

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 8672

1434 SHES 1982 INTERIM: DILLINGHAM HEARING - CHILD REST.

9/23/82

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

Dear Senator Parr,

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

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

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

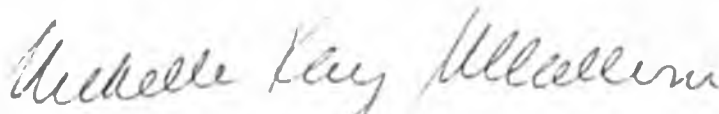
As it turned out, this child was never sent to Providence Hospital. She remained at Bristol Bay Area Hospital for two to three weeks until her condition started rapidly deteriorating over an 18 hour period at which point the physician on call decided to charter her by plane into Anchorage, escorted by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

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

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

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

Sincerely,



Michelle McCallum
Dillingham, Ak 99576

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

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

Re: Testimony of September 21, 1982

Date: Sept. 21, 1982

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

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

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

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

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

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

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

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

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Recommendations:

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

September 22, 1982

Senator Nels Anderson,

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

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

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

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

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

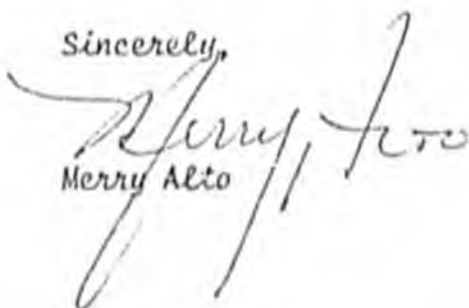
I will surely lose my job if it is known that I have written this, so I would appreciate confidentiality on this matter, but I will be happy to answer any questions that you have if it can be done privately.

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

Thanks again!

Sincerely,

Merry Alto



August 11, 1982

Dear Senator Anderson,

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

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

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

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

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

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

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

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

Sincerely,

Jim Alth

(over)

BRISTOL BAY AREA HOSPITAL HEARING SEPTEMBER 21, 1982

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BRISTOL BAY AREA HOSPITAL

P.O. Box 10235
DILLINGHAM, ALASKA 99576

PHONE: (907) 842-5201
842-5202

September 20, 1982

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

Dear Mrs. Anderson;

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

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

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

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

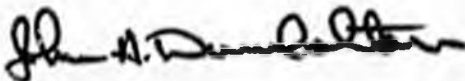
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Dorothy Anderson

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

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

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

Sincerely,



John H. Dumbolton
Director, Hospital Services

JHD/cjb

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United States Senate

COMMITTEE ON APPROPRIATIONS
WASHINGTON, D.C. 20510

July 27, 1982

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

Dear Dorothy:

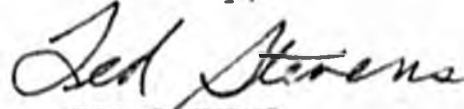
Thanks for providing me with a copy of your letter to the Board of the Bristol Bay Area Health Corporation. I appreciate you informing me of your concerns.

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

Thanks again for your letter.

With best wishes,

Cordially,


TED STEVENS

FRANK H. MURKOWSKI
ALASKA

COMMITTEE ON ENERGY AND
NATURAL RESOURCES
COMMITTEE ON ENVIRONMENT
AND PUBLIC WORKS
COMMITTEE ON VETERANS'
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United States Senate

WASHINGTON, D.C. 20510

July 27, 1982

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(907) 586-7463

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

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

Dear Mrs. Anderson:

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

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

Sincerely,

Frank H. Murkowski
United States Senator

Sept. 20, 1982

COPY

Senator Neils Anderson Jr.
General Delivery
Dillingham, Alaska 99576

Dear Senator Anderson:

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

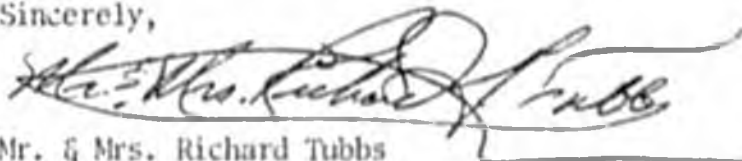
However, after a great deal of thought; I find it impossible to not get involved or remain neutral from the consumer standpoint. With that in mind, I would like to make the following statement.

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

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

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

Sincerely,



Mr. & Mrs. Richard Tubbs

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

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

September 20, 1982

Senator Nels Anderson, Jr.
Dillingham, Alaska 99576

Dear Senator;

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

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

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

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

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

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

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

Sincerely,



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

Box 10191
Dillingham, AK 99576
September 20, 1982

Senator Nels Anderson, Jr.
Dillingham, Alaska 99576

Dear Senator Anderson:

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

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

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

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

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

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

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

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

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

Senator Anderson
page 3

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

Respectfully submitted,



Stephen A. Levinson

Sept. 20, 1982

Senator Nels Anderson Jr.
General Delivery
Dillingham, Alaska 99576

Dear Senator Anderson:

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

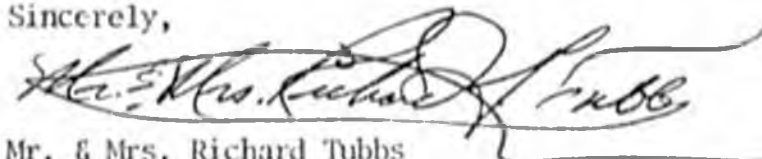
However, after a great deal of thought; I find it impossible to not get involved or remain neutral from the consumer standpoint. With that in mind, I would like to make the following statement.

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

Sincerely,



Mr. & Mrs. Richard Tubbs

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

David F. Bouker
Box 241
Dillingham, Alaska 99576

9/17/82

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

Dear Robert,

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

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

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

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

Yours very truly,

David H. Bouker JB

cc: Nels Anderson Jr.

Billie J. Benedict
Box 10019
Dillingham, Alaska 99576

August 17, 1982

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

Dear Sir:

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

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

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

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

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

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

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

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

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

Thank you very much for your consideration.

Sincerely,



Billie Benedict

10 August 1982

Senator Nils Anderson, Jr.
Killingham, Alaska 99576

Dear Senator Anderson:

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

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

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

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

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

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

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

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

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

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

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

Hospital. This should include:

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

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

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

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

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

Sincerely,

Jean Langlois
Box 30

Dillingham, AK 99526
842-5494 (home)
842-5154 (my store)

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

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

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

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

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

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

Murder Kay McAllister

SENT 3 31-81
1pm

3-30-81

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

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

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

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

3-30-81

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

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

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

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

Thank you
Carl R. Nelson

March 30, 1981

To: Senator Ted Stevens
Senator Frank Murkowski
Congressman Don Young

Dear Sirs:

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

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

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

Your assistance is genuinely needed and appreciated.

Sincerely,

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

March 30, 1981

Senator Frank Murkowski
for Alaska
Washington, D. C.

Dear Senator Murkowski

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

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

Sincerely,

Herman E. Schroeder, Sr.

Box 236

Dillingham, Ak. 99576

Box 234
Dillingham, AK
99576
July 22, 1982

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

Dear Mrs. Apokedok:

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

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

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

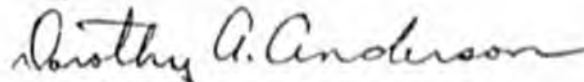
5. Then, there is some very disturbing talk - rumors?? but people are saying the hospital should be turned back to the Federal government. Somebody needs to do some investigating. Note the following:

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

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

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

Very sincerely,



(Mrs.) Dorothy A. Anderson

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

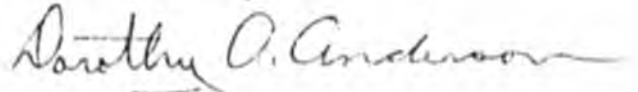
Box 234
Dillingham, AK
99576
July 23, 1982

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

Dear Sir:

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

Very sincerely,



(Mrs.) Dorothy A. Anderson

cc: Ren. Chuckwuk

Enclosure

Box 234
Dillingham, AK
99576
July 22, 1982

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

Dear Mrs. Apokedok:

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

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

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

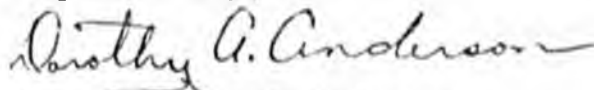
5. Then, there is some very disturbing talk - rumors?? but people are saying the hospital should be turned back to the Federal government. Somebody needs to do some investigating. Note the following:

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

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

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Very sincerely,



(Mrs.) Dorothy A. Anderson

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

August 7, 1982

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

Dear Senator Anderson,

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

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

Sincerely,

Irma R. Schroeder

August 6, 1982

Dear Anator 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 best but not least - the user groups.

Sincerely

Paul and Dorothy Larson

Box 237

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 C. Woods

August 4, 1912

Senator Anderson:

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

allowed to continue functioning at its

current level. It is unfortunate that

the quality of care has deteriorated in

such a short period of time and I feel

that the only way it will change is if

the general public is informed of how

much to a job and competent health care

delivery system.

Sincerely,

Marshall King McLean

August 5, 1982

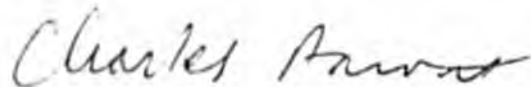
Senator Nels Anderson, Jr.
Dillingham, Ak 99576

Dear Senator Anderson,

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

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

Sincerely,



Charles Aarons, MD
Dillingham, Ak

Senate HESS hearing - Tues. Sept. 21, 1982

Matter #	Action
000	Introduction: Senator Parr
028	Sen. Anderson - opening remarks Thank you
036	Southy Anderson Box 224 Dillingham Complaint concerning her daughter's carache Board member's remarks to Mrs Anderson
126	Sen. Colletta: how can changes occur
129	Mrs Anderson: private sector management audit management team to help guide board training in hospital
144	Jutherland: complaint against system not personalities
146	D. Anderson: not personalities
149	Parr: don't usually use local dis.
151	D. Anderson: yes
164	Sen. Colletta: How long have you been hearing rumors
166	D. Anderson: always but worse in the last year
190	Jackie Knutsen - Box 187 Dillingham works at hospital used to have 3 doctors; now only have one full time when Board took over promised better health care
218	Sen. Colletta -
241	Mr. Knutsen: members of Board
257	Sen Parr: any part time dis.
260	Mr. Knutsen
263	Sen. Parr: 100% bed capacity
270	Mr. Knutsen
280	Sen. Parr.
288	Mr. Jutherland: How could they approve the hospital?
295	Mr. Knutsen: need another dis.
315	Helen Chythook 2799 Dillingham long history of a problem ended up w/ major surgical procedure health care for natives who don't speak English Neurompathy

Recommendations

Special Clinics

Specialist in arthritic

Insert in state statutes

Policy & Procedure Manual

410 Sen. Parr (Rep Chuckwut introduced)

419 Sen Colletta - titus media?

421 Sen Parr - appropriations

432 Sen Colletta ENT specialist does come in

435 Ms Chythlook - yes but sometimes wait is so long

440 Sutherland - management audit?

449 Chythlook - patient

451 Sutherland early diagnosis

460 Rep Chuckwut: you heard about a report

468 Chythlook - heard that they passed their fed. inspection

482 Parr: After removal of mastoid the pain ended

489 Chythlook - yes

490 Parr: why add section

495 Chythlook - attitude isn't good

500 Parr - you felt you were a nuisance

527 Micheli McCallum Gen Del. S. Lingham

used to work at hospital until April 80

outpatient load is great

need clinic all day long

PH's has to go out to villages unassisted

village contracting for services their not getting

Cuts shouldn't come in direct patient care areas

tape end

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

no outside stimulus - hinges on 2 or 3 people

PH will - no; come out for inspection

no state inspection - need to have some type of

046 Sutherland: why the high turnover

049 McCallum - personally: worried about health care

& intimate

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

- 300 Sen. Parr: 10 terminations. because of money
or what - after corporation took over
was decision of which people to
cut.
- 320 McC - budget cuts but corp. made choice
- 325 Sen. Parr
- 330 McC -
- 335 Sen. Parr: doesn't PHS inspect
- 350 Krutzen.
problem started w/ self determination (PHS)
but when they removed unwords.
very unattractive to nurses/
- 489 Rep Chuckwick - do you know why positions terminated
- 511 Mr. Krutzen - not right to have board & hospital
together
No pride to be working there
- 569 Irma Schroeder - was a nurse for 21 yrs. 19 days
quit last Oct.
problem - administration
respect for people worked w/ (not admin)
- apx end
- 605 Rep Chuckwick. no one has been able to establish
where the problem lies
- 627 Ms Schroeder: many contributing factors
- 650 Sen. Parr: already dangerous circumstances
- 656 Ms Schroeder: no procedure & policy manual
- 780 Sen. Parr:
- 658 Litterland: need to give management prerogative
to step in
- 100 Mr. Krutzen: lack of supervision
- 127 Curt Armstrong box 10/
near that hospital was budgeted January 1981
is a judgment
- 198 Sen. Parr. -

207 Cathy Lens -

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

237 Sen. Colletta - any worse over past 2 years

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

250 Sen. Parr: Private Practice also.

280 Rep Chuckwuk: why do you have to wait

285 Mrs. Lens: never got a straight answer
don't have a good system

340 Sutherland - cost of penicillin
Break

359 Michael Gibson Boy 57

Thanks for help in health care

(on board of directors (another organiz.))

382 Sen Parr - are you on hospital Board

383 Mr. Gibson - no

398 Steve Levenson

former employee - dep dir, ^{Dir of hosp. services:} Exec Dir.
went to D.C. for funding for ins. a non-hospital
cut by Reagan -

20 yrs. in admin. - demanded his resignation by Health Corp.
then made exec. director
then dismissed

ape end

000 - Mr. Levenson:

016 - Rep Chuckwuk:

020 - Mr. Levenson:

067 Rep Chuckwuk - reasons for reductions

069 Mr. Levenson: don't know, some personal
cuts could have been made in other ways

101 Rep Chuckwuk:

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

Tape not working

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

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

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

Sen. Parr - you need 2 nurses at hosp.

Hall - 3 nurses now

Parr - why hard to get nurses. Pay?

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

Parr - 12 hour shift

time 1/2 for over 8 hours.

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

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

Mark Huraska -

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

Grandmother (79) in/out of hosp. for stomach pain
(89 yrs.)
Thought she had a stroke. called
hospital & 1/2 hr. later when brought
her to hosp. - dr. was not there.
had to call Dr. & beg him to come.
Dr. said that he didn't want to
be called from his house over & over
again. Finally came & yelled at witness
then treated woman. And it was a stroke
Mrs. Grandmother died mo. or later &
from undiagnosed cancer

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

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

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

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

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

need good caring people working there.

Anna Ferguson: Director of Nurses

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

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

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

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

Barry - A not biggest

Ferguson

Today - how long Dir. of Nursing

Ferg - since Jan.

Kay Herring - Indian Health Care Service

as a consumer, getting adequate care
is important to everyone. Here to try to
improve the care. Things that bother
me is:

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

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

Rep. Chuckwuk :

Mo. How adequately the care is given to patients

Gordon Isaacs : Member Rescue Squad
don't want to lose the hospital
250 emerg. runs since Jan.

10/out hosp., many people wouldn't have
care. This hearing is a year
or so late. Health care is improving
Many people contacted Leg. over problems
a year ago. Problems were management
& not many good people. Difficult
how to find the right kind of people.
Many things are valid complaints.

Ronald For Board - Exec. Comm. P. Heiden

Many rumors in Dill. People in
outlying areas over, as aware
or have as many complaints

\$1.22 architect - federal money
to build a new hosp.

New Hospital Director should help make
a better

Pro - in outlying areas have it tough to
get p here to see dr.

Jande Timmerman :

in health service

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

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

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

Robert Clark - Exec. Director BBHC

Oct. 81

#1,259
appropriated

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

Can't attract people if the situation continues

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

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

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

over 12000 visits

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

Other THS hospitals should be community hosp

Condon Doacs; preventable medicine

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

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

80% of Emerg. calls are alcohol related.

Day 2

Bobby Andrew - Dillingham

Wife is an RN at hospital

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

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

Chuckwuk - how does this effect health care

Andrews - overworked

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

Andrew -

Gordon Righter - Director of Pharmacy Services
June 1976

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

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

PH's can't match a med doctor.

of errors have jumped dramatically
of instances

Chuckwuk - Need some facts

Righter - drastic drop in level of expertise

does make a dramatic change

Chuckwuk -

Parr - What types of errors

Righter - dosage error, wrong duration

Parr -

Righter -

Parr -

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

Righter - many times Dr. should have been called

Parr - sometimes PA doesn't know

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

Hospital lacks human feeling

Parr - lacking the personal touch

Smith - worse than a big city

Parr - Staff attitude lacking personal touch

Smith - yes

Parr -

Chuckwuk - how many confidential reports
5 people down

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

Parr - yes,

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

Parr - at least one other place had personnel problems

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

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

Sen Parr:

Immersion:

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

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

Sen Parr

Sen Andrew M.

Righter -

Sen Parr -

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

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

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

discussion
about
Sessions

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

McC.

Ararons:

Parr:

Steve Livinson -

-tape end-

3BAHC - state chartered

& receives state money for state grants

+ medicaid money

State should have right to audit how
those moneys are spent

Parr -

Livinson. The law states that all facilities
should seek payment

Jim Parr

Jim Anderson.

Righter

Anderson

McCallum:

in Ararons

Righter may. of people away from hospital

McC.

Judy Mowman:

needed certain medical care

had surgery procedure

at the hospital

after 3 days had to ask for room to be cleaned

Divian Braswell -

Dr. should not refuse to see you

after hours

now refuse to go to hospital

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

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

Parr -

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

Dr. Silby diagnosed appendicitis
sent to clinic

sat in clinic for 2 1/2 hrs.

could have sent him out that eve.

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

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

Carol Meyre -

— had a baby at hospital

hosp. concerned about twins but went to
Anch (for sonogram) & found it wasn't

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

— then she was in hospital for flu & ^{med. Dr.}
very sick.

In same room w/ others w/ flu & they

put a (healthy) pregnant lady in w/ them

— had been prescribed sodium at another
time & was never asked if she was pregnant

Sen. Parr - No indications of problems

Meyre -

Chuckwuk is it incompetence or negligence

May - attitude nurses were always good

Chuckwik - Drs are liable for mistreatment
& malpractice.

Megee -

Chuckwik -

Roseann Salvo - (Mrs. Armstrong's daughter)

testimony surrounding husband.

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

Laura Schoeder (City Manager)

former employee (Director)

hospital director should be in charge

of hospital & clinical in charge of clinic

many former employees have left but not

left town

arr:

Dillingham Sep 21, 1982

Collette
Nels Anderson
Jody Sutherland
Cynthia Klepaeki

950 Cowles, Rm 224
Flks 99701

Svillager -

Dorothy Anderson -
Box 234

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

Jackie Knutsen -
Box 187

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

Helen Christ

Box 729 (?)

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

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

Michelle McCallum

Gen Del

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

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

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

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

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

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

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

10.

Gusti Knutsen -

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

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

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

4. Lack of supervision by dep director.

Budget
cut

nurses
pay scale?

Irma Schroeder - after 26 years -

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

Curt Armstrong -

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

Cathy Leay - 10 yr resident

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

Michael Gibson

Box 47

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

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

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

25/2/52

Steve Ferguson (cont.)

5. Fred, Aunt Jane. Made deal that Betty for man money in return for good references.
6. Ben Higgins' Condon. After said Black told her BSA the couldn't give it. He \$1,229,000
7. Fred had said to sit on Fed when acting as keep it. Dr Connell not on with. cut capability of group
8. Ed mention tell him not in contract, not aware of what's going on
9. Dr Johnson tried to get rid of Dr Connell

you fanglers - ex-Kid Med Records - IT Mm 81

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

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

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

4. He: 50th anniversary for organization

5. 4-5 people, 1 deaf

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

Hannette Hall - nurse nurse the.

10. Nurse pay for the. Book -

20. 3 nurses, need min 2 on floor

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

*

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

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

Dorothy Anderson -
- repeats need for mgmt audit.

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

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

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

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

Gene Timmerman - (nurse)

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

Robert Clark - Ex Air since Oct 81

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

Sep 22, 1982

Bobby Andrew - wife employed at hosp.

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

Gordon Ryder - pharmacist since 1976

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

Silke Smith - little use of hosp.

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

Steve Levenson -

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

Judy Merrill -

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

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

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

Jean Armstrong - nurse at hosp 25 yrs ago -

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

②

Carol Myree - lived in Bill Zycam

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

Rozanne Savel -

Husband case (same as Mrs Armstrong).

Laura Schroeder - city mgr

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

1982 INTERIM
CHILD RESTRAINT
DEVICES
(ANCHORAGE
FAIRBANKS
HEARINGS)

Senate Health, Education and Social Services Committee
Hearing on Mandatory Child Restraint Devices
December 10 and 11, 1982
Anchorage and Fairbanks, Alaska

December 10, 1982, Anchorage
1-5pm and 7-9pm

The meeting was called to order at 1:25 p.m. in the Anchorage Legislative Information Office Conference Room by Senator Charlie Parr, Chairman. Present were Senator Mike Colletta and Senator-elect Joe Josephson and members of the public.

The Committee first viewed a 10 minute video tape provided by the Dept. of Public Safety on the use of child restraint devices. The film showed anthropomorphic dummies in simulated car crashes with and without child restraint devices (CRDs).

Dr. Clinton Lillibridge gave an extensive presentation on the need for the use of child restraint devices and the need for a mandatory child restraint law. He pointed out that, nationally, deaths from car accidents was the leading killer of children. He explained that, in an adult, the head constitutes 10% of the body weight but in a child this figure is 25%; therefore, in car accidents, the child is thrown head first. He spoke of unrestrained children not only being hurt in car accidents but being the cause of them by distracting the driver or grabbing the steering wheel. Dr. Lillibridge related to the Committee that many states currently have mandatory CRD laws and Tennessee, which had the first one, has seen a significant decrease in deaths of children under four years old. He then distributed a document put together by the Child Passenger Safety Association in Alaska which states the desirable elements in legislation which would make the use of child restraint devices mandatory in Alaska (attached). Senator Josephson raised a question concerning why there was the clause in most of the CRD laws which stated that infractions do not constitute contributory negligence. Dr. Lillibridge was not sure exactly why this clause was in the other laws.

Ellen Moore, Department of Public Safety, Highway Safety and Planning Agency, testified in favor of a mandatory child restraint law. She pointed out that currently there were three CRD loaner programs in Alaska: one in Anchorage, Juneau and Sitka. The Anchorage program was operated by the Cook Inlet Native Association and the ones in Juneau and Sitka were state programs using federal money. She stated that the programs were flourishing and were limited only by the number of CRDs that the funds could buy.

Kathy Wolgemuth representing the Alaska State Troopers testified that the State Troopers were in support of a mandatory child restraint law. Senator Parr said that it was important that the Troopers would be able to enforce such a law.

Mike Baldwin from the National Highway Traffic Safety Administration testified before the Committee. He pointed out that Alaska had been a leader in many traffic safety laws and this was an opportune time to continue with that record. He stated that nationally, drunk driving and safety belt/CRD use were two major highway safety problems which needed attention. He stated that in Tennessee, after the passage of the child restraint law, there was a 50% drop in injuries in 1978 and 75% in 1979. He stressed the preventive aspect of the use of CRDs; 80% of all children are immunized against childhood diseases but only 7% ride restrained.

Roxann Lamar spoke in favor of a mandatory child restraint law. As an interested parent, she had sent for information concerning CRDs. She pointed out that as of Jan. 1, 1981, all devices must pass car crash tests and that standard shoulder straps could be dangerous because they cross a young child across the neck and not the body.

Michele Flynn from the Cook Inlet Native Association testified in favor of the use of CRDs. She explained the aspects of the Anchorage CRD loaner program which was for area Natives and was funded by the BIA.

Lynne Johnson-Joseph, Allen Bailey, Peggy MacInnis, and Carmen Fisher each appeared before the Committee and testified in favor of a mandatory child restraint law.

Lesley Morrosey, Ginny Komath, Rae Scully, Carolyn Crouch, Maureen Merchant, members of the Anchorage Medical Society Auxiliary, all testified in support of a mandatory child restraint law. They explained that they were initiated a loaner program for the Anchorage area. It was pointed out that education and the law must go hand-in-hand. Ms. Scully, a nurse, pointed out that children do not have a well developed sinus system which in an adult will act as a cushion when the face is struck; therefore, children will usually die when thrown head first in an accident. Ms. Crouch stated that she had worked with a CRD loaner program in North Carolina. She pointed out that with 340 births occurring each month in Anchorage, the 500 seats, which cost the program \$12,500, would not be adequate to cover the need.

Dr. David Spance, Division of Public Health, Juneau, testified in favor of a law which would make use of child restraint devices mandatory. He stated that the legislation would make excellent public policy because it would cost the State less money for rehabilitation of severely handicapped children resulting from car accidents.

Carl Logan from Providence Hospital stated that the hospital was looking into whether or not insurance companies would pick up the cost of a CRD as part of the delivery costs.

At 5 p.m., the meeting was adjourned until 7 p.m. that evening.

The meeting was called to order at 7:10 p.m. by Senator Parr. No other members were present. Senator-elect Josephson had been called away on an emergency during the afternoon session.

Peggy Wilson, past-President of the Child Birth Education Association of Anchorage, a member of the Regional Health Planning Agency, President of the Alaska Child Passenger Safety Association testified in favor of a mandatory restraint law. She spoke of the educational programs throughout the state but that they were very fragmented. The AK Child Passenger Safety Association was holding a statewide teleconference in March to discuss the history, use, legislation and various programs concerning CRDs. She also read a letter to her from Mothers Against Drunk Drivers (MADD) endorsing the Associations efforts to promote CRDs.

Dr. Morris Horning spoke in favor of mandatory legislation. He pointed out that data shows that educational programs alone are not effective; every time a state passes a law making the use of CRDs mandatory, the rate of serious injury and death to children is greatly reduced. He also did not think that the law should exclude the parent from negligence.

In addition, Karen Decker, Alice Samuelson, Barbara Bonk, Marge Muzzoll, Dr. James Nesbitt, Dr. Ed Crouch and Dr. James Scully all gave testimony in favor of mandatory use of child restraint devices.

The meeting was adjourned at 8:40 p.m.

December 11, 1982, Fairbanks
10am-noon and 1-3

The meeting was called to order by Senator Parr, Chairman.

Senator Parr gave a brief introduction concerning the results of the Anchorage hearing and a short summary of the testimony.

Sheree Dohner, a public health nurse, and JoAnn Beonier, from the Northern Alaska Health Resource Association, testified together. Both were in favor of a law making mandatory the use of child restraint devices.

Ms. Dohner stated that, as a public health nurse, she tried to give educational information to her patients but there was a need for a program which will make child restraint devices available for low income families. She believed that insurance companies and medicaid should make payments for CRDs. She stated that a group was starting a stipend CRD program for low income families and the group was working toward a loaner program.

Ms. Beonier stated that the group was affiliated with the Alaska Child Passenger Safety Association and even though they did not receive funding from the State for a CRD loaner program, they did receive material from the Highway Safety Planning Agency. She said that the Fairbanks group was attempting to get funds from private donations for the stipend CRD program.

They agreed that there were some unique aspects of Alaskan life styles that should be addressed when this legislation was discussed in the Legislature, e.g. the fact that so many families have pickups without adequate numbers of seat belts. They stated that there would have to be some limitations in the law such as excluding taxis and buses but said that a law was definitely needed to get more people to use CRDs and reduce the death/injury rate among children. There could also be a "ripple effect" with more adults using their seat belts and children growing up into adults who would use seat belts.

Ms. Dohner and Ms. Beonier then showed several short films on the effectiveness of using a seat belt and CRDs.

There was no other testimony offered in the morning.

The meeting was called back to order at 2:07 pm. Senator Parr and Representative-elect Mike Davis were present.

Dr. Rex Rundquist, a pediatrician, offered testimony in support of a mandatory child restraint law. He suggested that such a law pertain to children the ages of 0-4 or 5 years and have a fine which could be waived if a CRD was purchased.

The meeting was adjourned at 2:15 p.m.

WITNESS REGISTER
 Senate Health, Education and Social Services Committee
 Hearing on Mandatory Child Restraint Devices
 December 10 and 11, 1982
 Anchorage and Fairbanks, Alaska

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Anchorage, AK--December 10, 1982

*Brenda Rodgers	3011 Sanctuary, Eagle River	99577	694-3392
Ellen Moore	Pouch N, Juneau	99811	464-4375
Lynne Johnson-Joseph	4850 Bryn Mawr, Anch.	99504	338-0465
Kathy Wolgemuth	P.O. Box 6188, Anch.	99502	269-5654
Dr. Clinton Lillibridge	4001 Dale, Suite 213, Anch.	99504	279-8571
Mike Baldwin	3140 Federal Bldg, Seattle, wash.	98174 (206)	442-5934
Roxann Lamar	7510 Papa Circle, Anch.	99502	349-5670
Michele Flynn	670 W. Fireweed Lane	99503	265-1232
Allen M. Bailey	310 K St., Suite 503	99501	279-6546
Peggy MacInnis	9460 Jade	99502	243-2755
Carmen Fisher	3017 Alder Circle	99504	279-7264
Lorrie Horning	2047 Duke Drive	99504	276-8776
Marie Doyle	1400 Garden Street	99508	272-7773
Carolyn Crouch	SRA Box 2003	99507	344-9879
Lesley Morresey	(no information given)		
Rae Scully	SRA 45	99507	349-2047
Ginny Kamath	(no information given)		
Karen Guthrie	9530 Albatross Dr	99502	243-7766
Peggy Wilson	SCIPD, 1135 W. 8th Ave. #1	99501	278-3631
*Steve Heimel	KTNX Radio, Tudor Rd.	99507	277-0591
Maureen Merchant	SRA 2532	99507	349-2047
David Spence, M.D.	Pouch H-060, Juneau	99811	465-3100
Barbara Bonk	4156 Checkmate (Humana Hospital)		264-1332
Marge Muzzoll	3320 Well Circle	99507	337-6004
James Nesbitt, M.D.	4001 Dale Street	99504	279-8571
Ed Crouch, M.D.	(no information given)		
James Scully, M.D.	(no information given)		
Karen Decker	7601 Lotus Dr.	99502	243-7181
Alice Samuelson	9231 Atelier Dr.	99507	333-5601
Morris Horning, M.D.	3710 E. 20th, Anch.	99504	276-8776

* Did not offer testimony

WITNESS REGISTER
Senate Health, Education and Social Services Committee
Hearing on Mandatory Child Restraint Devices
December 10 and 11, 1982
Anchorage and Fairbanks, Alaska

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Fairbanks, AK—December 11, 1982

Sheree Dohner	P.O. Box 81724, College	99708	479-0406
JoAnn Beonier	S.R. 20239, Fairbanks	99701	455-6402
*Lucille H. Longs	P.O. Box 73282, Fairbanks	99707	452-4641
*Jack H. Caldwell	P.O. Box 2616, Fairbanks	99707	456-5988
Rex W. Rundquist, M.D.	1633 Market Street, Fairbanks	99701	456-1963

* Did not offer testimony

CHILD PASSENGER SAFETY ASSOCIATION

Elements Desirable for Legislation

Every driver (parent, car pool driver, people from out of state. It is not the responsibility of the car rental agency, or taxicab driver, bus driver, etc.).

Transporting a child.

Under age five.

Any child unable to sit unaided shall be properly restrained in a child restraint system which meets the federally approved standards prescribed in 49 CFR 571.213. (This covers infants without specifying a specific age or level of development or weight. This is to make it easy for the enforcing officers to make that judgment).

Child must be properly secured according to the manufacturer's recommendation.

Any child who is able to sit unaided but under the age of five and transported in the front seat must be properly restrained in a child restraint system which meets the federal standards prescribed in 49 CFR 571.213.

Any child who is able to sit unaided but under the age of five transported in the rear seat must be properly restrained in a child restraint system which meets the federal standards prescribed in 49 CFR 571.213.

Children shall be carried only in seats intended for passengers.

Within the State of Alaska (statute not limited just to streets, highways, roads, byways, but off-road use as well, which is even more dangerous).

Infractions do not constitute contributory negligence. Infractions are not admissible as evidence.

Seats must be properly installed.

People violating this statute are guilty of an infraction and assessed two points per occurrence (not per child).

Violators of this section shall be fined not to exceed \$60.) A person found in violation of this section may, instead of paying the fine, submit proof of purchase subsequent to the violation or rental for not less than one year of an approved infant or child restraint system to the court. This shall be acceptable only for the first violation and if the acquisition of the restraint was subsequent to the violation. This option applies only to the first offense.

Exemptions to this statute include mass transit vehicles, school bus, taxi.

Children unable to use safety belts or child passenger restraints because of physical or mental handicaps. In this instance they shall be secured in their own specially designed apparatus.

Motorcycle, moped, other vehicles not required to be equipped with seat belts. Transport in a vehicle in which all seat belts are occupied but extra passengers are being carried. Emergency vehicles during an emergency.

DOCUMENTATION OF EFFECTIVENESS

TENNESSEE

User Rates for Children Under Four

1977 pre-law	9%
1978 (with law)	20%
1980 (with law)	29%

Deaths

pre-law	20-25/year
1980	14
1981	10 (only 1 fatality was in a child who was in an approved child restraint system)

Health Cost Containment

E.R. visit for car accident	\$50
Hospitalization	\$7-10,000
Funeral	\$2,000

MASSACHUSETTS

Usage of Seat Restraints	Education Only (1979)	Mandatory Use Laws (1980)
Age 1 year	41%	70%
2 years	22%	49%
3 years	12%	40%

Estimated savings to the family

\$1,100-\$55,000 per injury