



Alaska Native Health Board

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Secretary Thomas J. Vilsack
U.S. Department of Agriculture
1400 Independence Ave., S.W.
Washington, DC 20250

Secretary Vilsack,

On behalf of the Alaska Native Health Board, I welcome you to Alaska!

The Alaska Native Health Board (ANHB) is a Tribal health advocacy organization representing 24 Alaska Tribal health entities throughout Alaska. ANHB organizations collectively employ about 7,000 Alaskans and provide health services to about 130,000 Alaska Native customer-owners. In many areas of Alaska, ANHB organizations are the only providers of health services, serving Alaska Natives and non-Natives alike.

We wish to bring two key issues to your attention during your visit to Alaska:

1. The Department of Agriculture's Rural Water and Waste Disposal Program supports projects in Alaska Native villages throughout the state, and its continued support by the Administration is vital to the survival of these communities.

One of the greatest challenges facing ANHB organizations and the homes and communities they serve is ensuring adequate water and sanitation, especially in villages.

Many Alaska Native homes in rural Alaska do not have safe drinking water, and/or need fundamental improvements to their water, sanitation or solid waste systems to meet the most basic sanitation standards. More than 6,000 homes in rural Alaska still do not have safe drinking water. Nearly 14,000 homes require upgrades or improvements to their water, sewer or solid waste systems to meet basic minimum sanitation standards.

These water and sanitation deficiencies have a profound negative impact on public health. In Alaska Native villages with the lowest level of water service, 1 in 3 infants are hospitalized each year for lower respiratory tract infections. Infants in villages with limited water service have 11 times the rate of hospitalization for pneumonia compared to U.S. infants. And remarkably, Southwest Alaska suffers some of the highest rates of meningitis, pneumonia, and serious ear and blood infections in the world—primarily associated with lack of in-home water.

Continuing the work of the Rural Water and Waste Disposal Program in Alaska is vital to the efforts tribal health organizations to address these challenges. ANHB places high priority on this program and we urgently ask for your continued support.

2. The Department of Agriculture's High Energy Cost Program supports USDA competitive grants, state bulk fuel revolving fund grants, and Denali Commission high energy cost grants. These programs are vital for basic health services in Alaska.

Unfortunately, the Administration zeroed-out this program in its FY2010 budget, but funding has since been restored by the Senate Appropriations Committee. It is our hope that during your visit, you will have the opportunity to learn more about rural Alaska's very high energy costs and the severe difficulties this creates for services such as the provision of healthcare.

Village clinics and regional health providers have experienced extreme energy cost hardships as they struggle to provide basic health services in very remote locations across Alaska. Many have had to cut patient services, lay off staff, reduce the purchase of basic supplies, and even close clinics. For example:

Maniilaq Association, which represents the hub village of Kotzebue and 11 surrounding villages, has seen fuel prices increase by 45%. The cost of both electricity and office rent has increased about 30%. Maniilaq's total energy costs have increased \$2.1 million in the last year.

Eastern Aleutian Tribes (EAT) represents eight remote villages along the Aleutian Chain and Whittier. Transportation fuel costs have risen more than 35% in the last year. As a result, many grant-funded programs have had to expend money at a faster rate than budgeted, threatening sustainability in the last months of the fiscal year. The Adak clinic can only afford to be open on an intermittent basis. Financial challenges caused by high energy costs have made it difficult to pay competitive wages to medical staff, creating retention and recruitment challenges.

The Native Village of Tyonek employs one Community Health Aide. Although Tyonek's energy costs have increased substantially, it has been able to maintain existing clinic hours. However, rising supply costs due to increased transportation prices have forced supply reductions.

Bristol Bay Area Health Corporation (BBAHC) serves Dillingham and 34 villages in Southwest Alaska. BBAHC's village cost of living increases directly related to energy and fuel costs range from 206% to 376% above the Anchorage cost of living index. This last year, due to high energy prices, BBAHC had to lay off 18 employees and reduce the hours of 6 others. To offset increased village clinic energy costs, BBAHC decided to subsidize the Indian Health Service's village-built clinic lease payments by an additional 10%, at the expense of other health program funding. This last year, BBAHC's total energy-related cost increases for patient travel, medevac services, fuel oil and electricity amounted to \$1 million over the prior year.

Again, welcome to Alaska. We look forward to working with the Department of Agriculture on these and other issues impacting Alaska Native health and the provision of health services.

Sincerely,



Evangelyn "Angel" Dotomain
President/CEO



Andrew Jimmie
Chairman