

H85-109

KUAC Chinook Radio Series: Athabascan grammar, Eliza Jones, Alaska Native Health Services, Tom Hartrich

Part 1:
Chinook Echoes

The program begins with Eliza Jones of the Alaskan Native Language Center at the University of Alaska Fairbanks speaking different sentences using the word “crying” in Koyukon Athabascan. This is the second of a two part series on Koyukon Athabascan language. The purpose of this second part is not just to hear words of Koyukon, but to hear how the language works, its complexity, and how it is based on concepts that are entirely different from the English language. Jones shares that she is now working on a verb dictionary; the noun dictionary was published previously and was much easier to put together. The verb dictionary was harder to put together than the noun dictionary. It is completely different from English. There are many kinds of verbs. There are many groups of verbs, such as descriptive verbs. The hardest part of the Athabascan dictionary is that when you change the tense of a verb the stem of the verb (the main part of the word) also changes. It's not just changing the end of the word; it's a whole different word itself. Jones uses the example of the verb for “handling”, like handling something. There are 5 classes in Koyukon. There's the zero class, which is nothing; no gender at all. The *hɛ* class is when you're talking about places, area, and weather. The *de* class is for wooden objects. The *ne* class which is where little things go, particularly little round things. Jones says that some things are arbitrarily assigned and you just have to learn them. The *dene* class is for small, cylinder wooden objects, as well as heavy round objects. And there's a lot more than that to the grammar. For example there are classificatory verbs which are when you're handling things there are 15 classes of stems used for different shaped objects. The point is that you are describing the physical characteristics of the object. Jones offers to describe the things sitting on the table which consists of: a knit hat, a legal pad, a watch, a single piece of paper, a shoe, a bag, keys, a penny, a chapstick, a purse and a brush. Jones describes the process of creating a dictionary. She says they write down a theme and the necessary prefixes and a set of verb stems and then examples and actual words. It is not anything like an English dictionary and not as easy to use. It is impossible to create one in an easier format, so they may have to teach people how to use it when it comes out.

Part 2:
Chinook Patterns

Nancy Harris takes a look at the Alaska Native Health Service through an interview with Tom Hartrich Director of the Interior Alaska Service Unit. The Alaska Native Health Service is part of the US Public Health Service, which has had the responsibility since 1955 of providing health services to Alaskan natives and Indians in the lower 48 states. The agency in the US Public Health Service that responsibility now is called the Indian Health Service, in Alaska it's referred to as the Alaska Native Health Service, or ANHS. There are 7 Alaska native hospitals scattered throughout the state. In the Interior, there's one at Tanana, there's one on the North Slope in Barrow, at Kotzebue, at Bethel, at Kanakanak near Dillingham, at Sitka, and also the Alaska

Native Medical Center at Anchorage. Besides hospital services, the ANHS provides dental services, construction of water and sewer facilities in the villages, preventative health services, health education, environmental health services, mental health services, and alcoholism services. Normally, the services at these facilities are available only to Alaska Natives and their dependents. There's been a lot of controversy about nonnative husbands receiving and being entitled to the same care as their wives. When the government first got into healthcare around 100 years ago, nonnative husbands were specifically excluded by law from receiving healthcare services. This was done to discourage white men from taking advantage of Indian women to get the benefits that they had. A lot has happened since then and that law has been challenged. The Bureau of Indian Affairs has changed their policy and they will provide services for non-Indian husbands of Alaskan natives and American Indians. The Indian Health Service attempted to follow that same policy, but there were some Indian tribes in the lower 48, particularly in the Southwest, who objected to this and because of this the Indian Health Service hadn't gone through the legal procedure and public advertising to make the proposed changes. At the moment the policy is that they are not eligible, but it is assumed that in 1-2 years nonnative husbands will be eligible. The reason why the lower 48 tribes opposed this wasn't because they had anything against non-Indian husbands but because of the limited dollars that are available for healthcare and the likelihood for funding to be increased because more people need the services is quite slim. The doctors and dentists travel to every village at least once and up to 2-3 times a year depending on the size and need of the village. When they travel, the doctors are interested in screening patients for serious conditions that may not be picked up by the health aides, though as health aides gain more skill this issue becomes less serious. So what the doctors have been focusing on lately is working with the health aides to increase their skills and reinforce their training. The doctors also provide follow-up on patients who have had surgery. The health aides evolved over the past 20 years from a person in the village who because of interest or otherwise picked up medical information to becoming very highly trained people. The health aides are trained in 2 ways. Basic health aide training and curriculum they must complete in various 2-4 week phases that recur as the health aide is able to handle the training and progresses through it. This is provided in Anchorage through the Alaska Native Health Services' Community Health Aide Training Program. The follow-up training is more regionalized. This allows the health aides to learn more about problems that may be unique to their area as opposed to statewide problems. There are a couple of big problems that people living in rural Alaska may have that those living in urban areas may not. First, the Alaska native people have a high accidental death and injury rate which is about 8 times the general US population. Probably because of living on the water and relying on boat transportation and snow machines and living out in the middle of nowhere, where help may not be as available as in urban areas. Another problem is alcoholism. There are a number of people who believe that is the cause of a lot of the accidental deaths. It's a bad problem throughout Alaska, but more so in rural areas. Everyone recognizes alcoholism as a problem and there have been a lot of programs that have attempted to do something about it but not many have been effective. The most effective ones have been those in which a community has decided to pull themselves together and either ban the sale of alcohol or decide that they would take control of their community and the problem on their own.