

Alaska Native Health Service

Sub Area Office
Anchorage, Alaska



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INTRODUCTION^{1/}

In many respects the health conditions of American Indians^{2/} are similar to those which prevailed generally a half century ago, when knowledge of sanitation, hygiene, and curative measures was too limited to prevent undue illness and early loss of life.

Most illnesses and half the deaths among Indians are due to diseases that can be prevented by modern control measures. Their average age at time of death is 37, compared with 62 for the non-Indian population. More than half the entire Indian population is under 20 years of age. The incidence of tuberculosis among the Indians is about 9 times that among the non-Indian population, and is a leading cause of death. Pneumonia, influenza, infant diarrhea, and enteritis -- diseases which are under control in our general population--are other major causes of death among the Indians.

On July 1, 1955, the Public Health Service, Department of Health, Education, and Welfare, took over administration of the medical care and health program for Indians and

1. "Facts About Indian Health", U.S. Department of Health, Education, and Welfare, Public Health Service.
2. The Alaska Natives are included in this group although Eskimos and Aleuts as well as Indians are natives of the Territory.

Alaska Natives. This responsibility was transferred from the Bureau of Indian Affairs Department of the Interior, under the terms of Public Law 568, 83d Congress, 2d Session. To conduct this program, the Public Health Service organized the Division of Indian Health as part of its Bureau of Medical Services.^{3/}

The services of the Indian health program are aimed at eliminating unfavorable health conditions among the Indians, and bringing their health to the level enjoyed by the population as a whole. Maximum use is made of available State and community services.

There are two major and equally important parts to the Indian health program. One is the organized effort to prevent disease through improved public health services. The other is the provision of curative medical care through hospital and clinic services.

To many thousands of American Indians and Alaska Natives, the Public Health Service fills the role of family doctor and community hospital. The Service operates 52 general hospitals and four tuberculosis hospitals for

3. The Alaska Native Health Service is a counterpart of the Division of Indian Health and under the direct jurisdiction of that Division.

Indians in thirteen States and in Alaska. Most of the general hospitals are small facilities with less than 40 beds, and all of them provide extensive outpatient services. The hospitals are institutional members of the American Hospital Association, and members of their staffs individually hold memberships in the leading professional organizations of the medical and health fields.

Wherever it is to the advantage of the Indians and economical for the Government, medical and hospital care are provided by community hospitals and clinics and by private physicians under contract. Contractual arrangements are in effect with approximately 130 non-Federal hospitals, more than 20 county and State tuberculosis sanatoria, about 10 State and other public mental hospitals, and numerous private physicians and dentists.

Preventive services are provided at all health facilities, including hospitals. These services include tuberculosis control, communicable disease prevention, public health nursing, maternal and child care, health services to school children, promotion of improved sanitation, health education, and dental public health. Most of these services are provided directly by the Public Health Service. Of particular significance is the program under which selected tribal members are trained for employment by the Public Health Service for the purpose of explaining sanita-

tion to their people. These Indian employees stimulate improvements in home sanitation, including use of safe drinking water. In some localities, certain preventive services--particularly those concerned with tuberculosis control--are provided by State or local health agencies under contract with the Public Health Service.

Services of the Indian health program are provided for approximately 315,000 Indians living on about 250 reservations in 24 States, and approximately 35,000 natives in the Territory of Alaska. Generally, an individual is eligible for these services if he is regarded as an Indian by the community in which he lives as evidenced by such factors as membership in a tribe, residence on tax exempt land, ownership of restricted property, and active participation in tribal affairs.^{4/}

The bulk of the Indian and Alaska Native populations are thinly spread over vast areas in the West and Alaska. In many areas, travel is extremely time-consuming and difficult because of poor roads and lack of public transportation.^{5/} This makes it difficult for

4. Eligibility of the Alaska Native is evidenced by proof of one-fourth Eskimo, Indian, or Aleut blood, due to the absence of organized tribes.

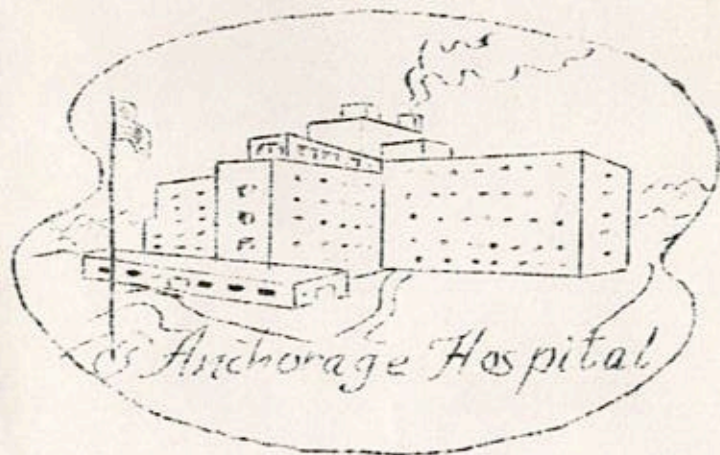
5. In Alaska, inclement weather is a definite travel problem.

Indians^{6/} to reach hospitals or clinics, for public health nurses to get to their patients, and for health personnel to provide preventive services.

The insufficiency of resources to support life on many reservations,^{7/} which is at the root of widespread poverty, poses major problems in providing health services. Language difficulties, lack of understanding of the causes of preventable diseases, and time-honored customs that sometimes conflict with healthful living are obstacles which must be overcome.

6. or Natives

7. In Alaska, this would refer to any area in which Natives reside.



PHS ALASKA NATIVE HOSPITAL AND
SUB-AREA OFFICE, ANCHORAGE

General. The City of Anchorage is the center of the most rapidly developing area in Alaska. It now has a population of between 12,000 and 15,000, with a total of probably 50,000 in the immediate area, in addition to military personnel. As it has grown very rapidly, it naturally does not have all of the refinements one would find in older communities, but living conditions are steadily improving; all buildings, including housing, which have been of a more or less temporary nature, are taking on an aspect of permanence.

There is every reason to believe that, even though there may be some curtailment of activities due to the anticipated decrease in military and other Governmental construction in this area, Anchorage will continue to develop as the business center for the interior of Alaska, particularly since the mining, forest, and agricultural possibilities of this section are just beginning to be developed. In 1956, Anchorage was named one of the ten All America Cities by Look magazine due to the tremendous progress made in city development, planning and organization.

The stores, markets, and community activities are comparable to those found in cities of equal size in the States; food prices are variable, but of recent months a buyer's market has developed creating definite competition and a downward trend. A large number of housing units, both apartment buildings and individual houses, have been constructed in the Anchorage Area during the past few years and the supply now equals the demand; rents and real estate prices are still somewhat high, however, there is good reason to expect these will decline shortly.

The City is located on level ground extending back from the high bluffs along the Cook Inlet, which at this point is about five miles wide. To the west, across the Inlet, are the mountains of the Alaska Peninsula, and to the east those of the Alaska Range.

The latter rise directly from the plain, with virtually no foothills, to heights of from 5,000 to 8,000 feet, and furnish ample opportunity for hiking, mountain climbing and winter sports. Anchorage is the terminus of the Glenn Highway which connects with Fairbanks and with the States by means of the Alaska Highway. There is also an excellent highway to Seward on the east side of the Kenai Peninsula; Anchorage is also connected with Fairbanks and Seward by the Alaska Railroad. A few miles to the north is the town of Palmer which is the center of the Matanuska Valley, a rapidly developing agricultural area, and which furnishes a large part of the produce and dairy products for this section.

The climate in the Anchorage area is quite dry with the total precipitation seldom exceeding twenty inches a year. The winters are moderately cold, but do not exceed in severity those in the Northwestern United States, and because of the dryness, do not seem nearly as cold as those in sections along the East Coast where the prevailing winter temperatures are much higher. The summers are warm with a few relatively hot days, and the length of the days during the summer months permits one to indulge in many outdoor activities which would not be possible farther south. Although the days in winter are rather short, there is no period in which the sun is not well above the horizon for several hours.

Physical Plant. The PHS Alaska Native Hospital is located on a tract of land nearly equal to three city blocks, with seven and one-half acres of lawn, approximately one-half mile from the business center of Anchorage. It is a six-story building, with partial basement, built in the form of a cross with a one-story wing extending from the main lobby, which contains the outpatient department on the south and part of the administrative offices on the north. The balance of the administrative offices are housed in the Quarters Building approximately one block west of the hospital; these are the Personnel Department, the Property Management Office, the Sub-Area Nursing Consultant's office and the Sub-Area Construction and Maintenance Engineer's office. Also located in the Quarters building are the Anchorage offices of the U. S. Federal Employees' Credit Union and the Civil Service Board of Examiners. The hospital was built at a total cost of \$10,000,000, including the Quarters Building, and was officially opened in November, 1955. It has a rated capacity of 400 beds, 245 for tuberculosis patients and 155 medical and surgical, and has 250,000 square feet of floor space.

Medical Library and Conference Room. The Medical Library contains approximately 400 volumes and current issues of approximately 60 medical and nursing periodicals, both American and foreign, and is maintained for the

use of the medical and nursing staff. The Medical Library is used by the professional and administrative staffs as a conference room when conferees are less than 25 or 30 persons; if the group is larger, the Solarium on the sixth floor is used.

Medical Officer in Charge. The Medical Officer in Charge is responsible for the smooth operation of all hospitals in the Anchorage Sub-Area. On or about July 1, an Assistant to the Medical Officer in Charge will be assigned to this station, whose primary responsibility will be the PHS Alaska Native Hospital in Anchorage, and who will serve as Acting Medical Officer in Charge when that official is out of the office. There are ten Medical Officers, including the Medical Officer in Charge, on our staff at present, plus the two dental officers, and eleven specialists from the City of Anchorage and 5005th Hospital who serve as consultants on a contract basis. Two new medical officers, in addition to replacements for those whose tour of duty in Alaska will be completed this summer, will be added in the next few months.

Travel Clerk. The Travel Clerk arranges transportation for patients traveling from their villages and field hospitals to Anchorage and stateside hospitals, or from hospitals in the States to their home villages via the Anchorage hospital; the Travel Clerk makes all reservations, prepares Government Trans-

portation Requests, purchases tickets, and arranges overnight accommodations when necessary for the patients, as well as dispatching six hospital drivers in the Anchorage vicinity. Relatives of patients and/or the receiving hospital are advised via wire of patients' impending arrival.

Service Operations. The Service Operations Officer supervises the Switchboard, Travel Clerk, Mails and Files, Forms Control Clerk and Duplicating Machine Operator, and the Laundry activities for the Anchorage Hospital, and is responsible for issuance, forms, records and files, management, for the Anchorage Sub-Area.

Administrative Officer. The Administrative Officer is responsible for all administrative functions in the Anchorage Sub-Area, i.e., Personnel, Financial Management, Service Operations, Purchase and Supply, Property Management, Maintenance of Buildings and Grounds, and Sub-Area Construction and Maintenance; an Assistant to the Administrative Officer is expected to be assigned to this station in the near future who will be primarily responsible for administrative functions in the Anchorage Hospital.

Medical Records. All medical records are maintained in a central office. Doctors dictate on the dictaphone all summaries, physicals, histories, consultations, etc., and send the dictated belts to Medical Records

where they are transcribed and placed in the patients' permanent file; approximately 7300 patient files are maintained by this department, which is staffed by a Medical Records Librarian, a Medical Records Clerk, a File Clerk, a Tuberculosis Clerk, and three Dictaphone Machine Transcribers. The Admitting Office is under the direct supervision of the Medical Records Librarian.

Financial Management. The Financial Management Officer has direct supervision over 12 employees in the Fiscal Accounting, Voucher Audit, Budget, and Payroll Units; the Agent Cashier is also under the supervision of the Financial Management Officer. This department serves the Anchorage Sub-Area, which has a total program of approximately five million dollars annually. All vouchers and payrolls are processed here and sent to the Regional Disbursing Officer in Juneau where checks are issued and mailed to recipients. Our annual payroll is approximately \$3,250,000, which is an average of around \$5,100 per person per year.

Nursing Service. The Nursing Staff consists currently of approximately 162 persons composed of 74 registered nurses, 35 practical nurses, 6 ward clerks, and 47 hospital attendants; this staff operates 24 hours a day every day of the year. The registered nurses group, in addition to the Director of Nurses and her assistants, is composed of ed-

ucationists, supervisors, head nurses and staff nurses. An education program exists at this institution for the nursing personnel and the long-term tuberculosis patients.

Telephone Operator-Receptionist. In addition to operating the telephone switchboard, which has 100 extensions in the hospital and quarters and five city trunks, the operators disseminate information to the public and perform various other duties during the evening hours when the administrative offices are closed; 24-hour service is maintained by four full-time operators and one part-time operator.

Admitting Office. Patients coming into the hospital must report to the Admitting Office where a brief history is obtained and patients are referred to the Medical Officer in charge of the Out-Patient Department for evaluation and assignment to proper ward; hospital admissions average between six and seven patients per day. This office is staffed by three admitting clerks and is open from 8:00 a.m. to 12:00 midnight, Monday through Friday. Admitting functions are performed by telephone operators when the admitting office is closed.

Agent Cashier. The Agent Cashier, a bonded employee, holds in trust all patients' funds and valuables during their stay in the hospital, as well as collecting any funds due the U.S. Public Health Service in the Anchorage Sub-Area.

Out-Patient Department. The out-patient department averages about 35 cases per day. Native patients from all over the Territory are treated in this department for all types of minor ailments. One of the hospital's Medical Officers is assigned the responsibility of the Out-Patient Department and he is assisted by one registered nurse, one nursing assistant, and one Clerk-Typist. The Department schedules the following special clinics each week: well baby and prenatal, post partum and prenatal, pediatric, and employee immunization. An orthopedic clinic is held every second and fourth week of the month and 8:00 to 9:00 a.m. each morning is reserved for employees who wish to be seen in the Department.

Dental Clinic. Two full-time dentists are assigned to this Hospital, each with a dental assistant, to perform regular dental procedures either on an in- or out-patient basis.

EENT Facility. We have complete eye, ear, nose and throat facilities which are used by private doctors under contract to the Public Health Service to treat Native patients both on an in- and out-patient basis. EENT clinics are held on Thursday each week, and eye clinics are scheduled every Tuesday and Friday.

Personnel. The Personnel Department is located in the East Quarters building and em-

loys seven persons who are engaged in a complete Federal personnel program servicing approximately 630 persons, about 390 of whom are employed in the Anchorage Hospital and Sub-Area Office. About 60 per cent of the employees are Natives who are given preference in employment where it is possible for them to qualify. About one-third of our personnel are men and two-thirds women. All hiring for the Sub-Area is done in the department, except for top level, key positions who are hired by the Area Office in Juneau or the Division of Indian Health office in Washington, D. C.

Property Management Office. The Property Management Office is also located in the East Quarters building and is staffed by three persons; this department inventories and accounts for approximately two million dollars worth of personal property and sixteen million dollars worth of real property, excluding the land per se. Space assignment records are also maintained by this office.

Sub-Area Construction and Maintenance Engineer. The Sub-Area Construction and Maintenance Engineer is responsible for plant operation, maintenance and repairs, and improvements of six hospitals in the Sub-Area (these functions for the hospitals on St. Paul and St. George Islands are performed by the Fish and Wildlife Commission). This employee also acts as Sub-Area Fire Engineer, Safety Engineer and Civil Defense Coordinator.

Sub-Area Nursing Consultant. The Sub-Area Nursing Consultant periodically visits the hospitals in the Sub-Area to consult with the Medical Officer in Charge and the Director of Nurses regarding nursing policies and/or problems, and to assist or advise these persons in formulating policies. Contract hospitals are also visited at least once a year to observe nursing care, adequacy of staff, and assist with any problems which may have arisen regarding our patients. Prospective nurses are provided with information on request and the nursing education program is planned here. This individual also serves in an advisory capacity to the Sub-Area Medical Officer in Charge relative to nursing functions.

X-ray Department. The X-ray Department is equipped with two X-ray machines and staffed by two X-ray Technicians and one Clerk-Typist, who are under the jurisdiction of the Medical Officer in charge of the Laboratory and X-ray. A consultant Radiologist has recently joined our staff on a contract basis.

Laboratory. All general laboratory work is performed here as well as some bacteriological studies. The laboratory is staffed by three Medical Technicians, one Bacteriologist, one Laboratory Worker, and one Clerk-Typist, who are under the direct supervision of the Medical Officer in charge of the Laboratory and X-ray. A consultant Pathologist

on contract has also recently been added to our staff. This individual supervises all autopsies and is responsible for the pathological examination of all laboratory specimens. A Walking Blood Bank is in operation with approximately 500 persons on call. Military, as well as civilian, personnel have been very cooperative in maintaining this service, particularly the 1931st AACSB from Elmendorf Air Force Base and the 23rd Infantry from Ft. Richardson, the latter group having donated 350 pints of blood since October of last year. An average of 40 pints of blood each month are used in the Hospital; each patient on whom chest surgery is performed requires a minimum of 5 pints of blood.

Physical Therapy. The Physical Therapy Department provides physiotherapy activities for approximately 25 to 30 patients each day; and is staffed by one Physical Therapist and one Assistant.

Laundry. The laundry is equipped with approximately \$50,000 worth of equipment which is operated by 15 employees; around 5,000 pounds of wash are processed each day.

Sewing Room. Two seamstresses are employed to do the mending and alterations when necessary; also, many items for use in the hospital are manufactured in this department. This unit is under the supervision of the Executive Housekeeper.

Mails and Files. All mail and telegrams, including that for the patients and for employees living in quarters, is processed here.

Pharmacy. The Pharmacy is staffed by one Pharmacist, one Assistant Pharmacist and one Pharmacy Helper, and serves the whole Anchorage Sub-Area, not only the Anchorage Hospital. Approximately 1500 different drug items are stocked in the Pharmacy; 83 Alaska Native Service schools, 7 Public Health Service Hospitals, the Nome Clinic, Public Health Nurses and Chemotherapy Nurses are supplied by this Pharmacy.

Purchase and Supply Unit and Stockroom. There are nine persons employed in this section, under the supervision of the Purchase and Supply Officer; approximately one million dollars worth of supplies are procured each year. We carry a stock of about 5000 line items, valued at around \$150,000; these items are used to supply 110 different points throughout the Territory including hospitals, clinics, Alaska Native Service schools, Public Health Service nurses' stations, adjacent islands, etc. All transportation of supplies is also handled by this unit.

Morgue. The morgue provides facilities for four bodies. An attempt is made to obtain permission for autopsies on each decedent in order to definitely establish the cause of death; such determination will aid in suc-

cessfully treating future patients with like symptoms. Permission for autopsy must be obtained from nearest of kin, except in the case of violent or accidental deaths in which cases autopsies are ordered by the U. S. Commissioner. Burials are handled by the hospital by means of a contract with a local mortuary. Remains are either interred in the City cemetery or, if relatives so desire, transportation elsewhere, usually the patients' home village, may be provided; in the latter case, transportation is paid by the relatives of the deceased.

Housekeeping Department. The 44 employees in the Housekeeping Department are supervised by the Executive Housekeeper who is also in charge of the Linen and Sewing Rooms; the staff operates in two shifts seven days a week. The Department provides maid service in the Quarters Building and all housekeeping functions within the Anchorage Hospital.

Kitchen. Fifty-eight persons are employed in the Dietary Unit which is supervised by the Chief Dietitian, and serves approximately 1200 meals per day. The meals are prepared in the Main Kitchen on the first floor and delivered in heated food carts to smaller kitchens on each floor where they are served to the patients on individual trays. Approximately 150 gallons of milk, 35 gallons of coffee, 35 gallons of tea, and 85 loaves of bread are required daily. About 60 pounds of

bacon or 20 turkeys or 250 pounds of liver or ground beef are needed to make one serving. Complete cold storage facilities are available; occasionally game meats such as moose, seal and fish, are donated by various community organizations or the Fish and Wildlife Commission. An effort is made to prepare the game in the manner to which the Natives are accustomed, for example, fish head soup is considered somewhat of a delicacy by the Natives and is always well received. Fish in any form is a popular dish and, consequently, is served often; reindeer meat is also served when it can be obtained from Nunivak Island.

Basement. The Maintenance Department for the Anchorage Hospital has its offices in the basement, where our own carpenter, paint, electrical, telephone and machine shops are also located. We obtain our steam and electricity from the Alaska Railroad and CEA power plant and these facilities are piped into the installation through utiladors under Ship Creek; an expenditure of approximately \$13,000 per month is necessary for utilities. Two machines for manufacturing flaked ice are also located in the basement.

Second Floor. The south wing of the second floor is designated for non-tuberculosis patients and has 34 beds; the east and north wings are reserved for pediatric patients and the west wing is the Maternity Ward which has eight beds and eight bassinets and averages twelve deliveries per month.

Third Floor. The south, east, and north wings on the third floor are used for adult female tuberculosis patients; there are 34 beds on each ward. The north wing is a Special Care Section consisting of 9 beds for mental cases and others for whom special services are necessary.

Medical Social Worker. The office of the Medical Social Worker is in the north wing of the third floor. This individual provides personal services for the patient such as solving personal problems while patient is in the hospital and unable to attend to his affairs personally, ascertaining that patient will have a suitable environment at home when he is discharged from the hospital, making arrangements for family groups to be hospitalized in the same institutions, and various other services which may cause excess worry and thereby retard the patient's recovery.

Fourth Floor. The south wing of the fourth floor is devoted to general medical patients and has 34 beds. The east wing is a combined orthopedic, EENT, and post-operative chest case ward. The north wing has 34 beds which are reserved for major surgery cases, and 4-West contains the operating room. We average about 20 to 25 major surgery cases per month, many of which are chest cases, and from 40 to 50 minor surgery cases.

Fifth Floor. The south, east, and north wings on the fifth floor are for adult male

tuberculosis patients, those on 5-North being patients who will soon be ready for discharge. There are 34 beds on each of these wards also.

Coordinator of Religious Activities. The office of the Coordinator of Religious Activities is on the south wing of the fifth floor. This individual maintains contacts with all patients and all churches in the Anchorage area serving in a liaison capacity.

Occupational Therapy Department. The Occupational Therapy Department occupies the center portion of the west wing on the fifth floor. Occupational Therapy is defined as any activity, mental or physical, medically prescribed and professionally guided, to aid a patient in recovery from disease or injury. In a therapeutic program of patient treatment, the activity must meet the individual need of the patient at each stage of his illness. Busy work and idle recreation have their place, but an activity entered into without a purpose is not occupational therapy. Therapy means treatment, and occupational therapy is treatment by means of participation in activities devised to attack specific problems resulting from disease or injury. The activity of an occupational therapy department is divided into five main categories; i.e., creative and manual arts which includes fine arts and handicrafts; recreation meaning dramatics, music, games, sports, parties, outings, holiday celebrations, and

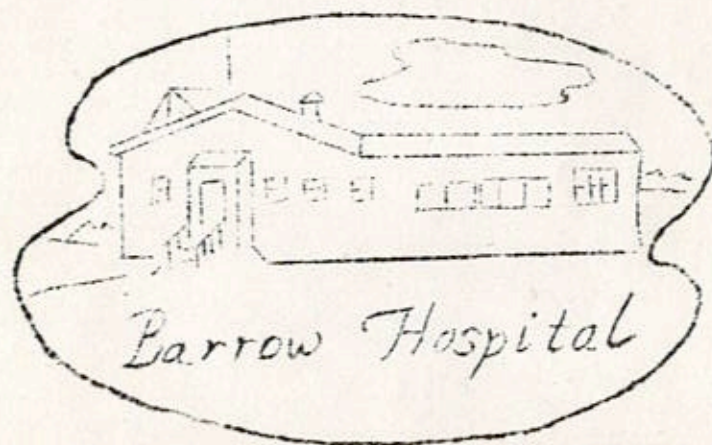
gardening; library and education providing study groups, reading service, newspapers and magazines, and activities of daily living; industrial placement which would include a placement bureau, hospital maintenance, grounds, farm, housekeeping and food services, offices, store house and other maintenance and service department; and therapeutic activities. Television sets are available on the majority of the tuberculosis wards.

School Room. The School Room occupies the far end of the west wing on the fifth floor. There are three teachers on our staff who hold classes in the schoolroom or at the bedside for non-ambulatory patients. These teachers are included in the Anchorage school system and the curriculum taught in the city schools is also taught in the hospital.

Sixth Floor. The sixth floor is the Solarium which has windows along three walls, and is used for patient entertainment and special meetings. At various times, it is loaned to other Government agencies for conducting special meetings.

Quarters. Located just west of the hospital is a three-story building built in the shape of an 'H' and covering almost as large an area as the hospital, which contains quarters for single personnel and the staff kitchen, dining room and recreation room, the three latter facilities forming the crossbar

of the "H". The quarters consist of approximately 218 completely furnished single rooms with connecting baths between each pair of rooms; two completely furnished suites are also available, one of which is occupied by the Director of Nurses. The dining room and kitchen are operated by the Tundra Club, which is a non-profit organization consisting of the employees living in the Quarters, serves three meals per day and four coffee breaks; anyone affiliated with the hospital or visiting the institution may eat in the cafeteria.



PHS ALASKA NATIVE HOSPITAL, BARROW

General. Barrow is the largest Eskimo village in Northern America, with a popula-

tion of approximately 1500, of which about 75 are non-Natives. The non-Natives consist of the hospital staff, school teachers, employees of the Weather Bureau, Presbyterian and Catholic mission workers, personnel of the Alaska Communication System, traders, and a group of men on special projects maintained by the Arctic Research Laboratory. The Eskimos come from as far away as the Canadian line. They live both in modern and Eskimo-type dwellings, sod igloos and frame houses existing side by side.

There is an Assembly of God Church, a Catholic Church, and a Presbyterian Church, as well as a school which teaches through the eighth grade and is operated by the Alaska Native Service, the Alaskan counterpart of the Bureau of Indian Affairs. Native dances and celebrations are frequently held and the white population participates in many Native activities and recreations such as whale, seal, walrus and duck hunting as well as occasional polar bear hunts in the spring and fall; Native guides are available for such excursions.

Physical Plant. The hospital is located eight miles southwest of Point Barrow, northernmost point in the Territory, but is situated in the village of Barrow. This hospital has a rated capacity of fifteen beds and employs approximately thirty persons. There are a nursery and four rooms for patients; one room is designated for maternity cases,

one for pediatrics, and the other two are used for men and women respectively, whether medical or surgical patients. The operating room is modern and equipment throughout the hospital is adequate to provide superior patient care.

The laboratory is small with minimal essential equipment and the X-ray machine is a Picker of 60 MA and is adequate for most general work. The staff nurses perform all X-ray work; at this time, however, active recruitment is in process to obtain a trained medical and X-ray technician. The hospital maintains its own power plant and electricity is 110 volts, 60 cycles, alternating current, and suitable for ordinary household appliances; coal from a local mine is utilized for heating purposes. The method of procuring water for the Barrow Hospital is rather unique. Blocks of ice approximately two feet square are sawed from a nearby lake, loaded on a sled, and hauled to the Hospital where they are stored in a 10 x 12 shack and an underground tunnel reached through a hole in the floor of the shack. Ice is also piled all around and over the shack and this is then covered with a tarpaulin. When water is needed for drinking purposes, ice is chipped from these blocks and placed in 5-gallon containers with spigots and the melting ice provides the drinking water. Water for bathing and washing clothes is obtained by processing the blocks of ice in a wanigan, which is a

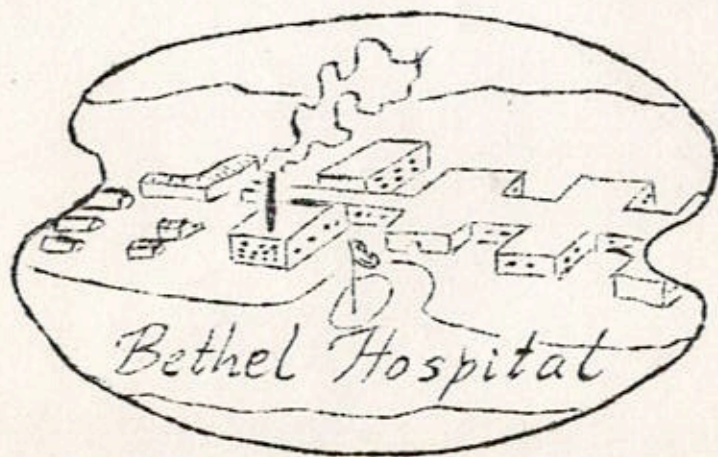
small shack built on a sled and containing a stove and a large tank. A fire is started in the stove and the ice melts in the tank wherefrom the water is piped to the various buildings on the station. The wanigan can be moved down to the lake and the ice placed directly in it; the fire in the stove is kept burning all winter long. Between 7,000 and 8,000 cubic feet of ice are needed to provide a years' supply of water. Due to the lack of roads, a tracked vehicle capable of carrying approximately two passengers and a stretcher provides transportation on the station and, to a limited extent, in the surrounding area.

Quarters. The nursing personnel is housed in completely furnished single rooms, with shared bath facilities, in a comfortable and attractive building located about 100 feet from the hospital. There is also available for their use a living room and a kitchenette equipped with an electric refrigerator and double hot plate. A new duplex, completed in December of 1956, contains one two-bedroom apartment and one three-bedroom apartment; this duplex is occupied by the Medical Officer in Charge and the Dental Officer. A two-bedroom apartment with kitchen and dinette, occupying one wing of the quarters, is also available. These apartments are furnished with basic kitchen equipment and sheets, blankets and towels; table linen and silver are not furnished. Four separate quarters buildings are provided, two buildings containing house-

keeping quarters, one having single rooms which it is anticipated will be converted into housekeeping quarters, and the other accommodating non-housekeeping employees.

Transportation and Communication. Mail is delivered by plane the year around. All classes, including regular parcel post, are delivered three times weekly; air freight is also carried. The Bureau of Indian Affairs vessel, the "NORTH STAR", arrives with annual supplies in the early fall. Only one trip a year can be made during the two to three week period when the Arctic ice pack moves away from the shore. Radio-telegraph service is provided by the Alaska Communication System.

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PHS ALASKA NATIVE HOSPITAL, BETHEL

General. The town of Bethel is located on the Kuskokwim River about 30 miles from where it enters the Bering Sea, and has a constantly changing population of about 300 persons, approximately 100 whites and the balance Natives who are primarily Eskimos with a few Aleuts and Indians intermingled. The white members of the community include teachers, storekeepers or traders, members of the Army, Air Force or National Guard, Alaska Native Service administrative personnel, Alaska Native Health Service hospital personnel, employees of the Civil Aeronautics Authority which maintains the airport and other services in connection with aviation, and temporary construction personnel.

There are two churches, the Moravian which operates an active missionary program, and the Roman Catholic which has a resident priest. The local combined grade and high school is attended by all children and is administered by the Alaska Department of Education; the high school is accredited by the Northwest Association of High Schools. There are two movie theaters and a small public library which is operated by the Women's Club.

Physical Plant. The PHS Alaska Native Hospital in Bethel is the largest field hospital in the Anchorage Sub-Area and the ma-

majority of the tuberculosis patients transferred to large sanatoria are found in the area served by the Bethel hospital. This hospital serves an area extending from Unalakleet on the north coast of the Bering Sea, to McGrath, down the Kilbuck Mountain range to Platinum and Goodnews Bay south of the mouth of the Kuskokwim River, and westward to include Nunivak Island. A total land area approximately the size of the state of Kansas, comprising some 55 villages and between eight and nine thousand Natives, is served. The hospital is located one mile down river from the town of Bethel and is connected with the town by a dirt road. It was completed in 1954 after the original building was destroyed by fire in 1950. The building itself is a rambling, single story, flat roofed, frame structure, modern in design, with five wings branching from the main center corridor and with many unique features in conformance with unusual local geographic and weather conditions. The hospital is staffed by approximately 90 persons which includes a professional staff consisting of one Medical Officer in Charge, two medical officers, one dental officer, seven registered nurses, twelve practical nurses and fifteen nursing assistants. There is a rated bed capacity of 50 with a total of 71 beds available; the hospital census usually averages 65 to 75 patients. Sixty beds are designated for acute illnesses, adult and pediatric, and accommodations are available for surgical and obstetrical patients. Cases

of pulmonary tuberculosis are transferred to sanatoria in Anchorage, Mt. Edgecumbe, or Seattle. Provision has been made for a very active outpatient service and dental clinic; approximately 100 to 150 patients are seen each clinic day which occurs on Monday, Tuesday, Thursday and Friday. The majority of these patients do not speak English with any degree of fluency and consequently an interpreter is required to diagnose the case. The services of two interpreters are required at all times; these interpreters also act as aids and assist the doctor in making the examination. In addition, there are the usual X-ray, laboratory, physical therapy and other facilities which are found in a modern hospital.

The electrical current in the hospital is standard 120-volt alternating current and is supplied by the hospital power plant. The hospital has a six inch cased, 400-foot deep well which supplies water for the hospital at the rate of 37,000 gallons daily. Water is stored inside the boiler house wing in four 25,000-gallon wooden tanks. A standby water line to the river is available to provide water should the well cease to function. There is also a pumphouse and direct line to the Standard Oil Company storage tank on the river bank for drawing oil to provide heat and cooking facilities; the expenditure for fuel oil is approximately \$6,000 per month during the winter months.

Quarters. Comfortable and attractive living quarters for the entire staff are obtainable; there are sixteen single rooms, each 12 x 16 feet with an adjoining bath between each pair of rooms and large thermopane windows affording an excellent view across the tundra. There are a number of efficiency apartments, as well as several one- or two-bedroom apartments, for married members of the staff, some of whom are living in converted quonsets. Automatic laundry facilities are available in the living quarters wing. Married couples occupying housekeeping quarters do some of their own cooking and single employees eat in a common dining room. A new four-unit apartment building was completed in December of 1956 which contains two two-bedroom apartments and two three-bedroom apartments.

Communication and Transportation. Communication with the "outside" is accomplished by radio-telegrams and a daily plane from Anchorage, which transports the mail as well as daily papers from that City. A radio transmitter and receiver set has been installed in the doctors' office which is used to contact all the villages in the area every evening approximately between 6:00 and 7:00 p.m. Cases are diagnosed and prescriptions made via this radio contact, and if cases are in need of specialized care, hospital admission is authorized. One of the medical officers in the Bethel hospital advises officials, school

teachers, or nurses in the various villages as to the type of drugs to use and how to administer them; if proper drugs are not available in the village, they are dispensed from the hospital on the following morning.

Transportation between Bethel and the surrounding towns, as well as the "outside", is primarily by air. The Northern Consolidated Airline schedules a DC-3 to Bethel from Anchorage daily except Sunday. The "bush pilots" make regular trips from Bethel to the surrounding communities with their smaller single-engined planes. These are equipped with pontoons or wheels in the summer, and with skis in the winter. The river usually provides landing facilities for the small planes except during "freezeup" and "breakup" when all transportation virtually reaches a standstill. One mile up the river from Bethel and on the far side is the CAA Kuskokwim Airport which is the local airstrip for the scheduled airlines. Transportation from the airport to the village is by barge across the river and then to the hospital by vehicle. Twice a year, in June and September, a commercial ocean-going freighter makes the rather hazardous trip up the river and unloads the year's supply of heavy freight. The rest of the year airplanes provide the only means of bringing in material and supplies. Dog sleds and river boats supplement the planes for local transportation. These, as well as the planes, can be chartered for local trips.



PHS ALASKA NATIVE HOSPITAL, KANAKANAK

General. The Kanakanak Hospital is located six miles from Dillingham, Alaska, which has a population of about 600 Eskimos, Aleuts and Caucasians, augmented in summer by a large group of Eskimos and Aleuts from surrounding areas who come to work in the canneries during the fishing season. The white population consists primarily of fishermen, small tradesmen, pilots and missionaries.

The Church of Christ, Moravian Church and Seventh Day Adventists hold services regularly in Dillingham. Mass is offered twice on Sunday at the Catholic Mission School and

the Russian Orthodox church functions at Christmas and Easter. The Territorial Department of Education operates a day school and high school; the Seventh Day Adventists have a day school, and the Catholic Church maintains a small parochial school.

Physical Plant. Kanakanak Hospital is located on Nushagak Bay which never freezes due to the high tides of the Bering Sea; the ever changing ice floes, dramatic coloration of the bay, unobstructed view of the fishing fleet, and splendid opportunities to view the white Beluga whales, seals and walrus which abound in the bay provide scenic interest. The hospital has a rated capacity of 49 beds, 20 for tuberculosis patients and 29 for general care, and is staffed by approximately 45 employees. The main hospital building is a wooden structure housing on the first floor the general wards, the operating and delivery rooms, an extensive outpatient clinic, nursery, X-ray and laboratory, and kitchen and staff dining rooms. The second floor provides quarters for the female aids and practical nurses and the recreation room and laundry is in the basement. The tuberculosis unit is a large quonset connected with the main building by an enclosed corridor.

The laboratory is equipped to meet the routine needs of a hospital this size and the X-ray facilities consist of a 200 MA Keleket unit about two years old and a 30 MA mobile unit for use within the hospital. The hospital has its own water system and power plant

which provides 110 volt, 60 cycle, alternating current.

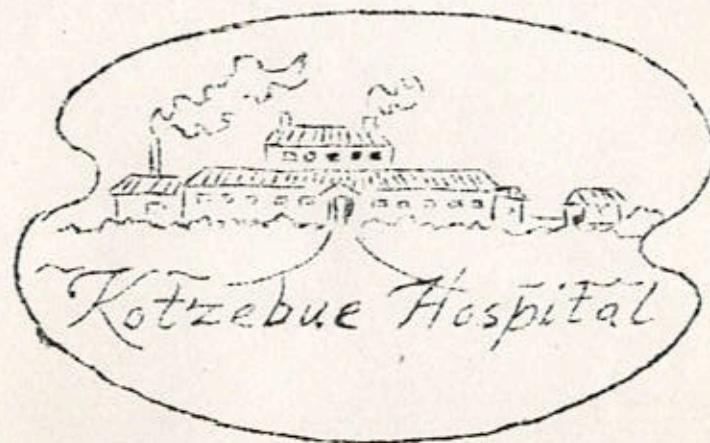
Quarters. The rooms on the second floor of the hospital for Nursing Assistants are supplied with all necessary linens and a dormitory is available for female kitchen helpers and aids. Rooms with linen service are furnished male maintenance and janitorial workers in two quonsets located near the hospital. Employees not occupying housekeeping quarters secure meals in the staff dining room; fresh fruits, vegetables and produce are flown in regularly from Anchorage and reindeer meat is occasionally available.

Steamheated apartments are provided in separate buildings for nursing personnel, and consist of completely furnished single rooms for four nurses and a comfortable living room. All linen is supplied and, although all meals are available in the dining room, the apartments have a kitchen equipped with silver and china for cooking off-duty snacks or entertaining. The Director of Nurses is provided a completely furnished one-bedroom apartment.

A three bedroom apartment for the Medical Officer in Charge and a two-bedroom apartment for the Maintenance Supervisor are provided in a three year old duplex. These apartments are completely equipped including basic kitchen equipment, sheets, blankets and towels; however, table linen and silver are not provided.

Transportation and Communication. A daily mail schedule is maintained by the hospital and there is a telephone system connecting all buildings on the station. Telegraph service is available through Dillingham, or in an emergency, by courtesy of the amateur radio operator presently stationed at the hospital. The Medical Officer in Charge maintains a daily two-way short wave radio medical schedule with the teachers in the surrounding areas.

Taxi service is available between Kanakanak and Dillingham although the road is frequently impassible, even by caterpillar tractor, due to weather conditions.



PHS ALASKA NATIVE HOSPITAL, KOTZEBUE

General. The village of Kotzebue is located on the shore of Kotzebue Sound about 100 miles north of Nome and above the Arctic Circle. It has a population of approximately 800 Eskimos and 100 Caucasians, which includes employees from the nearby Civil Aeronautics Authority station. During the summer months these are augmented by several hundred Eskimos from Little Diomed Island and other villages in the vicinity.

Five religious groups, i. e., Baptist, Catholic, Episcopal, Friends and Pentacostal, maintain missions in the village. The school, which teaches through the eighth grade, is operated by the Alaska Native Service and achievement standards are equivalent to those required by the Territorial Department of Education. Movies are shown regularly in the community theater and many varied outdoor recreational facilities are available. Kotzebue boasts two hotels, one of which is only open during the summer months, however, and caters primarily to the tourist trade.

Physical Plant. The hospital at Kotzebue has a rated capacity of 15 general and 20 tuberculosis beds and employs approximately 35 persons; it is one of the older field hospitals and the construction of a new facility at this station is planned in the near future. The main building houses the general wards, the operating room, outpatient clinic, X-ray

unit, the kitchen and staff dining room on the first floor. The tuberculosis unit and laboratory, which was constructed about four years ago, are in a large quonset connected to the main building by an enclosed corridor. The X-ray facilities consist of a 200 MA General Electric unit about four years old and a 30 MA portable unit. The hospital has its own power plant, water system and laundry; electricity is 110 volt, 60 cycle, alternating current, and suitable for ordinary household appliances.

Quarters. The quarters include a modern, comfortable duplex consisting of one three-bedroom apartment for the Medical Officer in Charge and a two-bedroom apartment for the Dental Officer. Quarters for the Director of Nurses are located on the second floor of the main hospital building; staff nurses live in a large, well-insulated quonset adjacent to the hospital. Each nurse has a completely furnished private room and shares a common bath, sitting room, snack kitchen, and utility room. Housekeeping quarters provided for the Medical Officer in Charge, the Dental Officer, and the Maintenance Supervisor are completely furnished with the exception of table linen and silver. A new duplex, containing a two-bedroom apartment and a three-bedroom apartment, was completed in December of 1956.

Transportation and Communication. Transportation is chiefly by air with direct passenger, mail, and freight flights to Nome and

Fairbanks five to six days a week and frequent mail flights to villages in the area. Once yearly, during the summer, supplies are shipped from Seattle on the U.S.M.S. "NORTH STAR", the Alaska Native Service supply ship; also, supplies are occasionally delivered by commercial vessel or barge from Nome.

Radio communication is through the Alaska Communication System, operated by the U. S. Army Signal Corps. Regular broadcast frequencies are not too satisfactory and, although ordinary personal radios may be used for entertainment, they should cover the short wave bands. The hospital maintains daily two-way short wave radio contact with neighboring village school teachers and the public health nurse in the area.

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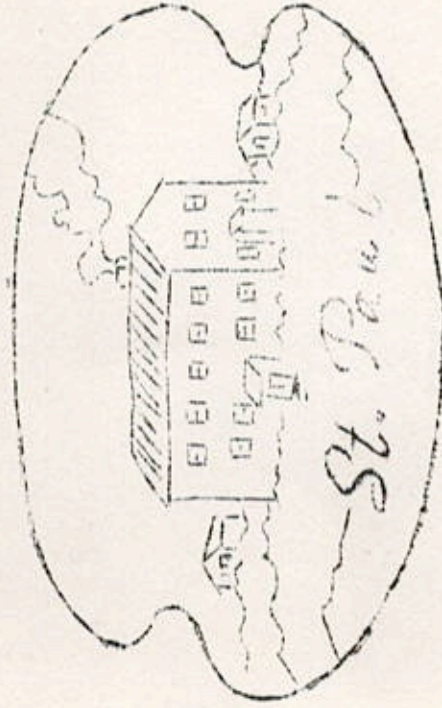


PHS ALASKA NATIVE HOSPITAL
ST. GEORGE ISLAND, PRIBILOFFS

General. The installation on St. George Island is under the jurisdiction of the Fish and Wildlife Commission and the hospital is operated by the Alaska Native Health Service. The population on this island is approximately 185 persons, including six or eight whites.

Physical Plant. The hospital on St. George Island is a well-arranged, modern, brick building which was completed in 1954; it has two wards, each with four beds, and one private room, making a total of nine beds. The hospital is staffed by one Medical Officer in Charge and two Native girls who serve in the capacity of nurses aids and work in shifts of 12 hours in case of emergency. Facilities include an X-ray unit, a large surgery section, and a kitchen; however, no surgery is performed except in extreme emergencies and food is prepared and brought in by patients' families. A dental unit has been installed where regular dental procedures may be performed. Automatic oil heat is used in the hospital.

Transportation and Communication. Passenger, mail and freight service is identical to that supplied St. Paul Island.



PIS ALASKA NATIVE HOSPITAL
ST. PAUL ISLAND, PRIBILOFFS

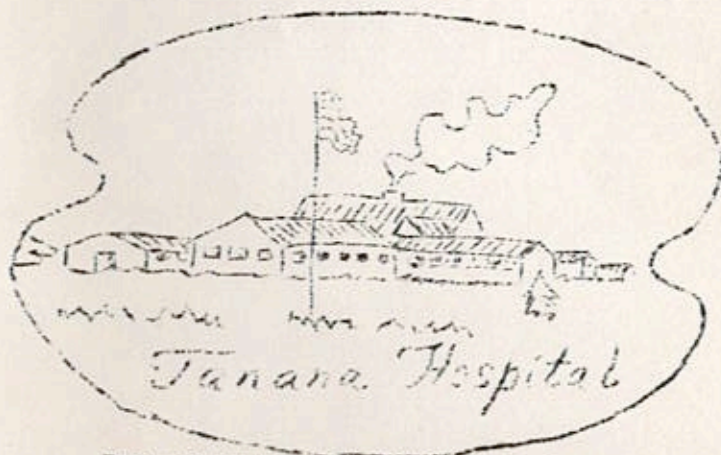
General. The installation on St. Paul Island is under the jurisdiction of the Fish and Wildlife Commission, except for the hospital which is operated by the Alaska Native Health Service. The population consists of approximately nine white families, about 20 people, and 365 Natives; the white population is composed of Fish and Wildlife, Weather Bureau, and Alaska Native Health Service personnel. The Russian Orthodox Church holds services regularly and a school is available which teaches through the tenth grade but is considered of poor calibre.

Physical Plant. The hospital on St. Paul Island is an old, two-story, frame structure, built in 1928, and poorly arranged when judged by modern hospital standards. X-ray facilities and darkroom are located in the basement, there are three beds on the second floor and all other units are on the main floor. No kitchen or diet facilities are available and all food is prepared in a common mess together with meals for Native workers. Coal is used for heating purposes; the hospital is very difficult to heat due to high winds, frequently of gale velocity, which are peculiar to the Pribiloff Islands. The hot water heater has recently been converted to electricity. Power is obtained from the Fish and Wildlife power plant and water is piped to the hospital from wells and a nearby lake. The hospital is staffed by one Medical Officer in Charge, four Native girls from the Island who serve as nurses aids, and a maintenance man provided by the Fish and Wildlife Commission; no registered nurses are stationed at this hospital.

Quarters. A partially furnished, one-bedroom house is provided for the Medical Officer in Charge, and Native employees reside in the village.

Transportation and Communication. Passenger service is by air only and the Reeve-Alutian Airlines schedules a mail run from Anchorage approximately once a week, arriving

on Thursday; mail is sometimes not received for weeks at a time, however, due to weather and other conditions. The Fish and Wildlife Commission sends five vessels to the island per year, one each in February, May, June, September and November; there is no communication between St. Paul and its neighboring island, St. George which is 40 miles distant, other than the Fish and Wildlife vessel. A Navy supply ship comes into the island the latter part of August or early September to pick up furs and deposit equipment and supplies.



PHS ALASKA NATIVE HOSPITAL, TANANA

General. Tanana is rich in the lore of early Alaska and claims more "old timers" a-

mong its residents than any other village on the Yukon. Located in Tanana is the oldest frame building on the Yukon River, now occupied by the Northern Commercial Company Manager. The population consists of 150 to 175 Athabaskan Indians and about 70 Caucasians, including the staff of the nearby Civil Aeronautics Authority station.

There is an active Episcopal mission in the village and a Catholic priest makes irregular visits. The Alaska Native Service maintains a school with classes through the eighth grade; a Territorial teacher has been added to the staff who takes the first and second grades. Movies are shown weekly at the CAA station and in the village. The social life is quite active, fishing is a favorite summer sport, game abounds in the area, and gardening, boating, photography, hiking, radio and record players are popular pastimes. Also, it is possible to pan small gold nuggets in nearby streams.

Physical Plant. The hospital is approximately one-fourth mile from the village proper on what was originally Fort Gibbon, a World War I Infantry Post; some of the old army buildings are still standing. The hospital is located directly on the north bank of the Yukon River, at the confluence of the Tanana and Yukon Rivers about 125 air miles slightly northwest of Fairbanks. It is a 30-bed general hospital, with the larger percentage of the patients being pediatric.

The hospital plant, constructed in 1949, is well-equipped and in good repair; the wards, surgery, laboratory and X-ray unit, and kitchen and staff dining rooms are located on the main floor. The hospital employs approximately 35 persons and living quarters for ancillary personnel are on the second floor with the laundry, storerooms and maintenance shops in the basement. The laboratory equipment is adequate for local needs; the X-ray unit is a Westinghouse Mattern, 150 MA unit, and there is also a 15 MA portable unit for use in outlying villages. The hospital maintains its own power plant and water system; electricity is 110 volt, 60 cycle, alternating current and suitable for ordinary household appliances.

Quarters. The nursing personnel are housed in completely furnished single rooms in a four year old building, and share a comfortably furnished living room, snack kitchen, and bath with hot and cold running water. Two new duplexes were completed in December of 1956, each providing one two-bedroom and one three-bedroom apartment, all of which apartments are completely furnished. Three of these apartments have been assigned to the Medical Officer in Charge, Director of Nurses, and Maintenance Supervisor and the other is presently unoccupied. Those not occupying housekeeping quarters secure meals at the staff dining room.

Transportation and Communication. Plane and mail service is scheduled four times weekly to and from Fairbanks; the flight to Fairbanks is only 70 minutes, and the fare is quite reasonable, making it feasible to take occasional shopping trips. All passenger transportation to Tanana is by air at the present time; however, river boats and barges operating from Nenana handle freight during the summer months.

The hospital radio station has schedules twice daily with the Alaska Communication System, operated by the U. S. Army Signal Corps in Fairbanks; in an emergency, radio traffic is relayed through the Civil Aeronautics Authority. The Medical Officer maintains two-way short wave radio contact with the surrounding villages four times weekly.

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TRANSPORTATION CENTER, FAIRBANKS

An office staffed by a Patient Care Clerk and a Clerk-Typist is maintained by the Alaska Native Health Service in Fairbanks for the purpose of assisting Native patients obtain transportation to and from interior villages and to and from hospitals in the Territory and in the State of Washington. Also, this office assists Natives in obtaining meals and lodging when it is necessary for them to stay overnight in Fairbanks, which occurs frequent-

ly. It is felt that this service is necessary due to the Natives' lack of ability to speak the English language with any degree of facility in many cases, and their lack of comprehension of modern travel media and other techniques; in many cases these patients are older people from remote villages and it is necessary for one of the employees from this office to escort them from the hotel to the restaurant to obtain meals since the Natives are afraid to venture out on the street alone. Unless this personal escort service is provided, the patient generally prefers to remain in his room without eating.