

HONORING OUR SACRED HEALING PLACE TANANA, ALASKA

Nucha 'la 'woy 'ya - "Where the Two Rivers Meet"



Development, History,
Community & Cultural
Significance of the
Tanana Hospital
Complex

EXECUTIVE SUMMARY

In 2007, the Indian Health Service (IHS) proposed an environmental remediation project aimed at demolishing deteriorated structures, cleanup of contaminated soils, and the transfer of excess IHS property to the Tanana IRA. During the review of the proposed project, the IHS determined that the Tanana Hospital Complex is eligible for listing in the National Register of Historic Places through consultation with the Alaska State Historic Preservation Officer (SHPO).

As the proposed undertaking would have an adverse effect on the Tanana Hospital Complex, the IHS notified the Advisory Council on Historic Preservation and proceeded to work with SHPO to develop appropriate mitigation that would document and preserve the history of the hospital complex while satisfying IHS' responsibilities under Section 106 of the National Historic Preservation Act (16 U.S.C. 470f), as amended. Specifically, one mitigated measure was to publish and distribute a public booklet documenting the development, history, community, and cultural significance of the Tanana Hospital Complex.

This booklet provides historical context to the public health needs that surrounded the development of the Tanana Hospital, as well as explores the impact of the hospital on Alaskan Native healthcare delivery and the population it served.



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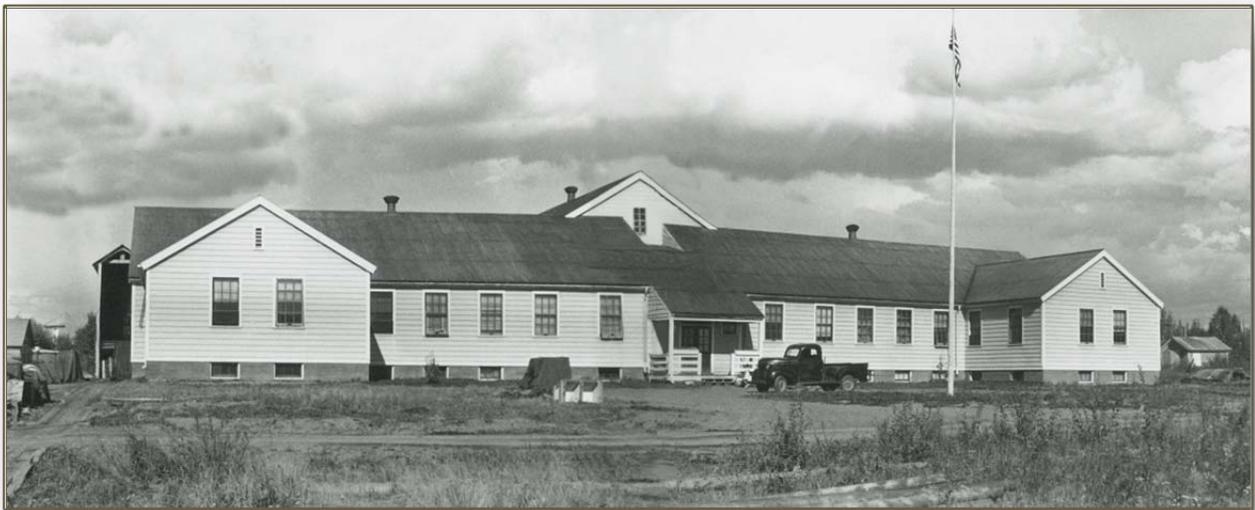
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A BRIEF HISTORY OF TANANA

The confluence of the Tanana and Yukon Rivers in north-central Alaska has been a traditional meeting and trading place for Koyukon and Athabascans centuries before first European contact in 1863. The first recorded settlement at this location was known as Nuklukayet; also commonly referred to as Nucha`la`woy`ya, which translates to ‘where the two rivers meet’. What had been a transient site has transformed over the last 150 years into the Tanana today.



Tanana Hospital – IHS Collection

The American presence in the area may have begun with the installation of Fort Adams in 1868 alongside the Yukon River at the mouth of the Tozitina River. The fort was a short-lived trading post approximately 11 miles downriver of present-day Tanana. It was in 1880 that the Alaska Commercial Company established the Harpers Station Trading Post at



Fort Gibbon Hospital – IHS Collection

the same location. With the establishment of the trading post, American presence increased rapidly. Only a year later, Canadian missionaries with the Church of England built a small mission near the trading post and in 1887 construction led by Reverend J. L. Prevost began on the St. James Episcopal Mission (later known to Natives as “Mission of our Savior”). Completed in 1899, the St. James Mission housed the area’s first known school and hospital. Shortly after the initiation of the mission’s construction, the Northern Commercial Company built the Tanana Station Trading Post, which received the area’s first post office in 1889.

A decade later in 1898, the United States Army built Fort Gibbon at the site of present-day Tanana. Fort Gibbon was one of several forts constructed to oversee the shipping and trading of supplies and to bring civil order to the region during the gold rush. With an Act of the United States Congress in 1890, the fort adopted the auxiliary function of supporting the telegraph line between Fairbanks and Nome, which was an integral part of the Washington-Alaska Military Cable and Telegraph System (WAMCATS). By 1903, the fort maintained six telegraph circuits including 559 miles of line between Fort Gibbon and Fort Egbert in Eagle. However, the telegraph lines were short-lived as wireless communication was installed at Fort Gibbon in 1908. It was in 1936 that WAMCATS became part of the Alaska Communication System.



Staff from Tanana Hospital – Tanana Tribe Collection

HISTORY OF HEALTHCARE IN TANANA

Healthcare in Tanana may well have started with the shamans and healers who treated disease and injuries with traditional medicines and practices. It was not until the installation of the hospital at St. James Mission that western medicine became part of the area's infrastructure.

The subsequent push to provide western medicine to the region arose from Sheldon Jackson's appointment in 1884 as Alaska's Agent for Education for



New Tanana Hospital Construction – IHS Collection

the United States Bureau of Education. As Jackson believed good health was essential to education, he allocated a portion of the State's education budget for health services. Before leaving the Bureau of Education, he developed plans for teachers to be cross-trained as nurses in order to deliver healthcare in villages. Jackson's plans were carried out in 1907 when a dozen teachers with medical kits were stationed in villages. In the years following, the local school teacher became the primary healthcare provider throughout much of rural Alaska.

While the network of teachers and church-based hospitals championed healthcare delivery throughout the State, the demand for healthcare greatly

exceeded supply. On December 24, 1908, the Assistant School Superintendent in Tanana wrote the Commissioner of Education, “[t]here has been a great deal of sickness among the natives of Tanana, and they are unable to get any professional medical attendance. The Doctor at [Fort Gibbon] has refused to visit the village simply because he is afraid of any contagious disease attacking him.” Furthermore, the Superintendent noted that Tanana was a large village in need of healthcare and it would be an excellent location for a hospital with “a doctor to attend the sick and wife to teach school”.



Hospital Patient – Elmer E. Gaede, M.D. Collection

When Fort Gibbon was abandoned by the Army in 1923, healthcare in Tanana was exclusively provided by a school teacher. Three years later in October of 1926, the Bureau of Education reopened the fort for use as a hospital. The Old Fort Hospital was a 20-bed facility housed in a 70-by-40 foot, two-story building. The hospital became the first permanent government medical facility in north-central Alaska and the staff was tasked with attending to the health of both civilian populations and military complements stationed in the area.

The Old Fort Hospital’s service area was immense. The Fairbanks Daily News-Miner reported that “[t]he closest hospital is the one at Fairbanks; to the north there is none between Tanana and Point Barrow and none to the



Hospital Staff – Elmer E. Gaede, M.D.

west until Nome is reached.” Moreover, the Alaska Weekly printed that in the area lived 2,000 Whites and 4,000 Natives, “...many of whom have never seen a doctor or dentist.”

The hospital, though small, was an immediate success among those it served. Quoting a letter from L. F. Kent, Archdeacon of the Yukon, the Governor George Parks noted in 1928 that “[a]ll of our missions from Rampart to Alakaket look to this hospital for the great help that it has given.” In 1930, the hospital employed seven and recorded 1,520 visits, 175 operations, 320 homes visited, and 900 treatments.

While the hospital treated a wide range of medical conditions, it paid particular attention to Tuberculosis (TB), which was the most common disease impacting Alaska Natives for a century starting in the mid-1800s. However, given the state of medical knowledge at the time, little could be done locally to combat the TB epidemic. In the villages, school teachers and the medical facilities maintained by both the Bureau of Education and churches did what they could for their TB patients with the resources available.



Dr. Duncan on the radio at the Tanana Hospital talking to a health aide in a village, ca. 1970 – George Brown, M.D. Collection

In 1931 when the Bureau of Indian Affairs assumed responsibility for Alaska Native healthcare from the Bureau of Education, it inherited both the existing hospitals and the program of teacher provided healthcare. No notable change in service occurred at the Old Fort Hospital with the transition. However, the Great Depression suppressed the local economy, which limited travel by local populations thus making travel by the hospital staff to tend to sick persons more vital. The Governor’s Correspondence from 1933 stated that “[m]uch of the work done by traveling representatives of the hospital tends to increase the confidence of the natives in the modern medical aid that hospitals have to

offer. Emphasis is placed by formal talks, house to house visitation, group meetings, etc.”

By the end of the 1930s, the need for new hospital facilities was evident. As a result, the Bureau of Indian Affairs initiated a program of building new regional hospitals with between 20 to 40 patient beds. The Bureau planned identical hospitals for Tanana and Kanakanak near Dillingham. Ground-breaking at Tanana occurred in the spring of 1940. By June, the basement had been excavated, footings had been laid, and concrete was ready to be poured. The basement was constructed with a two-story frame positioned above. The hospital opened in early February 1941 with 32-beds on the first floor and accommodations for staff on the second.

By the time the United States entered World War II, an additional eight hospitals were constructed specifically for the treatment of Alaska Natives. While the war limited budgets and healthcare services, it also brought about the development of drugs capable of controlling the TB epidemic. In addition to the new TB medication



Tanana Hospital ca. 1970 – George Brown Collection

being effective in treating patients, it was also simple enough to be administered in rural Alaska by trained local residents. The program introduced for this purpose later grew into the Community Health Aide Program (CHAP), which has become the primary healthcare delivery system in rural Alaska today. As the hospital was not designed for the treatment of TB and in practice it had limited inpatient TB care capabilities, the implementation of the predecessor to the Community Health Aide Program was crucial in combating TB and it nearly eliminated the need for the hospital to maintain inpatient TB services.



Left to Right: (IHS) Dale Mossefin, Tom Coolidge, Paula Poncho; Paul Geisert, (ANTHC) Paul Morrison; Alan Bollinger, (TTC) Lois Huntington, Kathleen Peters-Zuray – Tanana Tribe Collection

In Robert Fortuine’s 1975 *Health Care and Alaska Natives*, he identifies that by 1954 the smaller hospitals and clinics operated by the Bureau of Indian Affairs, including Tanana, were characterized as “small, obsolete, and often hazardous”. While rural healthcare facilities desperately needed upgrades due to medical advances and adding equipment, the demand on hospital services declined as infectious disease epidemics were no longer a perpetual threat in rural villages. In turn, as patients sought better healthcare delivery and treatment, the Bureau found it to be cheaper and more effective to transport patients to urban hospitals. A year later in 1955, the Indian Health Service was created to assume responsibility for the administration of healthcare for American Indian and Alaska Natives from the Bureau of Indian Affairs. As a result, the hospital at Tanana became the Tanana Indian Health Service Hospital and during the next three decades the hospital continued to grow more obsolete in both equipment and demand.

In 1980, the hospital had a licensed capacity of 20-beds, but during the prior two years it had averaged a daily occupancy of only five while maintaining a staff of two physicians and nine nurses with an annual budget of \$2,000,000. Citing four factors, including the age and cost of operating the hospital, a need to reduce the growth of government spending, difficulty in staffing the Hospital, and the improvement of health in the population who preferred using more modern facilities in Fairbanks, the Indian Health Service officially closed the hospital on October 1, 1982.

Dr. Everett Rhoades, Director of the Indian Health Service, ordered the Tanana Hospital closed and staff to shift inpatient care to Fairbanks with some patients sent to the Alaska Native Medical Center in Anchorage. Maintenance staff shut down utilities while Human Resources set in motion reduction-in-force procedures to accommodate personnel who would lose their jobs due to the closure.

The closure was distressing to the community as much of their lives revolved around the hospital. While some people would lose their jobs, many more would have to travel to Fairbanks for healthcare. Even though preliminary plans existed to convert a portion of the hospital operations into an outpatient clinic, this provided little comfort to the community. At the time, no plans existed for the disposal of the land and facilities. However, the Indian Health Service was under a requirement to clean-up hazardous materials on the property.

In 1994, the Indian Self-Determination Act, Public Law (P.L.) 93-638, was passed allowing transfer of property to Tribes who have a contract with the Indian Health Service for healthcare services. In 2003, Indian Health Service representatives met with the Tanana Tribal Council and community members to discuss the possibility of transferring the property to the Tanana Tribal Council. Initially, the Tribe was hesitant to discuss demolition of the hospital as they hoped the old building could be renovated if they were provided sufficient funding.

Nonetheless, the Indian Health Service was under pressure to demolish the buildings and submit a report of excess to the General Services Administration. This would pave the way for another federal or state agency to take ownership of the land, denying the Tribe the right to use it. Regardless, the Indian Health Service met with the Tribe to highlight the positive aspects of taking ownership of the property and outlined the initial steps they could take to do so. First, a tribal resolution was required that supported the demolition and, if the Tribe wanted ownership of the land, an official request to the Indian Health Service

Director regarding their intention of taking ownership under the authority of P.L. 93-638. As a result, the Tribe decided the land and buildings should belong to the Tribe and to do what was necessary to take ownership of the Tanana Hospital campus.



Allen Bollinger (standing left) with representatives from IHS speaking to the Tanana Community – IHS Collection

With a letter dated July 5, 2007 by Mr. Curtis Sommer, Tribal Council President, to Dr. Charles W. Grim, Indian Health Service Director, the Tanana Tribal Council submitted a tribal resolution requesting transfer of the land, necessary buildings, and appurtenances in Tanana currently under IHS control. The Indian Health Service responded to the letter with a concurrence to the Tribe's request. Nevertheless, before transfer could occur, the hospital and contaminated buildings would need to be demolished. This was agreeable to the Tribe and they consented to perform the demolition project through a contract with the Indian Health Service.

The Tanana Tribal Council issued a tribal resolution on December 7, 2006 authorizing the remediation, demolition, and removal of the hospital and surrounding contaminated buildings. Ultimately, the contract for demolition of the facilities was awarded to the Tanana Tribal Council in 2009 under a construction contract titled the *Tanana Environmental Remediation and Demolition Project* and the hospital was demolished the same year. As of 2011, the Tribe continues work on removing the remaining buildings and remediation of the hospital campus. Upon completion of the work, the Indian Health Service will transfer the entire campus to the Tanana Tribal Council under a quitclaim deed. The Tribe hopes to construct a more modern healthcare facility on the site.

CULTURAL SIGNIFICANCE

Stories and Memories

Rev. Helen Peters

“Met Dr. Schaible 1937; Tanana flooded that year. I found a big lump under my arm and my dad took me to the doctor. The doctor told me it was TB and he needed to get it out before it started leaking. He operated on me. I woke up and said ‘where am I and what happened to me’. I got out of bed and ran up the street barefooted. Dr. Schaible found me and took me back to the hospital. I wanted to find my dad, but they

gave me something and knocked me out. Dr. Schaible was a nice looking man. In 1942, my father drowned. I decided to do something. My mother died when I was 2, so my father was my life. I went and looked at the river, I said ‘this is not going to stop me from doing something for myself.’ This is not going to stop me from doing good and it’s not going to stop me from looking at my life even though I felt lost. I walked down to the hospital to get a job. They asked for my social security number and I said ‘I didn’t have one,’ so she said ‘OK, we’ll get you one.’ They told me to come to work at midnight as a night nurse. The first check I got, I ran to the store and bought silk underwear. My grandmother always made my underwear. My first check was \$50 a month.

“I first met my husband when he came in as a TB patient. He was healed and left, but came back in 1952 and got a job in hospital maintenance. We lived right behind the hospital and even had my first baby Helen downstairs in the



Left to Right: Helen Peters and Josephine Roberts
– IHS Collection

hospital while they were having a dance upstairs. Everyone kept checking on me. Later I found someone to take care of my baby close enough so I could feed her on my break.

“The first baby birth I assisted with was for my sister. I had to get her ready for the birth and she said I’m ready to have my baby; the baby was coming and I just fainted. My sister gave birth and picked me up off the floor and put me on the bed. When I woke up the nurse said ‘your patient is doing well, she just had a baby boy.’

“My second assist, the baby was so small it fit in the palm of my hand. We took the baby to the incubator and the baby stayed for months, and she survived. Some babies were stillborn and the doctor would give them to me to take care of. I would go into another room and cry for them. I had other babies that I took care of. I talked to them, telling them what I’m doing and they would smile at me. Some were in the hospital for more than a year and one I took care of died after a year. Lots of happy times, lots of sad times.

“We had lots of wonderful nurses. I worked a lot with old people because I knew how to talk to them. Dr. Carroll was the last doctor here at Tanana. I took care of my grandmother’s sister. I used to clean her up, clean her bed. One morning I was talking to her and she told me to take out the white net to



Tanana River in autumn – IHS Collection

air out. I went upstairs and just happened to look out the window and saw a big whirlwind outside. When I came back down she had passed away.

“Another time an elder asked me to cook grouse and give her the broth. I cleaned her up, put a clean gown on her, and she sipped her broth. She asked for a little meat and she grabbed my hand and started telling me old stories like they happened yesterday. She told me they used to take the river to where the caribou were and camped by Mt. McKinley. When I came back from the kitchen with her meat, she had died.”

Josephine Roberts

“My father sat me down on April 4, 1940 and told me never drink or smoke and I never did. I had a wonderful dad who never drank or smoked. I came to Tanana in 1940 and had to cross a plank to get to shore and went right to work at the Ft. Gibbons hospital. Two nurses, Ms. Trudall and Ms. Zimmer, and Dr. Schaible took me under their wings. I came from Galena, lucky to have a school. I read a lot and I always had a dictionary with me. I worked in the Tanana hospital when I was 18. Nurses



Josephine Roberts – IHS Collection

told me to set goals for myself, but I didn't know what a goal was. They asked what I wanted to be and explained retirement and that's what I wanted to go for. I got \$30 dollars a month and 1 day off a month. We would always complain about it, but never do anything about it. I was supervisor of housekeeping and laundry for many years. I remember when the war was over and all the bodies were shipped back to their homes. I had a terrible experience with a TB patient who was a 19 years old guy, Tony Mackrel. He started hemorrhaging, so I ran out of there and started knocking on doors, yelling 'I need help...'. Another nurse came running and took charge and handled it just like that.”

Mishal Gaede

The following is an account from Mishal Gaede¹ whose father, Elmer E. Gaede, served at the Alaska Native Hospital in Anchorage (1955-1957) and the Tanana hospital (1957-1959).

“As I listen and talk to people, these many years after the Tanana Hospital closed, I hear stories of people who have lots of heavy emotions tied to the hospital. Some very good, such as when a person received care and regained health, and of course some recounts that are so sad. For too many it was the first stop to find out if they had TB; after which, they were sent further away from home. Consequently, children ended up in foster homes and were eventually adopted out because no one could care for the children if a parent got sick.

“My siblings and I are fortunate and grateful that our father is being included and recognized in the historical account of the hospital. He knew the values of family and how a family functions as a unit, and that the extended family is what helps make us strong. He loved people and genuinely cared about his



Ruby, Mishal, Elmer (back) Mark, Ruth, Naomi Gaede in 1958
– Elmer. E. Gaede, M.D. Collection



Dr. Elmer E. Gaede talking to health aides – Elmer. E. Gaede, M.D. Collection

patients. Not only was he a physician, but a pilot also; and he used this in his medical work. He risked his life to fly in bad weather when there was an emergency. He volunteered for mercy flights to take babies back into villages when their mother had to stay because of TB. He was caring; spiritually, physically, and mentally. That concern was a departure from the way physicians were taught during the medical practice in those days. This concept resonates with how we Native people strive to stay connected in body, mind and spirit, and not let one aspect over take the other. This enables us to be strong and grounded, and able to practice the traditional values, listen to stories, and be humble so that our hearts stay open. Our elders wish us to live this way.

“I also think our father was impressed by the Alaska Native ingenuity, creativity, and Native Ways of Knowing. He respected their survival skills and learned to build an overnight survival shelter for polar bear hunting. He took the chiefs flying in his airplane to shoot moose for the potlatches. This is what bonded him to the people of this great land, Alaska, which he loved so much.”

Mishal was adopted by the Gaede family when they lived in Tanana. Her birth mother was an Inupiat from the Tooyak family in Point Hope, Alaska. Mishal works for the Tanana Chiefs Conference in Fairbanks, in Tribal Government Services as the Tribal Court Facilitator. She interacts with many people who have experienced healthcare in the villages, including time spent at the Tanana Hospital, either as a patient or employee.



Dr. Gaede in front of the Tanana Hospital – Elmer. E. Gaede, M.D. Collection

Mercia Kelloch

Mrs. Kelloch shared excerpts from her diary when she first arrived in Tanana to work as a nurse at the hospital in July 1953.

“July 9, 1953

Alaska! I’m here!! But, this is Juneau. I have more miles to go. My assignment is in Tanana, which I was pronouncing to rhyme with banana until corrected by a BIA rep with a wry smile. I walked the streets that night; Juneau was a lot smaller then. With camera in hand, waiting for the sun to set... Hmmmm, gave up about 11:00 p.m. and went back to the hotel and to bed. How much I had yet to learn.

“July 11, 1953

Left Juneau and the Gastineau hotel and arrived in Fairbanks in the middle of the sunshine filled night. I found my room reserved, already occupied by a man. Hotel management thought ‘Mercia’ was a masculine name, so placed a man in the double occupancy room. Eva Magown; self-appointed city hostess, bless her heart, found me a single room; my introduction to Alaska hospitality.

“July 12, 1953

Morning comes none too soon. For my excitement and daylight have me wide awake long before my usual ‘getting up time’. Despite the time difference from Louisiana, I’m up and alert in which would be the middle of my night down South. Picked up at the hotel by the pilot Frank James and I am his only passenger. He flies a bit off the regular flight path to give me my first glimpse of the river. Horizon so vast, so much in view! It made my first flight in a small plane of about 45-50 minutes way too short.

“Then Tanana! From the banks of the ‘Mighty Muddy Mississippi’, to the fabled Yukon, I have come! Temperature in the 70’s, flowers blooming in profusion along the runway, and I, with a suitcase full of winter clothes, as per BIA instructions. I’m greeted by a smiling red head looking much like a young [sic] Catherine Hepburn. “Welcome to Tanana!” Enter Jane Griese, wife of the local

“Buildings made from lumber from living trees, to me still live. The breath of the people who occupy them is their life force. Without that breath, like all living things, they die.

“So to that pike of planks and glass that first sheltered me in Alaska, I say Goodbye!”

Mercia Kelloch

school teacher and my first friend in Tanana. Thus I am ushered into the village that is to be my home.

“My room is above the kitchen. The floor is high gloss black. Two pieces of red and orange furniture, very Chinese. I love it! But, alas, I am not allowed to keep it. Seems the former resident painted her den to her taste without an official OK. A federal building according to regulations? Must be that bluish greenish ORAY. A small matter really. All the new sights and sounds and scents more than make up for the relinquishment of a color scheme. Actually, I become quickly aware of the lack of sound, of traffic. How different and peaceful from the big city hospitals I had left.

“Charity hospital, where I trained, had 16 floors of patient care. It spanned about four blocks. At that time it was the nation’s 6th largest hospital. Here sat this cozy looking one and half level building. All windows looked out on nature; not pavement and traffic. And the Yukon River at the door step. Being a country girl, I thought it was great.

“The staff was six (I think) unattached young women. The ‘Officer in Charge’ was not much older than me. (We got a lot of visitors from Galena Air Force Base Fly Boys). My boss was more like an older sister than a rigid commander. The camaraderie was pleasant. We lived together, worked together, ate together, and played together. There was no separation of ranks.”

Olga Voth-Neufeld

Mrs. Voth-Neufeld worked as a nurse at the Tanana Hospital between September and November 1958.

“I was working in a General Hospital in Bakersfield, CA when my husband had a yearning to live in Alaska. In a nursing magazine I saw an ad for nurses and applied for the Alaska Native Hospital in Anchorage. The reply was a request that I consider Tanana until my husband would arrive later and then I’d join him in Anchorage. I arrived in late summer and the fall foliage was beautiful. There were many surprises. I marveled at the Yukon River, which did not freeze over smoothly, but rather wave-like. A wiener roast on the frozen Yukon was unexpected and exciting. The frequent earth tremors were concerning before I got used to them.



Main road in Tanana, Ak – Kathleen Peters-Zuray Collection



Employees enjoying dinner with the Gaede family – Elmer. E. Gaede, M.D. Collection

“My background was Mennonite and the fact there was a Mennonite doctor (Elmer Gaede) with a family was comforting. I baby-sat two of their children, Mark and Mishal, while Dr. Gaede and his wife, Ruby, went moose hunting. I anticipated more rugged conditions, so the new nurses’ residence was a pleasant surprise.

“The ‘air clinic’ was to me an unheard of experience. A surgeon was flown in from Anchorage, a dentist flew in (Dr. McQueen), and plane-full of patients as well. These were mostly children needing adenoids and tonsils removed, but a few adults came in for surgery, too. Amazingly, they were transported back to their village a day or two after being operated on! Often, the hospital was filled to capacity. At one point, two siblings were in the same bed. The patients were stoic and non-complaining.

“There was plenty of good food prepared in the kitchen for patients and employees, and always vitamins on the staff tables. The medical employees probably had more responsibilities than those in the States and nurses were well-trained to deliver babies and handle emergencies when the doctor was called out to another village. Due to the need, he took it upon himself to learn basic dental techniques, for which the Natives were grateful. Everyone pitched in to do what was necessary for healthcare.

“The whole experience in Tanana was a highlight of my life, even though I did get very lonely and the three months sometimes felt like three years. I have always regretted I did not take up a Native employee’s offer to go on a dog drawn sled ride.”



Tanana River in Fall – IHS Collection

COMMUNITY SIGNIFICANCE

Honoring our Sacred Healing Place September 10, 2009

It was time to let go of buried emotions, to remember good times, offer prayers of respect, share happy and sad memories of loved ones lost, and to say goodbye to the healing place that meant so much to so many. Medical staff over the years were spoken of kindly, all the people who worked in the hospital and those people who received health care between 1940 and 1982. The closing ceremony was respectful, positive, spiritual, and very emotional. Wreaths were put on each side of the building, in all four directions, symbolizing all who came to pay their respects. Cultural significance is embodied in the old hospital building with its memories, meanings, employees, patients, and community ties. It was a bittersweet day.



Tanana River – IHS Collection



Opening Prayer given by the late Paul Starr, with Steve Matthew, Helen Peters, Josephine and Lois Huntington

Old Tanana Hospital Closing Ceremony

***September 10, 2009
Tanana, Alaska***









Bear Ketzler, City Manager, with Donna Folger and Josephine Grant, prior Health Director



Darlene Wright, Prev. Exec. Dir., TTC



Paul Morrison ANTHC



Christine Erhart & Josephine Grant



Carolyn Hickey, ANTHC



Faith Peters



Julie Roberts-Hyslop Chairperson, TTC



Annette Freiburger Interior Aleutians Campus

CELEBRATING OUR FUTURE

In 2009 after the hospital was demolished, the community came together to celebrate the future or maybe a rebirth of life without the hospital as its center piece.

The celebration took place in the elders building with of dancing, singing, and laughing, with lots of good food.

The kids celebrated the new beginning by dancing, drumming, and singing; inviting all to join in. The atmosphere was almost childlike with anticipation, as healthy minds joined together to contemplate a master plan. They looked into the future of what could become and how the new buildings could be used for healing, as well as how programs could be created specifically for the people.

The people felt so blessed to know the land where the healing place once stood will be remembered in a good way and that by letting go of the past will provide a healthy future for all the children to come.



Tanana Tribe Celebration – IHS Collection



Tanana Tribe Celebration – IHS Collection



Tanana Tribe Celebration – IHS Collection

PAST HOSPITAL EMPLOYEES

Agoff, Kathy
Andon, Marie
Beans, Barbara
Bonney, Carla
Bonney, Don
Borroughs, Mary Ann
Brophy, Margaret
Brown, George, Dr.
Bunce, Mike, Dr.
Butts, Jeanette
Callahan, Pat
Carlo, Eddy
Carlo, Gail
Carlo, Helena
Carlo, Poldine
Carlo, Pongee
Carroll, Michael, Dr.
Charles, Misha
Charles, Snooks
Charley, Arlee
Commack, Dr.
Demoshi, Darlene
Dennis, Dr.
Dick, Kathryn
Dudly, Marianne
Edwin, Audrey
Edwin, Blanche
Ekada, Art
Ekada, Florence
Elia, Jeannie
Eller, Paula
Eltermann, Dr.
Erhart, Gladys
Erhart, Netty
Esmailka, Marina
Fliris, Kathy
Floyd, Robert
Folger, Barbara
Folger, Brenda
Folger, Pinky

Frank, Joe
Gaede, Elmer, Dr.
Grant, Adele
Grant, Eileen
Grant, Josephine
Grant, Richard
Grant, Ruth
Gecewich, Mike
Grant, Alfred
Hadley, Dr.
Hanson, Wally
Haye, Mary
Hoffman, June
Hoffman, Richard
Houston, Kay
Howard, Jay
Hyslop, Lavern
James, Bill, Dr.
Jenkins, Ethel
Johnson, JoAnne
Johnson, Donald
Johnson, Liza
Jordon, Carrie
Joseph, Kay
Joseph, Marion
Kelloch, Mercia
Kennedy, Violet
Knott, Linda
Kokrine, Flora
Kokrine, Margaret
Kozevnikoff, Ambrose
Kozevnikoff, Eileen
Kozevnikoff, Todd Sr.
Leach, Dr.
Lebeau, Dr.
LeCapitain, Mark
Lilly, Ann
Lorenzo, Dr.
Macomber, Marjorie
Matthew, Steve

Matthew, Valerie
McQueen, Tom, Dr.
McClain, Sandra
Miller, Susan
Minook, Basco
Minook, Henry
Minook, Jimmy
Mogg, Tommy
Montoya, Jose "Frank"
Moore, Ervin
Musser, Mae
Neufeld, Olga
Nicholia, Grace
Nicholia, Helen
Nicholia, Irene
Nicholia, Liza
Nicholia, Lulu
Nicholia, Milton, Sr.
Nicholia, Pete
Nicholia, Shirley
Nicholia, Todd
Patsy, Leroy
Parsons, Jean, Dr.
Peters, Alice
Peters, Hardy
Peters, Helen
Peters, Marlene
Peters-Zuray, Kathleen
Powers, Dr.
Regal, Paula
Roberts, Gerry
Roberts, Josephine
Roberts, Tom
Sabatino, Katie
Schaible, Dr.
See, Ben
See, Judy
Semeken, Mike
Sommer, Curtis
Sommer, Judy

Sommer, Maudy
Starr, Jake
Starr, Mary
Stickman, Luann
Stuhman, Mary
Swenson, Beanie
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