ARCTIC SLOPE NATIVE ASSOCIATION

2013 ANNUAL REPORT

To the Next 50 Years
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We are an Alaska Native-owned, nonprofit, tribal health and social services organization serving the Arctic Slope communities of Anaktuvuk Pass, Atqasuk, Barrow, Kaktovik, Nuiqsut, Point Hope, Point Lay, and Wainwright.

Formed in 1965 by founders Samuel Simmonds, Guy Okakok, Sr., and Charles ‘Etok’ Edwardsen, Jr., ASNA was originally created to help protect the lands of the Arctic Slope region, beginning the process that led to the Alaska Native Land Claims Settlement Act.

Today, ASNA operates the Samuel Simmonds Memorial Hospital, a 10-bed critical access facility and the only hospital within the northern region of Alaska. The hospital service area includes the communities of Atqasuk, Barrow, Kaktovik, Nuiqsut, Point Lay, and Wainwright.

Through our social service programs we provide employment, education and child and family services.

Our mission is to promote the well-being of the people of the Arctic Slope.

The people of the Arctic Slope are healthy and content.
A Short History of Health Care on the Arctic Slope

As we reflect on how far we have come, we take time to recognize some key points in the recent history of health care on the North Slope.

1907
- Former President Theodore Roosevelt issues an Executive Order reserving tracts of land in Barrow and other Native villages throughout the Territory. Tract B of U.S. Survey 2244, containing 3.62 acres at Barrow, is designated as a school reserve; a hospital will eventually be constructed on this site.

1907
- Construction of Barrow’s first hospital begins by the Board of Home Missions of the Presbyterian Church. (The American Local History Network)

1920
- Dr. and Mrs. Henry Greist arrive in Barrow, Alaska and take charge of the new Presbyterian hospital under construction. (Article, “This Hospital 1,000 Miles from Pole”)

1921
- The first child born at the new Presbyterian Hospital is Eben Hopson. He will later become the first president of ASNA.

1922
- The Presbyterian Church turn the Barrow hospital and medical care over to the United States government. (The American Local History Network)

1922
- A 25,000 square foot Indian Health Service (IHS) Hospital is built in Barrow.

1920
- Construction of Barrow’s first hospital begins by the Board of Home Missions of the Presbyterian Church. (The American Local History Network)

1936
- The Presbyterian Church turns the Barrow hospital and medical care over to the United States government.

1963
- A 25,000 square foot Indian Health Service (IHS) Hospital is built in Barrow.

1969
- Joseph Upicksoun becomes Executive Director of ASNA.

October 1965
- Acting under the ASNA name, Charles Edwardsen, Jr., Guy Okakok, Sr., and Samuel Simmonds file claim to 58 million acres for the Inupiat people.

1965
- Eben Hopson, Sr. becomes the first Executive Director of ASNA.

January 18, 1966
- Attorney Fred Paul files land claims on behalf of ASNA in the U.S. Department of the Interior.

December 18, 1971
- Following acceptance by the Alaska Federation of Natives (AFN) convention, President Nixon signs the Alaska Native Claims Settlement Act (ANCSA). ANCSA includes 40 million acres of land and $962.5 million compensation for lands lost to be shared among the 12 different regions represented by AFN.
A Short History of Health Care on the Arctic Slope

1985–1991 ASNA inactive

1991 With start-up grants from Arctic Slope Regional Corporation and the North Slope Borough (NSB), ASNA is reactivated to pursue goals of self-determination for health and social service programs.

1992 ASNA becomes eligible under federal law PL 93-638 (Indian Self-Determination and Education Act) to receive federal money to provide programs that had traditionally been provided by the Bureau of Indian Affairs (BIA).

Roberta ‘Bobbi’ Quintavell is named Executive Director.

1992 As a non-profit Tribal organization, ASNA becomes eligible under federal law PL 93-638 (Indian Self-Determination and Education Act) to receive federal money to provide programs that had traditionally been provided by the Bureau of Indian Affairs (BIA).

March 15, 1996 Control and management of the hospital is transferred from the IHS to ASNA under the Indian Self-Determination and Education Assistance Act, Public Law 93-638 as amended, 26 U.S.C. 450 et. seq. The IHS hospital is later renamed as the Samuel Simmonds Memorial Hospital in honor of the late Samuel Simmonds who served as a pastor, carver, and worker in the social service and health care field.

1993 ASNA takes over management of the Medical Travel and Funeral Assistance Program.

1994-1996 ASNA Hospital Governing Board is created, representing the first time there is local governance of all hospital operations.

1995–1996 ASNA Hospital Governing Board is created, representing the first time there is local governance of all hospital operations.

1995 September 15, 1995 ASNA Hospital Governing Board is created, representing the first time there is local governance of all hospital operations.

1997 ASNA becomes a member of the Alaska Tribal Health Compact.

Eben Hopson, Jr. is named as Executive Director, and later as President/CEO.

1999 October 1, 1999 ASNA takes over the dental and eye clinics, transferred from the NSB.

2000 $2.5 million renovation of SSMM is completed.

2000 The Joint Commission for Accreditation for Healthcare Organizations gives SSMM the highest score of any bush facility and the second highest score in the state.

2000 June 29, 2000 First two loads of gravel are delivered to the new hospital site.

2013 After 10 years as President/CFO, Eben Hopson, Jr. retires. The Board names Marie Carroll, Vice President for Health Services, to succeed him.

September 21, 2013 After 50 years of operations at the old hospital, the new Samuel Simmonds Memorial Hospital in Barrow opens for service.
**From the Chair**

Bernice Kaigelak

**From the President/CEO**

Marie Carroll

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**The Number One Goal**

The number one goal for the Arctic Slope Native Association (ASNA) Board of Directors has been to replace the 50-year old Samuel Simmonds Memorial Hospital (SSM). This goal has now become a reality and we are grateful for the support we received from each of the Tribal Councils, the Regional and Village Corporations, City Governments and the North Slope Borough. I would like to give special recognition to ASNA’s former Board Chairman, the late Joseph Upicksoun, for his leadership to get the replacement hospital project moving. He was there in 2004 with a shovel in hand to commemorate the site selection alongside former President/CEO Eben Hopson.

Congratulations to our President/CEO, Marie Carroll, and all ASNA staff who worked diligently to open the new hospital on time and on budget. As we opened the doors to the new facility we also began new services and programs, including the implementation of a primary care home model, physical therapy, CT or CAT scan examinations, and more. We have also added over 100 new jobs and provide more specialty clinics than in previous years, bringing much needed specialty services closer to home.

Another major accomplishment was passing our three-year survey by The Joint Commission only six weeks after opening the new hospital. This rigorous unannounced onsite survey evaluated SSM for compliance with standards of care specific to the needs of patients. Achieving this accreditation demonstrates our commitment to providing the highest level of patient care. Our laboratory was also re-accredited by the College of American Pathologists.

And we continue to aim for more. Our Board of Directors has approved the pursuit of swing bed status at SSM. This will make it possible for patients who have undergone surgery at the Alaska Native Medical Center to receive physical therapy at SSM before going home. Swing bed status will also help us to provide elder care for those who can no longer take care of themselves.

There has been a lot accomplished in 2013 and the first half of 2014. The Board of Directors recognizes the hard work and dedication of our staff and would like to thank them for a job well done in 2013. We are now entering into “the next 50 years” of health care at the new SSM.

Quyanaq,

Bernice Kaigelak

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**On September 21, 1999, I joined the ASNA Board retreat and it was my first day on the job as Health Director, we identified our next “big hairy audacious goal” which was to build a new hospital. Exactly fourteen years later to the day, we opened the new Samuel Simmonds Memorial Hospital.**

We had many partners along the way, including the Indian Health Service, the Denali Commission, Arctic Slope Regional Corporation and Ukpeagvik Iñupiat Corporation. There were also many people who contributed their expertise and advocated tirelessly on the behalf of ASNA. To each of you, we owe great thanks. None of this would be possible without our hardworking staff, most of whom balanced the role of moving into the new facility along with their everyday duties. ASNA leadership is grateful for the long hours staff put in for a successful transition from the old to the new. There can be no better testament to their success then having our “first baby” arrive just a few short hours after we opened the new hospital doors. We are happy to share the story of Leah Ahsogeak in this report.

We also have other milestones in which to celebrate. The new ASNA Pre-Maternal Home is a safe and comfortable haven for our village pre-natal patients who must travel to Barrow for care or the delivery of their baby. Another major change was the start of a primary care medical home model which allows each patient to work with a medical team in making health care decisions.

Two-thousand thirteen was by no means an ordinary year and while it’s worthy of celebration, it’s also a time to begin anew. We are happy to share this report with you and even more excited for a new chapter in ASNA history.

The old hospital has stood for 50 years so I look forward to the next 50 years in the new SSM. With increased space and greater capabilities we can continue to promote the health and well-being of the people of the Arctic Slope.

Quyanaq,

Marie Carroll
The Samuel Simmonds Memorial Hospital is a 10-bed critical access facility providing medical services in the northernmost region of Alaska. Our goal is to provide culturally sensitive quality health care to the communities of the Arctic Slope.

As authorized by the ASNA Board of Directors, a Hospital Governing Body comprised of tribal council representatives, ASNA Leadership, and the North Slope Borough Health Director oversees the hospital and its operations.
MILESTONES OF 2013

IN JUNE 2013 ASNA OPENED A Pre-Maternal Home in Barrow. The home is a place for pregnant women and children referred by Samuel Simmonds Memorial Hospital. The home has five bedrooms, three bathrooms, an office space, full kitchen, washer and dryer, and comfortable living space. Educational classes are provided at the home including one-on-one consultations addressing prenatal nutrition, early childhood nutrition, family budgeting, talking circles, and identifying pressure points for pregnancy pain relief.

The goal of the Pre-Maternal Home is to be temporary “home away from home” for pregnant women, and mothers and their children.

PRE-MATERNAL HOME
A Place for Mothers-to-Be
ON AUGUST 22, 2013, ASNA HOSTED a ceremonial celebration to commemorate the completion of the new Samuel Simmonds Memorial Hospital. ASNA, in partnership with the Indian Health Service (IHS) and the Denali Commission, invested over $160 million in both design and construction of the newly built hospital.

The ceremonial event included lunch, blessing of the new facility, ribbon cutting, special recognitions, and guided tours. Honored guests included Senators Lisa Murkowski and Mark Begich, IHS Director Dr. Yvette Roubideaux and North Slope Borough Mayor Charlotte Brower. Past ASNA leadership also took part in the celebration, including past executive director Roberta “Bobbi” Quintavell, past president Eben Hopson, Jr. and former board member Oliver Leavitt, all of whom shared stories of their journey and contributions to ASNA.
STAFF & FAMILY CELEBRATION

*ASNA Family Gathered for a Time All Their Own*

**ON SEPTEMBER 13, 2013, ASNA HOSTED a staff and family celebration.** This event was specifically for all ASNA and SSMM employees and their loved ones.

A scavenger hunt was conducted to acquaint employees and their families with the new facility. There was also a barbecue, a children’s activity room with games and crafts, and the Health Education office offered flu shots and immunizations.

Community partners in health and faith were also invited to participate in the intimate event, which included the North Slope Borough Health, Emergency Medical Services, Fire and Safety departments, in addition to leadership from local churches.
On September 19, 2013, ASNA hosted an open house for all community members to participate in. During the community celebration there was a blessing of the new facility, ribbon cutting, and guided tours. There were also flu shots, giveaways, and light refreshments.

ASNA Board Chair Bernice Kaigelak encouraged community members to “speak life” into the new facility, and President/CEO Marie Carroll welcomed community members to their new home for health care.
THE NEW HOSPITAL OPENS ITS DOORS

THE NEW HOSPITAL OPENED for service on September 21, 2013. All medical and social services were moved to the new location at 7000 Uula Street. With the move, ASNA and SNNH no longer provide services at the old hospital, the Wellness Center, or the facility previously referred to as ASNA Main. The front door is open from 8:00am–6:00pm and the ER is open 24 hours / 7 days a week.
The first baby born at the new hospital was Leah Bergitte Kinuvaq Ahsogeak on September 21, 2013 at 12:27pm—just a few short hours after the doors to the new hospital opened! She weighed 8 lbs. 2.9 oz. and measured 21 inches long. Proud parents are Payuk and Sandra Ahsogeak of Barrow, Alaska. Leah joins her sibling Noah John Nayakk-Ahsogeak. Dr. Joan Gaela was the delivering doctor. The mother was amazed with the space for her family and relatives who came to see her newborn baby. She said, “It was nice to be the first, even though it wasn’t planned.”
Primary Care follows the Medical Home model and is the new practice of health care at St. Mary. The launch of this new system coincided with the opening of the new hospital.

Primary Care is patient-centered, comprehensive, team-based, accessible, and focuses heavily on prevention, quality and safety. The aim is to have better care for individuals, better health for populations, and lower per capita costs. Each St. Mary primary care team has a primary care physician, nurse practitioner, physician assistant, case manager, case manager assistant, pharmacist, and patient.

With the introduction of the new primary care system, we were also able to institute a same-day and future appointment scheduling system, giving patients the ability to plan around their health care needs.
33,865 **OUTPATIENT VISITS**, including Emergency Room and Specialty Clinics

5,423 **VILLAGE VISITS**, including physician, community health aide, and dental visits within the service area

2,400 **FLUORIDE VARNISHES** in Atqasuk, Barrow, Kaktovik, Point Hope, Point Lay, and Wainwright

219 **INPATIENT VISITS**

7 **NS850 COUNSELORS** trained in Applied Suicide and Intervention Skills Training (asist)

450 The number of **COMMUNITY MEMBERS** who attended the new hospital open house

22 **BIRTHS**

20 **VILLAGE DENTAL TRIPS**

87 **HOUSEHOLDS** throughout the North Slope who were awarded the cmso Heating Assistance grant

84,000 **SQUARE FEET** gained with new facility

403 **FLU SHOTS** given during clinics and open houses
**Financials**

**Revenue & Expense**

<table>
<thead>
<tr>
<th>OPERATING REVENUES</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant and contract revenue</td>
<td>$43,173,608</td>
<td>$40,840,114</td>
<td>$50,091,991</td>
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<tr>
<td>Patient service revenue, net</td>
<td>14,665,438</td>
<td>13,791,923</td>
<td>11,236,417</td>
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<tr>
<td>Other</td>
<td>5,633,161</td>
<td>5,195,435</td>
<td>2,609,580</td>
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<tr>
<td><strong>TOTAL OPERATING REVENUES</strong></td>
<td>$58,402,207</td>
<td>$55,151,472</td>
<td>$61,588,988</td>
</tr>
</tbody>
</table>

| OPERATING EXPENSES | | | |
|--------------------| | | |
| Construction | 20,891,486 | 22,910,624 | 32,570,836 |
| Salaries and fringe benefits | 17,272,824 | 14,319,206 | 12,721,977 |
| Contractual and professional services | 7,617,634 | 5,833,677 | 5,315,847 |
| Direct assistance payments to individuals | 4,809,145 | 3,237,920 | 3,242,826 |
| Supplies | 3,524,198 | 2,652,870 | 2,433,187 |
| Travel and per diem | 1,231,411 | 1,196,129 | 1,546,525 |
| Indirect recovery | (1,741,005) | 1,741,005 | — |
| Other | 3,778,752 | 3,058,847 | 2,716,512 |
| **TOTAL OPERATING EXPENSES** | $57,384,445 | $54,950,278 | $59,647,710 |

| OPERATING INCOME | | | |
|------------------| | | |
| **TOTAL OPERATING INCOME** | $1,017,762 | $201,194 | $1,941,278 |

| NET NONOPERATING REVENUES | | | |
|---------------------------| | | |
| Investment income | 33,733 | 92,457 | 161,321 |
| Capital contributions | 11,458,580 | — | — |
| **CHANGE IN NET POSITION** | $12,510,075 | $293,651 | $2,102,599 |
| Net position at beginning of year | 16,581,938 | 16,288,287 | 14,185,688 |
| **NET POSITION AT END OF YEAR** | $29,092,013 | $16,581,938 | $16,288,287 |

**Finances**

<table>
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<tr>
<th>ASSETS</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$29,176,734</td>
<td>$49,160,248</td>
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<tr>
<td>Certificates of deposit</td>
<td>3,464,480</td>
<td>3,451,673</td>
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<tr>
<td>Accounts receivable</td>
<td>2,948,311</td>
<td>5,054,299</td>
<td>$3,422,333, $3,681,830</td>
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<tr>
<td>Other</td>
<td>41,362</td>
<td>57,767</td>
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<tr>
<td>Prepaid expenses and other assets</td>
<td>239,546</td>
<td>389,046</td>
<td></td>
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<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>$53,799,689</td>
<td>$60,370,218</td>
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<table>
<thead>
<tr>
<th>LIABILITIES AND NET POSITION</th>
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</thead>
<tbody>
<tr>
<td><strong>LIABILITIES</strong></td>
</tr>
<tr>
<td>Current:</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
</tr>
<tr>
<td>Deferred revenue</td>
</tr>
<tr>
<td>Over recovery of indirect costs</td>
</tr>
<tr>
<td>Accrued annual leave</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
</tr>
</tbody>
</table>

| **TOTAL NET POSITION** | | | |
|------------------------| | | |
| Net investment in capital assets | 15,198,901 | 1,233,185 | |
| Unrestricted | 15,198,901 | 1,233,185 | |
| **TOTAL LIABILITIES AND NET POSITION** | $53,799,689 | $60,370,218 | |
### FINANCIALS

**Comparatives**

**KEY**
- Salaries & Fringe Benefits
- Contractual & Professional Services
- Construction
- Direct Assistance Payments to Individuals
- Supplies
- Travel & Per Diem
- Other

**2011**
- Salaries & Fringe Benefits: 35%
- Contractual & Professional Services: 27%
- Construction: 11%
- Direct Assistance Payments to Individuals: 3%
- Supplies: 11%
- Travel & Per Diem: 9%
- Other: 4%

**2012**
- Salaries & Fringe Benefits: 43%
- Contractual & Professional Services: 27%
- Construction: 6%
- Direct Assistance Payments to Individuals: 2%
- Supplies: 3%
- Travel & Per Diem: 5%
- Other: 4%

**2013**
- Salaries & Fringe Benefits: 7%
- Contractual & Professional Services: 22%
- Construction: 14%
- Direct Assistance Payments to Individuals: 11%
- Supplies: 9%
- Travel & Per Diem: 7%
- Other: 7%