

BRISTOL BAY AREA HEALTH CORPORATION

*Celebrating 90 years of healthcare delivery &
30 years of tribally directed healthcare in Bristol Bay*



BRISTOL BAY AREA HEALTH CORPORATION

SERVICE AREA



Formed in 1973, the Bristol Bay Area Health Corporation (BBAHC) began managing and operating Kanakanak Hospital and the Bristol Bay Service Unit for the Indian Health Service (IHS) in 1980. It was the first tribal organization in the United States to do so under P.L. 93-638 of the Indian Self Determination and Education Assistance Act.

In 1994, BBAHC became a founding member of the Alaska Tribal Health Compact (Title III, P.L. 93-638) which allowed BBAHC to enter into a government-to-government contract with the U.S. Congress and exercise greater control over funds allocated by Congress for healthcare services for Alaska Natives and American Indians.

In 2003 we marked 30 years of tribal health care operation and management for the people of Bristol Bay. However, the history of organized health care in Bristol Bay is much longer. Prior to the coming of the Russians in 1818, the primary health care provider was the "angalkuk" or shaman. Doctors first came into Bristol Bay when the canneries opened in 1885. In 1904 Dr. Joseph Herman Romig opened a hospital in Carmel. It remained open until 1913 when Dr. Linus Hiram French relocated the hospital to Kanakanak and took over one of the two school buildings. In 2003 Kanakanak Hospital marked 90 years of providing health care to the people of Bristol Bay.

Over the past 90 years, the people of Bristol Bay have not only endured and survived life in a harsh climate and rugged terrain, they also suffered greatly from epidemics such as the Spanish Influenza Epidemic which reached Bristol Bay in 1919 and caused the death of


thousands of people in western Alaska. The tuberculosis epidemic of the late 1940's and early 1950's also took a heavy toll on the people.

Today, rather than TB and influenza epidemics, we struggle with diseases of a modern society that include chronic illnesses such as cancer, diabetes and heart disease. The life expectancy of our people has increased from 47 years of age in 1952, to 69.4 in 1998, still below that of U.S. residents and other Alaskans. We must now turn our attention to developing programs and services to address chronic

illnesses as well as continuing to provide acute care services that dominated health care needs of much of the past 90 years for the people of Bristol Bay.

Please join us in celebrating 30 years of tribally delivered healthcare and 90 years of Kanakanak Hospital history. We are thankful to those dedicated providers such as Drs. Romig, French, John Libby, Ward Hurlburt and many others who recognized the healthcare needs of our people and dedicated their lives to establishing and operating Kanakanak Hospital. We also thank our Board members who over the past 30 years have faithfully and tirelessly provided

guidance and direction and our staff who have provided skilled and compassionate care for our people.



H. Sally Smith, Chair, BBAHC Board of Directors



Robert J. Clark, President & CEO, BBAHC



The Bristol Bay region has a rich and varied cultural history. Its Native residents – Aleut, Athabascan, Yup'ik – have resided in the area for centuries following a lifestyle that traditionally has shown reverence for the land and its inhabitants.

The introduction of Western medicine arrived with the Russians, with missionaries of various faiths and the arrival of the salmon canning industry in the 1800's. Along with their beliefs, missionaries and fur traders brought new diseases, that decimated populations which had no immunity to the new illnesses. Researchers report several epidemics: Smallpox in 1838-39, pulmonary diseases in 1886 and influenza-measles in 1899-1900. Thousands of Natives died during the smallpox outbreak. Equally devastating, if not more so, was the influenza-measles epidemic of 1899-1900, known as the "Great Sickness." By some estimates, the diseases wiped out one-fourth of western Alaska's population.

Bristol Bay's first medical facility opened in 1904. Medical missionary Dr. Joseph H. Romig established

a small hospital at Carmel, a Moravian community located a few miles above the mouth of the Nushagak River near the village of Kanulik. In 1905 Romig decided the project was not viable at Carmel, in part, because the location was inaccessible to many local people and the canneries had their own doctors. After leaving in 1905, Romig returned to Bristol Bay in 1906 as a teacher and, with his wife, a trained nurse, provided medical services during the school years from 1906-1908.

In 1908 Romig became the Superintendent of the U.S. Public Schools for Natives in Southwestern Alaska. He was based in Seward, which was the main departure point for people traveling to south and western Alaska by boat. As Superintendent, Romig was required to travel extensively throughout southwest Alaska. Dr. Romig, who is considered the father of modern medical care in Bristol Bay, became the conduit through which the U.S. government began to provide Western medical care to the Native people of Bristol Bay.



Dr. Linus Hiram French came to Alaska with the Alaska Packers Association in 1908 as a cannery doctor. He worked at the medical building in Carmel during the winter of 1910. Dr. French was hired by the government in 1911 to make the U.S. Government Hospital for Natives a viable institution. In addition to his duties as a doctor, he monitored the public schools on the Nushagak River and oversaw the government reindeer herds. Dr. French ran the facility from 1911 until 1913. However, French felt the buildings were bigger than needed and in disrepair:

After a little experience in this region I find that we do not need a large hospital, but a small house with two wards with three beds in each, an operating room, bathroom for patients and a laundry is all that is required. Of course there must be some residence part for the physician and the nurse. One of the school houses such as we have on the Nushagak with a few slight alterations would answer very well, and could be conducted very cheaply.

In 1913 the decision was made to move the hospital into the school building at Kanakanak. Dr. French remained at the hospital until 1916 and then returned in 1917 with his wife. They stayed until 1919 and gave birth to two of their four daughters at Kanakanak.

Before leaving in 1919, Dr. French faced his most difficult challenge as a doctor – the worldwide influenza epidemic of 1918/1919 reached Bristol Bay. He was the only doctor available to deal with the epidemic until the cannery ships arrived in May.

French learned about the epidemic in December of 1918 from an emissary of the Governor who traveled to Kanakanak by dog team from Marshall on the Yukon River. French was authorized to set up quarantines and restrict travel between villages. Health officers were established in each village and residents were required to check in with the health officer before traveling. French hoped that the isolation of Bristol Bay would protect the region. His hopes were dashed when a Russian Orthodox Priest came to the region for Easter celebrations and brought the infection with him. The desire of the people in the region to attend Easter celebrations was too strong for any travel restrictions. The disease spread.



Once contracted the Spanish influenza ran its course quickly. The verdict of death or survival came within days of infection. The newspapers at the time reported hundreds of deaths in the region, but the actual number of deaths was probably much larger because many villages could not be reached to provide medical care. Adults and very young children died easily, toddlers to early teens fared much better. By July of 1919 the disease had run its course. Unmarked mass graves around Bristol Bay hold the

victims of this tragedy. The influenza left many orphans. The canneries provided care and housing for the orphans, but as the fishing season drew to a close they were anxious for the government to find other accommodations for them. The hospital at Kanakanak was the only alternative. Orphans from around Bristol Bay and southwestern Alaska were brought to Kanakanak. In response to the big flu, the Kanakanak school was remodeled and converted to a hospital – a landmark event that established the region's first permanent medical facility. An orphanage (which operated until 1930) was also built to care for the hundreds of children that the influenza left without family or home.

The orphanage played a significant role in Dillingham's future.

Native children came from as far away as the Aleutians, Bethel and Nome, thus the orphanage housed Aleuts, Eskimos and Athabaskans. As they grew up, many of the orphans, not knowing their origins, settled in Dillingham.

After Dr. French and his wife left Dillingham in 1919, he never returned to Bristol Bay but was remembered with affection by local residents who recorded memories of meeting him. In 1999 his grandchildren sent a wooden dentist's instrument box to Dillingham that contained many beautiful handmade items given to him as gifts by grateful patients. The box and contents are displayed at the Sam Fox Museum.

The 1920s and '30s marked an important transitional era for Bristol Bay residents. During this period the Alaska Native Service, under the Bureau of Indian Affairs (BIA), started to take an active role in healthcare matters. Public health nurses, and later doctors, began making visits to the region's villages. Patients, on occasion, were evacuated to hospitals — usually by dog team in winter or boat in summer — when faced with life-threatening emergencies. Some coastal communities had summertime cannery doctors.

For the most part, however, medical facilities and other resources were crude by today's standards. Most communities had no telephones, radios or air service. And the few villages lucky enough

to have radio communication relied on a transceiver, now banned by the FCC, commonly known as either “marine” or “a.m.” radios. Powered by batteries or generators — and sometimes incorporating large antennas — the radios were used to relay messages between villages, canneries, boats and planes, all of which used the same frequency.

Also lacking were health practitioners and “modern” drugs. Residents still largely depended on traditional home remedies and medicines including berry plants, tundra teas,

seal oil, urine, tree sap and “hands-on” healing provided by a steadily decreasing number of Native healers.

The scarcity of medical care contributed to continued high mortality rates from a variety of illnesses — pneumonia, influenzas, tuberculosis, scarlet fever, and measles. Infant mortality was also high. Infectious diseases — measles, meningitis, pneumonia, TB — took the greatest toll.

Along the Alaska Peninsula, the 1940s marked an era in which medical treatment was provided by government “health” or “hygiene”

boats. By most accounts, the ships began arriving after World War II. They'd come once or twice a year, usually in the spring and sometimes in the fall.

Tuberculosis took a heavy toll in the Bristol Bay region throughout the 1940s and into



the early 1950s. Tuberculosis was so widespread that any chronic cough or sinus problem was automatically assumed to be TB. In addition to the physical threat it posed, TB created immense sociological problems because treatment required isolation and, frequently separation from family.

In 1948 Dillingham welcomed the arrival of Dr. John Libby. Kanakanak Hospital had been without a resident physician for several years. Libby, in fact, was the only medical practitioner in all of Southwest Alaska during his five-year tenure.

Dr. Libby took care of everybody who came to the hospital. Under a statute approved in 1927, Alaska was exempt from adhering to the Native-only rule due to the lack of healthcare services for non-Natives.

Dr. Libby also established a radio schedule for talking with cannery doctors. Flying his own plane, he made periodic “home visits” to many of the region’s villages. Libby left Dillingham in 1953 and returned in 1958 to set up a private practice. During this period, TB victims were isolated from other Kanakanak patients by being placed in a Quonset

hut that served as a sanitarium. Later, when TB became less of a problem, the hut evolved into an outpatient clinic.

In 1955 the IHS replaced the BIA’s Alaska Native Service as the primary health-care provider. In the villages, local residents began to work as volunteer health aides. Training was provided by missionaries, teachers, or traveling nurses and doctors. Women who had been midwives were recruited as general healthcare providers.

Dr. Ward Hurlburt served as Kanakanak Hospital’s chief medical officer from 1961 to 1963. He found that many of the region’s first health aides started as TB aides. The challenges those early health aides faced were immense. Communication with the outside was limited, if not impossible. Few villages had a telephone, so contact was made via shortwave radio – and sometimes even those weren’t available. Air service was the exception, not the rule.

Volunteers had no formal training, few medications to

give, little equipment beyond thermometers and needles, and infrequent contact with doctors or nurses. Many were uncomfortable in their positions, at least at the start, but they persevered because no one else would do it.

By the early 1960s, most communities in the Bristol Bay region had some sort of volunteer health aide. Many health aides learned healthcare basics from doctors or public health nurses who visited their villages. Beyond their initial instruction, aides usually learned on the job, often by “trial and error.” In

serious illnesses or injuries, they would contact doctors in the nearest hospital.

In 1968 Congress approved funding that allowed the IHS to establish a health aide training program. Formally named “community health aides” (or CHAs), individuals who went through the program would be the villages’ day-to-day health care providers.

The same year, a Native Board of Health advisory group



was established to make recommendations to IHS staff about Kanakanak Hospital operations. The advisory board lasted until 1973 when it was replaced by the executive committee of the newly incorporated BBAHC. That committee answered to a 32-member board of directors representing the Native villages served by the health corporation.

The Office of Economic Opportunity (OEO) was established during President Lyndon Johnson's administration. Volunteers with the Vista program encouraged Natives to work toward self-determination and provided expertise to help form corporations. Through OEO (and later, the Alaska Native Claims Settlement Act (ANSCA), Alaska's Natives used federal funds to create regional health corporations.

With BBAHCs new CHAP contract, health aides for the first time were paid a minimal salary. However they received little formal training and their wages failed to properly compensate CHAs for being on call 24 hours a day, year-round. Health aides continued to face a wide array of difficulties throughout the decade of the 1970s. Some in larger communities worked in clinics outfitted with at least a few pieces of medical equipment. But others continued to work out of their homes where they had to somehow find room for examining patients, storing medicine and, on occasion, providing bed space.

An increasing number of air-taxi operations began serving the region's communities (which have no

connecting road systems), but air transportations to remote villages tended to be infrequent and unreliable. Until the availability of "oil money" in the late 1970s and early '80s, few airports existed in Bristol Bay. Cost of air travel is very expensive and weather is always a factor. Telephone service was minimal until the 1980s.

In June 1973, the Bristol Bay Area Health Corporation was incorporated because the region's Native people believed its health care to be inadequate and the government

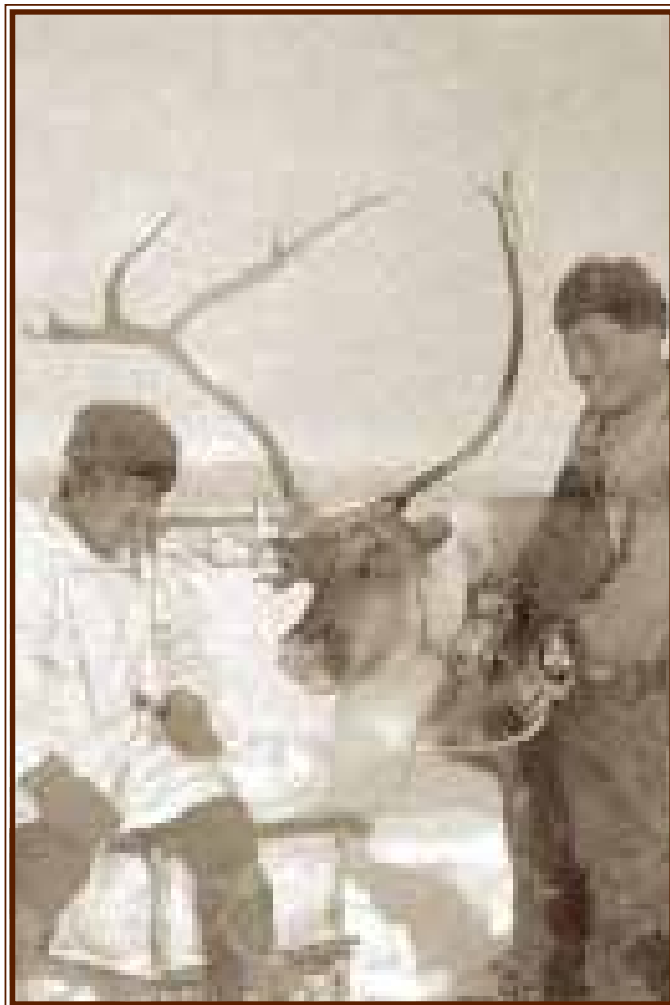
unresponsive to their needs. One of the corporation's first acts was to provide village health care by assuming control of the Community Health Aide Program (CHAP), formerly managed by the IHS.

BBAHCs growth is tied to several major happenings within the federal government during the 1970s. The first was the ANCSA, which gave Alaska Natives title to 40 million acres of land and awarded them \$962 million to be placed in "for profit" village and regional corporations.

Two other critical pieces of federal

legislation were passed during the mid-1970s: The Indian Self-Determination and Education Assistance Act of 1975 (also known as Public Law 93-638), followed by the Indian Health Care Improvement Act of 1976 (P.L. 94-437).

In 1980 BBAHC assumed management of the 29-bed, 76,000-square-foot Kanakanak Hospital/Service Unit, thus becoming the nation's first Native corporation to do so. A new hospital was completed in 1986. The 16-bed



facility directly serves 27 villages over 40,000 miles of the 46,573-square-mile service area; five communities within the BBAHC's health-care service unit (in the Iliamna Lake area) are served by the Alaska Native Medical Center in Anchorage.

In 1988 in response to funding needs and unacceptable working conditions for health aides throughout Alaska, a report titled "CHAP in Crisis" was presented to Congress. In response, the federal government greatly increased its financial support of the CHAP program.

BBAHC has changed dramatically since the corporation took over management and operation of the Service Unit in 1980. Delivery of healthcare services has evolved into a truly comprehensive community-based health-care system. Some aspects of care, such as major surgery, are no longer provided due to changing regulations and cost of service delivery. However, considerable changes in existing programs and the addition of many new programs have resulted in high quality, diversified healthcare services.

Since 1980, BBAHC has initiated and expanded many programs and services. Continued commitment by the board of directors and staff have resulted in the availability of high quality, comprehensive health care to the residents of Bristol Bay.

In 1994 BBAHC became a founding member of the Alaska Tribal Health Compact (Title III, P.L. 93-638) allowing BBAHC to enter into a government-to-government contract with the U.S. Congress to provide healthcare services for Alaska Natives and American Indians. Direct control over programs and financial resources allows the corporation to design and provide programs that better meet the healthcare needs of the people and respond quickly to changing trends.



As the availability of better medical services eliminated many infectious diseases that were the leading cause of death for so many years, BBAHC now faces new challenges. The life expectancy of Alaska Natives has increased from 47 years in 1950 to 69 years in 1998. Aging of the population and increased life expectancy has brought with it a new epidemic—chronic diseases including cancer, heart disease and diabetes. BBAHC must now change direction to not only provide acute care for injuries that remain one of the top leading



causes of death, but also to allocating resources to prevent and treat chronic diseases. Just as Kakanak Hospital and now BBAHC rose to the challenges of epidemics and other healthcare needs in the last 90 years, BBAHC continues to meet the healthcare needs of the people of Bristol Bay.

TIMELINE

1800's Russians and later British, French and Spanish explorers came to the Bristol Bay area to take advantage of the various natural resources including fish and furs. Missionaries also traveling to the area introduced Christianity.

✦ Canneries and trading companies generally brought workers with them to staff the canneries. These companies provided limited health care services for their employees.

✦ These same travelers introduced new diseases for which the Native residents had no natural immunities. The diseases included a small pox epidemic (1838-39), pulmonary diseases (1886), influenza (1919) and measles.

✦ These diseases eradicated one-fourth of western Alaska's population. Several villages were abandoned because of the impact of disease.

1904 Medical missionary J.H. Romig established a small hospital near the mouth of the Nushagak River. It was shut down in 1906.

1909 Original clinic was first built as a school by the Bureau of Education.

1911 The U.S. Government Hospital for Natives was operated by Dr. L. H. French at Carmel (Kanulik) until 1913.

1913 Dr. French opened Kanakanak Hospital in one of two school buildings located on the west side of the Nushagak River where most of the population lived.

1919 The 1918-1919 Spanish Influenza epidemic reached southwest Alaska, and was the most devastating illness to pass through Alaska.

✦ Orphanage was constructed near the school and hospital to house children whose parents died in the epidemic.

1930's The Alaska Native Service, under BIA began taking an active role in health care.

✦ Public health nurses, and, later, doctors began making village visits. On occasion, patients were medevaced to hospitals. Some coastal communities had summer time cannery doctors. With very few exceptions, children were born at home. Infant mortality was high.

1930 The orphanage at Kanakanak closed.

1931 Bureau of Indian Affairs (BIA) Hospital at Kanakanak burned.

1940's Along the Alaska Peninsula, medical treatment was provided by government "health" or "hygiene" boats, primarily after World War II.

✦ Tuberculosis took a heavy toll in the Bristol

Bay region throughout the 40's and into the 50's.

1941 General medical hospital completed at Kanakanak.

1948 Dr. John Libby came to Kanakanak as medical officer. He was the first resident physician in several years. He stayed for five years, taking care of everyone who came to the hospital. He often flew his own airplane to villages to see patients.

1949 A Quonset hut was constructed as an addition to the hospital, which was used as a tuberculosis wing and later converted to an outpatient clinic.

1950's Indian Health Service replaced the BIA's Alaska Native Health Service as the primary health-care provider. Village residents began to assume informal roles as volunteer community health aides.

1951 Public Health Council formed. The Council advocated for the Dillingham Health Center and Public Health Nurses (PHN) through the state.

1955 Department of Health, Education and Welfare, Indian Health Service, Public Health Service took over BIA's health care function.

1958 Dr. Libby returned to Dillingham and set up private practice.

1960's Most communities have a volunteer health aide who was taught health care basics by doctors or public health nurses who visited the villages. Volunteers with the VISTA program helped encourage Natives to work toward self-determination and provided expertise to help form corporations.

1968 Native Board of Health established to advise IHS on Kanakanak Hospital operations.

1970's BBAHC's new Community Health Aide (CHA) contract allowed the village residents to be paid a minimal wage. Some CHA's worked in clinics, some out of their homes.

1973 Bristol Bay Area Health Corporation established with a staff of 3 and an initial budget of \$40,000.

1975 The Indian Self-Determination and Education Assistance Act of 1975 passed followed by the Indian Health Care Improvement Act.

1975 Kanakanak Hospital receives JCAHO accreditation for the first time.

1980's BBAHC assumed management of Kanakanak Hospital and the Bristol Bay Service

unit, the first tribal organization in the country to do so through a PL 93-638 contract.

1985 Chignik Bay subregional clinic opened.

1986 Construction on new hospital completed, replacing the 1941 hospital which was converted to administrative services. The hospital was dedicated in November 1986.

1989 Togiak subregional clinic opened.

1990 The addition of Title III to the Indian Self-Determination and Education Act provided an opportunity for tribes to establish a government-to-government relationship and exercise greater control over decisions regarding the use of funds allocated by Congress to for health care.

1992 Jake's Place alcohol and drug abuse treatment program opened in Dillingham.

1994 BBAHC was a founding member of the Alaska Tribal Health Compact, establishing a government-to-government relationship under Title III of PL 93-638, The Indian Self-Determination Act.

1998 Emergency Room renovated and expanded. Administrative wing renovated.

2001 Teleradiology – equipment installed in the Radiology Department to transmit radiological exams to ANMC

✦ Obstetrical unit, nursing station and inpatient procedure room remodeled

2003 BBAHC marked 30 years of tribally directed health care to the people of Bristol Bay and 90 years of health care provided by Kanakanak Hospital.

✦ Nilavena Subregional Clinic opened in Iliamna by Nilavena Tribes and Southcentral Foundation with BBAHC cooperation.

2004 BBAHC celebrated 10 years as part of the Alaska Tribal Health Compact.

✦ BBAHC applied for Critical Access Hospital Designation

✦ 10 villages approved for new clinics; 7 other villages working to complete business plans.

✦ All village clinics connected to WAN (wide area network) allowing access to telemedicine and allowing connectively via computer for administrative functions.

✦ Robert J. Clark, President & CEO, completed 30 years of employment with BBAHC.

✦ BBAHC has 425 employees, and an annual budget of \$42 million.

BOARD OF DIRECTORS – 1973 to present

Ronald Aaberg, Pedro Bay, 1974-75
 Jack Abalama, Egegik, 2002-04
 Andrew Abyo, Pilot Point, 1973
 Mike Abyo, Pilot Point, 1974
 Stanley Active, Jr., Togiak, 1989
 Lou Adams, Platinum, 2004
 Luki Akelkok, Ekwok, 1973-75, 87-89
 Philip Akelkok, Ekwok, 1981-82
 Trudy Aklin, Chignik Bay, 1986
 Jack Aleck, Chignik Lake, 1975
 Richard Alto, Egegik, 1997-01
 Sandra Alvarez, Igiugig, 1988-98, 00,
2nd Vice Chair (91), 3rd Vice Chair (92-4)
 Jeremy Anderson, Chignik Lagoon, 1996
 John Anderson, Clark's Point, 1977
 Rodney Anderson, Chignik Lagoon,
 1980, 99-04
 Ron Anderson, Chignik Lagoon 1982-83
 Dennis Andrew, New Stuyahok, 2001, 02
 Dolly Andrew, Igiugig, 1975
 Timurphy Andrew, New Stuyahok, 1980-1
 Trefim Andrew, Iliamna, 2001-03
 Gerald Anelon, Iliamna, 1989-94,
1st Vice Chair (89-91), Chair (92-4)
 Harvey Anelon, Iliamna 2004
 Myrtle Anelon, Iliamna 1995-00
 Ida Angasan, South Naknek, 1984
 Mark E. Angasan, King Salmon,
 1990, 92-04, *3rd Vice Chair, (96-98),
 2nd Vice Chair (99-04)*
 Ralph Angasan Jr., King Salmon, 1991
 Mary Ann Johnson, Dillingham, 1979
 Chris Apokedak, Levelock, 1992, 94
 Peter Apokedak, Levelock, 1974
 Ida Apokedak, Levelock, 1976-78,
 82-91, 97-04, *2nd Vice Chair (79),
 1st Vice Chair (80-81), Chair (82-91)*
 Gregory Backford, Portage Creek, 1976
 Ralph Balluta, Nondalton, 1975
 Gust Bartman, Manokotak,
 1974-79, 80, 83-87
 Wilbur Bavilla, Togiak, 1973-76
 Robert Blue, Togiak, 1982
 Paul Boskofsky, Egegik, 1977
 Paul Boskofsky, Kanatak, 1997-98
 Alvin Boskofsky, Chignik Lake, 1986-88
 Julia Brandon, Ekwok, 1997
 George Bright, Goodnews Bay, 1996, 99
 Ruth Bright, Goodnews Bay, 2001
 Ernest Carlson, Chignik Bay, 1977-81
 Jeanette Carlson, Chignik Bay, 2004
 Karen Carlson, Chignik Bay, 1982-83
 Eleanor Carltikoff, Nondalton, 1976
 Leona Carr, Portage Creek,
 1993, 96, 97, 98, 99, 01
 Anecia Chiklak, Ekwok, 1983-6
 Annie Chocknok, New Stuyahok, 1982-
 85, 04, *Secretary/Treasurer (84)*
 Amelia Christensen, Knugank, 1999-02
 Robert A. Christensen, Port Heiden,
 1992, 94, 03-04
 Roxanne Christensen, Port Heiden, 1979
 Lilly Chuckwuk, Aleknagik, 1990-91
 Gusty Chythlook, Aleknagik, 1986-87,
 92, 94
 Joseph L. Clark, Clark's Point, 1974-00,
*1st Vice Chair (79) Secretary/Treasurer, (74-75),
 2nd Vice Chair (78)*
 Sharon Clark, Clark's Point, 1991-98,
Treasurer
 Robert Clark, Dillingham, 1973-74,
1st Vice Chair (73)

Arthur Condarty Jr., Ugashik, 1980-85
 Evelyn Connors, Pilot Point, 1977-78
 Nellie Coolidge, Aleknagik, 1993, 95-96
 Debbie Daughtery, Chignik Bay, 2003
 Bonita Dunn, South Naknek, 1987-88
 John Dyasuk, Togiak, 1988
 Elsie Echuck, Platinum, 1982
 Willie Echuck, Platinum, 1977, 80-81,
 86-87
 Esther Floresta, Clarks Point, 2003
 Bert Foss, Iliamna, 1984
 Ronald Fox, Port Heiden, 1977-78,
 81-83, *1st Vice Chair (82, 83)*
 Nels Franklin, Manokotak, 1975-78
 Isaac Gamechuk, Manokotak, 2001
 Chris Gloko, Manokotak, 1981-82
 Lucy, Gloko, Manokotak, 1991
 Paul Gloko, Manokotak, 1974
 Kay Gorman, Aleknagik, 1997-04,
3rd Vice Chair, (99, 02-04)
 Donna Gottschalk, Naknek, 1975-76
 Roylene Gottschalk, Naknek, 2004
 Gabby Gregory, Igiugig, 1977-78
 Nick Gregory, Egegik, 1974-75,
Chair (74-75)
 Desiree Griechen, Pilot Point, 1982
 Gust Griechen, Pilot Point, 1979, 83-84
 Barney Groat, King Salmon, 1984
 Charles Groat, Igiugig, 1974, 76
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 Barney Groat, King Salmon, 1985,
1st Vice Chair
 Clemens Grunert Jr., Chignik Lagoon,
 1975
 Peter Gumlickpuk, New Stuyahok, 2003
 William Gumlickpuk, New Stuyahok,
 1978-79, 86-96
 Linda Halverson, Naknek, 1995, *Secretary*
 Marilyn Hansen, Knugank, 2003-04
 Olaf Hansen, III, Naknek, 2003
 Debbie Harshfield, Ugashik, 1988
 Dolly Herrmann, Naknek, 1973-74, 78-94
 Carl Heyano, Dillingham, 1982-83,
Secretary/Treasurer (82-83)
 Joanne Heyano, Eku, 1984
 Peter Heyano, Eku, 1973, 77-80,
 82-83, 85, 87-90
 Robert Heyano, Eku, 1974-76
 Rose Heyano, Eku, 1986
 Joanne Hiratsuka, Eku, 1993-03
 Joe Hiratsuka, Eku, 1981, 92, 94
 Jane Hodgson, Aleknagik, 1988-89
 Julia Hoseth, Ekwok, 1990-91
 Fred Hurley, Ekwok, 1976, 01
 Jimmy Hurley, Ekwok, 1979
 George Ilutsik, Aleknagik, 1974-83
 Joann Itumulria, Manokotak, 1988-89,
 93, 95-96
 Charles Jacko, Pedro Bay, 1977
 Charlie Johnson, Portage Creek, 1989
 Marlene Johnson, South Naknek,
 1974-1981, *2nd Vice Chair (74),
 1st Vice Chair (75), Chair (76-81)*
 Mary Ann Johnson, Dillingham,
 1980-81, *Secretary/Treasurer*
 Nick Johnson, Sr., Koliganek, 1984-04
 Sandy Johnson, Nelson Lagoon, 1975
 Delissa Jones, Chignik Lagoon, 1997-98
 Helen Joseph, Newhalen, 1976, 78-9
 Michael Joseph, Egegik, 1980-83
 Helen Joseph, Newhalen, 1979
 Alfred Kalmakoff, Ivanof Bay, 1979-86

Andy Kalmakoff, Chignik Lake, 1977-78
 Glenn Kalmakoff, Ivanof Bay, 1988-03
 Harry Kalmakoff, Chignik Lake, 1992-94
 Joe Kalmakoff, Ivanof Bay, 1974, 76, 87
 Lori Kalmakoff, Ivanof Bay, 2004
 MiCarlo Kalmakoff, Pilot Point,
 1975-76
 Carol Kankaton, Nondalton, 1981
 Caroline Kankaton, Nondalton, 1987
 Eva Kapotak, Portage Creek, 1984
 Lena Kapotak, Portage Creek, 2000,
 02-04
 Leona Kapotak-Carr, Portage Creek,
 1983, 85-86, 90-99, 01
 Wassillie Kapotak, Portage Creek,
 1987-88
 James Kasayulie, Platinum, 1978-79,
 83-84, 88, 90-91, 93, 95-96
 Charles Kelly, Egegik, 1985-91
 Shirley Kelly, Egegik, 1992-96
 Helen Kilbuck, Platinum, 1985, 02-03
 Lou Kirby, Platinum, 1999, 01
 William Knutsen, King Salmon, 1975-
 83, 86-89, *2nd Vice Chair (82, 83)*
 William Kohuk, Togiak, 1986-87
 Vernajean Kolyaha, Pedro Bay, 1992-96
 Zenia Kolyaha, Pedro Bay, 1978-91
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 Anecia Kritz, Togiak, 2002-04
 Myrtle Lamond, Chignik Bay, 1984
 Don Lind, Chignik Lake, 1984-85
 Mitchell Lind, Chignik Lake, 1995
 Ricky Lind, Chignik Lake, 1981
 Elliot Lind, Chignik Lake, 2001-04
 Mitchell Lind, Chignik Lake, 1999-00
 Willard Lind Jr., Chignik Lake, 1990, 91
 John Mark, Twin Hills, 1983-91,
2nd Vice Chair (86-90)
 Joseph Martin, Goodnews Bay, 1980
 Andrew Matson, Port Heiden, 1974
 Hank Matson, Jr., Port Heiden, 1984,
 87-91, 93, 95-00,
3rd ViceChair (88), Secretary/Treasurer (90)
 Laura Matson, Port Heiden, 1975-76
 Olaf Matson, Port Heiden, 2001-02
 David Matsuno, Ugashik, 2001-04
 Fred Matsuno, Ugashik, 1995-97
 Paul Matsuno, Ugashik, 1973-79,
ViceChair (76), Secretary/Treasurer (77)
 Roy Matsuno, Ugashik, 1993, 00
 Bobby McCarr, Koliganek, 1978-9,
Secretary/Treasurer
 Elia Melognak, Newhalen, 1988
 Bavilla Merritt, Goodnews Bay, 1995,
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 Christine Monroe, Naknek, 1977
 Katie Moore, Twin Hills, 1980-82, 99-04
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 Gregory Moxie, New Stuyahok, 1975-76
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 Robert Nelson, Ekwok, 1998-99
 Thomas Nelson, Sr., Ekwok, 2002-03
 George Nicholai, Ekwok, 1977-78
 John P. Nick, Togiak, 1978-79
 Donald Nielson, South Naknek, 1992-04,
1st Vice Chair (95-98), Treasurer (99-04)
 Shirley Nielsen, Kokhanok, 1973,
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 Steve Nowatak, Kokhanok, 1974-76,
 80-83, *2nd Vice Chair (80)*
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Secretary/Treasurer (76)
 Lydia Olympic, Igiugig, 1999, 01-04
 Annie Parks, Iliamna, 1976
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 Deseree Reamey, Dillingham, 1977
 Mark Reamy, Pilot Point, 1986-88
 Dick Rice, Nondalton, 1988
 Noni Ruhl, Ugashik, 1986-87
 Melody Ann Ruhl, Ugashik, 1999
 Agnes Rychnovsky, Newhalen, 1989-04,
*2nd Vice Chair (92-93, 95-98),
 1st Vice Chair (99-04)*
 Marci Sam, Chignik Lagoon, 1984
 Mike Sam, Chignik Lagoon, 1973-74
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 Viola Savo, South Naknek, 1985-86
 Anuska Schaffer, Togiak, 1983-85,
Secretary/Tresurer (85)
 Chester Schneider, Ugashik, 1990-91
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 Carol Shangin, Perryville, 1990
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Secretary (94-04)
 Kenneth Shangin, Chignik Lake, 1974
 Donnavon Shanigan, Kanatak, 2000
 James Shanigan, Kanatak, 2001
 Terrence Shanigan, Kanatak, 2002-04
 Gordon Shanigan, Kanatak, 1999
 Fritz Sharp, Twin Hills, 1992-98
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 Natalia Wassillie, New Stuyahok, 1997-00
 Terry Wassillie, Newhalen, 1984-85,
2nd Vice Chair (84)
 Harry Wassily, Clark's Point, 2001-2, 04
 Laura Waters, Port Heiden, 1980
 Miriam Watson, Naknek, 1996-00
 Mary Wilcox, Togiak, 1980-81
 June Williams, South Naknek, 1990-91
 Ann Wilson, Igiugig, 1985
 Evan Wonhola, New Stuyahok, 1977
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 Timothy, Wonhola, New Stuyahok, 1973
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Dr. Linus Hiram French

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