

DEATH STIRS CONTROVERSY

Anchorage PHS Hosp. Under Heavy Attack on Native Woman's Death

By MARGIE BAUMAN

ANCHORAGE — A coroner's inquest has been called and the District Attorney's office is investigating the death of 52-year-old Violet Arrow of Shageluk at the Alaska Native Medical Center.

The investigation and inquest were asked by a group calling itself the PHS (Public Health Service) Survivors Committee, which charged that the death of Mrs. Arrow within an hour after she was admitted to the center might have been prevented with proper medical treatment.

Specifically, the PHS Survivors Committee charged that Mrs. Arrow, who suffered an epileptic seizure that day and had a possible broken hip, was refused admission to ANMC three times before she was finally admitted.

A medical consultant to the Social Development Center, where Mrs. Arrow was undergoing detoxification treatment, examined her that day and said "she is no longer a detoxification problem; she needs medical care."

In his report submitted to the District Attorney's office in

Anchorage, Dr. F. J. Phillips said Mrs. Arrow "has been having various types of seizures during the day The last seizure like reaction lasted perhaps a minute and then she was comatose for five to ten minutes." Phillips added in his report that she did not have any odor of alcohol on her breath.

Dr. Robert Fortune, director of the ANMC, said Mrs. Arrow was treated twice within 24 hours of her death as an outpatient, then admitted to the hospital on request. Fortune said doctors who saw her at the center judged at the time that she did NOT need hospitalization.

Fortune said the complete medical facts surrounding her death would be made available "at the appropriate time" but

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declined to discuss any details on what treatment, if any, she had received.

Fortune said it is NOT a general policy of the hospital to categorically refuse treatment to alcoholics; that in fact two per cent of admissions to ANMC are for alcoholism and many alcohol-related injuries.

PHS Survivors committee charges suggest that Mrs. Arrow may have, in fact, been dismissed as being drunk when she was having an epileptic seizure and needed treatment of a broken hip.

The Survivors committee also charged that the treatment Mrs. Arrow received was typical of that given Natives with alcohol related problems and one committee member, Mary Ann Holland of the Urban Native Center, said she had received numerous complaints of similar incidents since Mrs. Arrow's case became public.

Bob Moore, director of the American Indian Committee on Alcohol and Drug Abuse, was in Anchorage for a youth conference at the time the Survivors Committee went to the District Attorney's office. Moore went along for that conference and then to a meeting of the committee with hospital officials.

Moore told assistant district attorney Justin Ripply that "Violet Arrow's death is symbolic of all those who died in the past and all those who will die in the future, so pursue this

case diligently."

"We have Indian health boards all over the land, who do NOT set policy for the number one problem of the Native American, alcoholism," Moore told Fortune. "The alcoholic is just as terminal as the cancer patient. We must reprioritize."

The case of Violet Arrow meanwhile appears to have uncovered a whole kettle of worms in alcoholism and alcohol-related problems of the Alaska Native.

"We need more and better service to the alcoholic," Moore said. "I realize it's difficult to change attitudes, but it's got to be done."

"If the alcoholic patient is sick enough, he will be admitted," Fortune said. "But alcoholism is more of a preventive disease than other; we should prevent it. Treatment at the hospital is only the end stage... where you pick up the pieces."

"We don't have the facilities to take care of people who are simply intoxicated. We do admit people for cases of more than simply drunkenness or with alcohol problems as a complicating problem," Fortune said.

"It is impossible to change individual attitudes of staff, but on the whole our staff is much more sympathetic than the rest of the community" (health personnel) he said.