Schweiker, Indian Leaders Discuss Administration's Health Proposals

WASHINGTON, D.C.—Secretary of Health and Human Services Richard S. Schweiker met with a delegation of Indian leaders here May 8 to discuss the Administration's health proposals and their potential impact on tribal health programs.

Indian representatives told Schweiker and other DHHS officials at the meeting that the Administration's proposal to block grant health and social services to the states will undermine the special government-to-government relationship between tribes and the federal government.

Newton Lamar, Chairman of the Wichita Tribe of Oklahoma, said that state governments have historically excluded tribes from their services. If states are permitted to administer the block grants as currently provided in the Administration's proposals, Indian people will be denied their share of the block grant services, Lamar said.

Since Indian people are equally entitled to these services, Lamar asserted that tribes, on the basis of their unique relationship with the federal government, should be eligible for block grants as part of the Administration's proposal. Supporting this contention were Max Norris, Chairman of the Papago Tribe; John Lewis, Director of the Inter-Tribal Council of Arizona; and Ken Black, Director of the National Tribal Chairman's Association.

In response to these concerns, Schweiker stated that the United States has a special obligation to American Indians and a unique relationship with Indian tribes, a position that he said has been supported by President Reagan. Schweiker said his Department will work to encourage that relationship in its programs.

Schweiker also told Indian representatives at the meeting that while most federal agencies were having their budgets cut in fiscal year 1982, the Indian Health Service (IHS) would receive an increase in funding under the Administration's proposal, which he said "shows the priority and sensitivity the Department has toward Indian programs."

Schweiker said he would work with the Intra-Departmental Council on Indian Affairs to stay abreast of Indian health concerns. He also expressed his desire to visit Indian communities to obtain "firsthand insight into Indian health care problems," and indicated that such a visit might take place this Fall.

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HEALTH AND HUMAN SERVICES Secretary Richard S. Schweiker (second from right) confers with National Tribal Chairmen's Association (NTCA) Director Ken Black (far left), Wichita Tribal Chairman Newton Lamar (second from left) and Papago Tribal Chairman Max Norris (far right). Schweiker met with these and other Indian representatives May 8 to discuss proposed Administration health and social service programs and their impact on Indian tribes.
Schweiker had to leave the meeting for another engagement, but indicated his interest in following up on these concerns. After Schweiker’s departure, the Indian representatives continued the meeting with other DHHS officials that included Steve Gibbens, Acting Assistant Secretary for Planning and Education; Jerry Britten, Deputy Assistant Secretary for Program Systems; David Lester, Director of the Administration for Native Americans; and Dr. Emery Johnson, Director of the Indian Health Service.

Daniel Press, General Counsel to the National Indian Health Board, presented DHHS officials with a position paper on block grant funding that was developed during the National Tribal Government’s Conference in Washington, D.C., May 6-7.

The position paper states that if the Administration’s block grant program is implemented, 1.5 percent (approximately $17 million) of the total block grant fund should be set aside for tribal programs. These funds would be channelled to the tribes through the Indian Health Service, with each tribe permitted to use the funds in a manner similar to the states as provided in the block grant legislation.

Press explained that the basis of the Indian position on block grants is the government-to-government relationship between tribes and the federal government, and that this relationship should not be compromised by requiring tribes to compete at the state level for their share of the block grant funds.

Over the past ten years tribal governments have developed highly competent health programs, particularly in the areas of maternal and child health care and family planning, with funds the Administration is proposing to be placed into the block grants, Press said.

“This is a critical source of funding for social service and health self-sufficiency” to the tribes, and an important element of their Self-Determination efforts, he said. Indian Self-Determination has been the basis of federal Indian policy for years, Press added.

IHS Director Dr. Emery Johnson elaborated on this point, noting that tribes have developed “strong and competent” governments under that policy. “We need to do everything possible to keep from going back to the dark ages of tribal government,” Johnson said.

In addition to threatening Indian Self-Determination efforts and the sovereign status of tribes, the Administration’s proposal to have states administer block grants would give them “unprecedented leverage in such areas as water rights, timber, fishing, and mineral rights,” Press said.

DHHS officials at the meeting agreed with the group that the Administration’s block grant proposal presents several problems for tribes, and indicated their interest in meeting again to attempt to resolve these issues.

NIHB Requests Extension of Comment Period on IHS Abortion Regs

DENVER, COLO.—The National Indian Health Board has urged the Indian Health Service (IHS) to extend the June 19 deadline for comments on proposed regulations restricting the use of IHS funds for abortion services.

The regulations, which would limit IHS-funded abortions to cases where the mother’s life is endangered or certain instances of rape and incest, were published in the Federal Register April 20.

NIHB Executive Director Jake Whitecrow was highly critical of the regulations being published “without any prior consultation with the Indian people. We believe this to be a violation of IHS’ long-standing commitment of thorough consultation with the Indian people before regulations are formally proposed in the Federal Register,” Whitecrow stated in a letter to IHS.

Whitecrow contends that “these regulations raise some of the most critical legal and programmatic issues facing Indian people in a number of years,” and that tribal councils and health boards need more than the allotted 60 days to respond to these issues.

For this reason, NIHB is requesting that the period for comments on the regulations be extended indefinitely and “that IHS engage in the thorough series of consultative actions with the Indian community that these important issues justify.”

Under these new regulations, IHS-funded abortions would be limited to cases where the mother’s life is endangered or certain instances of rape or incest. The restriction would apply in IHS-operated direct care facilities, at tribally operated health facilities, and in private sector facilities where IHS pays for the care of beneficiaries through its contract health services program.

The changes are being requested to “make the IHS policy on the provision of abortion services consistent with that of other Department of Health and Human Services (DHHS) programs,” which are subject to the “Hyde Amendment” prohibiting federal funding of abortions except to save the life of the mother; in promptly reported cases of rape, or in cases of incest.

At present, IHS is the only DHHS-administered program under which abortions are funded free of “Hyde Amendment” restrictions. Under the current IHS policy, where the decision regarding abortion is left to the doctor and patient, 638 abortions were performed last year.

Sections 36.54 and 36.55 of the proposed regulations describe the circumstances under which abortions may still be performed by IHS. The former section would permit funding where a physician certifies in writing that the life of the mother would be endangered if the fetus were carried to term. The latter section would permit funding in cases of promptly reported rape and in cases of incest.

Drugs and devices which prevent implantation of the fertilized ovum, and termination of ectopic pregnancies are excepted from the prohibition on funding.

Comments on these proposed regulations should be submitted in writing by June 19 to: Richard J. McCloskey; Indian Health Services; Room 5A-39; 5600 Fishers Lane; Rockville, Maryland 20857. Phone: (301) 443-1116.

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Health News Across the Nation

The following is a regular feature of the NIHB Health Reporter. In this section, we present our readers with short, concise briefs on issues and activities from around the country that are related to Indian health care, including such topics as conference and workshop dates, legislative notices, news on local events, etc. We invite readers to submit their descriptions of such events for publication in this section. Further information on items mentioned here can be obtained from the NIHB Public Information Office.

WASHINGTON, D.C.—California now ranks as the state with the largest Indian population, according to reports from the Census Bureau. California’s count of 201,311 American Indians, Eskimos and Aleuts is substantially greater than Oklahoma’s 169,464. Other states in the top ten are: Arizona, 152,857; New Mexico, 104,777; North Carolina, 64,635; Alaska, 64,047; Washington, 60,771; South Dakota, 45,101; Texas, 40,074; and Michigan, 40,038.

WASHINGTON, D.C.—The Administration for Native Americans (ANA) announced in the Federal Register April 28 that it will accept applications for grants for tribal environmental protection programs through July 13. The projects are jointly funded by ANA and the Environmental Protection Agency. To obtain an application kit, contact: Carol Jones; ANA, Room 5300; 330 Independence Ave., S.W.; Washington, D.C. 20201. Phone: (202) 245-7776.

SPOKANE, WASH.—The Spokane Tribe recently became the first Indian tribe in the state of Washington to assume jurisdiction over Indian child welfare matters. Under the agreement with the state the tribe will have authority over child welfare and adoption proceedings. “This will prove to be one of the biggest happenings during the year of our Centennial” said Chief Tribal Judge Richard Wynecoop.

TEMPE, ARIZ.—The American Indian Projects for Community Development, Training and Research at Arizona State University announced the availability of limited quantities of a mental health publication entitled “Traditional and Non-Traditional Community Mental Health Services with American Indians.” The 330-page booklet is free and was developed to provide an understanding of American Indian attitudes and perspectives surrounding mental health. The articles included in the publication reflect the concerns of Indian communities in the provision of Mental Health Services. For further information about the booklet, contact: Gabriel Sharp, American Indian Projects for Community Development, Training and Research; School of Social Work; Arizona State University; Tempe, Ariz. 85281; or phone (602) 965-3304.

DENVER, COLO.—The National Indian Food and Nutrition Resource Center (NIFNRC) is seeking qualified applicants to fill five positions at its central office here. The center provides training and technical assistance to tribes and urban Indian groups wishing to increase their knowledge or control of federal food programs. Applications are being sought for the positions of: Executive Director (closing date: July 31); Staff Attorney (closing date: July 31); Field Worker (closing date: June 22); Finance Officer/Grantsman (closing date: June 22); and Information Officer (closing date: June 22). Preference will be given to Native American applicants. Interested persons should submit a resume reflecting personal history, education, work experience, qualifications, and references to Dr. Roy Thiel, Acting Director; NIFNRC; 1602 S. Parker Rd., Suite 212; Denver, Colo. 80231. Phone: (303) 755-9191.

WASHINGTON, D.C.—An award winning film on the lifestyle of Indian elders in a Pueblo community is available for purchase, or for free loan, from the Department of Health and Human Services. Entitled “Pueblo of Laguna: Elders of the Tribe,” the 14-minute color film depicts elderly and their use of health and social services, recreation, housing and nutrition. For additional information about obtaining the film, contact: Dan O’Connor; HHH Building. Room 118-F; Washington, D.C. 20201. Phone: (202) 245-6076.

PARKER, ARIZ.—The Colorado River Indian Tribes (CRIT) recently announced their plans to contract for five local programs now administered by the Indian Health Service (IHS). CRIT will propose to contract under the provisions of P.L. 93-638 (the Indian Self-Determination and Education

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Tribal Leaders Call for Stronger Ties with Administration

WASHINGTON, D.C.—More than 400 representatives from 150 tribal groups convened here May 6-7 for the National Tribal Government's Conference.

The meeting was pulled together by the National Tribal Chairmen's Association and other Indian organizations for the purpose of examining the Reagan Administration's budget and policy proposals. Indian representatives at the meeting also reviewed position papers on Indian housing, CETA, health services, block grants, Indian education, economic development, and legal assistance.

Much of the discussion at the two-day meeting focused on the problem of communication with the Reagan Administration. Over the course of the meeting, tribal leaders voiced their displeasure that Interior Secretary James Watt did not attend the meeting, and on May 7 they supported a statement demanding Watt's resignation.

A spokesman for the Secretary's office said that Watt was unaware of the meeting, and added that the Secretary had invited a delegation of 10-15 Indian leaders to meet with him at his office. Conference delegates declined the invitation.

The conference statement also urged the Administration to consult further with tribal governments on the proposed budget for fiscal year 1982, and recommended that legislation be introduced "to provide for the reassumption of jurisdiction by Indian Nations now subject to state law."

In the area of health, Indian representatives reviewed position statements on proposed budget cuts for the Indian Health Service in FY 1981 and 1982; and on the Administration's proposal to block grant health and social services for the states. The statement on block grants reaffirms tribes' government-to-government relationship with the federal government, and contends that this relationship will be undermined if states are permitted to administer the block grants without any specific provision for tribes.

The paper recommends that if a block grant program is implemented, an Indian set-aside consisting of 1.5 percent of the total funds be established and channelled to the tribes through the Indian Health Service (see related story page 1).

Copies of the position papers presented at the National Tribal Government's Conference can be obtained from the National Tribal Chairmen's Association; 1701 Pennsylvania Ave., N.W., Suite 207; Washington, D.C. 20006. Phone: (202) 343-9484.

Health News . . .
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Assistance Act) for the following IHS services: medicare, health education, social services, community health nursing, and public health nutrition. CRIT presently contracts with IHS for alcoholism, Community Health Representative, and mental health programs.

LAS VEGAS, N.M.—The American Indian Community Mental Health Institute will be held at Highlands University here June 25-27. The institute is the first of its kind and will emphasize tribal community-based definitions of mental health, problem areas in mental health, and mental health services for Native Americans in New Mexico. This statewide institute is open to all interested persons and to all tribal organizations. For further information, call Sarah Stevens at (505) 425-7511, or Dr. Alex Trujillo (505) 753-7325.

DENVER, COLO.—The National Indian Board on Alcoholism and Drug Abuse will hold its annual meeting here Aug. 12-14. For further information, contact Ramona Rapp; NIBADA; 528 S. Extension; Mesa, Ariz. 85202. Phone: (602) 898-0001.

BISMARCK, N.D.—The North Dakota House of Representatives recently passed a bill that would earmark 3 percent of the North Dakota liquor tax revenues to fund alcohol abuse programs on the state's four Indian reservations. Tribal representatives from the state's four reservations have testified in support of the bill, citing alcoholism as the number one health problem among Indian communities. The measure must now be approved by the state Senate.

WINDOW ROCK, ARIZ.—The Navajo Health Authority (NHA) has been awarded a three-year $526,000 grant from the W. K. Kellogg Foundation to develop a clinical education program. According to NHA Executive Director Leo Watchman, the funding will be used to start a clinical training unit that will serve Indian health career students in laboratory technology, pharmacology, health services administration, nursing and family medical practices.

AURORA, COLO.—The Association of American Indian Physicians (AAIP) will hold its annual meeting here July 23-24. The meeting will examine different problems related to alcoholism among Indian populations. For further information, contact William Wilson, Executive Director; Association of American Indian Physicians; 6601 S. Western, Suite 206; Oklahoma City, Okla. 73139. Phone: (405) 631-0447.
DURING A FIELD TRIP
to Los Alamos Scientific
Laboratory in New
Mexico, Indian nurses
get a briefing by Los
Alamos physicist Bill
Williams before entering
a Bio-Medical facility
where clinical trials of
the use of pion radia-
tion are conducted.
Cancer patients from all
over the United
States come to the facility for
pion radiation
treatment.

7th Annual AIANNA Conference
Changing Environment Poses
Health Risks to Indian Communities

ALBUQUERQUE, N.M.—Native people have traditionally
believed in the totality of life, with humankind interacting in
harmony with the environment. But with the Indian mode of
existence being radically altered by 20th century life-styles
and the increasing emphasis on resource development,
Indian leaders and communities have become increasingly
concerned over environmental health problems affecting
their people.

To address these concerns, the American Indian/
Alaska Native Nurses Association (AIANNA) chose as its
theme “Environmental Change: The Effects on the Health
of the American Indian/Alaska Native Community” for its
seventh annual conference here April 25-28.

The conference offered the participating health profes-
sionals an opportunity to examine in a clinical and
seminar format, some of the environmental health
challenges and impacts facing the Indian communities
today.

Clinical papers were presented on the first day of the
conference and included such topics as: theoretical frame-
work for biological variation: environmental change and
effect on diabetic patients; nursing skills necessary to treat
the pion (a form of radiation treatment) patient; issues con-
cerning the utilization of Indian land, water and human
resources; detection, diagnosis and the treatment of
environmental contaminants, and a report on a cancer
screening project administered by the Navajo Tribe.

In addressing the area of environmental change and its
effect on American Indians, Dr. Dorothy Gohdes, Indian
Health Service (IHS) Diabetes Project Officer for the Public
Health Service Hospital here, told the conferees that the
diet and exercise patterns of the American Indian have
dramatically changed over the years. The critical change in
eating patterns (e.g. from buffalo meat to meat with a high
fat content and a change from dried fruit to fast foods) plus
the lack of proper exercise has over the last 10 years con-
tributed to increasing the incidence of diabetes among the
American Indian 47 percent. Indian youth are also getting
heavier and contracting the disease at a much faster rate,
she says.

Gohdes also explained that the particular type of
diabetes most prevalent among American Indians is called
Adult-Onset diabetes, and often can be adequately
controlled through weight-loss, proper diet and nutrition
education.

Another serious consequence of changing
environmental conditions is the apparent increase in lung
disease and lung cancer among the Indian population.
According to conference speaker Dr. Jonathan Samet, from
the University of New Mexico School of Medicine, increases
in lung cancer are beginning to show up in the Indian
population. This increase seems to be directly related to
uranium mining that takes place on or near many reserva-
tions, said Samet.

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Notes From the Executive Director:

It has now been my pleasure to serve as Executive Director of the National Indian Health Board for seventeen months. The experiences have been most gratifying in that I have had the opportunity of renewing old acquaintances as well as making thousands of new ones. We really do have a wonderful congregation of Indian and non-Indian people in these United States working for the betterment of our First Americans.

The experience has also been most frustrating because, at this level, I have the "view from the top of the mountain," so to speak. The view, I might add, is not too clear. From the many federal studies that have been performed on Indian Health Service and the testimonies that both Indians and non-Indians have provided to the Senate Select Committee on Indian Affairs, we find very little change coming about. Many times I am told that change takes time. However, Indians have been waiting for a change for over 200 years, and I believe that we are the most patient of all peoples. There aren't many in this world today who would be as patient as our First Americans have been.

Treaties and agreements have been entered into between the United States government and our tribes. We look at the history and we find that our tribes have lived up to their commitments. They left their lands and relocated or they had their lands taken away and they were pushed into a smaller area. They gave up resources and provided their young men to defend the United States in the many wars with other nations. Yes, we have lived up to our bargain. Can the Congress of the United States say they have?

Let's look at some of the things they could do just in the field of our health care alone. They could, first of all, study the final report of the American Indian Policy Review Commission and start comparing those report recommendations of 1976 and 1977 with the current resolutions of 1981 from tribes and national Indian organizations. They will find that in that five year period of time, we have little change to speak of.

What little change we have seen has come in a slow, piecemeal approach to addressing our health needs. This can be seen in the appropriations process, where increases are eaten up by mandatory costs such as step increases for federal employees and inflation. The result is less money for services at the local level. Consequently, we have Indians still waiting patiently, once again. This approach to caring for health problems is like putting a Band-Aid on a 12-inch gash in the stomach!

Much remains to be done toward improving the health care of our people. At our recent national health conference in San Diego, we received over 100 "new" resolutions to go with our over 100 "old" ones. These resolutions cover the gainst in Indian health, and are voices from the prairies, the cities, the mountains and the lakes calling for something to be done. They are crying to be heard and we have the job to pick up those cries and sound them out once again.

That job will be done. We will sound out these cries to those in power, and we will once again inform them about our needs. Once again we will inform those thousands of employees in the Indian Health Service about their responsibilities to deliver nothing less than the highest quality of health care in the most dedicated and efficient manner possible.

Shortly, all of these resolutions will be bombarding the many administrative offices around the country. If any of you wish to also receive these resolutions let us know and we will send them to you.

See you again next month.

j.w.

Schweiker . . . .

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Under the Administration's block grant proposal, more than 40 categorical health and social services would be consolidated into different block grants to the states. The Administration's plan currently has no provisions for funding to tribes or Indian organizations, who last year received approximately $15 million for services that would be placed into the block grants.

Although Administration officials have expressed their desire to initiate the block grant program by October 1, 1981, the proposal has met some resistance in Congress and it is uncertain at this point whether the Administration's start-up date will be met.

NATIONAL INDIAN HEALTH BOARD
1602 South Parker Road, Suite 200
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Continuing...

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they do not monitor radioactivity because that is the bailiwick of the Nuclear Regulatory Commission. Some of the laws which the EPA operates under fail to provide specific remedies for environmental problems facing Indian tribal governments," the AIO paper states.

The paper also reports that hazardous radioactive materials are being transported by rail and by highway through reservations, but there are no monitoring and reporting systems which would alert the Indian community to possible changes in the health patterns of individuals residing on or near the communities.

Kayenta Cancer Project

The noticeable increase and awareness of cancer among Indian communities has prompted the Navajo Tribe to develop a wide-ranging cancer treatment program, according to conference speaker Kelly Rogers. Rogers, who is the Director of the Kayenta Cancer Screening Project (KCCP) in Kayenta, Ariz., informed the conferees that the project has performed over 1,200 examinations for the incidence of cancer.

The KCCP was started three years ago as an outreach screening and education program serving an area of approximately 5,000 square miles. The area is part of the IHS Kayenta Service Unit and includes a four-wheel drive mobil unit which conducts examinations and coordinates health education concerning cancer.

Rogers says they have found that Navajo women have a high incidence of cervical cancer, and the aim of the outreach effort is to persuade all women over 40 to be examined, not just once, but twice a year. All examinations are conducted in Navajo by a women's health specialist, a nursing assistant and a health education specialist.

The project, funded by the National Cancer Institute, also sponsors an annual retreat at a chapter house where physicians, medicine men and women meet to discuss concepts of medicine. Physicians in IHS have participated in ceremonies with medicine men. "Both groups are very interested in learning from one another," said Rogers.

The second day of the conference included presentations on hazardous wastes, radioactive material, regulatory issues and the stress of economic changes on Navajo family psychology.

Regulatory issues were well discussed by Dr. Theodore Wolff, Director of the Radiation Protection Bureau, Environmental Improvement Division for the State of New Mexico. Dr. Wolff said the agency was developed in response to a growing concern for health hazards from radiation emissions and exposure to low level radiation.

"The State of New Mexico, says Wolff, reviews applications for the use of radioactive material, issues radioactive licenses for uranium mills and conducts surveillance and field operations of radiological impacts of uranium mining. Future work of the agency will include an assessment of radiologic emissions for the use of geothermal energy and coal-fired plants.

In discussing the threats to health from radiation exposure, Wolff noted that experts are not in complete agreement as to the precise nature and extent of the risks from exposure to low-level radiation. However, "they do believe that some degree of risk is present when people are exposed to even very small amounts of radiation. Cancer, birth defects, cataracts, and shortening of one's life span, are some of the adverse effects of overexposure to radiation," he said.

Wolff also pointed to the potential benefits of radiation, including improved medical diagnosis through X-ray or injection of radioactive isotopes, and the use of radioactive material for the treatment of certain illnesses. An example given was the accepted treatment of radioactive iodine for overactive thyroids (hyperthyroidism). Radiation is also used in the treatment of cancer, Wolff said.

The need for more information and better public understanding of environmental health issues was addressed by Cherokee nurse Nancy Elizabeth Smith from Boston, Mass. Smith urged the Indian nurses to get involved in more health care prevention and education activities related to the dangers of increased environmental hazards.

"The concept of man's health interaction with his environment is fundamental to nursing-theory. Nursing as a philosophy of life is an expression of caring and must be concerned with threats to immediate and long-term environmental health. In the past professional nurses have demonstrated interest and active involvement in preventative care to society, but now the profession is faced with a challenge of nursing a 'nuclear world'," she said.

Nurses Environmental Health Watch

Smith also informed conferees of a newly organized group in Boston called the Nurses Environmental Health Watch which concentrates on preventative interest and political activism called for in relation to links between health problems and the environment, said Smith.

In addition to the conference presentations, a field trip was planned for conference attendees. The trip included a tour of the solar-heated Santa Fe Indian Hospital, a tour of the San Idefonso Pueblo, and a trip to the Los Alamos National Scientific Laboratory, the site of the Manhattan Project where the United States developed the first atomic bomb in World War II.

At Los Alamos, the Indian nurses received a special tour which included on-the-site observance of the Bio-Medical Facility. The facility is one of the top research stations in the world where the peaceful use of atomic energy for medical care is being studied.

According to Nancy Smith, RN, the bio-medical facility was designed to permit the use of negative pions for radiation therapy. It comprises a high-flux negative-pion beam channel directed vertically downward into a treatment room, where cancer patients from all over the United States come to receive the pion radiation therapy. An eight-week cycle of treatment and therapy is included in the program, said Smith.

In concluding the conference presentations, Elizabeth Smith left the Indian nurses with a parting thought: "With a wide range of environmental hazards such as nuclear weaponry, chemical waste dumping, uranium development and occupation hazards at hospitals and other work sites, there are more than enough reasons for nurses to get involved in addressing these problems."
NIHB BOARD MEMBERS and alternates review recommendations from the Fourth National Indian/Alaska Native Health Conference at the conclusion of the 4-day gathering in San Diego, Calif. The conference was sponsored by NIHB, with the California Rural Indian Health Board serving as the host organization. More than 1,000 representatives from American Indian and Alaska Native communities across the country attended the conference.

SAN DIEGO, CALIF.—As American Indian and Alaska Native communities work toward improving the health care of their people in the coming years they will be confronted with new challenges resulting from continued economic pressures, the changing nature of Indian health problems, and the need for expanded community-based health programs.

In an effort to prepare for these challenges, representatives from Indian and Alaska Native communities convened here for the Fourth National Indian/Alaska Native Health Conference April 7-10. The conference provided delegates a forum to address such issues as the impact of the Reagan Administration's budget proposals on Indian health programs (see related story page 1); the role of tribal governments in the delivery of health care services; the use of traditional Indian medicine and holistic health practices in modern medical settings; and a number of other health-related topics.

Speaking before the opening general assembly, Indian Health Service (IHS) Director Dr. Emery Johnson told conference delegates that cutbacks in federal spending over the next few years will create "severe competition for limited tax dollars." However, he added, Indian health programs will have a competitive edge because of "program effectiveness, sound management, and a creative partnership between the tribes and the Indian Health Service" that has been demonstrated over the past decade.

Johnson said that the decade of the seventies was marked by significant accomplishments in Indian health care, as reflected in the decrease of such diseases as tuberculosis, glaucoma and chronic middle ear disease; reduction in infant and maternal mortality rates; increased outpatient visits; improved sanitation facilities for thousands of Indian homes; and a dramatic increase in immunizations among Indian children.

Much of this improvement is attributable to increased tribal participation in the health care system, especially in health planning and the Community Health Representative (CHR) program, Johnson said. He noted that almost 90 percent of all Indian tribes are presently involved in some aspect of delivering health care to their people, compared to only a few tribes in 1970.

But despite the progress made over the last decade, the level of health care among Indian people is still far below that of the general population, Johnson said, and there remains a number of Indian communities that are medically underserved, lack adequate health facilities, and do not have basic water and sanitation facilities.

Johnson also stated that the health problems of the eighties — such as alcoholism, accidents, diabetes, cancer, hypertension, and providing a positive lifestyle for the elderly — will require new, innovative methods of treatment. "We don't have a vaccination for the problem of alcoholism; we don't have an operation that we can do to prevent accidents; we don't have a cure for diabetes. But these are the kinds of health problems we are going to see."

Solutions for these kinds of problems are going to depend on new approaches and basic changes within individuals and communities, Johnson said. "Without this kind of action, we are going to be bailing out the ocean with a teacup on many of these serious diseases."
The decade of the eighties will also present tribes with expanded new opportunities to participate in the health care delivery system, Johnson said. "It is going to be absolutely essential during this decade that each and every tribe has an opportunity to decide for itself if, when, and to what extent it wants to get involved in its own health service delivery."

**Self-Determination and Health Care**

To facilitate this involvement, Johnson said that IHS has been working to simplify its contracting process under P.L. 93-638 (the Indian Self-Determination and Education Assistance Act). This contracting process, as well as other aspects of P.L. 93-638, was the focus of attention by a panel of top legal experts during the second day of the conference.

Ada Deer, legislative liaison for the Native American Rights Fund and the panel's moderator, told the audience that "the policy of Indian Self-Determination has ramifications far beyond the contracting of IHS programs. It commits the federal government to giving Indian people a much greater role in setting the policies, goals, and approaches that will affect our lives."

Deer also urged conference participants to utilize the concept of "Self-Determination" in their personal lives. "If we can improve our own individual health practices by conquering alcoholism, eliminating smoking, losing weight, and driving more carefully, we will have put Self-Determination to work in a very personal and beneficial way for Indian health."

The panel's next speaker, Jo Jo Hunt, Staff Counsel for the Senate Select Committee on Indian Affairs, discussed the relationship of P.L. 93-638 and P.L. 94-437, the Indian Health Care Improvement Act.

Hunt said that a Senate committee report on the Indian Health Care Improvement Act reaffirmed the federal policy "that Indian people must decide their own future and be provided with the educational and economic tools to implement the decisions they reach."

The two laws work together to provide tribes with the contracting mechanism and the resources to take over many of the administrative services now performed by IHS, Hunt said. Although there have been problems with this process, Hunt said that many Indian people have gained valuable training and experience through tribal contracting.

Howard Dickstein, General Counsel for the California Rural Indian Health Board, told conferees that Indian health programs must avoid becoming too dependent on contracting with the federal government, since those contracts can be terminated. As an example, he pointed to federal funding for urban Indian health projects, which the Reagan Administration has proposed phasing out over the next two years.

"I think that we need to be careful with every proposal; and every move that can be interpreted in more than one way. We don't want to see 'Self-Determination' become 'Self-Termination','" he said.

Dickstein recommended that tribes be assertive in their contract negotiations with IHS, and that they "work toward aggressive, remedy-oriented solutions to their problems."

As for the contracting process, Dickstein said there is a need for an improved mechanism to allow tribes to appeal IHS administrative decisions, and he recommended that IHS-tribal arbitration boards be considered as an alternative to the present appeals process.

Dickstein also cited difficulties dealing with IHS contracting officers, who he said are often inflexible during contract negotiations and are generally unfamiliar with the health care needs of Indian people.

Tribal problems in negotiating with IHS contracting officers were also addressed by Daniel Press, General Counsel for the National Indian Health Board (NIHB).

Press said that both the legislation and regulations were written to limit the discretion and authority of contracting officers. "But despite the efforts of some of the best legal minds in the country, IHS contracting officers managed to work around those regulations to dominate, restrict, and control the Self-Determination process," he said.

IHS, through its Indian Resource Liaison Staff (IRLS), has been working to implement new policies that will

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**Conference Focuses on Care for the Eighties**

Howard Dickstein (left), General Counsel for the California Rural Indian Health Board, and Sidney Edelman (right), Special Assistant in the PHS Office of General Counsel, discuss a point of law following the conference panel presentation on "Issues and Answers to P.L. 93-638 (the Indian Self-Determination and Education Assistance Act)."
eliminate the discretion of contracting officers and make the 638 contracting process work the way it was intended, Press said.

He explained that IRLS is taking a three-fold approach to changing the P.L. 93-638 contracting process by issuing a broad policy on Indian Self-Determination; developing a thorough set of procedures for implementing that policy; and initiating a monitoring system to insure that the new process works.

Panelist Sid Edelman, a government attorney who serves as IRLS' legal resources specialist, told the conference participants that the IRLS was established to develop policy guidance on Indian health legislation. As its first priority, IRLS undertook the effort to clarify and simplify the 638 contracting process, he said.

One of IRLS' major initiatives in this effort has been to establish a communications system with tribes through the issuance of "Indian Self-Determination memoranda," Edelman said.

The first of these issuances, (Indian Self-Determination Memorandum No. 81-1), set forth the IHS policy on 638 contracting, stating that tribes have the right to contract for IHS programs and that right must be recognized at all stages of the contracting process. The second directive (Indian Self-Determination Memorandum 81-2) establishes an education program for IHS personnel "to make them understand what their relationship is to the 638 contracting process — not as gatekeepers, but as participants helping the Indian people achieve the objective of taking over their programs," Edelman said.

He added that future policy directives will be issued under the format as the IHS continues to work on different aspects of the contracting process, and he urged tribal representatives to contact their area offices for copies.

On a final note, Edelman stated that the IRLS was not set up to duplicate the work of the area offices in tribal contracting. However, if tribes experience major problems or misunderstandings with the area office, the IRLS would act in the role of an ombudsman to help resolve those differences, Edelman said.

**Traditional Medicine and Holistic Health**

On the third day of the conference, attention shifted from administrative and legislative issues to a panel discussion on the role of traditional Indian medicine and holistic health care practices in today's health care delivery system. According to panel moderator Howard Bad Hand, NIHB Program Analyst, the panelists were chosen on the basis of their knowledge and experience in the areas of traditional healing, holistic health, and contemporary medicine.

In the first presentation, Dr. Allen Ross, Dakota, discussed psychologist Carl Jung's description of the conscious and unconscious parts of the human mind. According to Jung, the conscious part of the mind encompasses logic, analysis, science, and planning while the unconscious is represented by creativity, spirituality, intuition, and imagination. Jung believed that man must achieve a healthy balance between these forces, Ross said.

According to Dr. Loomis, "holistic medicine is medicine of the whole man." After practicing holistic health for over 40 years, Dr. Loomis said he found that modern medicine's tools such as chemotherapy, antibiotics, immunizations and surgery are important in the treatment of physical illnesses, but that there also needs to be similar emphasis placed on caring for the mind and spirit of the patient.

"Although Western medicine in the last fifty years has focused mostly on the body and has done an excellent job with its technology, somewhere the whole person was lost," said Loomis. This is highly dramatized in the treatment of patients with degenerative diseases such as cancer and diabetes, he said.

Loomis said that homeopathic medicine (an administration of remedies in minute levels that in massive doses produces effects similar to those of the disease being treated), proper nutrition, yoga, fasting and meditation are all holistic health practices that provide mental, emotional and physical treatment to the patient.

The last four speakers on the panel provided insights into the past, present and future attempts to integrate traditional Indian medicine practices into modern health care delivery system.

Panel speaker Joe Carrillo (Tule River), Director of the Tule River Wilderness School in Northern California, said his school works with traditional Indian practitioners to teach young people traditional ceremonies and survival.
PARAMEDICS FROM THE CITY of San Diego's MEDIVAC team simulate a radio-to-physician emergency medical situation during a conference workshop on tribal emergency medical services. This procedure allows emergency medical technicians to stay in constant touch with a physician in a hospital. The intent of the simulation was to demonstrate how the EMT could be an "extended arm" of the physician during an emergency.

Health Problems, Funding Needs Addressed at Conference Workshops

SAN DIEGO, CALIF.—In addition to the major general assembly presentations, participants of the Fourth National Indian/Alaska Native Health Conference had the opportunity to focus on a number of important health-related issues at 17 smaller workshop sessions.

The workshops, which were facilitated by some of the most knowledgeable people in the field of Indian health care, basically were divided into two subject areas: health administration and direct health care services.

In the area of health administration, the Title V, P.L. 94-437 Issues Workshop examined problems related to cutbacks in federal funding. Facilitated by Pam Iron, Director of the American Indian Health Care Association and Don Donaldson, Indian Health Service (IHS) Community Development Specialist, the workshop addressed the proposed phase out of federal funding for urban Indian programs over the next two years.

An appeal was made by conferee Bill Memberto, Executive Director for the Michigan Urban Indian Health Program in Detroit, for "unity of tribal and urban health programs." If funds are eliminated from Title V programs, said Memberto, the next step would be to take away funds from tribal health programs.

Title V workshop panelists also discussed problems related to pregnancy and maternal health, child abuse and the fetal alcohol syndrome among Indian women.

Proposed budget cuts were also addressed at the Mental Health Issues Workshop, with the major focus on the possible impacts of the $1.8 million reduction in IHS mental health program funding. According to panelist Barbara Karshmer, an attorney specializing in Indian health issues, only 60 tribes and 10 urban Indian programs receive direct mental health services.

Karshmer also stated that the Mental Health Systems Act (P.L. 96-398) was expected to be a direct source of funding for tribal mental health services, but that since funding is now uncertain and with the possibility of the program going to block grants, states may refuse to recognize tribal status and may not serve Indians.

The threat of federal money cutoffs was also discussed during the Indian Health Manpower Workshop, which was facilitated by Bill Wilson, Executive Director of the Association of American Indian Physicians.

According to Wilson, budget cuts being considered by the Administration and Congress would have a devastating effect on Indian health scholarship programs and would lead to reductions in the number of future American Indian health professionals. These cuts would eliminate IHS recruitment grants by the end of 1981 and phase out the IHS scholarship program within two years, Wilson said.

New alternatives in the area of Indian health administration were discussed during the Approaches to Alternative Funding Sources workshop, facilitated by Jennifer Leonard of The Grantsmanship Center, Los Angeles, Calif.

The purpose of the workshop was to examine different funding alternatives for organizations whose primary resource is IHS. The session included discussions on: Broadening Your Organization's Funding Base; Obtaining Grants From New Sources; Developing a Funding Strategy for the Future; and an open question and answer session.

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THE CONFERENCE WORKSHOP on Mental Health issues included discussions on such topics as the Mental Health Systems Act, examples of tribal and urban Indian mental health programs, and a review of an Indian practitioner training program.

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"Grants are not forever nor for everything," said Leonard. "Alternatives to grants include non-grant fund-raising, non-dollar gifts from business and industry, profit-making programs within your own organization, fees for service, management improvements and volunteer programs which will maximize use of existing funds."

In the area of direct health care services, varied and innovative workshops presented attendees with an in-depth look into such areas as Emergency Medical Services, Alcohol and Drug Abuse, Indian Youth, Chronic Diseases and Community Health Representative programs.

At the Emergency Medical Services Workshop, facilitator John Emelio, Director of the IHS Emergency Medical Services (EMS) Program, said that Indian EMS programs strive to respond quickly and effectively to emergency situations, provide relief from suffering, and assist the ill and injured. Great accomplishments have been made in responding to emergencies on reservations through a system of first responders, transport, and emergency care facilities, said Emelio.

The workshop presented a review of program progress and a discussion of future directions for Indian emergency services. One particular direction — the increasing use of radio communication — was demonstrated during a simulated emergency with a crew of paramedics from the City of San Diego's MEDIVAC team.

The paramedics engaged in a two-way radio conversation with a physician to provide necessary treatment to the "victim" during the simulated emergency. The intent of the exercise was to show tribal EMT's how a paramedic (or EMT) could become an "extended arm" of the physician, said Emelio. "The tribes are not utilizing this service as much as we would like," he said. "We feel the more medical expertise available to the EMT's, the better the direct emergency medical care service."

The issues of EMS training, communications, research and evaluation were also covered during the workshop, and attendees responded with suggestions to guide the future direction of the EMS program.

The critical concern for quality direct health care was also addressed at the Alcohol and Drug Abuse workshop. Facilitator Bob Moore, President of the National Indian Board on Alcohol and Drug Abuse (NIBADA), told the workshop audience that alcoholism touched the lives of all Native Americans. He said that not enough coping skills were being incorporated into tribal alcoholism programs and that there is very little being done in the area of "primary prevention."

Examples of successful treatment in the area of primary prevention were discussed by Eric Shirt of Alberta, Canada. Shirt said that the number one disease of the 35,000 treaty Indians in Alberta was alcoholism. According to Shirt, the Canadian government has responded to this serious situation by allocating $50 million for new alcoholism treatment centers. "These centers," said Shirt, "will be built to provide a quality therapeutic environment for primary prevention treatment."

The need for more information pertaining to Indian alcoholism programs, research statistics, and funding alternatives was also addressed by the workshop panelists.

Direct health services and up-to-date information on programs for Indian youth were the objective of the Indian Youth Workshop facilitated by NIH Health Planner Sandi Golden.

According to Golden, adults have for too long allowed Indian youth to become victims of the "insecurity syndrome." All too often children are born to alcoholic parents and many times taken by other families. More and more Indian parents are abandoning their culture and traditions, leaving children socially isolated and unsure about themselves, Golden said.

The workshop also provided a panel of health professionals from varied backgrounds to discuss services to Indian youth, the barriers in providing those services, barriers/problems Indian youth encounter in acquiring services and recommendations to meet the needs in the provision of better health services.

A final note of the workshop revealed alarming statistics concerning Indian youth of today. Information prepared by Patricia Mail, Chief of the Health Education Branch of the Portland area IHS, indicated that while the physical health of Indian youth is, in general, excellent, there appears to be an enormous need in the area of mental health.

At the Chronic Diseases Workshop, presentations were delivered on such topics as: Hypertension Management in American Indian Communities; National Diabetes Programs of Relevance to American Indian People; Approaches to Diabetic Care Relevant to the American Indian Cancer Detection, Care, Follow-up and Utilization of Other Resources; and Steps in Developing and Establishing a Diabetic Program.

A rising concern among Indian leaders and communities on the health effects of energy, mineral, and economic development was discussed during the Environmental Health Impacts of Development Workshop, which was co-facilitated by Maggie Gover, Program Director for the Americas for Indian Opportunity (AIO) and Robert Siek, Director of the Office of Environmental Analysis, Council of Energy Resource Tribes (CERT). Both facilitators took issue with the responsibilities of federal

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SAN DIEGO, CALIF.—Over 40 individuals were cited for their dedication, hard work, and significant contributions toward improving the health care of Indian people at the first National Indian Health Board (NIHB) awards presentation here April 9 at the Fourth National Indian/Alaska Native Health Conference.

During an evening Pow-Wow and awards ceremony honorees received either a specially-designed NIHB plaque; an inscribed bronze NIHB Medallion; or an NIHB Certificate of Appreciation. The awards were presented to those special people who over the years have contributed significantly to:

— furthering the health care benefits and services to American Indians and Alaska Natives as provided under the treaty rights and/or laws of the United States.
— giving the public a better understanding of matters and problems of health affecting American Indians and Alaska Natives.
— seeking an equitable adjustment of public health services among participating Indian tribes and Alaska Native villages.
— promoting the health and common welfare of American Indians and Alaska Natives.

In presenting the awards, Jake Whitecrow, NIHB Executive Director, stated that, “Recognizing our people for what they have done in bringing about a better health care system is something we should have been doing all along. Too many times we fail to recognize our brothers and sisters for their efforts and we never seem to thank them. This is how we can let them know we appreciate their efforts.”

Included in the first awards of the evening were five outstanding individuals who for many years have shown a strong commitment in the field of Indian health care. Specially-designed NIHB plaques with an inscribed bronze medallion went to the following people: Nathan Little Soldier (Arikara), awarded posthumously; Perry Sundust (Pima-Maricopa) of Arizona; Howard Tommie (Seminole) of Florida; Ethel Lund and Della Keats, both of Alaska.

Two out of the five awardees, Tommie and Sundust, served as past NIHB Chairmen and contributed significantly to the development of the organization. Little Soldier was one of the original NIHB Charter members, and Lund and Keats were cited for their contributions to improving the health care of Alaska Natives.

NIHB Honors Major Contributors
In Indian Health Field

— enhancing and promoting the education and understanding of members of American Indian tribes and Alaska Native villages in health and welfare matters.
— seeking an equitable adjustment of public health services among participating Indian tribes and Alaska Native villages.
— promoting the health and common welfare of American Indians and Alaska Natives.

Keats was acknowledged for her work as a traditional healer, having worked for nearly sixty years treating the people in the Mauneluk area in Alaska. She describes her weapons as her “hands, heart and head.” Also cited by the NIHB for the NIHB Plaque was Lund, who has worked since the inception of the Alaska Native Health Board (ANHB) to improve the delivery system of health care for all Alaska Natives and American Indians, and who played an instrumental role in securing ANHB’s Memorandum of Agreement with the Alaska Native Health Service.

Amber-colored NIHB Medallion awards went to eight individuals who also have displayed years of commitment and hard work in the Indian health care field. The awards went to: Eleanore Jean Darcy (posthumously); Donald LaPointe; Dr. Taylor McKenzie; Dr. Emery Johnson; Leah Exendine; Jay Harwood; Dr. Annie Wauneka; and Luana Reyes.

Other individuals deserving recognition were given NIHB Certificates of Appreciation. Some of the individuals receiving the certificates were nominated by their constituents and colleagues for the following reasons: “quiet, unassuming, omnipresent push to correct problems; for perpetual, untiring delivery of quality, compassionate health care; and for gentle, calm administration of sometimes impossible programs and for caring for many Indian children.”

Certificate of Appreciation awards were presented to: Congressman Sidney Yates, James Toya, Effie Dressler, Charles Deegan, Dr. Brian Priest, Thomas Quillon, Donna Snodgrass, Christopher Mills, Carol Kellogg, Dr. Clayton McCracken, Donald LaPointe, Perry Sundust, Lilly McGarvey, George Platero, Frank O. Williams, Jr., Ada White, Howard Tommie, Lorna Patricio, Ralph Antoine, Irene Wallace, Charmame Segundo, Juan Cipriano, Nathan Little Soldier, Joe Pedro, Herb Caley, Art Thomas, Helene Welch, Linda Lejero, Pat Left Hand, Ken West, Daniel Foote, Dennis Tiepelman, Joe Long and James Cox.
AIO Seminar Examines Health, Environmental Impacts of Economic Development on Indian Lands

by Howard Bad Hand, Program Analyst

ALBUQUERQUE, N.M.—Energy and resource shortages, both in this country and abroad, are pressuring Indian tribes to develop their energy and mineral resources. Tribes are also looking to develop their resources as a means of improving life on the reservation. In recognition of this trend, many tribes and Indian organizations have expressed their concern about the potential impacts of development, not only on Indian lands, but on the overall health of Indian people.

In an effort to address these issues, the Americans for Indian Opportunity (AIO) organization has conducted a series of seminars to provide information about the possible environmental and health consequences of development on or near Indian lands. The last of six scheduled AIO seminars, entitled "Messing with Mother Nature Can Be Hazardous to Your Health," was held here May 11-13.

AIO has been researching environmental and health impacts of development on Indian lands as well as the regulatory responsibilities of federal agencies charged with environmental and health protection. This research addresses the impacts on Indians from mining, oil and gas production, timber and agricultural production, electricity and its related problems, housing, water resources, and industrial development.

The seminar was based upon the sharing and learning of others' experiences in development, and the identification of federal agencies providing specific services in different environmental and development related fields. The idea of sharing was directed not only toward the tribal representatives, but also toward the federal agency representatives in the belief that the government representatives would benefit from this firsthand sharing of problems encountered by tribes.

The major highlight of the seminar was a unique working session in which participants acted out the role of tribal decision-makers dealing with hypothetical problems related to economic development on reservations.

The participants were divided into four groups, with each group identified as an Indian tribe. The participants were given specific positions within the tribe. Each "tribe" was to decide on whether or not to develop its resources after a set of problems and issues were identified. These groups then analyzed the issues and made a recommendation to the tribal council for a decision.

Interestingly, two of the groups recommended that the status quo of non-development be maintained until a long-term comprehensive plan had been prepared to identify appropriate legal and social issues as well as the human and natural resources of the tribes so that development could be undertaken with a minimum of adverse effects.

In addition to this role-playing session, the seminar featured speakers from federal, tribal and private agencies who addressed major environmental issues of exploration, development, production, abandonment, and abnormal operations in development, and how these impacted land, wildlife, air quality, and water quality. Also addressed were the impacts of solid and hazardous wastes.

The seminar also heard from luncheon speakers who keyed in on special topics of importance to the participants. Mr. Thomas Vigil, Associate Commissioner of the Administration for Native Americans (ANA), told the gathering at the first day's luncheon that his agency was focusing on the need for tribes to develop their capability and accountability through Indian Self-Determination and other means. He stated that tribes' choices and their own discretion of what they chose were important to ANA and that models needed development for tribal use.

On the second day, Alan Parker, Director of Indian Programs, Department of Energy, and former staff member of the Senate Select Committee on Indian Affairs, addressed the Reagan budget and how proposed cuts would impact not only the Department of Energy but Indian programs as a whole. His message was that Indian programs must prepare for lean times.

On the third day, Mr. Leigh Price, Indian Coordinator for the Environmental Protection Agency, lauded Indian tribes for their concerns over their environment and air quality. He pleaded with tribes to continue to educate Washington agencies so that federal representatives become more concerned with environmental health and people rather than focusing only on the legal and regulatory aspects of their jobs. He told the tribes that as governments they were showing more humanitarian concerns than other governments in environmental concerns.

Overall, the AIO seminar was capably and intelligently conducted, and a great deal of useful information was provided to the participants. The seminar points to the need for continued efforts by tribes and Indian organizations in the field of environmental health.

Along these lines, the National Indian Health Board (NIHB) has gone on record supporting efforts in the area of environmental health. The Board has sponsored workshops at its national health conferences to examine potential health hazards of energy and mineral development on or near Indian reservations. NIHB has also supported positions recommending further study on the health effects of low level radiation and nuclear resource development, and has cited the need for an "overall expansion of review and support activities concerning energy development and health impacts on Indian people."

Although the Albuquerque AIO seminar was the last of six scheduled, the organization is planning to conduct a national conference on environmental health issues sometime in the Fall. AIO will announce details on the conference at a later date.

For additional information about the conference, contact: Maggie Gover, Director; Americans for Indian Opportunity; 600 Second St., N.W., Suite 808; Albuquerque, N.M. 87102. Phone: (505) 842-0962.
skills. These traditional practices have survived a history of harsh treatment to California Indians, Carrillo said.

He told the audience that events such as early Spanish efforts to convert California's Indian population to Christianity and the California gold rush had a devastating impact on the Indian way of life. "Tribes were split up into bands and sub-bands. They found it hard to practice their religion and traditional medicine, until it all but disappeared," Carrillo said.

Six years ago the Tule River people initiated efforts to strengthen the teaching of their traditional culture, using the wilderness school and elders to teach traditional ceremonies, dancing, and singing, said Carrillo. "Within six years, we have the children learning to dance and sing. We have sacred ceremonies on the reservation. The community is now spiritually strong and the young are learning the traditional ways."

The next speaker, Stanley Red Bird, Chairman of the Rosebud Medicine Men and Associates, said that medicine men have long been successful in treating certain illnesses, and that they can provide beneficial services in today's health care system. "We want to make the white people understand that we can work with them, and we have some wonderful medicines for some sicknesses."

But, Red Bird said, the Western medical community has been reluctant to accept traditional healing practices.

Edward Tso, Director of the Navajo Office of Native Healing Sciences, also addressed the need to incorporate traditional Indian medicine practices into the overall Indian health care delivery system.

To accomplish this, Tso said that traditional Indian medicine must first have the support of the community and the tribal government. "When we looked at our own reservation, we found we were losing our traditional culture. We assumed that every Navajo believed in traditional medicine, but we found that wasn't true."

Tso also said his office has worked to have traditional healing practices used in a number of health related projects on the reservation, including programs for the elderly, alcoholism treatment, the tribal ex-offenders project, and mental health care services.

The last panelist to speak was Edgar Monetathchi, Jr., Traditional Indian Medicine Specialist for IHS. Monetathchi said he would like to see the development of a working relationship between the Indian Health Service and traditional healing practitioners, and said he believes that the government can help as a facilitator in this process.

But a blending of traditional and Western medicine practices will not take place until Indian people are ready, Monetathchi said. "Traditional medicine and Western medicine will merge only when you want it. It is time now for that to happen because the medicine people are willing to speak. It is the beginning of a new age," he said.

On the final day of the conference, attendees heard brief presentations on national health risk media promotion; the 1980 Census count; and the interaction between the Indian Health Service and the Bureau of Indian Affairs.

Conferrees also heard from conference Resolutions Committee Chairman Donald LaPointe, who reported that 102 resolutions were submitted on more than 30 different subject areas including: facilities construction; Indian health education; the need for increased funding for P.L. 94-437 (the Indian Health Care Improvement Act); the need for improved mental health and alcoholism services; opposing nuclear waste storage on Indian reservations; opposing proposed Reagan Administration budget cuts; and the need for expanded Indian food and nutrition services.

LaPointe said the conference resolutions would be reviewed and consolidated by NIHB at the Board's next quarterly meeting in Oklahoma City, Okla., June 29-July 3.

All conference general assembly and workshop presentations were taped recorded and cassettes of the proceedings are available for purchase. For order forms or additional information, contact the NIHB central office.

### Health Problems

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agencies charged with environmental protection and individual health and safety of tribes and tribal lands.

The issues of concern, said Gover, include degradation of air and water quality from copper and uranium mining, mercury and fluoride poisoning by aluminum smelters on the St. Lawrence River, hazardous waste disposal, the declining quality of timber lands, lakes, and rivers due to encroaching development and the lack of control by tribes over off-reservation development.

Comments expressed by workshop participants included recommendations that IHS furnish more environmental health statistics and make them available to the tribes; that all federal agencies be responsible for assisting tribes in developing an environmental inventory; and that prevention, cleanup and transportation ordinances be developed to protect tribal reservations.

In addition to the concerns at these workshops, issues pertaining to Nutrition and Health Care, Health Maintenance Organization Act, Tribal Involvement in the IHS Budget Process, and the National Health Service Corps Bureau of Community Health Services were addressed at workshops during the health conference.

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**INDIAN ELDERLY WORKSHOP FACILITATOR Al Elgin (right), Executive Director of the National Indian Council on Aging (NICOA), and Larry Curley, NICOA Deputy Director, discuss the health status of the Indian community's elders. The workshop also focused on the upcoming 1981 White House Conference on Aging and the role of Indian communities within the overall national aging policy.**
A Health Challenge to You!

by Jake Whitecrow
NIHB Executive Director

Many of us are affected by some kind of health problem, either physically or mentally. We are troubled with diabetes, weight problems, high blood pressure, heart disease, cancer, lung ailments, mental and emotional problems, and an assortment of other health-related problems.

Physicians of the Western world, as well as those of the traditional and holistic world, have stated numerous times that we must get our minds and our bodies into a state of rest if we are to be healthy.

But all too often we eat too much, we drink too much, and we work too much without getting the proper exercise. We drive ourselves to the very limits without taking the time to slow down, look around us, and truly appreciate this world in which we live.

Many of you who are reading this are considered a "leader of people." You tell them to do as you say, not as you do! Your people look to you to be an example. That is the obligation you took upon yourself when you became a leader.

Now, I am issuing a challenge to each of you leaders. Let's start bearing up under that responsibility of leadership. Let's make self-determination work by improving our health and care — ourselves!

Let's get our bodies and minds healthy once again. I am urging each of you to see your physician and get a real good check-up. Start doing what he advises you to do. Don't just give it lip service.

I have seen my physician and he told me to lose weight. I suspect a lot of us could be told the same thing. Therefore, since I hate to suffer alone, I am challenging each of you to lose weight with me. (My will power is weak, so I need your support!)

I now weigh 241 pounds and stand 5'11" tall. My measurements are: Chest—50"; Neck—17½"; Waist—40"; Hips—38".

Now you know my secrets. I am going to change these statistics, and my goal is to reach 210 pounds in 31 weeks. Those of you wishing to join me, send in your names and we'll keep people informed of our progress. I urge each of you to take some kind of action to improve your health. Visit an Indian Health Service facility and get a complete physical examination. Let's get back into shape. Will you join me?

The National Indian Health Board is pleased to provide this newsletter to our readers throughout the country and welcomes the further distribution of the information contained therein. We do kindly request, however, that NIHB receive credit for articles reprinted from the NIHB Health Reporter.

Please submit all articles, correspondence and mailing requests to John P. O'Connor, National Indian Health Board; 1602 S. Parker Rd., Suite 200, Denver, Colo. 80231.

EDITOR: John P. O'Connor
EDITORIAL ASSISTANT: Judith Rosall
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