

**The Anchorage Medical Center
and
Area Office
of the Alaska Native Service**



**Alaska Native Medical Center
1953 - 1997**

***Credit goes to Robert Fortune, M.D., who authorized most of this publication. Dr. Fortune began a long career as a physician with the Alaska Native Medical Center in 1967. He completed a historical account of the facility in 1983 and retired as a Family Medicine physician in 1987. Dr. Fortune returned to volunteer in the Family Medicine Clinic in 1989 and retired again in 1999.**

Introduction

The Anchorage Medical Center of the Alaska Native Service officially opened on November 29, 1953. It served principally as a tuberculosis treatment facility for Alaska Natives through the mid 1960s. When the tuberculosis epidemic subsided and the Medical Center was providing more general medical care for Alaska Natives, the hospital's name was changed to the Alaska Native Medical Center (ANMC).

Richard Mandsager, M.D., Director of ANMC stated that the new hospital had been in the planning stages, off and on, for over 30 years, complete with design models and blueprints. It was not until the late 1980s, however, that it became clear that the funds would be made available from the United States Congress, through the Indian Health Service to design and build a replacement for the old Alaska Native Medical Center.



Dr. Robert Fortuine, Sen. Ernest Gruening, and Dr. M. Walter Johnson cut hospital's 20th anniversary cake (December 1973)

The design contract was awarded to NBBJ of Seattle in 1989 and the new hospital design was completed three years later. The successful bidder for construction of the new hospital was awarded to Ellis-Don of Canada in 1993 with completion of the \$167 million project in 1997.

A Committee consisting of Alaska Native leaders and members of the design firm met frequently to discuss the design of the new hospital. The result was an award winning design based on the Alaska Native cultures including an emphasis on creating an environment that encourages socializing. An art collection that includes over 400 pieces of Alaska Native art is displayed throughout the hospital.

The new ANMC is twice the size of the old hospital, includes 150 inpatient beds with many amenities, i.e., telephones and television; all inpatient rooms are either singles or doubles. The Medical Center also includes seven operating room suites, two trauma rooms in the Emergency Room, an expanded dental department with 23 dental chairs and a large patient/health education department with conference and training rooms located on the first floor.



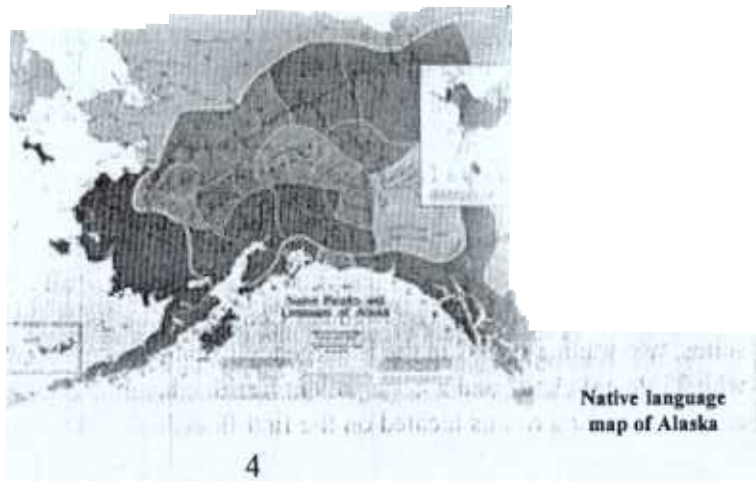
In close proximity to the new ANMC hospital building is the Anchorage Native Primary Care Center which houses a number of outpatient services. The Anchorage Native Primary Care Center is managed by the Southcentral Foundation and is a part of the new ANMC.

The new ANMC was dedicated on May 18, 1997, and opened for business on June 2, 1997.

Julie Kitka, President, Alaska Federation of Natives, looks on as Gov. Tony Knowles (left) and Sen. Ted Stevens (right) exchange hand shakes at the new ANMC hospital dedication ceremony.

Native People of Alaska

When the Alaska Native Medical Center opened in 1953, the total territorial population was estimated at 205,000 including military and the Alaska Native population was one-fifth of that total or 41,000. (*State of Alaska, Department of Labor statistics*) A Federal Field Commission Study in 1968 estimated that approximately 70 percent of the Alaska Native population continued to live in rural areas of Alaska although some migration to the larger communities like Anchorage, Fairbanks, and Juneau was occurring.



Eskimos: Largest of the Alaska Native groups is the Eskimo. The two main Eskimo groups, Inupiat and Yupik, differ in their language and geography. The former live in the north and north-western part of Alaska, speaking *Inupiaq*; the latter live in the southwest and speak *Yupik*. Many Eskimos speak their traditional *Inupiaq* or *Yupik* language as well as English.

The majority of the Alaska Eskimo population live from Bristol Bay to Canada along the western coast. Along the northern coast, Eskimos are hunters of the enormous bowhead whale, beluga whale, walrus and seal. In northwest Alaska, Eskimos live along the rivers that flow into the area of Kotzebue Sound. Here, they rely less on sea mammals and more upon land animals and river fishing. Most southern Eskimos live along the rivers flowing into the Bering Sea and along the Bering Sea Coast from Norton Sound to the Bristol Bay region.



Throughout the first half of the twentieth century it was becoming increasingly clear that tuberculosis was the principal threat to the health and even the continued survival of the Alaska Native people."

--ANMC: A History, 1953-1983

Aleuts: Most Aleuts originally lived in coastal villages from Kodiak to the farthest Aleutian Island of Attu. They spoke three distinct dialects which were remotely related to the Eskimo language.

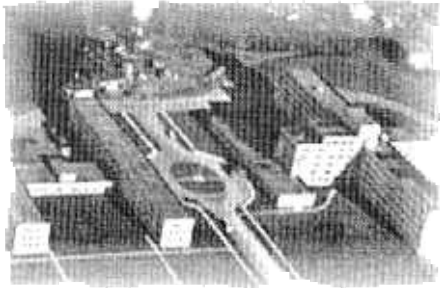
Athabascan Indians: The Athabascans inhabit a large area of Central and Southcentral Alaska. Although their language and dialects are distinct, some studies indicate they may be linguistically related to the Navajo and Apaches of the Southwest United States; thus, the theory that they may have been the first wave of natives to cross the land bridge over fifteen thousand years ago. There are eight Athabascan groups in Alaska. Characteristics of all eight groups include similar language, customs and beliefs.

Tlingit, Haida, and Tsimpsian Indians: Three major Indian tribes inhabit the Southeastern Panhandle of Alaska. They live along the Alexander Archipelago from Ketchikan to Katalia, an area rich in natural foods. The languages and traditions of Tlingits and Haidas are closely related. The Tsimpsian tribe resides principally in Metlakatla, the only true Indian reservation in Alaska.



The operating room team at work (early 1980's)

The Anchorage Medical Center



Aerial view of Anchorage Medical Center; (X-shaped building is the hospital and H-shaped building is the living quarters)

The Anchorage Medical Center of the Alaska Native Service opened on November 29, 1953, the culmination of more than five years of planning and construction. The hospital, built at a cost of \$7,211,000, had a capacity of 100 general medical and surgical beds and 300 beds for the care of tuberculosis.

Although the buildings are less than fifty years old, their mission as an

essential part of the massive federal and territorial assault on tuberculosis in Alaska make them an historically significant part of our state heritage. With the rapid decline of tuberculosis largely due to the introduction of effective drugs and public health measures at all levels, the hospital gradually changed its mission to that of a general referral hospital serving the Alaska Native people throughout the state. Since 1965, it was known as the Public Health Service Alaska Native Medical Center. The building was finally vacated on June 2, 1997, when the functions of the hospital was moved to the new campus at 4315 Diplomacy Drive.



The new Alaska Native Medical Center

With the close of World War II, federal and territorial officials for the first time were able to develop the resources needed to address the serious tuberculosis problem which had long plagued the Alaska Native people. A study published in 1938 by the territorial epidemiologist had reported the estimated overall tuberculosis mortality among Alaska Natives to be 845 per 100,000, one of the highest rates ever recorded in the world. In the 1940s, a survey of tuberculin sensitivity in the Yukon-Kuskokwim region showed that 89 percent of children aged 5 to 8 had been infected with the tuberculosis organism. Although the Alaska Native Service (the regional office of the Bureau of Indian Affairs) was doing its best to cope with the problem, budgets were tight during the Depression and the stringencies of the wartime period only aggravated the problem. At the close of the war, there were an estimated 3,500 cases of active tuberculosis among the Native population of Alaska, with only 78 beds available for tuberculosis care in the Territory.

Virtually every Native family was affected by the disease, which usually manifested itself by a chronic productive cough, wasting, and a low-grade fever, sometimes associated with night sweats. The disease often claimed multiple members of the same family, being spread from one to another by

coughing in their crowded, poorly ventilated homes. Children were particularly susceptible to the different forms of tuberculosis. Most had a so-called primary tuberculosis, involving lymph nodes in the thorax or the tissue of the lung itself. Others developed infection of the lymph glands of the neck, called scrofula. Still others suffered from crippling forms such as Pott's disease of the spine and tuberculosis arthritis of the hip, knee or ankle. A few adults as well as children developed the rapidly progressive forms such as miliary tuberculosis or tuberculosis meningitis, which were nearly always fatal before the era of effective drugs.



First Community Health Aide class. Left to Right: Herman Moonin, Mary Wassillie, Mary Nikolai, Dr. Carolyn Brown, Anne Jackson, Jennie Erickson (February 1968)

In 1945, Governor Ernest Gruening (himself, a physician) appointed C. Earl Albrecht as the first full-time Commissioner of Health for the Territory. A man of great vision and energy, Dr. Albrecht undertook a vigorous campaign against tuberculosis by focusing

the efforts not only of the newly strengthened Alaska Department of Health, but also of the Alaska Native Service, nonprofit organizations such as the Alaska Tuberculosis Association and the private sector of medicine. In March of 1945, the governor called a special session of the Territorial Legislature mainly to consider the tuberculosis problem, and to their great credit, the lawmakers responded by a generous appropriation of \$250,000 for tuberculosis control, adding some \$440,000 at their next regular session.

One of the basic strategies of the tuberculosis program was to make use of surplus military equipment and installations. As early as 1945, the army hospital at Skagway was turned over to the Alaska Native Service for brief use as a sanatorium. In 1945, the Alaska Native Service obtained title to the army installation at Alice Island and the navy installation based on Japonski island, both near Sitka. Alice Island replaced Skagway as the Native sanatorium and the hospital at Mt. Edgecumbe became an orthopedic facility for the care of the bone and joint tuberculosis

under the joint management of the Alaska Department of Health and the Alaska Native Service.

Yet another military hospital, at Fort Raymond near Seward, was converted to a tuberculosis hospital known as the Seward Sanatorium, operated by the territory until 1958 mainly for the care of non-Native

patients. In addition, Dr. Albrecht was able to obtain surplus motor vessels, trucks, and even a special railway car to bring tuberculosis services to the more isolated areas of the territory.



In 1947, the American Medical Association was invited to send a team of consult-

ants to survey health conditions throughout the territory. Their report, detailing the grim health conditions in the villages, was published nationally and had (as intended) a major impact on Congress. The report recommended a major new construction effort in Alaska, some 1,000 new beds, to accommodate the many persons with active tuberculosis who were still untreated. In response, a new hospital, mainly for tuberculosis, was opened at Mt. Edgecumbe in 1950. Among the specific recommendations in the report

was a new 700-bed hospital in Anchorage, which was to become, because of its central location, the keystone of the system. Although Congress pared down considerably the proposed size of the Anchorage hospital, it concurred in the urgent need. Construction began in August 1949 on a tract of park land generously made available by the City of Anchorage. When the hospital was completed, somewhat behind schedule, it incorporated some of the most advanced features of hospital design and equipment of its day. It was also the largest civilian building in the territory.

The facility consisted of two separate buildings. The smaller, two-story building on the west side of the hospital, was built as a dormitory for single nurses. There was an acute shortage of housing in Anchorage at the time the facility opened.



In 1953 and again in 1954, a team of specialists from the University of Pittsburg Graduate School of Public Health visited Alaska at the request of the Department of the Interior to evaluate in depth the entire range of health services, but with emphasis on tuberculosis. Their detailed and hard-hitting report in 1954 was highly critical of the government's lack of commitment to deal effectively with the devastating epidemic of tuberculosis which it called "the Scourge of Alaska." Among many far-ranging recommendations in the report was one urging that a program of home drug treatment be initiated immediately on a research basis. Another recommendation was that the new Anchorage hospital expand its mission to that of a full medical center with a range of specialists.

With the opening of the hospital in late 1953, tuberculosis patients streamed in from all over the territory. The first three patients arrived on November 30, and by the end of December some 153 patients had been admitted, nearly all of them village people suffering from tuberculosis. In one four-day period, fifty patients were admitted. By mid-1954, when most of the staff and equipment were finally in place, the hospital often carried a daily census of nearly 300 patients, about three-quarters of whom were suffering from tuberculosis. In the years to follow, the census often reached well over 95 percent of capacity.

The facility was conceived and built in an era in which the mainstays of



Vicki Sanders teaching in the patient education center (mid-70's)

only the more advanced cases had to be sent away to the hospital for treatment.

The intensive case-finding activities on the part of the Alaska Department of Health and others during the 1950s identified a growing number of patients with active disease and led to their prompt hospitalization at several institutions, mainly at the Anchorage hospital, and in four hospitals in the Seattle area. At the peak of the program in 1957, some 1,400 Alaska Natives, or one out of every twenty-eight Natives, were hospitalized for tuberculosis. This intensive effort, combined with home drug treatment of many more in the villages, led to a precipitous decline in tuberculosis. By April 1957, all new Native patients with tuberculosis could be admitted to Alaska hospitals, and by

treatment of tuberculosis were bed rest, good diet, sunshine and certain surgical procedures. The average stay in the hospital in those times, for the patient who survived, was well over a year and sometimes longer. By the time the hospital actually opened, however, tuberculosis therapy had already radically changed with the development of effective antituberculosis drugs, especially isoniazid, or INH. These drugs made it possible to shorten the length of stay for most patients to six months or less, and they also greatly reduced the case fatality rate. Beginning in 1955, the Public Health Service Arctic Health Research Center began an extensive program to determine whether tuberculosis patients in the villages awaiting a hospital bed could be effectively treated at home. The answer was found to be a resounding "yes," with the result that



Maebelle Nielson and Bernadine Dewey at a Christmas party (1960's)

the end of that year, all Seattle-area patients had been returned. By 1963, all Native tuberculosis inpatients were being treated at the Anchorage hospital, and by 1973, the last tuberculosis ward in the state was closed. In 1968, not a single death from tuberculosis occurred in Alaska, for probably the first time in 200 years.

On July 1, 1955, the newly created Division of Indian Health (now the Indian Health Service) of the U. S. Public Health Service had taken over the management of all Alaska Native Service hospitals, including the one at Anchorage, and for the next decade the hospital became known as the PHS Alaska Native Hospital, Anchorage. As a result of the declining tuberculosis census, the hospital was able to expand greatly the scope of its services. More specialists were added to the staff and provided consultation and care not only at the hospital itself but at the field hospitals throughout the state.

The nursing dormitory was gradually converted to administrative offices as hospital staff moved to permanent housing. This building became known as the Area Office for the Alaska Area Native Health Service (the local administration unit of the Indian Health Service).

Outpatient services of all types, including dental and emergency services, were made available to the increasing population of Natives in Anchorage but also to the whole of

Southcentral Alaska. Physicians, dentists, and other health workers began making field trips to the remote villages of the region in 1958. This expanded mission ultimately led to a further change in the name of the institution to PHS Alaska Native Medical Center, a title which was transferred to the new facility in June 1997. ■



Dr. Kenneth Fleshman examining a small patient (1968)