We would LOVE to think we worked out all the bugs; however, we realize that the chances are better that we missed some things. If your address is incorrect, if you're still getting 2 newsletters, or perhaps just don't care to be on our mailing list, please let us know. We certainly don't want to contribute to the "mail inundation problem"! THANKS! *forget ☺*

# -- ALASKA HEALTH FAIR --

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The ALASKA STATE ELKS ASSOCIATION, at their annual meeting in May, passed a motion for Elks involvement in the Alaska Health Fair project. Ed Saunders, Chair for the Worthy Projects Committee, has been working with George Robinson of the Major Projects Committee and Elizabeth Eggert to prepare guidelines for the lodges to follow. The Worthy Projects Committee will be contacting each lodge in the near future as the guidelines are finalized.

The individual lodges will have the opportunity not only to get involved in coordinating the Fairs, but also to provide monetary support for their local communities' Health Fair. Elizabeth Eggert will be traveling in the fall to each of the lodges around the state to speak about Health Fairs.

A BIG THANK YOU TO THE ELKS OF ALASKA!



PRESIDENT REAGAN  
APPLAUDS  
HEALTH FAIRS

In a National Press Conference on Aug 5, President Reagan commended NISCVO as being an excellent example of a successful, private-sector, "public-minded" organization.

In attendance at the Press Conference were several leading officials of various organizations who have supported Health Fairs on the national level, including Frank Bradley of Chevron USA's Washington DC office. Chevron and the others were recognized by President Reagan for their extraordinary contributions to NISCVO in both the national arena and on a local level.

President Reagan's remarks followed an introduction by the Public-Private Sector Initiatives Task Force. The primary function of the Task Force is to explore options available for non-fiscal governmental involvement with private sector organizations. President Reagan is very interested in making government resources available to entities created from business, media, volunteer, and other community partnerships. The PPSI Task Force is currently exploring avenues of possible collaboration with NISCVO, and we are certainly buoyed up by an endorsement of this magnitude! More from the PPSI Task Force will be forthcoming in future newsletters.

*I would like to send my sincere appreciation to Chevron USA, Inc. Their financial contribution is the primary reason the Alaska Health Fair project exists. The personal support from Tom Gallagher and George Day of the Public Affairs Office was invaluable. The 3 TV stations, KTVA, KTUU, and KJMO worked together in a cooperative effort to spread the good word about Health Fairs. Sara McCullough, Executive Director of the American Red Cross remains dedicated to helping Alaskans and gave much priceless input at the monthly Board meetings.*

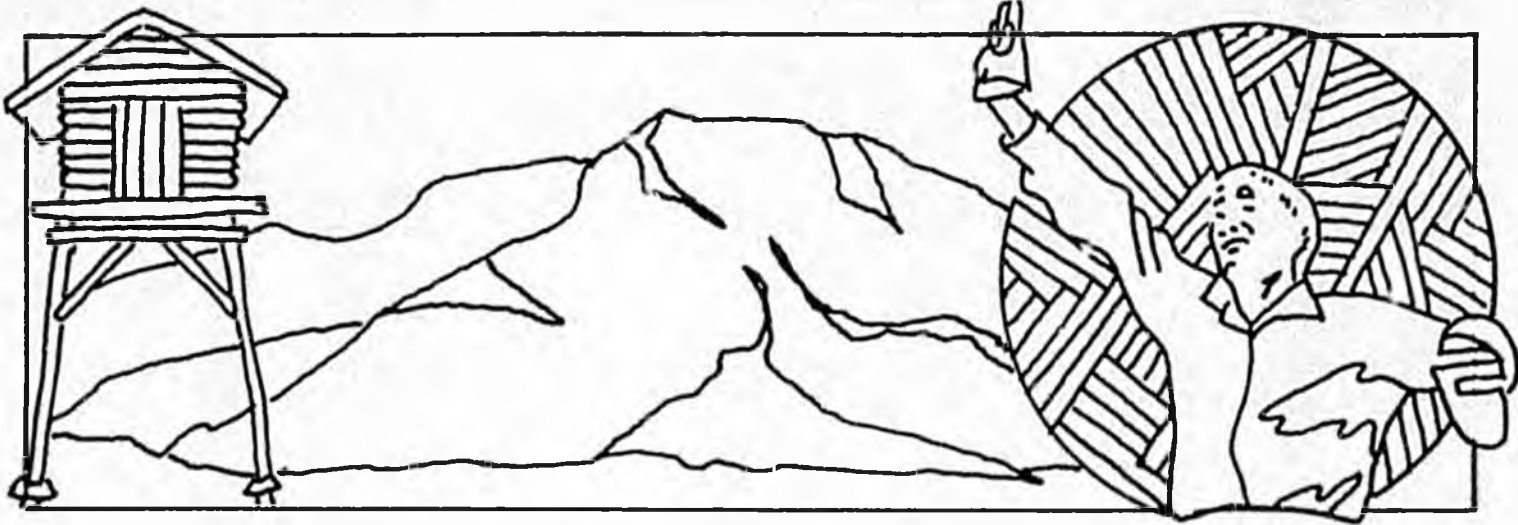
*I feel very confident that Alaska Health Fairs in 1983 will expand to more communities and reach more Alaskans. The energy and enthusiasm exhibited this year by the many volunteers was amazing to me. I look forward to working with everyone again next year.*

*Sincerely,*  
*Elizabeth*  
Elizabeth Eggert, RN

# Way Up North Health Planning News

Volume V, No. 1

September, 1982



NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.  
529 Fifth Avenue, Suite 8  
Fairbanks, Alaska 99701

## EMERGENCY SERVICES IN DISTRESS

With loss of funding for a major ambulance service provider in the Fairbanks North Star Borough (FNSB), provision of emergency life support for many citizens is in jeopardy. The Chena Goldstream Volunteer Fire Department has lost all funding for its ambulance service, which means a drastic reduction in response to half of the Borough.

The current situation with the Chena Goldstream service area merely focusses attention on a problem which has existed since 1979, when the Fairbanks Fire Department (FFD) stopped responding outside the city limits. Chena Goldstream grew to fill gaps created by the FFD's funding cuts, acting as a bandaid on a very large problem.

There are now four civilian and two military ambulance services in the FNSB. The FFD provides paramedic response within the Fairbanks city limits only. The other civilian services respond within enormous areas from Murphy Dome to Salcha to Cleary Summit, providing backup for each other. There is no one phone number for people to

call in an emergency; sometimes five or six calls are made before any ambulance crew rolls. If North Pole is providing assistance to Chena Goldstream on Chena Hot Springs Road, there is no one available to respond to a call at Moose Creek. Some services are all volunteer; some are paid; some are paid more than others. One operates as a service district; two are city-operated; one is a private non-profit corporation. There is no central coordination or dispatch.

Compounding these problems, the Interior Region Emergency Medical Services Council, which provides training for ambulance personnel and purchases and equips ambulances, has also suffered a loss of 50% of its budget this year. Severe funding reductions, combined with the ongoing problems of a disjointed ambulance system, have brought the issue of emergency services in the FNSB to a point where action must be taken.

The Borough needs an ambulance services plan which would provide a comprehensive overview of the emergency response system

and an assessment of community needs. Such a plan would include an analysis of alternative methods of solving identified problems with the existing system and strategies for their implementation.

Over the next several months, NAHRA, the Interior EMS Council, the FNSB, the ambulance service providers, and the public must address the future of emergency services in the Borough. The public will be given opportunities to participate in the decisionmaking process. Watch this newsletter, the News Miner, and the broadcast media for further information.

## **Child Car Seat Safety Program Begins**

The leading killer of babies and young children is accidents. Auto accidents are the major cause of fatalities in Interior Alaska. Death and injury of infants and children in auto accidents can be prevented by use of car seats. However, most families either use no child car seats or use them improperly.

The Fairbanks Health Center already provides education to new parents about car seat safety while the mothers and infants are still in the hospital. Some families, however, find the cost of a car seat to be beyond their means. Lives are lost for lack of money.

Anchorage and some other communities in Alaska have established car seat loaner programs, which provide car seats to new infants on the day of their discharge from the hospital. Through use of the infant seats, parents get in the safety habit and "graduate" their children to toddler car seats as they grow.

A group of service providers in Fairbanks is organizing a child car seat safety program for this region. In addition to NAHRA, participating agencies are the Fairbanks Health Center, the Alaska Native Health Service, the Alaska State Troopers, the Fairbanks Police Department, and a

pediatrician. All of the participants are volunteering their time and resources. Although the actual costs of the program are not great, funds are needed to buy car seats and replace them periodically. The community will soon be called upon to help develop this important program of safety for infants and children.

If you wish more information, contact NAHRA.

## **NAHRA Assists With Program Evaluation**

Do health services in northern Alaska do what they aim to do? Do they direct their resources most effectively? Do they really help the people to improve their health? Are they efficient?

These questions and others like them are very much on the minds of health and social services providers nowadays. As budgets are tightened and caseloads increase, providers are becoming increasingly concerned. They are devoting more attention to streamlining operations and trying to make their programs as efficient and effective as possible.

NAHRA is offering its staff to assist agencies in program evaluation. On July 13, NAHRA held a workshop on self-evaluation for health programs. The workshop focussed on how to set up an internal evaluation system useful for program management and planning. It examined methods of measuring service efficiency and cost-effectiveness and ways of evaluating all aspects of program operations and outcomes.

The workshop was attended by key personnel of seven health care agencies in the northern region. Each participant was assisted in developing a simple evaluation design for use in his or her program.

NAHRA's staff is available to other health and social services agencies to provide technical assistance and consulting

services in all areas of program planning, management, and evaluation. For further information, contact NAHRA.

## **NAHRA Begins Community Needs Assessments**

Under contract with the Fairbanks Native Association, NAHRA is beginning a three-pronged needs assessment in the Fairbanks area, examining: 1) social and health service needs of the Native community; 2) services to troubled children and their families provided by Family Focus; and 3) alcoholism treatment and public education services provided by the Regional Center for Alcohol and Other Addictions (RCAOA).

The Native community needs assessment strongly emphasizes sensitivity to Native culture and acknowledges the cultural diversity of the Fairbanks Alaska Native population. Through a community survey and other methods, the assessment will express the concerns of the Fairbanks Native people in a format useful to appropriate service development. The Family Focus and RCAOA needs assessments will focus on problem specific target populations and services.

The Family Focus project, in particular, will involve the whole Fairbanks community in an analysis of the child abuse and neglect problem and of the extent of family stress and disruption. Public meetings will provide an opportunity for the citizenry to express opinions about problems and solutions.

All these activities will take place over the next four months. Anyone having comments on any of these areas should contact NAHRA soon.

## **FMH Awarded Certificate of Need**

Fairbanks Memorial Hospital (FMH) has been awarded a Certificate of Need for expanding its bed capacity and making other changes in the building. With DHSS's

decision that the hospital's plans were appropriate and needed, FMH is free to go ahead with construction.

The Certificate of Need allows addition of 36 acute care beds and six obstetrical beds, expansion of administrative and educational space, replacement of the existing 11-bed psychiatric unit with a new 20-bed unit, relocation of the 15-bed pediatric ward, and remodeling of the present building to accommodate changes in function. The addition will increase FMH's total bed capacity from 155 to 196.

The State Legislature granted FMH \$16.5 million during the last session for construction of the new facilities. The hospital hopes to raise an additional \$3.5 million through local contributions.

NAHRA recommended approval of FMH's Certificate of Need application at our March Board meeting. The DHSS conducted additional reviews and considered NAHRA's recommendations before making the final award.

## **Infant Mortality Declines**

Although still higher than in the Lower 48, infant death rates in northern Alaska have been steadily declining. Since 1970, the infant death rate has dropped from 24.9 deaths per 1000 live births to 15.1, a reduction of 39%. The northern region is experiencing faster declines in infant death rates than the rest of the nation, so that the local rate should eventually equal that of the U.S. as a whole.

The infant death rate for the U.S. is 13.0/1000 live births, while that for Alaska is 16.1. Therefore, the northern region, with a rate of 15.1, is better off than Alaska but not so well off as the U.S. Also, there is a gap between the rates of Natives and non-Natives. Over the past five years, Alaska Natives experienced infant deaths at a rate of 21.9/1000 live births, significantly above

the rate for the total population. The rate for Natives is comparable to infant mortality in a developing nation such as Greece, where infant mortality was 20.3/1000 live births in 1977.

Even with declining rates nationwide, the U.S. has infant mortality rates well above those of other western nations. Other northern countries such as Sweden, Denmark, and the Netherlands report infant mortality at under 10/1000 live births.

While the U.S. has been able to afford sophisticated monitors and neonatal intensive care units, the extension of basic services, emphasizing the prenatal period, delivery, and early infancy, needs more attention.

NAHRA's 1982 Health Resources Development Plan calls for continued improvement in infant health. Major goals are to reduce infant mortality among the Native population, reduce the percentage of low birth-weight babies in the North Slope Borough, and reduce the number of teenage pregnancies. Included are efforts to increase the general level of self-care capabilities, improve prenatal care and nutrition, and combat substance abuse. All these activities would prevent serious illness in babies rather than attempt to correct problems once they have arisen.

## Preparing for the Future

NAHRA and the other two health systems agencies in Alaska are continuing to fight to ensure community-based health planning and resources development throughout the state. Although each agency has realized a 50% cut in State funds and a 63% cut in federal funds, the ball is rolling toward design of a system for the future.

NAHRA is seeking grants and contracts for special projects to enable continuation of services as a regional resource. Also, NAHRA is working with the other HSAs and the Division of State Health Planning and

Development to encourage the State to assume its obligation to fulfill the health planning function in some way.

As the new legislative session begins in January, NAHRA will be seeking your support for a new proposal to enable local decisionmaking in health resource development. The tremendous support voiced throughout the state last year has encouraged us to try again. We look forward to your continued participation and assistance.

## NAHRA Evaluates Respite Care

How many physically handicapped people are there? How many of them live with their families? How many of them need respite care? Do current services meet the need effectively?

These questions and others are confronting NAHRA as we begin an evaluation of Fairbanks Rehabilitation Association's respite care program for the physically disabled. Designed as a demonstration project, FRA's respite care program provides short-term care for severely handicapped persons. It is a preventive service aimed toward helping families stay together, contributing to the normalization of the lives of individuals with handicaps, and preventing or postponing institutional care.

FRA has contracted with NAHRA to analyze the effectiveness and efficiency of FRA's program in meeting the needs of the Fairbanks-area physically handicapped population. Additionally, FRA is seeking to determine the extent of need for similar programs throughout the state. Once the need is known and the costs determined, other communities can plan for respite care services of their own.

NAHRA is offering its expertise to FRA and to other human service organizations in Alaska on a contractual basis. NAHRA's services are available in the following

general areas: 1) problem definition and assessment; 2) feasibility studies; 3) data management and analysis; 4) program evaluation; 5) policy analysis; 6) management services; 7) organizational incorporation and structure; 8) administrative policies and procedures; 9) budgeting; 10) grantsmanship; 11) Board training; 12) public education; 13) interagency coordination; and 14) advocacy and government relations. For further information, call NAHRA.

## Spotlight: Fairbanks Counseling and Adoption

Family life is the foundation of a strong community -- this statement summarizes Fairbanks Counseling and Adoption's mission. An agency of Catholic Community Resources, FCA was established in 1977 to service Fairbanks-area people.

FCA's services have been chosen to supplement and avoid duplication of those provided by other human service agencies. FCA offers marriage/family/divorce counseling, adoption services, and unwed teenager/troubled youth counseling. They also sponsor family life workshops and "Beginning Experience" seminars for those who have lost a spouse or parent through divorce or death.

In addition to providing direct services, FCA participates in community planning and coordination activities designed to improve service delivery and heighten efficient use of all local resources. Such activities include membership in the Child Sexual Abuse Task Force and the Arctic Alliance for People.

Fees for FCA's services are based upon a person's ability to pay; no one is turned away because of a lack of funds. Funds come from the Diocese of Fairbanks; the United Way; grants and donations; fees for service; and Care Shares, a pledge system whereby community members donate \$10 per month to enable services to be provided to low-income people. FCA also receives 75%

of all income from the Bishop's Attic recycled goods stores in Fairbanks.

FCA is serving more people each month, creating a need for an expanded staff of professionals. As a result of this growth, FCA is one of the major providers of mental health and social services in northern Alaska. For further information, call 456-4729.

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## THE CHANGING SCENE

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Patricia Book, Ph.D., Director of Planning and Implementation, has recently left NAHRA for a position with the Fairbanks North Star Borough. She is now Administrator of the Community Research Center.

Dr. Book was the most long-term staff member at NAHRA, having been on board since 1978. She began with the agency as Community Education Coordinator, spearheading NAHRA's first efforts in the area of school health education. As Plan Development Coordinator, she was responsible for revising the Health Systems Plan for Northern Alaska in 1980 and staffing the Plan Development Committee. Finally, as Director of Planning and Implementation, she oversaw development of the 1982 plan and coordination of various implementation activities.

Although she is no longer with NAHRA, we expect to continue to work with Pat as she directs the operations of the Community Research Center. We appreciated Pat's years of service and wish her well in her new position.

## NAHRA Salutes Sonya Leavitt

Sonya Leavitt is just finishing her tenure on the NAHRA Board of Directors, having completed a partial term and one full term beginning in 1979. She has been a faithful member of the Board, Executive Committee, and Plan Development Committee.

Currently, she serves as Secretary of the Board.

In addition to her work with NAHRA, Ms. Leavitt has served as a member of the Statewide Health Coordinating Council, representing northern Alaska. She has also been a volunteer with Arctic Women in Crisis and a board member of Silakkuagvik Communications. Her talents as a photog-

rapher are evident in the numerous publications of the North Slope Borough.

Ms. Leavitt is the Deputy Director, Central Administration Support Services of the North Slope Borough Health and Social Services Agency. She and her husband, George, live in Barrow.

Thanks for your support!

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## LOOKING AHEAD

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- |             |  |            |   |
|-------------|--|------------|---|
| Sept. 07    | Fairbanks City Commission on Health and Social Services. Mary Siah Center. 5:00 P.M. | Oct. 08    | NAHRA Committee meetings. Times and places TBA.                               |
| Sept. 09    | Regional EMS Coordinators Meeting. 394 Hamilton, Fairbanks. Call 456-3978.           | Oct. 09    | NAHRA Board of Directors Annual Meeting. 10:00 A.M. Travelers Inn. Fairbanks. |
| Sept. 10-11 | Governor's EMS Advisory Board. 394 Hamilton, Fairbanks. 8:00 A.M. - 5:00 P.M.        | Oct. 14-15 | Alaska Health Education Consortium. Anchorage.                                |
| Sept. 24-25 | Interior Region EMS Meeting. 394 Hamilton, Fairbanks.                                | Oct. 18-19 | Alaska Area Native Health Board. Anchorage.                                   |
|             |  | Oct. 20-22 | Alaska Federation of Natives Convention. Anchorage.                           |

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Senator Charles H. Parr  
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Fairbanks, AK 99701

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JUNE 4, 1982  
THE HONORABLE JOE L. HAYES  
SPEAKER OF THE HOUSE  
ALASKA STATE LEGISLATURE  
POUCH V  
JUNEAU, ALASKA 99811

*Veto HB 844 6/7*

DEAR MR. SPEAKER:

UNDER ART II, SEC. 15, OF THE ALASKA CONSTITUTION, I HAVE VETOED SENATE COMMITTEE SUBSTITUTE FOR COMMITTEE SUBSTITUTE FOR HOUSE BILL 844 (HESS) AM SENATE, RELATING TO THE FINANCING OF HEALTH FACILITY IMPROVEMENTS AND MAINTENANCE.

I HAVE VETOED THIS BILL IN THAT IT POSES SERIOUS POLICY AND LEGAL PROBLEMS. WHILE ON THE SURFACE IT MAY APPEAR MERITORIOUS TO GIVE A SPECIAL PRIORITIZATION TO 'HEALTH FACILITIES' IN DEVELOPING THE EXECUTIVE BUDGET, SUCH PRIORITY DEVELOPMENT SHOULD BE DONE UNDER THE CONSTITUTIONAL AUTHORITY GIVEN THE

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GOVERNOR AND NOT UNDER THE STATUTORY REQUIREMENTS OUTLINED IN HB 844. THE BILL WOULD AUTHORIZE DIRECT GRANTS OR LOANS TO NONPROFIT AGENCIES THEREBY BYPASSING THE PARTICULAR MUNICIPALITY IN WHICH THE FACILITY IS LOCATED. I FIND THIS UNACCEPTABLE. ATTEMPTING TO CLARIFY THE LANGUAGE IN HB 844 THROUGH ADOPTION OF ADMINISTRATIVE REGULATIONS WILL CREATE A FERTILE FIELD FOR LITIGATION.

SINCERELY,

57  
JAY S. HARLOND  
GOVERNOR

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, inspite 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

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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.

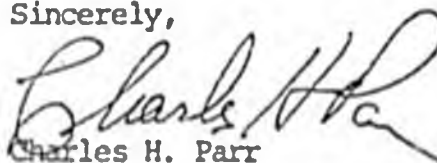
Recommendation 9: In addition, the Corporation may wish to bring to Dillingham a hospital management team from the private sector that specializes in overall management of the hospital facilities. The task of the management team would be to assist the Board of Directors in developing health care delivery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

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Vivian Braswell	Box 90, Dillingham, Ak. 99576	842-5677
Jar. 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

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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

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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:

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<del>Joan Armstrong</del>	Box 10171 Dlg	842-5928
James Immerman	Box 10275 Dlg	842-5317
Jo McHenry	Box 10044 Dlg	842-1045
MICHAEL HARDY	Box 2824 Dlg	842-5583
Ala Bean	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 1/4	←
Karen & Mary Mabe	Box 10235	842-1039
Margie Cross	"	9 4
Maddy Chu	Kanakanak	842-5268
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 Nulmek	246-4495
Mark Heralucke	Box 2854, Dillingham	842-5606
Jean Timmerman	Box 227, Dillingham	842-5317
Joe Powell	BBAH Kanakanak	842-5634
A. M. Sawyer	BBAH "	842-2338
A. D. Nelson	BBAH "	842-5201

Please sign

Name	Address	Phone
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Harriet Hare	BBAH P.O. Box 18 Dillingham	842 5148
Annex <del>ex 100</del>	BBAH Dlg	842-2220
<del>Michael Hill</del>	BBAH Dlg	842-1062
Dianne Kay Heron	Job Service Bx 261 Dillingham	842-5575
Steve Levinson	Box 10191, Dillingham	842-5994
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Dao My Larson	Box 237, Dillingham	842-5667
Ma Gookedak	Levelock Ak	246-3420
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Anders Ahnelt	Box 84 Alameda Ak 99606	571-1220
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Suzanne Hare	BBAH	842 5201
Paula Dumbolton	P.O. Box 10235 Dillingham, AK	842-2237
Charles Aronson	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

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Jon Housman	Box 227	Dillingham	
ROZANNE GIBEAU	Box 10227	DLG,	
Anne May Sorensen	Box 173	Alg., Ak.	99576
<del>Joy Webb</del>	<del>Box 173</del>	<del>DLG,</del>	<del>99576</del>
<del>Jim [unclear]</del>	<del>DLG</del>		

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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
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NAME

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Bruce Bennett  
Cynthia Bennett

Box 10019  
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# 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.

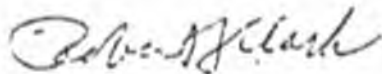
The J.C.A.H. inspection was delayed by J.C.A.H. We have no control over when they want to come and inspect us. However, this week we have received notice that they will be here somewhere between January and March of 1983.

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

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state  
hospital  
association

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

REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

Chairman of the Board  
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Association  
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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.

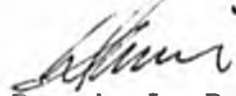
The charge and billing issues are internal management problems tied to a need for the recent federal waiver which Bethel received. That allows the IHS hospital to permit physicians in private practice to use the facility and to bill costs to the patient. While this issue is not clearly resolved, I feel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

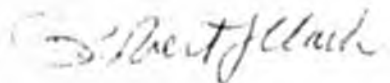
- 2) Provide Revenue Sharing to the City of Dillingham designated for use at the Bristol Bay Area Hospital so that they in turn pass this on to us for the operation of our hospital.
- 3) We would like the State to once again consider assisting BBAHC with funding to build a new community hospital. IHS 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,

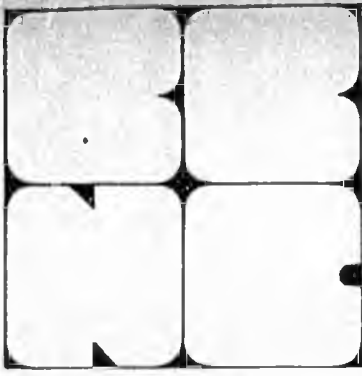


G. H. Ivey

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
<b>Current Assets:</b>		
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
<b>TOTAL CURRENT ASSETS</b>	<b>7,772,131</b>	<b>12,105,202</b>
<b>Real Estate Held for Resale</b>	<b>1,149,873</b>	<b>365,345</b>
<b>Investments and Other Assets</b>		
Marketable equity securities	18,011,780	16,365,611
Investments	4,218,214	2,781,386
	22,229,994	18,146,997
<b>Property, Plant and Equipment, at cost,</b>		
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
<b>Current Liabilities:</b>		
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
<b>TOTAL CURRENT LIABILITIES</b>	<b>3,398,940</b>	<b>3,281,340</b>
<b>Long-Term Debt, less current maturities</b>	<b>14,888,838</b>	<b>14,824,029</b>
<b>Stockholders' Equity:</b>		
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		(638,000)
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
<b>Revenues:</b>		
Hotel operations	\$ 2,378,691	\$ 2,201,666
Product sales	3,602,310	2,474,093
Dividend income	488,938	418,763
Interest income	183,318	231,869
Other income	69,441	117,288
	<u>6,419,348</u>	<u>5,442,729</u>
<b>Costs and expenses:</b>		
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>6,419,348</u>	<u>5,492,899</u>
<b>LOSS BEFORE INCOME TAX BENEFIT</b>		<b>190,170</b>
<b>Income tax benefit</b>		<b>60,000</b>
<b>NET AVAILABLE LOSS:</b>	<b>\$ 232,599</b>	<b>\$ 9,220</b>

# 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.

**VOTE NO ON BALLOT MEASURE NO. 7**

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

**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 Hoqulilik  
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  
...nk, Jr.  
...mpic  
...out  
Daniel Clyde Pedersen

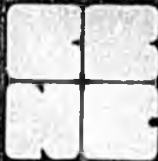
Helen Nellie Peterson  
Paul Peterson, Sr.  
Paul Warren Peterson  
Gene Lee Pope, Jr.  
Thomas Lee Pope  
William Pope  
Peter Dale Reamey  
Carvel Bruce Shade  
Tootsie Shuravloff  
Johnny Stepanoff, Jr.  
Miria Stepanoff  
Steve Strom  
Moses Taongnok  
Yako Tungjung  
Deulores Tumalak  
Pamela Jean 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 for 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:*  
~~10/2~~ 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".

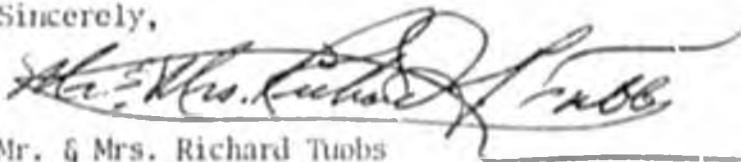
However, after a great deal of thought; I find it impossible to not get involved or remain neutral from the consumer standpoint. With that in mind, I would like to make the following statement.

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

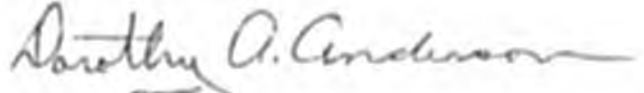
Box 234  
Dillingham, AK  
99576  
July 23, 1982

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 charge.

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.

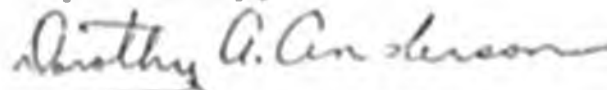
5. Then, there is some very disturbing talk - rumors?? but people are saying the hospital should be turned back to the Federal government. Somebody needs to do some investigating. Note the following:

- 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 a 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

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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

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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 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.

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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 and Army 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 - <sup>some</sup> major
- Much less disposable things, so more work to clean & sterilize.
- No fancy equipment.
- Outpatient clinic around the clock. Every time the bell rang, some-one promptly attended to the patient.

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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

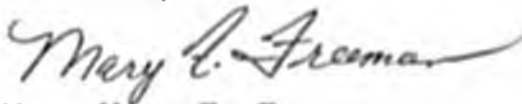
Senator Anderson:

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

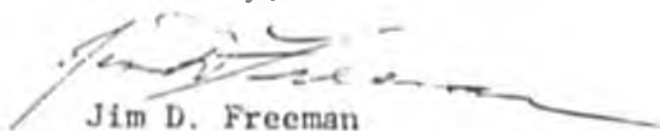
Dear Senator Anderson:

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