Off-Road Dentist

When the patient can’t go to the clinic, the clinic goes to the patient.

YKHC Dentist DezBaa Damon and assistant Shawn Martin set up their mobile dental clinic in a storage room at the Kwigillingok school, ready to give Jada Evan and her friends their smile check-ups. Story starts on page 10.
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Toll Free ....................................................... 1-800-478-3321
Public Relations ........................................... 543-6038
Media Services ........................................... 677-2232
Office of Environmental Health & Engineering ...... 543-6420
Technology Help Desk ...................................... 543-6070
Human Resources ........................................ 543-6060
Administration .......................................... 543-6020
Hospital .................................................... 543-6300
Emergency Room ....................................... 543-6395
Hospital Community Relations ....................... 543-6350
Social Services .......................................... 543-6225
Family Medicine Clinic Appointments .............. 543-6442
Appointments ..............................................
Dental Appointments .................................. 543-6229
Ophthalmology Appointments ......................... 543-6336
Oundy Appointments .................................. 543-6466
Subregional Clinic Appointments ................. 675-4556
Ariak ....................................................... 949-3500
Emmonak ............................................... 438-3500
St. Mary's ............................................. 427-3500
Toksook Bay ............................................. 543-2110
Public Health Nursing .................................. 543-6382
Travel Management Center ............................ 543-6360
WIC Program .......................................... 543-6459
Health Services ......................................... 543-6024
Village Operations ..................................... 543-6160
CHAP ...................................................... 543-6160
ICEMS ...................................................... 543-6080
Community Health & Wellness ................... 543-6190
Behavioral Health Services ......................... 543-6100
Phillips Ayagnirvik .................................. 543-6700
Village Services ....................................... 543-6740
Home Care Services .................................. 543-6170
Senator Begich brings Veterans Affairs chief to Delta

by Donna Bach, YKHC Public Relations Director

YKHC Administrative Vice President Dan Winkelman and Bethel VFW Commander Fritz Charles share fish strips with Veterans Affairs Secretary Eric Shinseki and Alaska Senator Mark Begich. Charles explains how to eat salmon strips, which were given to him by fellow comrade and Vietnam veteran Tundy Rodgers.

A Memorable Memorial Day Visit

At the request of Senator Mark Begich, a very historical visit took place in the Yukon-Kuskokwim Delta on Memorial Day.

Veterans Affairs Secretary Eric Shinseki spent the Memorial Day holiday in Anchorage, Bethel and the coastal village of Kwigillingok. Shinseki recently visited Guam and Hawaii enroute to the Last Frontier. Senator Mark Begich invited the Secretary to witness first-hand the needs of Alaska Veterans, particularly those living in rural areas.

"It couldn't be more fitting to have Secretary Shinseki in Alaska over Memorial Day where he'll get the chance to meet and honor our Veterans in a variety of settings," Begich said. "This is an excellent opportunity for Veterans to talk directly to the Secretary about their needs and how VA services can be improved."

While in the village of Kwigillingok, the Secretary and Senator visited the health clinic to better understand medical care provided to Veterans. Of particular interest was the tele-medicine cart and high definition video teleconference (VTC) capability—which has high potential to help returning service vets who may need access to broader treatments like tele-psychiatry to address symptoms such as Post Traumatic Stress.

The group of nearly a dozen government officials and staff were accompanied by YKHC's President/CEO Gene Peltola, General Counsel Dan Winkelman, and Interim Health Services VP Jane Russell while in Kwigillingok.

After a special recognition ceremony in Kwigillingok honoring the Alaska Territorial Guard Veterans and other men and women of the armed services, Senator Begich and Secretary Shinseki spent the evening in Bethel for a special one-hour listening session at City Council Chambers. Secretary Shinseki as well as several other key administrators for the Alaska VA listened to concerns brought forward by some of Bethel's Veterans.

see SHINSEKI, p. 13
Delegates from Tribal Councils throughout the YK Delta region are asking YKHC to focus health care efforts on preventing suicide. The tragedy of suicide, especially teen suicide, was identified as the number one health concern at YKHC’s eighteenth Tribal Unity Gathering held at the Yupiit Piciryarait Cultural Center in Bethel April 6–7.

Over the past few years teen suicide has emerged as a leading cause of death in the YKHC region, according to YKHC Medical Director Dr. Joe Klejka, who cites age-adjusted state mortality statistics. Because teen suicide is relatively rare in the rest of the country, and our population is small, the 30 teen suicides during the past 10 years make for an alarming per-capita statistic.

Suicide prevention was also a high priority for representatives at last year’s Tribal Gathering, prompting a full morning session focusing in the issue during day two of this year’s Gathering. Health Services Vice President Jack Crow, in his presentation during this session said YKHC’s approach to suicide prevention is two-fold: First, promoting “protective factors” such as healthy communities, strong families, education and support and providing access to behavioral care. And second, confronting risk factors such as binge drinking, domestic violence and sexual assault—and a lack of the life skills needed to successfully cope with these risk factors.

Although the availability of services is vital, delegates themselves acknowledged that community involvement and initiative is most important in addressing the problem. Greg Moses, Family Spirit Coordinator, presented an overview of how a community Family Spirit Gathering can help communities focus their energy on healing, saying “There is no power for change greater than a village discovering what it cares about.”

Delegates acknowledged the connection between healthy communities and strengthening cultural traditions and values in making Passing on Traditional Knowledge and traditional healing their next highest priority—and that would include more Tribal Gathering sessions focusing on traditional medicine and healing.

Other priority concerns include having to wait too long for care at the hospital’s emergency room, the cost of traveling to Bethel or subregional clinics for medical care, overall quality and continuity of care, elder care and cancer screening. (see complete priorities listing on p. 6)

YKHC’s Board of Directors and senior leadership honor these priorities as exemplifying YKHC’s corporate vision of Striving to be the Healthiest People through Native Self-Determination and Culturally Relevant Health Systems.

Throughout the history of YKHC gatherings, going back to 1992, these concerns and others have driven YKHC’s health care delivery service plans. In his opening remarks at the beginning of the Gathering, President/CEO Gene Peltola listed just a few of the many improvements made as a result of Tribal Gathering priority requests: the hospital’s CT scanner, the new assisted living facility that will begin construction this year, dental and behavioral health aides in village clinics, over 30 new village clinics and the five subregional clinics bringing healthcare closer to home, village medevac services and travel assistance for cancer screening.

Most of the first day of the Tribal Gathering consisted of progress reports in response to concerns identified at last year’s and other
The theme of this year’s Gathering was “Honoring our Health Aides: The YK Delta’s First Line of Care.” YKHC’s Board, senior leadership as well as many Tribal Council delegates agreed a special recognition of Health Aides was long overdue.

Presentations led by CHAP Field Supervision Coordinator Andrea Thomas, Behavioral Health Clinic and Village Services Director Janice Hamrick, and Subregional Clinic Administrator Sue Hoeldt explained the roles, responsibilities and training requirements of Community Health Aides, Behavioral Health Aides and Dental Health Aides. Presentations included personal perspectives from community, behavioral and dental health aides themselves.

For the past few years, the CHAP program has recognizing outstanding role model Health Aides through its Health Aide of the Month initiative, which includes a write-up in the Messenger. In addition, CHAP selects a Health Aide of the Year whose commitment and dedication exemplifies the qualities that make an outstanding health aide. CHAP saved its announcement of Health Aide of the Year for 2010 for this Gathering honoring health aides. Kotlik’s Phyllis Andrews, who staffed the clinic there by herself through much of the year, was named Health Aide of the Year. In nominating Phyllis, Supervisor Instructor Lucy Martin said, “Kotlik clinic is a very busy clinic and she is not only seeing scheduled patients, but walk-in patients and emergencies also. Despite her busy schedule, Phyllis doubled her monthly wellchild/EPSDT goal.”

All the Health Aides of the Month for 2010 were present at the Gathering and received flowers, honors and a thundering standing ovation.

Diabetes Department awards exercise equipment to Akiak

Through the Diabetes Prevention and Control grant, the Diabetes Prevention and Control team awarded the village of Akiak exercise equipment.

Equipment included three stationery bicycles, a treadmill, and an elliptical machine. Tribal Council President Ivan Ivan said he hoped the equipment will help to prevent diabetes and obesity in his village. He also thanked YKHC for the donation.

Ben Marx, a YKHC CVD (cardiovascular disease) Case Manager was on hand to test and instruct leaders of the community on the proper use of the equipment. Mr. Ivan thanked the department for coming out and setting up the equipment.

“We are excited for the exercise equipment to be in our community!” Said Lena Foss of Akiak.

Marx said grants like the one Akiak was awarded help to create opportunities for physical activity in a community atmosphere while preventing and treating chronic disease.

Having awards like this helps us all work together to prevent Diabetes in the YK Delta.
A different method was used to determine overall priorities at this year’s Tribal Gathering. Each unit set and shared their regional priorities, then all the participants voted on each of them, using hand-held instant Audience Response System remote devices. When all the votes were collected and analyzed, this was the result...

<table>
<thead>
<tr>
<th>Priority</th>
<th>ISSUE</th>
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<tbody>
<tr>
<td>1</td>
<td>Suicide prevention, debriefing, education, camps, d/c planning</td>
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<td></td>
<td>Youth programs, work opportunities, cultural programs</td>
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<td>2</td>
<td>Pass on Traditional knowledge</td>
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<td></td>
<td>Traditional healing</td>
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<td></td>
<td>Resume Traditional Yup’ik medicine conf</td>
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<td>3</td>
<td>ER wait times too long</td>
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<td></td>
<td>Better elder care and respect in ER</td>
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<td>4</td>
<td>If no insurance need money for travel</td>
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<tr>
<td></td>
<td>Improve patient travel between Anchorage and Bethel (cab fares or shuttle)</td>
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<td></td>
<td>Travel assistance from village to Bethel or ANMC</td>
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<td></td>
<td>Travel from airport to clinic or SRC</td>
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<td></td>
<td>Resolve Medicare/Medicaid denials</td>
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<td></td>
<td>Emergency transport cars in villages</td>
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<td>5</td>
<td>Elder Care, assisted living, respite care, discharge planning</td>
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<td></td>
<td>Home care for elders</td>
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<td></td>
<td>Assisted living in SRC areas</td>
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<td>6</td>
<td>More providers, specialty and floats to village</td>
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<td></td>
<td>Providers: more community contact (TC)</td>
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<td></td>
<td>Week long doctor visits to villages</td>
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<td></td>
<td>More clinic appointments available in villages</td>
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<td></td>
<td>Prevent unnecessary Bethel visits</td>
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<td>7</td>
<td>Earlier cancer detection / testing in villages</td>
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<td></td>
<td>Allow and assist in getting second opinions (ANMC)</td>
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<td>8</td>
<td>Increase youth involvement at YKHC</td>
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<td>9</td>
<td>Quicker Medevac response</td>
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<td>10</td>
<td>Improve continuity of care, more thorough care</td>
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<td></td>
<td>Providers should be on time for clinic appointments</td>
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<td></td>
<td>Improve doctor/patient respect (cultural orientation)</td>
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<td></td>
<td>Follow-up appointments take too long (includes specialty)</td>
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<td></td>
<td>Improve monitoring of patients’ illness / medicine</td>
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<td></td>
<td>Need follow-up in clinic not ER</td>
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<td></td>
<td>Diagnosis on first visit to hospital</td>
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<tr>
<td>Priority</td>
<td>ISSUE</td>
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<td>11</td>
<td>Don’t tell a person to come back if gets worse</td>
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<td>12</td>
<td>Rest for health aides</td>
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<td>More Health aides on call in big villages</td>
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<td></td>
<td>Health aide retention and recruitment, housing</td>
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<td>13</td>
<td>Trauma bag needs to be ready in village</td>
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<td>14</td>
<td>Water and Sewer</td>
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<td>15</td>
<td>Patient advocate to navigate system</td>
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<td></td>
<td>Educate elders on benefits</td>
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<td></td>
<td>Directory of services available and how to access</td>
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<td>16</td>
<td>Sis to spend more time in upriver villages</td>
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<td>17</td>
<td>Resume Traditional Yup’ik medicine conf</td>
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<td></td>
<td>Alcohol and Drug abuse</td>
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<td></td>
<td>Alcohol importation issues</td>
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<tr>
<td>18</td>
<td>Increased Behavioral Health presence in villages</td>
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<td>19</td>
<td>EMT first responder teams in villages</td>
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<tr>
<td>20</td>
<td>Help elderly or challenged patients order medications</td>
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<td>Additional Priority Issues</td>
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<td></td>
<td>Improve prescription delivery to village</td>
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<td>New clinic for Chevak</td>
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<td>New clinics in village ATT</td>
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<td></td>
<td>Oscarville well needs replaced</td>
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<td></td>
<td>ATT water storage tank</td>
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<td></td>
<td>Annual regional unit meeting</td>
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<td>Equitable relationship of YK to tribes</td>
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<td></td>
<td>Abuse and neglect</td>
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<td></td>
<td>Less YK employee chartering</td>
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<td></td>
<td>Pursue trust responsibility of government</td>
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<td></td>
<td>YK advocate for subsistence management</td>
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<td></td>
<td>Disaster preparation/trail marking</td>
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<td></td>
<td>Encourage community based solutions to illness</td>
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<tr>
<td></td>
<td>Clinic pipes freezing</td>
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<td></td>
<td>Dust control</td>
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**GATHERING, from p. 4**

Gatherings. Among these was patient travel, which due to the rising cost of fuel and plane fare, moved up last year to one of the top five priorities. Village Operations Administrator Jane Russell gave a presentation on the topic, reporting that Medicaid covers most travel costs for those who are eligible, YKHC employee and other insurance as well as various grants also pay for certain travel costs. YKHC pays nearly $1 million yearly for other travel costs, but is proposing to increase that by $250,000 to include mammograms for women not eligible for women’s health grant money, village to Anchorage travel for patients referred out of state for care, and specialty clinics for Elders.

YKHC’s leadership also addresses delegate priorities by seeking funding for the projects and services people are needing to improve health in the region. This year’s top priority for capital funding is a new Prematernal Home. Senator Lyman Hoffman and Representative Bob Herron have included funding in the current state capital budget which is awaiting the Governor’s signature.
The WIC Program strives to serve all of our clients the best in the coming new fiscal year!

Every year in June marks the end of the fiscal year for the WIC Program.

WIC has always promoted healthy eating in the YK Delta. Our goal for YKHC WIC clinic this fiscal year is to decrease the rate of childhood obesity by reducing the intake of sugary drinks among children.

Women, Infants, and Children (WIC) is a supplemental food and nutrition education program that serves a population during critical stages in life.

WIC provides healthy foods, nutrition education, and referrals to other health and social services to clients for free.

If you think you might qualify for WIC, call us at 800-764-6459 or stop by the WIC Clinic in Bethel. We are located at the YKDRH West Wing office building.

An appreciation card sent by one of our WIC clients.
Marching in the wind for World No Tobacco Day

by Rahnia Parker, Nicotine Control & Research

We could feel the wind pushing us back but we pressed forward, toward the finish. We had started barely 30 minutes earlier, and taken about 4,000 steps to achieve our aim. This group of about 40 people, dressed in matching hoodies, from different places around Bethel, braved the slight possibility of rain to walk for one cause—World No Tobacco Day (WNTD).

May 31 every year is set aside as WNTD to raise awareness of the harmful effects of tobacco, and a chance to encourage users to quit tobacco. Around the world, tobacco kills more people than any other disease. And here in our community, tobacco related death is the leading cause of preventable death in the YK region. The walk was organized by Nicotine Control and Research at YKHC. The department has a cessation program to assist people who want to quit tobacco and also work on tobacco prevention in the community.

In spite of the chill, it was fun. But the people who made it fun were those who came out to walk, those who showed support by honking their horns and waving as they drove by, and the many who could not be there but sent words of encouragement.

We started at the Teen Center and walked a loop around the highway and ended back at the teen center. Although one mile was how far we could go to bring the message closer to home, as someone put it, “it was fun, I’m glad I came out.”

Fun, food and free hoodies—but perhaps what motivated us the most was the hope that every step we took was one step closer to our goal—a healthier tobacco free community.

Be healthy and wealthy without tobacco!

By Rahnia Parker, Nicotine Control and Research Program Manager

With so much to do and so many ways to stay busy, summer is a great time to stop using tobacco, whether it’s homemade or store-bought.

Summer can also be a hard time to quit because you associate summer activities with tobacco use. Many people report that tobacco use is common when they are hunting, fishing and camping.

This is actually a great time to stop because staying busy helps deal with the urges that may come.

For more info about tobacco use, quitting, or overcoming withdrawals contact YKHC Nicotine Control and Research 1-800-478-3321 ext 6312.
STDs getting out of hand in the YK Delta

The YK Delta region is experiencing an outbreak of Sexually Transmitted Diseases (STDs). These STDs are Chlamydia and Gonorrhea.

We have been seeing a sharp increase in these diseases in the past two years, especially with Gonorrhea. Unfortunately, we now have the highest rates of these diseases in the United States, and they are preventable diseases.

Getting an STD is not a normal thing. Through the great prevention of vaccine use we have eliminated many diseases. With safe sex practices we can eliminate STDs such as Chlamydia and Gonorrhea.

These bacterial infections pass between sexual partners during oral, vaginal, or anal sex and initially affect the cervix, urethra, rectum, or throat. If these infections are not treated, the bacteria can spread to other parts of the body, causing pelvic inflammatory disease in women.

This may also lead to men and women becoming sterile and not being able to have children.

Severe, untreated infections move to other parts of the body as well, causing joint infections or other problems and may even lead to death.

Symptoms of these diseases include burning, itching, vaginal or penile discharge, pain when using the bathroom or having sex, and flu-like symptoms such as aches, chills, or fever. Often, there are no symptoms of an STD.

In order to promote the health of our population, we must act now!

Best tips to avoid getting an STD include:
- Use a condom when having sex
- Be abstinent (don’t have sex)
- Stay monogamous (stay with one sex partner)
- GET TESTED BEFORE YOU HAVE SEX WITH A NEW PARTNER!

If you have or think you may have an STD, get tested as soon as possible and avoid having sex until after you have been treated for at least a week. Elders: Encourage our young people to use safe practices. Check out the website www.iknowmine.org for more information on preventing STDs.

Treatment

It is important that you get treated as soon as possible, and your partners must be treated too! Beginning July 1, 2011, YKHC will begin offering free expedited partner treatment (EPT) for contacts to those who have an STD and are tested in Bethel; this will also be available in village clinics in the near future.

Treatment options are usually an antibiotic that is taken by mouth in one dose.

Beginning in July, YKHC will offer a toll free information hotline—1-800-478-3321 ext 6644. This will include options to seek testing and treatment, information about diseases, STD medication answers, and the ability to speak to someone about STDs.

Let’s work together to stamp out these preventable diseases so that we have a healthier community!
Working as a dentist for Yukon-Kuskokwim Health Corporation does not only involve clinical work in Bethel, but across the Delta. Many times it is the adventure of traveling to the various villages that draws each of us, providers, to this area.

There are so many villages that need dental care and oral health education. As dental providers we sometimes feel like we are trying to put out a large fire with just one bucket of water. It is challenging to stop severe cases of dental decay with the continuous influx of candy, chips, soda, and other junk foods. Our department is trying to maintain enough providers so dental care and oral health education does not suffer in the villages.

In providing care to the villages, each dental provider is assigned villages that we travel to and care for in hopes of developing a bond/connection with the community. Normally, we travel at least 10 to 12 weeks each and spend 5–10 days in the village. We work 10–12 hours each day and are constantly racing against time, since we are trying to get as much care completed as possible before our trip ends.

We are often asked about what a “dental village trip” entails, so I went out to one of my assigned villages, Kongiganak, where I have been providing services for the past three years. It is so rewarding to see the children grow and I feel proud that I was able to provide preventive treatment such as sealants for the younger children. Each year I go back and see some of the sealants in place and I know that there is hope that this tooth will not go bad and cause this child to suffer from a toothache.

I prepare for my trip to Kongiganak one week before I leave. I work with our staff to schedule my trip and flight arrangements. Kongiganak does not have a place for dental in their clinic, so I talk to the school and make arrangements to stay with them and set up my “dental clinic” in the school cafeteria area. Turns out that our schedules coincide with one another and plans are set.

Next, we all work together in dental to prepare my gear and materials. I try to take just the right amount of materials, so I do not overpack; we are only allowed so much weight on the plane. Since I will have to set up at the school, arrangements have been made for my assistant and I to charter a flight to the village. Shawn Martin and I have traveled together before and having him accompany me on this particular trip is great, since he has family that lives in this community.

Sunday night, the night before I leave, I go to work and pick up all my gear: two silver boxes filled with instruments, materials, and sterilizing equipment; one large silver box for my chair, light, and extension cords; one compressor; one ADEC unit (unit that has the
“Once we get to the school we start unloading our gear and get it set up near the cafeteria/gym. Before we know it we transform a table storage room into a functional dental clinic.”

Soon we are on the plane and headed to Kongiganak. I look at my watch and see that we are right on time. This trip I am only able to stay until Friday afternoon, so I am mentally preparing myself to push my limits to provide as much care as possible. I tease Shawn that he had better have rested enough this past weekend, since we are going to be busy. He reluctantly smiles, but I can tell he understands; our goal is to do as much as possible.

We get to Kongiganak and there is staff from the school and clinic to pick us up. They load our gear in a sled and off we go on snowmobile to the school. I am seeing that there is a lot of snow still on the ground and the little lake they have on the way to the school is still frozen.

We get to Kongiganak and there is staff from the school and clinic to pick us up. They load our gear in a sled and off we go on snowmobile to the school. I am seeing that there is a lot of snow still on the ground and the little lake they have on the way to the school is still frozen.

Dr. Damon camped out in an office at the Kongiganak school.

On Monday I am dropped off at the Grant Aviation charter office with my work and personal gear. They weigh my gear and Shawn’s gear. It appears that we are all set to go. Due to the number of times we all travel, the airline staff get to know us and we strike up a conversation about which village we are going to now and how long we are going to stay.

At home, I pack a sleeping mat, sleeping bag, pajamas, toiletries, and food. I do my best not to bring too much food that requires refrigeration, because I will not know if there is room for my food in the refrigerator. I have been to villages where the refrigerator is a mini size and it can become a problem when you are sharing the mini-fridge with your assistant and the clinic staff. It is also good to have microwavable food, in case I have time or am in the mood for hot food. Lucky for Shawn and I, the school has plenty of room for our food in their kitchen fridge, so I am bringing yogurt, some sandwich meat and cheese.

Next, I set our schedule from 8:30 a.m. to 12:30 p.m., lunch, 1 p.m. to 9 p.m. with small breaks between patients. The clinic office assistant provides names of people with dental needs. I make sure to identify those who are in pain, as these patients are going to be the first ones I see. I also have a list from the last time I was here of students who need attention.

As usual, many of the students are saying, “Dentist. The dentist is here!” As many may know, the school can receive many visitors at a time. This trip there was a school guidance counselor who was also visiting and he asked me about my job and the education it required. He ended up speaking to the elementary students and encouraging them to do well and school and make college a possibility.

With the visitors in the school, I had to find a place to sleep. Shawn was able to stay with his relatives. The first night I stayed in the school library. It is very much like camping sometimes. The next night I found a small office to take over and by Wednesday night I had a small classroom that I could use to sleep.

During the week there were a couple nights that we were there past 9 p.m. working on patients. It was these nights that were long since Shawn had to make sure to get all the instruments sterilized for the
next day and I had to complete my notes. There were a few nights that I did not go to bed until 1 a.m.

Mornings I wake up and take a deep breath, since I am preparing myself for another long day. I pack up my belongings and get ready for the day in the girls’ locker room. At this school, there is a shower, so I am able to shower every other day. This is like a reward, refreshing, and it helps keep me going.

By the end of my trip, I feel that I have done well and I let Shawn know that I am thankful for his help that week. Shawn and I then pack up everything and make sure all the instruments are sterilized and put away. Most of our materials are just about gone and we are making a list of materials that we need to pack again for our next trip.

On Fridays, the school has half days and by the time Shawn and I start packing, which is around 1:30 p.m., most of the students are gone. We call Grant Charter to verify our 4:30 p.m. pickup time to return to Bethel. Some students are still around in the gym and are playing. They see that we are ready to go and help us carry our stuff. These children are great, they are always asking questions and getting involved.

Outside there is little remaining of the snow that once covered the ground when I first arrived that Monday. It amazes me how much the weather has changed. The frozen lake is no longer frozen. A four-wheeler with a sled is able to take us and our gear. The sled slides along the slushy grass, I keep wondering if we will get stuck, but we arrive at the runway with no problems.

With our gear packed we take off in the plane and I look back. I can see the students that helped us and they are waving at us. I wave back and I poke Shawn. I am sure they cannot see us waving, but it is the thought that counts.

Dental Assistant Shawn Martin takes a last look at Kongiganak as the team heads home from their week’s work in the village.

QUIRING TIME, from p.8

Here are some important tips to keep in mind:

- **Usually a strong urge will pass after 30-60 seconds.** Yes, 30-60 seconds. It can feel like it’s a lot longer but if you can make it through, it should get easier.

- **The longer you are free from nicotine, the easier it gets and the urges come less often.** After about 2 weeks, they hardly come at all.

- **Keep your hands busy when you have an urge.** Find new activities to fill your time such as art, knitting, carving, etc. Some people keep toys or putty on hand to play with to keep their hands busy.

- **Keep your mouth busy when you have an urge.** Some people find it helpful to chew on gum, toothpicks, vegetables, etc to keep their mouth busy.

- **Keep your mind busy.** Do things that distract your mind from tobacco urges like word puzzles, games, reading, etc.

- **Keep your body active to keep it feeling good.** When you exercise (any kind that gets your body moving like dancing, walking, running etc), your body releases something called “endorphins” that can make you feel good and feel happier.

- **Prepare for stressful times.** Instead of relying on nicotine to get through stressful times, find new stress-relieving activities like stretching, deep breathing, exercise, games, etc.

- **Always be ready.** Strong urges can hit you at the most unexpected times so use the tips mentioned above to always be ready.

Once you break free from the hold nicotine puts on your mind, you can live a healthier life with more energy and money—and you’re not relying on something to get through life.

Quitting tobacco and that addiction to nicotine can be a very difficult and personal journey and it is your choice. The Nicotine Control and Research Department is available to help when you make your decision to quit.

To see a Nicotine Dependence Treatment Counselor, please see your local healthcare provider and get a referral for counseling. If you would like more information, have questions, or for any other tobacco-related requests for yourself, family members, and/or friends, please feel free to contact the Nicotine Control and Research department at 543-6312 or toll-free at 1-800-478-3321, extension 6312.
Begich to introduce ‘Alaska’s Heroes Card’ for Veterans

Goal to access health care at home, save money from Senator Begich’s Press Office

With the goal of giving Alaska’s veterans, particularly those living in rural areas, the ability to access health care in their own communities, U.S. Sen. Mark Begich announced recently he is introducing The Alaska Heroes Card Act of 2011.

Focused on veterans living off the road system, the heroes’ health card will allow Alaska veterans to have the choice to access care from clinics and other treatment facilities close to home.

“Veterans ask me repeatedly, ‘why can’t we get to the clinics and hospitals in our communities rather than travel to Anchorage or even Seattle?’ Begich said. This is one step forward for our veterans in the most remote parts of America.”

Begich made the announcement speaking to the Veterans of Foreign Wars Department of Alaska 66th Annual Convention in Anchorage. He said during his recent travel to the village of Kwigillingok, he heard from veterans who can’t drive to a VA facility for treatment and one who relayed spending more than $2,000 to travel from the village to Bethel and then to Anchorage to obtain medical care.

“This is simply unacceptable,” Begich said.

Begich said he will introduce his legislation next week when he returns to Washington. But The Alaska Heroes Card Act of 2011 is already supported by local veterans and veteran support organizations.

“We are very supportive of any innovation that will enable our rural and remote veterans better access to the benefits each of these American heroes earned through service and sacrifice,” said Ric Davidge, President of the Alaska Chapter, Vietnam Veterans of America.

“The Alaska Heroes Card Act of 2011 ensures that America’s most rural veterans can access their earned VA health care benefits, and they’ll be able to do so with their local health care provider and the provider will be able to receive payment from the VA,” said Dan Winkelman, YKHC’s Vice President for Administration & General Counsel. “Given that there are no VA facilities in rural Alaska, yet Alaskans serve at the highest rate per capita of any state, the Alaska Heroes Card Act of 2011 ensures that America’s most rural veterans are not forgotten.”

During a recent Senate hearing, VA Secretary Eric Shinseki indicated an interest in the legislation telling Begich we need to find a better way to serve veterans and not have to incur enormous costs to access a VA medical center if a care option is in the local community.
Formation in 2006 to meet the needs of our Behavioral Health Aides, certified Counselors, Psychiatric Technicians, and licensed Clinicians, the Behavioral Health Education & Training Department built its foundation on four pillars:

1. Develop an approved curriculum leading to certification of Behavioral Health Aides.
2. Offer culturally relevant and research-based training for all BH staff.
3. Coordinate training offered by others (e.g., the Rural Human Services Program of UAF, substance abuse trainings from RADACT, etc.)
4. Assist Behavioral Health staff to attain professional certification and/or licensure.

From the beginning, our vision has been “We help our people help our People.”

Mike Bricker, the ETC Coordinator, had been a founding member of the ANTHC Behavioral Health Aide (BHA) Workgroup since 2004. It became clear that, while there were excellent training opportunities available, there was a need for a coordinated approach and content tailored to the developing BHA curriculum.

In 2007, the ETC Department achieved Approved Education Provider status, which allowed us to develop our own course content and provide continuing education to Counselors and Clinicians as well.

The YKHC-BHA Academy is patterned after the Community Health Aide Training Program, which has been in place for many years. YKHC has one of four Health Aide Training Centers in the State; our BHA Training Academy is the only one of its kind.

The purpose of the Academy is to help village-based counselors obtain the skills they need on-the-job, and the coursework required to become certified as BHAs. We work closely with the BHA Academic Review Committee to ensure the quality of training and adherence to the BHA Standards. The ETC Department works with the CHAP Training Center at YKHC to teach Health Aides about behavioral health issues and promote integration with primary care.

In addition to BHAs, the ETC Department offers required courses for substance abuse certification and continuing education (CEUs) for licensed Clinicians and Counselors.

In 2010, we provided more than 60 days of training to over 40 staff from YKHC and partner agencies. Since it began in 2006, ETC has assisted 18 BHAs, five Substance Abuse Counselors and seven Clinicians to obtain their professional credentials. Another 10 BHAs are currently in training towards certification.

This year’s Tribal Unity Gathering was a well-deserved salute to our Community Health Aides. Our Behavioral Health Aides, village-based Counselors, and village Clinicians join them in the front ranks as “heroes of healthcare” on the YK Delta. As the Education, Training & Credentialing Department moves forward under new leadership, we are pledged to continue our mission: “We help our people help our People.”
“Don’t Let the Bed Bugs Bite”

Bed bugs are small, brownish red bugs which crawl on six legs and tend to live close to places where we spend time such as our beds and other furniture.

They live by eating human blood, usually biting us when we are sleeping. These pests have been making quite a return in recent years, some reports say that there has been a ninefold increase in these pests.

In response to people’s concerns, the Federal Bedbug Workgroup held its second summit in February 2011 to discuss the problem of bedbugs, what is being done to combat them, and discuss improvements for the prevention and control of bed bugs. And in May a study was released showing that bed bugs can carry antibiotic resistant organisms such as Methicillin Resistant Staphylococcus Aureus (MRSA); there is NO evidence that they can pass it on to humans.

What are bed bugs?

Bed bugs are about ¼ inch long and brownish-red. They have flat egg-shaped bodies with six legs. They are pests that crawl quickly but can’t fly. If they have been eating, you will see a dark area inside their almost see-through body. Check out the picture of a bed bug above.

Where do they live?

Bed bugs are found all over the world. Sometimes they travel to other places by crawling into suitcases. When you travel, it is a good idea to keep your suitcases up off of the floor on a suitcase stand or a chair. They are usually found in homes close to those areas people spend time. They come out at night to feed.

How do I know if I have bugs in my home?

Usually the first sign that is noticed are small bite marks on people’s bodies. They are found on parts of the body that are exposed when sleeping and often itch. Look for signs of bed bugs in your home, such as dark spots on pillows, mattresses, and other furniture. Check places in your home where they may hide, such as under furniture and in the corners of walls.

I have bed bug bites, will they make me sick?

Bed bugs are pests, and are not known to transmit (pass on) any diseases to humans. Their bites may itch, but do not cause sickness or diseases.

see BEDBUGS, p. 16
The Importance of Treated Drinking Water

Potable water, also referred to as “treated” water, is free of harmful microorganisms and chemicals that can cause illness. Treated water prevents many water-related diseases!

The YKHC Office of Environmental Health partners with public water systems to ensure that water is safe and healthy. Here are some common questions and answers about treated water.

**Does treated water contain chemicals?**
Public water systems are required to provide safe drinking water to customers. Treated water is generally filtered and disinfected. These processes involve certain approved chemicals to help clean the water. For example, chlorine is commonly used in the disinfection process. Chlorine reduces the level of microorganisms to a safe level. In fact, this process has been used to prevent waterborne diseases for over a century. When water is treated properly, it commonly has a slight smell of chlorine.

**Is treated water safe to drink?**
One of the ways that community water systems in the YK Delta make sure their water is safe is by regularly having their water tested by the YKHC Water Lab. Tami Waska is the Water Lab Technician in the Office of Environmental Health (OEH). Tami analyzes over 110 samples every month for coliform bacteria. If coliform bacteria are found in a water sample, OEH works with the water system and the Alaska Division of Environmental Conservation to conduct an immediate response.

**What if I don’t like the taste of treated water?**
If you are sensitive to the taste of chlorine, you can improve the taste of your treated water with the following tips.

- Use a home treatment device like a water filtration pitcher. These devices may improve the taste of water. Just don’t forget to change the filter regularly!
- Place an uncovered pitcher of water in the fridge overnight. Chlorine will dissipate from the water and taste better by morning.
- Boil water then allow it to cool.

**At fish camp, we don’t have treated water. What kind of water should we use?**
Water from untreated sources is not regularly tested for safety. Even when it looks clean, this water can contain bacteria that can make us sick! Treated water is always the safest choice. However, if treated water cannot be packed to fish camp, water should be disinfected before being consumed. First, any visible sediment or debris should be removed from the water. Then, it can be disinfected as follows.

- Heat water to a rolling boil for at least one minute. Boiling is the preferred method of treatment.
- Add 8 drops of unscented household bleach per gallon. For cloudy water, add 16 drops of bleach per gallon. Mix water well and let it sit for at least 30 minutes before drinking. Expect a slight chlorine odor to be noticeable if you have added enough bleach.

Be careful about the water you use this summer. Remember that community water systems treat water for our safety!

Contact the YKHC Office of Environmental Health at 907-543-6420 or 1-800-478-6599.

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**BEDBUGS, from p. 15**

**How do I get rid of them?**

Getting rid of bed bugs can be difficult. You must find them and get rid of them from their hiding places (sometimes a good vacuum can work). Chemicals may also be needed to get rid of the ones you can’t find. Also, seal up your pillows and mattresses so that no air can get to them. This will kill any bed bugs hiding in them. Clean your house well, like a “spring cleaning.” You can also wash your bedding in very hot water and in the winter putting items outside when it stays below freezing will also kill bed bugs.

Our Office of Environmental Health is available to answer questions about bed bug concerns as well; they can be reached at 543-6420.
Understanding Tuberculosis

“TB spreads through the air because it is a very small droplet. If a person has active TB disease of the lungs, they can spread it to others when they cough, sneeze, sing, or speak.”

Tuberculosis, or TB, is a disease that has infected one third of the world’s population and has been around for thousands of years. It is caused by Mycobacterium tuberculosis and it usually attacks the lungs, but can attack any body part. TB has affected people in the YK Delta for many years.

TB spreads through the air because it is a very small droplet. If a person has active TB disease of the lungs, they can spread it to others when they cough, sneeze, sing, or speak.

To become infected, a person must inhale TB germs. TB is not spread by contact; that is, not by touching something an infected person has touched. People are more likely to become infected with TB when they spend time with a person who has active TB in a confined area.

Most people who are exposed to TB and become infected have Latent TB Infection or LTBI. Some people develop active TB disease. Persons with Active TB disease of the lungs usually have these symptoms:

- A cough that lasts 3 weeks or longer
- Fatigue, feeling tired all the time
- Sweating at night
- Losing weight without trying
- Fever, chills
- Decreased appetite
- Chest pain

If you are having any of these symptoms, you must be seen by your provider!

TB is a treatable disease; about 90 percent of persons with TB disease are cured. It is important to be treated for TB to restore your health, and to prevent passing the disease on to others. Persons with Active TB disease receive medication through Direct

Here are differences between LTBI and Active TB Disease:

<table>
<thead>
<tr>
<th>A Person with LTBI</th>
<th>A Person with TB Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has no symptoms</td>
<td>Has symptoms that may include: a bad cough that lasts 3 weeks or longer, pain in the chest, coughing up blood or sputum, weakness or fatigue, weight loss, no appetite, chills, fever, or sweating at night</td>
</tr>
<tr>
<td>Does not feel sick</td>
<td>Usually feels sick</td>
</tr>
<tr>
<td>Cannot spread TB bacteria to others</td>
<td>May spread TB bacteria to others</td>
</tr>
<tr>
<td>Usually has a skin test or blood test result indicating TB infection</td>
<td>Usually has a skin test or blood test result indicating TB infection</td>
</tr>
<tr>
<td>Has a normal chest x-ray and a negative sputum smear</td>
<td>May have an abnormal chest x-ray, or positive sputum smear or culture</td>
</tr>
<tr>
<td>Needs treatment for LTBI to prevent active TB disease</td>
<td>Needs treatment to treat active TB disease</td>
</tr>
</tbody>
</table>

see TB, p. 18

More than 50 million people in the United States suffer from allergies at a cost of more than $18 billion each year. In 2002, 14 million doctor visits were due to seasonal allergies.

Allergies are caused by an overreaction of the body’s immune system to substances called allergens. Allergies are grouped by the kind of trigger, time of year, or where symptoms appear on the body. There are indoor and outdoor, latex, insect, eye, and skin allergies.

This time of year people start noticing their outdoor allergies. The symptoms most often seen are sneezing, nasal stuffiness, clear nasal discharge, itchy watery eyes, itching of the roof of the mouth and ears, and coughing.

Doctors can diagnosis allergies using three simple steps:

- Personal and medical history
- Physical examination
- Tests to determine allergens

After determining if it is allergies and the severity of the symptoms, a treatment plan is made. There are three main treatment options for allergies: avoiding allergens, medication, and allergy shots.

When you live in Alaska and have outdoor allergies, avoiding the allergens will be difficult.

Most people with outdoor allergies or seasonal allergies have a mild form of the disease. Medication can be used to treat and prevent the symptoms of mild to moderate allergies. The allergy shot is reserved for people with severe allergies who have failed the first two treatment options.

If you think you have allergies, talk to your healthcare provider about your treatment options.
Hospital roof work begins

The Yukon-Kuskokwim Delta Regional Hospital is currently undergoing a $2.8 million roof replacement project, which will stop leaks and save thousands of dollars in heating costs.

The membrane roof replacement bid was awarded to Interior Alaska Roofing Inc., an experienced and manufacturer-qualified roofing company from Fairbanks.

The new roof will not only replace the 30-year-old existing membrane and resolve multiple leaks, it will also increase insulation values. As a result, projected energy savings are expected to be at least $100,000 per year.

The project is funded by the American Recovery and Reinvestment Act (Stimulus Act) and the majority if not all of the work is expected to be completed by October of 2011, weather permitting.

TB, from p. 17

Observed Therapy, or DOT. Treatment usually lasts six to nine months.

Public Health Nurses and YKHC providers and staff work together to help people complete effective TB treatment therapy. If you or someone you know is having the symptoms of TB, please see your provider as soon as possible. When you are seen in a village clinic or at the hospital and are coughing, please ask for a face mask to wear. This will help prevent spreading germs to other people at YKHC.

TB disease is both preventable and curable. We want everyone in the YK Delta to stay as safe and healthy as possible; being treated for TB when you have it is one way to do this.
March, 2011, Health Aide of the Month—
Lillian Amaktoolik, Emmonak SRC

Lillian Amaktoolik was nominated by her supervisor, Emmonak Subregional Clinic Operations Manager Craig Stritar, who said, “Recently, Lillian saved a child from choking by administrating the Heimlich maneuver in the patient waiting area. She is a priceless resource in her role as a Health Aide for the Emmonak community and neighboring villages.”

Lillian also recently put together a health fair in Emmonak. Stritar said she solicited support from numerous organizations and took the lead on the event which included many providers. Lillian coordinated the whole event, which included immunizations, patient education, sex education for high school students, diabetes awareness, tobacco use, blood pressure and dental hygiene to name a few.

Stritar said, The Health Aide workforce represents the sustainability of health care in the YK Delta. Each month, YKHC awards special recognition to an outstanding Health Aide.

If you would like to recognize a particular Health Aide, contact Andrea Thomas, Field Supervision Instructor by calling 543-6160.

Health Aides graduate

On Friday, May 6, 2011, the CHAP Department graduated eight of their students during the 37th Commencement held in Bethel at the Yupiit Piciryarait Cultural Center.

The eight students are: Mary A. Joe (Nightmute), Rosemary A. John (Newtok), Sharon M. Kanuk (Kipnuk), Crystal G. Lake (Akiak), Virginia M. Lozano (Kongignak), Pauline S. Nicori (Kwethluk), Mattie R. Simon (Scaammon Bay) and Herschel C. Sundown (Scaammon Bay).

The Health Aide students have the ability to use their education for college credit towards an associates degree at the University of Alaska Fairbanks, Kuskokwim Campus. The recent graduates will resume their duties at their respective clinics around the YK Delta.

CHAP Training recertifies with 100 percent

YKHC’s Community Health Aide Training Center scored a 100% on its five year recertification RAC review. The audit team’s leader stated, “YKHC’s Community Health Aide Training Center is the flagship of the state!”

The department has been in preparation for this review for the last five years. YKHC congratulates the BTTs for a successful review and appreciates all of your hard work!

Photo: (Left to right) Sarah Welch, Melanie Boyer, Bill Schreiner, Myrna Peter, Nancy Grimsrud, Nancy Reed, Celia Picazo. (Front) Chester Mark, Melinda Flemings, Rita Kalistook

Mary Joe, Pauline Nicori, Sharon Kanuk, Mattie Simon, Crystal Lake and Herschel Sundown. (Virginia Lozano and Rosemary John not pictured).

Congratulations graduates!
YKHC helps out in Crooked Creek flooding

The National Weather Service issued a flood warning for the village of Crooked Creek on Monday, May 9, 2011. The ensuing flooding affected more than 25 homes, with the evacuation of a reported 53 residents to nearby Donlin Creek.

It is said that an estimated 90 Crooked Creek residents remained on higher ground at Crooked Creek. No injuries were reported.

The Yukon-Kuskokwim Health Corporation operates one clinic in Crooked Creek, providing health care for those residents. That clinic is located on higher ground and is currently above flood waters. YKHC’s President/CEO Gene Peltola said, “YKHC’s involvement in aiding the people of Crooked Creek will be in the assistance of state and local officials. We will be cooperating fully with government officials in the aftermath.”

YKHC mobilized medical supplies, including medications, first aid kits, hand sanitation, float coats, satellite communication equipment, etc. As flooding and ice jams were reported, administrators continually assessed clinics and patient populations in Aniak, Chuathbaluk, Upper and Lower Kalskag.

YKHC’s Office of Environmental Health and other departments participated in relief efforts, ferrying medical and needed supplies upriver. Brian Berube and Brian Lefferts are pictured.

Spring flooding caused serious damage to the village of Crooked Creek on the Upper Kuskokwim. Governor Parnell issued a disaster proclamation.