



Bristol Bay Area Health Corporation
 6000 Kanakanak Road
 P.O. Box 130
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Bristol Bay Area Health Corporation is a tribal organization representing 34 villages in Southwest Alaska:

- Aleknagik
- Chignik Bay
- Chignik Lagoon
- Chignik Lake
- Clark's Point
- Dillingham
- Egegik
- Ekuk
- Ekwok
- Goodnews Bay
- Igiugig
- Iliamna
- Ivanof Bay
- Kanatak
- King Salmon
- Knugank
- Kokhanok
- Koliganek
- Levelock
- Manokotak
- Naknek
- New Stuyahok
- Newhalen
- Nondalton
- Pedro Bay
- Perryville
- Pilot Point
- Platinum
- Port Heiden
- Portage Creek
- South Naknek
- Togiak
- Twin Hills
- Ugashik

BRISTOL BAY AREA HEALTH CORPORATION
Statement in Response
January 19, 2011

Robert J. Clark, President/CEO

Bristol Bay Area Health Corporation (“BBAHC”) issues the following statement in order to respond to questions asked and to correct misstatements of fact made in the City of Dillingham’s Reply Brief and Comments on Petition to Annex Commercial Fishing Waters Using Local Option Method dated November 5, 2010 (the “Reply Brief”).

1. The Reply Brief asks “What does Ekuk provide for the clinic?”

ANSWER: The clinic operated in Ekuk, Alaska during the summer months is staffed by a community health aide (“CHA”) or an EMT certified person—either of which is a BBAHC employee. BBAHC also provides medical supplies for the CHA’s use at the Ekuk clinic. Ekuk is obligated to provide infrastructure including the building used to house the clinic and a 4-wheeler for the CHA’s use. While other villages in the Bristol Bay region receive rental income from the Indian Health Services in exchange for BBAHC’s use of their building as a primary care clinic, Ekuk does not receive rent payments. Ekuk also provides BBAHC with suggestions regarding the identity of the CHA selected to provide the services.

2. The Reply Brief asks how long has the clinic in Ekuk been in operation?

ANSWER: The Ekuk clinic has been in operation for many summers since the 1970s, subject to the availability of staff, and consistently since 2007.

3. The Reply Brief asks whether the clinic in Ekuk is likely to continue operation into the indefinite future?”

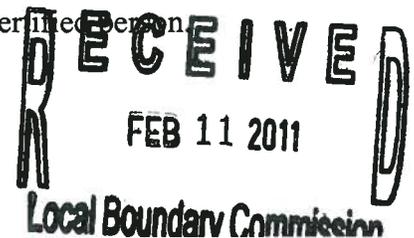
ANSWER: In 1973, BBAHC took over the provision of medical care provided to Alaska Natives and Native Americans by the United States of America—which care is guaranteed pursuant to federal law and historic treaties. BBAHC compacts with the Indian Health Service under a federal law commonly referred to as the ISDEAA pursuant to which it receives funding for operation of the hospital along with the right to use federally owned property including the hospital and grounds in Dillingham. Ekuk and 33 other villages/tribes, by resolution, authorize BBAHC as their “tribal organization” to provide services to this consortium of 34 tribes on their behalf. In light of the federal government’s obligation to provide this medical care and the fact that BBAHC has been doing so successfully for over 38 years, it is almost a certainty that a clinic will continue to be operated in Ekuk into the indefinite future.

4. The Reply Brief asks how is the clinic in Ekuk staffed?

ANSWER: The clinic in Ekuk is staffed by one CHA or EMT certified person.

*To promote health
 with competence,
 a caring attitude,
 and cultural sensitivity*

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5. The Reply Brief asks when does the clinic in Ekuk normally operate?

ANSWER: The Ekuk clinic's normally scheduled hours of operation are 9 a.m. to 3 p.m. five days per week. In addition, the CHA or EMT-certified person on duty also responds to emergencies when called on a 24/7 basis.

6. The Reply Brief states that BBAHC receives City services (police, fire, water, sewer, roads).

RESPONSE: This statement is incorrect. BBAHC is located approximately 6 miles from downtown Dillingham. While the fire station closest to BBAHC located on Lake Road is operated by the City of Dillingham, the State of Alaska also makes its equipment at the airport available in the event of emergencies at Kanakanak. BBAHC provides its own security. BBAHC is not aware of any police patrols or other systematic City of Dillingham police service on or near the hospital. BBAHC has its own source of water on site at the hospital. It does not receive water from the City of Dillingham. BBAHC has a private sewer lagoon on site. It does not receive sewer services from the City of Dillingham. Finally, BBAHC is located on a road maintained by the State of Alaska, not the City of Dillingham. The Kanakanak Hospital compound is a federal compound, and as such is under federal jurisdiction (FBI). In other villages where BBAHC provides primary care services, the community provides such services. However, Dillingham does not provide these types of services to BBAHC.

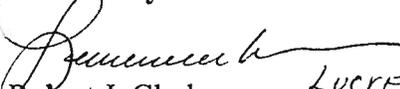
7. The Reply Brief states that the medical services available at BBAHC are used by persons participating in the commercial fishery within the annexed area.

RESPONSE: The medical services available at BBAHC are a source of secondary care for persons participating in the commercial fishery within the annexed. Primary care for such persons, however, is provided at the various villages including Ekuk, Clark's Point, and Manokotak. Moreover, the secondary level medical services available at BBAHC are also used by persons who reside many miles away from the area proposed for annexation. For example, people from Perryville, Chignik Bay, and Chignik Lagoon also use the secondary services available at BBAHC. The fact that BBAHC's facility is in Dillingham is available to provide secondary health care services to persons throughout the Bristol Bay region would seem to be irrelevant to the annexation issue. It is no more relevant to annexation than the fact that tertiary care medical services are provided at the Alaska Native Medical Center in Anchorage.

On behalf of the Board of Directors, management and staff of the Bristol Bay Area Health Corporation, I thank you for the opportunity to provide this statement responding to questions posed and misstatements made in the annexation matter at issue.

Thank you,

Bristol Bay Area Health Corporation


Robert J. Clark
President/CEO

Lucrecia Scotford CFO
For Robert Clark



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BRISTOL BAY AREA HEALTH CORPORATION
Executive Committee
Resolution No. 2011-03

A RESOLUTION REGARDING THE CITY OF DILLINGHAM'S PETITION TO ANNEX THE NUSHAGAK BAY FISHING DISTRICT

WHEREAS, the Bristol Bay Area Health Corporation (BBAHC) was incorporated in 1973 by representatives from tribes in the Bristol Bay region for the purpose of providing health care and related services to residents of the Bristol Bay region of Alaska;

WHEREAS, the BBAHC now serves 34 villages and employs over 360 health care professionals;

WHEREAS, BBAHC operates Kakanak Hospital located within the city limits of the City of Dillingham, which facility was opened by the United State of America in 1913;

WHEREAS, in 1980, BBAHC began managing and operating Kakanak Hospital and the Bristol Bay Service Unit for the Indian Health Service (IHS), the first tribal organization in the United States to do so under P.L.93-638 as amended;

WHEREAS, the BBAHC Board of Directors desires that the Local Boundary Commission be fully informed of the involvement of villages in the provision of medical services in the territory the City of Dillingham is petitioning to annex;

WHEREAS, the City of Dillingham questions the amount of money provided for health care by the Native Village of Ekuk and presumably other villages in the region, implies that these services are not significantly funded by these villages, and implies they are of recent origin.

WHEREAS, Health clinics each staffed by a community health aide or EMT certified personnel are maintained in Manokotak and Clark's Point on a year-round basis and in Ekuk during the fishing season when the village is occupied.

WHEREAS, the health aides or other health care providers in these clinics are employees of BBAHC and the medical supplies used are supplied by BBAHC;

WHEREAS, the villages of Ekuk, Manokotak and Clark's Point are responsible for providing infrastructure to support each clinic including a building to house the clinic and method of transportation for the use of the provider within the village as well as to help BBAHC recruit for the provider position.

WHEREAS, each health clinic in the vicinity of the territory Dillingham intends to annex is open, available to, and has treated persons commercial fishing in the Nushagak commercial fishing district as well as any other persons who request appropriate health care services at such location.

WHEREAS, each village in the region passes a resolution granting to BBAHC authority to provide health care to its members, and, without this authority, BBAHC could not receive a large portion of its federal IHS funds to provide medical services, including village health clinics.

WHEREAS, another essential part of BBAHC's revenues are received from third parties including payments made by patients not eligible for IHS funded treatment through insurance and self-payment by uninsured patients.

WHEREAS, due to the IHS' underfunding of the costs of providing health care, villages in the region provide additional funding from sources available to them to subsidize the costs of health clinics provided in their communities and the services they provide.

WHEREAS, the City's petition, if granted by the Local Boundary Commission will take a potential valuable revenue source away from villages of the region without providing a replacement funding source for the infrastructure and other contributions made by each such village that are necessary for BBAHC to operate a clinic at that village.

WHEREAS, the BBAHC questions the City of Dillingham's ability to provide any services to the areas proposed for annexation in light of the fact that the City of Dillingham does not provide water, sewer, or road maintenance to Kanakanak Hospital which is only about 6 miles from downtown Dillingham while the areas proposed for annexation are at least twice that distance and in some cases are located much further away.

WHEREAS, the BBAHC is concerned that if fishermen in the area are required to pay new taxes to the City of Dillingham without receiving equivalent services in exchange, these fishermen will not have sufficient funds available to take care of the basic needs of themselves and their families, which is likely to result in more health care issues and needs due to inadequate nutrition, inability to heat their homes, inability to purchase health insurance, and other similar impacts.

NOW THEREFORE BE IT RESOLVED that the **Bristol Bay Area Health Corporation Executive Committee** affirms the need for clinics to be available to the residents of Ekuk, Manokotak, and Clark's Point as well as other persons engaging in commercial fishing in the Nushagak watershed and the need for each of these villages to have a source of revenue that will allow each village to continue to provide the infrastructure necessary for the operation of such clinics without charge to BBAHC;

BE IT FURTHER RESOLVED that BBAHC urges the Local Boundary Commission to deny the petition for annexation because it will eliminate the source of funding each

village proposed for annexation uses to provide the infrastructure necessary for the operation of BBAHC's clinics; and

BE IT FURTHER RESOLVED that BBAHC opposes the City of Dillingham's proposed annexation of the commercial fishing waters because it would impose taxes on residents of the area without the provision of equivalent services which reduction in income is likely to negatively impact the physical well-being of the residents of the area and cause increased health care issues for such persons, the treatment of which will strain BBAHC's operations as well as such persons' ability to pay, or purchase insurance that would pay, for health care.

ADOPTED at a duly noticed meeting of the Executive Committee of Bristol Bay Area Health Corporation at a meeting held on January 22, 2011 at which a quorum was present.



H. Sally Smith, Chair

CERTIFICATION

I, the undersigned Secretary of the Bristol Bay Area Health Corporation, do hereby certify that the foregoing resolution was duly passed by the Executive Committee of the Bristol Bay Area Health Corporation on January 22, 2011 and that such resolution remains in full force and has not been amended or rescinded.



Diane Shangin, Secretary