The Sixth National Indian/Alaska Native Health Conference
Reno, Nevada 1984
The artwork used for this program represents some of the fine American Indian artwork of the Reno Sparks Community, which is the host area for the Sixth National Indian/Alaska Native Health Conference.

Our front cover is the work of Ben Aleck of the Pyramid Lake Paiute tribe. The painting used for the back cover is the work of Shoshone artist Jack Malotte, who also prepared the artwork for the conference poster. The National Indian Health Board is pleased to be able to use these two paintings as part of the conference program, and expresses its gratitude to Mr. Aleck and Mr. Malotte for the use of their work.
The Sixth National Indian/Alaska Native Health Conference

"The Key to Prevention: YOU!"

June 4-7, 1984
MGM Grand Hotel
Reno, Nevada

Sponsored by the National Indian Health Board
in conjunction with
the American Indian Health Care Association
Annual Meeting
Kenneth B. Charlie  

Chairman  
National Indian Health Board

Dear Tribal Members, Fellow Alaska Natives, and Conferees:

On behalf of the National Indian Health Board I want to take this opportunity to welcome each one of you to this, the Sixth National Indian/Alaska Native Health Conference. The Board is happy to once again be able to sponsor a national conference on the major health issues that affect our people.

This conference has been built around the concepts of prevention and health promotion. To achieve a 'truly improved health status for our people, we must be prepared to assume a certain portion of the responsibility for our own health. We can do this by applying many of the principles of disease prevention and health promotion that will be covered in presentations at this conference. Not only can we use this information ourselves, we can work to encourage our people at home to join us in this endeavor. Just imagine the benefits that could be achieved by bringing about a stronger emphasis on prevention in our communities!

I also want to thank all the volunteers, presenters, tribes, and organizations that are providing their assistance to make this conference a success. A conference such as this one requires a tremendous amount of work and cooperation, and we are grateful for the effort everyone is making. I especially want to thank Dr. Everett Rhoades, IHS Director, for his enthusiasm and assistance in making this conference possible.

I urge each of you to participate to the fullest in these important deliberations over the next few days. I hope that by working together we will be able to achieve the goal that binds us all: improving the health care status of our Indian and Alaska Native people.

Sincerely,

Kenneth B. Charlie  
Chairman  
National Indian Health Board
Dear Conferees,

Welcome to "The Key to Prevention—YOU!" Our theme for this conference illustrates the growing importance for each of us taking more responsibility for our individual health in our daily lives. I have always heard that "An Ounce of Prevention is Worth a Pound of Cure," and I think that some of the presentations you will be hearing at this conference demonstrate how true that statement is.

In addition to the attention we will be giving to health promotion and disease prevention, the conference presentations will touch on some of the very important legislative and administrative issues related to the delivery of health care to our people. I believe this is one of the most crucial periods we have seen in Indian health for some time. Serious consideration must be given to such matters as the Indian Health Care Amendments, the IHS budget, resource allocation, the Community Health Representative program, eligibility, patient registration, P.L. 93-638 contracting, and other important issues.

The National Indian Health Board is ready to assist you in any way possible in addressing these concerns. NIHB and our affiliate Area Boards and Inter-Tribal Councils are committed to responding to your needs and insuring that Indian health consumers are involved in the system. We welcome your ideas and recommendations, and we will do our best to follow through on them.

You will note that we have scheduled several health promotion activities for the conference, including "Rhythmic Aerobics" each day and a Health Fun Run Wednesday morning. I would like to take this opportunity to extend to each of you a challenge to take part in the Health Run—it will be a great way to start off the day, and we will all benefit from the exercise.

Again, welcome to Reno, and I hope your experience at the conference is an educational one. May the Great Spirit always hold you in the palm of his hands.

Jake L. Whitecrow
Executive Director
National Indian Health Board
Everett R. Rhoades, M.D.  
Director  
Indian Health Service

The need to help people stay healthy rather than only treating those who are ill has always been an important part of Indian Health Service philosophy. Fortunately, many of the past accomplishments of the Indian Health Service now permit even greater emphasis on preventing illness and the changes are becoming ever more noticeable. The Phoenix Area has this year begun a major area-wide effort to promote wellness. Reports from the other areas suggest that results are beginning to be reflected in individuals who appear more healthy, especially from the standpoint of weight control. I have convened a task force to make recommendations about the development of ambulatory care so that Indian Health Service may effectively continue its efforts to build a program of ambulatory care supported by a hospital component.

The program for this year’s National Indian Health Board Conference emphasizes this theme. The discussions and activities taking place at this conference not only provide a mechanism for enlarging our common efforts, but mark the continuing collaboration between our respective organizations. I believe we can achieve more in both categories in the future so that we can improve the health status of American Indians and Alaska Natives. I believe we will soon begin to see decreases in mortality rates for such things as alcoholism, diabetes, and trauma.

I am sorry that previous commitments prevent my attendance. However, I hope that each of you will “join me for a 6:30 a.m. two-mile jog.”

Good health,

Sincerely yours,

[Signature]

Everett R. Rhodes, M.D.  
Assistant Surgeon General  
Director, Indian Health Service
Keynote Speaker
Zig Ziglar

A nationally-reknowned motivational speaker and author, Zig Ziglar is one of the most powerful proponents of positive thinking in America. His views on higher self-image, confidence, motivation, goals and success have reached hundreds of thousands across the country.

The key to Mr. Ziglar’s message of positive mental attitude and improved self image is that people must control how they perceive themselves and the world around them. If people continually take in negative thoughts and perceptions, the results will be negative. If they are positive in their views they are much more likely to be able to overcome obstacles and lead a happy and successful life. Mr. Ziglar delivers his message in an entertaining, simplified manner that makes people feel better about themselves. As one listener noted following one of his presentations, “He has a way of making you feel that you have a certain inherent greatness.”

Mr. Ziglar deals with three aspects of human existence: the physical, the mental, and the spiritual, and he stresses the need for maintaining a healthy balance among these elements. He has also devoted much of his work to helping people prevent problems related to smoking, drinking, drug abuse and other destructive behavior. He is committed to education and promoting positive attitudes among children and young people, and his “I CAN” program, based on his books, is used in schools throughout the country.

Among the many beneficiaries of Mr. Ziglar’s motivational seminars are several members of the Lac Courte Oreilles Tribe of Hayward, Wisconsin. His enthusiastic training courses in motivation and business have aided employees and administrators of the Lac Courte Oreilles Tribe in their daily operation. The National Indian Health Board wishes to acknowledge the efforts of the Lac Courte Oreilles Tribe, and particularly Tribal Chairman Gordon Thayer and Tribal Health Board Chairperson Marilyn Benton, for the assistance provided in arranging for Mr. Ziglar to address the Sixth National Indian/Alaska Native Health Conference.
Foreword

In recent years tribal and federal health officials have increasingly stressed the importance of preventive medicine and health promotion as the best way to improve the health care status of American Indians and Alaska Natives. Many of the leading health problems that afflict Indian communities today—accidents, alcoholism, diabetes, hypertension, obesity, poor nutrition—can be best addressed through preventive health measures and other actions that individuals can take themselves.

In recognition of this important trend, the National Indian Health Board has selected the theme "The Key to Prevention—YOU!" for the Sixth National Indian/Alaska Native Health Conference in Reno, Nevada June 4-7, 1984. Special attention will be given throughout the conference to preventive health and health promotion, with particular emphasis on tribally-administered programs that have developed innovative approaches in the area of prevention.

To further stress our theme, the conference will feature several activities designed to promote wellness and individual responsibility for improved health. The Opening General Assembly on Monday afternoon, June 4, will center around presentations on motivation, self-esteem, and improved self-confidence and mental health. The highly-regarded motivational speaker, Zig Ziglar, whose inspirational presentations have changed the lives of tens of thousands, will address the General Assembly with his views on "You Are the Key: Promoting Motivation and Improved Self-Esteem." Mr. Ziglar's presentation will be followed by a panel of distinguished Indian men and women: Dr. Annie Wuaneka of the Navajo Nation; Colorado State Legislator Ben Nighthorse Campbell; educator and lobbyist Ada Deer; child counselor and educator Sarah Hutchinson; and counselor and tribal spiritualist Edward Benton Banai. We believe these presentations will provide conferees with an exciting and informative opening for the conference, and that they will create an encouraging and positive atmosphere for the remainder of the meeting.

In order to cover as many subject areas as possible and provide conference participants with the best opportunity for in-depth discussion and exchange of ideas, the following two days have been structured around smaller workshop sessions. Among the prevention-oriented workshops to be conducted June 5-6 are community injury control, alcohol and drug abuse, cancer detection, weight control, wellness, diabetes, and dental care. Health problems of the family will be addressed in workshops on child sexual abuse, parenting, maternal and child care, teen pregnancy prevention, suicide, and coping with grief. And to examine issues of total health care and the relationship between spiritual and physical well-being, there will be two workshops devoted to traditional Indian medicine and Native healing concepts.

In addition to the focus on direct care and preventive health, the conference will provide participants an important opportunity to address a number of critical administrative and legislative issues related to the delivery of health services to Indian people. Of particular importance is the workshop discussion planned for the reauthorization of the Indian Health Care Improvement Act (H.R. 4567; S. 2166); conference attendees will be given the most up-to-date information available on these crucial bills. Other legislative and administrative topics include: IHS resource allocation; health planning; patient information systems; the administration of Indian health boards, and "Indian Health Care and the Political Process."

The conference will conclude on Thursday, June 7 with a full day of general assembly presentations that will: (1) review the status of the reauthorization of the Indian Health Care Improvement Act; (2) address major policy and program issues of the Indian Health Service; and (3) examine the IHS contracting process under P.L. 93-638 (the Indian Self-Determination and Education Assistance Act). These final-day deliberations will provide conference attendees with an important opportunity to ask questions and learn more about some of the most crucial issues in the area of Indian health today.

The National Indian Health Board has made every effort to insure a "health consumer" orientation for the conference, and we have attempted to structure the agenda to allow for as much participation as possible by the conferees. We urge you to take a personal, active role in the deliberations over the next few days and to work together with other conference participants to give serious consideration to these issues that will help shape the future of the Indian health program.
SIXTH NATIONAL INDIAN/ALASKA NATIVE HEALTH CONFERENCE

MGM GRAND HOTEL
RENO, NEVADA

PROGRAM

MONDAY, JUNE 4, 1984

9:00 a.m. - 5:00 p.m. Registration: MGM Grand Ballroom Hall

12:00 p.m. - 6:00 p.m. Exhibitors into Exhibition Hall: Fronton Foyer

5:30 p.m. - 6:30 p.m. Rhythmic Aerobics: Reta Beaver, Coordinator

Certified Aerobics Instructor
Haskell Intervention Program
Lawrence, Kansas

OPENING GENERAL ASSEMBLY
Fronton Conference Center

1:00 p.m. Call to Order: Kenneth Charlie, Chairman
National Indian Health Board

Presentation of Colors: Reno/Sparks Drum and Majorette Corps

Invocation: Mary Hard (Shoshone)

Welcome by Washoe Tribe: Robert Frank, Chairman
Washoe Tribe

Welcome by Inter-Tribal Council of Nevada: Elvin Willie, Chairman
Inter-Tribal Council of Nevada

Welcoming Address: Kenneth Charlie, Chairman
National Indian Health Board

2:00 p.m. Introduction: Gordon Thayer, Chairman
La Courte Oreilles Tribe

Keynote Speaker: Zig Ziglar
“You are the Key: Promoting Motivation and Improved Self-Esteem”

3:00 p.m. Panel Presentation: “Improving Self-Image Among Native Americans”

Dr. Annie Wauneka (Navajo)
Special Assistant, Office of the Chairman
Navajo Nation
The Honorable Ben Nighthorse Campbell (Northern Cheyenne) 
Colorado House of Representatives 
State of Colorado 

Ada Deer, MSW (Menominee) 
Lecturer, School of Social Work and 
Native American Studies Program 
University of Wisconsin - Madison 

Sarah Hutchison (Cherokee) 
Marriage Family/Child Counselor 
Lecturer, Department of Applied Behavioral Sciences 
and Native American Studies 
University of California, Davis 

Edward Benton Banai, M.A., (Ojibway) 
Founder, Red School House 
Certified Counselor, National Psychiatric Association 
Spiritualist 

4:30 p.m. 
Conference Workshop Preview: 
Timm Williams, Vice-Chairman 
National Indian Health Board 

TUESDAY, JUNE 5, 1984 

8:30 a.m. - 5:00 p.m. 
Registraton: MGM Grand Ballroom Hall 

8:30 a.m. - 6:00 p.m. 
Exhibits: Fronton Foyer 

9:00 a.m. - 5:00 p.m. 
Health Fair: Athena Brown, Coordinator 
National Congress of American Indians 

5:30 p.m. - 6:30 p.m. 
Rhythmic Aerobics: Reta Beaver, Coordinator 
Certified Aerobics Instructor 
Haskell Intervention Program 
Lawrence, Kansas 

8:30 a.m. - 12:00 noon 
WORKSHOPS (SESSION I) 

Cinema 1 

I. (a) Support for Indian Parents (8:30 a.m. - 10:15 a.m.) 
Facilitator: Holly Echo-Hawk, Program Coordinator 
Adolescent Pregnancy Program 
California Rural Indian Health Board, Inc. 

(b) Strategies to Prevent Developmental Disabilities Among 
Native Americans (10:15 a.m. - 12:00 Noon) 
Facilitators: Jenny Notah, Education and Training Coordinator 
Dine' Center for Human Development 
Navajo Community College 

Carol Claw, Project Director 
Navajo Undergraduate Program 
Dine' Center for Human Development 
Navajo Community College 

Moderator: Donald LaPointe, NIHB Representative 
Bemidji Area 

Capitol 2 

II. Child Sexual Abuse
Capitol 2

Facilitators: Captain Ran Beck, Juvenile Resource Officer
Reno/Sparks Indian Colony
Darryl Numan, MSW, Social Work Supervisor
Reno/Sparks Indian Colony
Connie Wyatt, Mental Health Intake Specialist
Reno/Sparks Indian Colony
Claudia Dodrill, MSW, Mental Health Consultant
Reno/Sparks Indian Colony
Audrey Thayer, Member of the Governor's Council on Domestic Abuse
State of Wisconsin
Lac Courte Oreilles Tribe, Hayward, Wisconsin

Moderator: Maxine Dixon, NIHB Representative
USET Area

Capitol 3

III. Community Injury Prevention

Facilitators: Ken Hunt, Director
Community Health and Safety Program
Pueblo of Laguna
Laguna, New Mexico
Randal Ray, Safety Manager
Community Health and Safety Program
Pueblo of Laguna
Laguna, New Mexico
Gary Morigeau, Safety Manager
Indian Health Service Headquarters
Rockville, Maryland

Moderator: Lawrence Snake, NIHB Representative
Oklahoma Area

Capitol 4

IV. Community-Based Programs for Prevention of Alcohol and Drug Abuse

Facilitators: David Dennison, Director
Navajo Youth Risk Reduction Program
Halchita, Utah
Nora Louis, Curriculum Development Specialist
Division of Health Improvement Services
Navajo Nation
Deborah K. Monteau, Field Coordinator
National Indian Fetal Alcohol Syndrome Prevention Program
Indian Health Service
Albuquerque, N.M.
Gary Pfenning
Inter-Tribal Council of Nevada
Reno, Nevada

Moderator: Clarence Skye, NIHB Representative
Aberdeen Area
V. Traditional Approach to Improving Motivation and Self-Esteem

Facilitator: Reggie Joule, Youth Coordinator
NANA Regional Corporation
Kotzebue, Alaska

Moderator: Kenneth Charlie, NIHB Representative
Alaska Area

VI. Reauthorization of the Indian Health Care Improvement Act

Facilitators: Frank Ducheneaux, Staff Director
House Interior and Insular Affairs Committee
Washington, D.C.

Patricia Zell, Staff Attorney
Senate Select Committee on Indian Affairs
Washington, D.C.

Emery A. Johnson, M.D., Former Director
Indian Health Service
Rockville, Maryland

Joseph Saulque, Chairman
California Rural Indian Health Board
Sacramento, California

Luana Reyes, Acting Associate Director
Office of Planning, Evaluation, and Legislation
Indian Health Service
Rockville, Maryland

Moderator: Mel Sampson, NIHB Representative
Portland Area

12:00 p.m. - 1:00 p.m.

WORKSHOPS (SESSION II)

I. Cancer Detection and Prevention

Facilitators: Bill Schweinler, Executive Director
Northern Nevada American Cancer Society
Reno, Nevada

Robert Spears, D.D.S.
Sparks, Nevada

David Roberts, M.D.
Reno, Nevada

Cathy Ruebusch, Chief Oncology Nurse
Washoe Medical Center
Reno, Nevada

Sally Delipkau, Northern Nevada Coordinator
Service and Rehabilitation
American Cancer Society
Reno, Nevada
II. Status and Administration of Indian Health Boards

Facilitators: Denny DeGross, Executive Director
Alaska Native Health Board
Anchorage, Alaska

Ona Porter, Director
Planning and Community Development
Albuquerque Area Indian Health Board
Albuquerque, New Mexico

Shelia Weinmann, Executive Director
Northwest Portland Area Indian Health Board
Portland, Oregon

Mario Guiterrez, Executive Director
California Rural Indian Health Board
Sacramento, California

Gordon Thayer, Chairman
Lac Courte Oreilles Tribe
Hayward, Wisconsin

Moderator: Jake L. Whitecrow, Executive Director
National Indian Health Board

III. Traditional Indian Medicine and Holistic Health

Facilitators: Edward Benton Banei, Ojibway Founder, Red School House
Certified Counselor
Tribal Spiritualist

Ray Rossi
Ganado, Arizona

Della Keats, Tribal Doctor
Manillaq Association
Kotzebue, Alaska

Paul Oretga
All Indian Pueblo Council
Albuquerque, New Mexico

Moderator: Edgar Monetathchi, Jr.
Traditional Indian Medicine Specialist
Indian Health Service
Tucson, Arizona

IV. Environmental Health Issues

Facilitators: Victor LaCourse, Tribal Affairs Officer
Indian Health Service
Portland, Oregon
LuAnn Jamison, Natural Resources Research Assistant
National Congress of American Indian
Washington, D.C.

Bill Wheatley, Sanitarian Consultant
Office of Environmental Health
Indian Health Service, Headquarters
Rockville, Maryland

Debbie Brokenrope, Staff Member
House Interior and Insular Affairs Committee
Washington, D.C.

Moderator: Mel Sampson, NIHB Representantive
Portland Area

Capitol 4

V. (a) Stress and Hypertension (1:00 p.m. - 3:00 p.m.)
Facilitator: Lois Steele, M.D.
Director INMED Program
University of North Dakota
Grand Forks, North Dakota

(b) Weight Control Through Nutrition and Physical Fitness (3:00 p.m. - 5:00 p.m.)
Facilitators: Mac McCrory, Ed.D., Director,
Health and Fitness Center and Adjunct Assistant Professor
School of Health, Oklahoma State University
Stillwater, Oklahoma

Rob Quigley, Nutritionist and Health Educator
Indian Health Council
Pauma Valley, California

Moderator: Dennis Hendricks, NIHB Alternate
California Area

Orpheum Room

VI. (a) Health Planning and the IHS Budget Process (1:00 p.m. - 3:30 p.m.)
Facilitators: Sherry Salway
Office of Program Planning
Indian Health Service - Headquarters
Rockville, Maryland

Juana Casillas
Office of Program Planning
Indian Health Service - Headquarters
Rockville, Maryland

Emery Johnson, M.D., former director
Indian Health Service
Rockville, Maryland

Bob Rich, Assistant Director
Seneca Nation Health Department
Salamanca, New York
(b) Census Evaluation: Identifying A True Service Population (3:30 p.m. - 5:00 p.m.)

Facilitators: Alice A. Solomon
Information Services Specialist
Census Bureau (Seattle Region)
Seattle, Washington

Lorintha Warwick
Tribal Planning Manager
Yakima Indian Nation
Toppenish, Washington

Moderator: Tony Secatero, NIHB Representative
Albuquerque Area

WEDNESDAY, JUNE 6, 1984

7:00 a.m.
Northeast Corner (bike path)
MGM Grand Parking Lot

8:30 a.m. - 2:00 p.m.
Health Fun Run (1 mile and 3.1 mile)
Judy Bentley, Race Coordinator
Proprietor, Second Sole Athletic Shop
Old Town Mall
Reno, Nevada

8:30 a.m. - 6:00 p.m.
Registration: MGM Grand Ballroom Hall

8:30 a.m. - 5:00 p.m.
Exhibits: Fronton Foyer

9:00 a.m. - 5:00 p.m.
Health Fair: Athena Brown, Coordinator
National Congress of American Indians

5:30 p.m. - 6:30 p.m.
Rhythmic Aerobics: Reta Beaver, Coordinator
Certified Aerobics Instructor
Haskell Intervention Program
Lawrence, Kansas

WORKSHOPS (SESSION III)

I. Update on CHR Program Redesign

Facilitators: Ada White, President
National CHR Association
Crow Tribe, Montana

Nicky Solomon, CHR Program Director
Indian Health Service, Headquarters
Rockville, Maryland

Connie Guillory, Secretary
National CHR Association
Nez Perce Tribe, Idaho

Moderator: Sylvester Manuel, NIHB Representative
Tucson Area

Broadway Room (South End) II. Prevention and Control of Diabetes

Facilitators: Lillian Tom-Orme, R.N.,
Intervention Specialist
Utah Diabetes Control Program
State of Utah Department of Health
III. Health Concerns of the Indian Elderly

Facilitators: Walter L. Moffett, Treasurer
National Indian Council on Aging, Inc.
Albuquerque, New Mexico

Arlene Broncho-Olney, Director
Yakima Tribal Area Agency on Aging
Toppenish, Washington

Ilyonne Garreau, Director
Elderly Nutrition Program
Cheyenne River Sioux Tribe
Eagle Butte, South Dakota

Moderator: Timm Williams, NIHB Representative
California Area

IV. Preventive Dental Care

Facilitators: Thomas O'Connor, D.D.S.,
Stewart Health Clinic
Carson City, Nevada

Jim Watters, Fluoridation Coordinator
Pine Ridge Reservation
Pine Ridge, South Dakota

John N. Leo, P.E.,
Fluoridation Coordinator
Indian Health Service
Albuquerque, New Mexico

Moderator: Lawrence Snake, NIHB Representative
Oklahoma Area

V. Future Directions in Indian Alcoholism
Facilitators: Dennis Fox, Ph.D.,
Bureau of Indian Affairs

Karen Funk, Staff Member
Office of Congressman Tom Daschle
Washington, D.C.

Bud Mason
Indian Health Service, Headquarters
Rockville, Maryland

Frank Ducheneaux, Staff Director
House Interior and Insular Affairs
Committee
Washington, D.C.

Moderator: Tony Secatero, NIHB Representative
Albuquerque Area

Fronton Conference Center  VI. IHS Resource Allocation: Issues of Equitable Funding

Facilitators: Jean Laboueff, Office of Program Planning
Indian Health Service, Headquarters
Rockville, Maryland

Tom Seidl, Chief of Program Evaluation and Special Projects
Indian Health Service
Portland, Oregon

Denny DeGross, Executive Director
Alaska Native Health Board
Anchorage, Alaska

Bob Crawford, Health Director
Colorado River Indian Tribes
Parker, Arizona

Barbara Karshmer, Attorney
Fresno, California

Moderator: Jake L. Whitecrow, Executive Director
National Indian Health Board

12:00 p.m. - 1:00 p.m.  RECESS

1:00 p.m. - 5:00 p.m.

Broadway Room (South End)  WORKSHOPS (SESSION IV)

I. Indian Health Care and the Political Process

Facilitators: E. Susan Crystal, Attorney and former staff member, U.S. Senate Appropriations Committee

Barbara Karshmer, Attorney
Fresno, California

Emery A. Johnson, M.D., former director
Indian Health Service
Rockville, Maryland
Cinema I

II. Occupational Outlook for Indian Health Careers

Facilitators: Lois Steele, M.D.,
Director, INMED Program
University of North Dakota

Terry Espina
California Rural Indian Health Board

Don Bowen, M.D.
Association of American Indian Physicians

Elaine Walbroek, Director
MPH Program
University of California
Berkeley, California

Tom Ball
Northwest Portland Area Indian Health Board

Vanetta Chase, Assistant Program Director
Health Sciences Minority Student Program
University of Washington

Linda Yardley, Program Specialist
Minority Student Affairs
University of Colorado Health Sciences Center

Moderator: Albert Ross, Jr., NIHB Representative
Navajo Area

Goldwyn B

III. Health Care Systems Automation

Facilitators: Bob Rich, Assistant Director
Seneca Nation Health Department
Salamanica, New York

Bob Crawford, Health Director
Colorado River, Indian Tribes
Parker, Arizona

Patricia Zell, Staff Attorney
Senate Select Committee on Indian Affairs

Moderator: Ada White, NIHB Representative
Billings Area

Orpheum Room

IV. (a) Staying Well — Just for the Health of
It (or Everything We Always Wanted to Tell
Our Patients But Never Have Time) (1:00 p.m. - 3:00 p.m.)
Facilitators: Gayle Harris, M.D., (Internal Medicine)
Clinical Director
Indian Health Service
WW. Hastings Hospital
Tahlequah, Oklahoma

Dee Ann DeRoin, M.D., (Family Practice)
Clinical Director
Indian Health Service
Haskell Indian Junior College
Lawrence, Kansas

(b) Weight Control Through Nutrition and Physical Fitness (3:00 p.m. - 5:00 p.m.)

Facilitators: Mac McCrory, Ed.D., Director
Health and Fitness Center and Adjunct Assistant Professor
School of Health, Oklahoma State University
Stillwater, Oklahoma

Rob Quigley, Nutritionist and Health Educator
Indian Health Council
Pauma Valley, California

Moderator: Clarence Skye, NIHB Representative
Aberdeen Area

V. (a) Maternal and Child Care Means Preventive Health, Team Work, and Communication (1:00 p.m. - 3:00 p.m.)

Facilitators: Carmen Christopherson, RNMS, Director
Community Health Nursing
Winnebago Tribal Health Department
Winnebago, Nebraska

Judy Suess, M.D., Field Health Physician
Winnebago Tribal Health Department
Winnebago, Nebraska

Patricia Free, CHN Clerk
Winnebago Tribal Health Department
Winnebago, Nebraska

Janet Bird, EMT/CHR
Winnebago Tribal Health Department
Winnebago, Nebraska

(b) Teen Pregnancy Prevention (3:00 p.m. - 5:00 p.m.)

Facilitators: Vanessa R. Carter, Program Manager
Teen Indian Pregnancy and Prevention Services
Seattle Indian Health Board
Seattle, Washington

Roxan Wilkins
Family Nurse Practitioner
Teen Indian Pregnancy and Prevention Services
Seattle Indian Health Board
Seattle, Washington
Moderator: Maxine Dixon, NIHB Representative
USET Area

Roxy Room

VI. (a) Community-based Approach to Suicide Prevention (1:00 p.m. - 3:00 p.m.)

Facilitators: Patricia Pacheco, Director
Laguna Service Center
Pueblo of Laguna

Mona Fernandez
Colorado River Indian Tribes
Parker, Arizona

(b) Coping with Grief (3:00 p.m. - 5:00 p.m.)

Facilitator: Prosanna Williams
Traditional and Cultural Specialist
Mental Health Department
Warm Springs Tribe
Warm Springs, Oregon

Moderator: Bob Frank, NIHB Representative
Phoenix Area

Room 1050-B

VII. Completion and Use of the UCRR (Urban Common Reporting Requirements)

Facilitators: Michael Arfsten, Special Projects Director
American Indian Health Care Association
St. Paul, Minnesota

Pam Iron, Executive Director
Indian Health Care Resource Center
Tulsa, Oklahoma

5:00 p.m.

R E C E S S

EVENING ENTERTAINMENT

7:30 p.m.

POW-WOW (Grand Entry)

MGM Grand Pavilion

Master of Ceremonies: Benson Gibson
(Duck Valley Paiute/Shoshone)

Head Man Dancer: Sam Johnson, (Paiute/Washoe)
Head Woman Dancer: Ileana Henry, (Paiute/Winnebago)
Host Drum: Red Star Singers of Reno

Pow-Wow Arena Directors: Lana Hicks and Robert Baker, Jr.
Arts & Crafts Coordinator: Jane Harrowa
Pow-Wow Coordinator: Norm DeLorme

Special health awards will be presented by the National Indian Health Board during the Pow-Wow.

Sponsored by the National Indian Health Board
MORNING GENERAL ASSEMBLY
Fronton Conference Center

8:30 a.m.
Panel Presentation: "Reauthorization of the Indian Health Care Improvement Act"

Presenters: Frank Ducheneaux, Staff Director
House Interior and Insular Affairs Committee

Patricia Zell, Staff Attorney
Senate Select Committee on Indian Affairs

Andy Schneider, Assistant Counsel
House Subcommittee, Health and Environment

Moderator: Mel Sampson, NIHB Representative
Portland Area

10:30 a.m.
Indian Health Service Presentation:

a. Update on the Community Health Representative Program

b. Major Policy Issues in Indian Health

c. Question and Answer

Presenters: Nicki Solomon, CHR Program Director
Indian Health Service, Headquarters
Rockville, Maryland

Luana Reyes, Acting Associate Director
Office of Planning, Evaluation and Legislation
Indian Health Service, Headquarters
Rockville, Maryland

Dr. Joseph Exendine, Acting Associate Director
Office of Tribal Activities
Indian Health Service, Headquarters
Rockville, Maryland

Jim Smith, Special Assistant to the Director
Indian Health Service
Rockville, Maryland
CLOSING GENERAL ASSEMBLY
Fronton Conference Center

1:00 p.m.  Panel Presentation: “Contracting for Health Programs Under P.L. 93-638: Where Do We Go From Here?”

Moderator: Jake L. Whitecrow, Executive Director
National Indian Health Board

Panel Members: Gary Breshears, Executive Director
Creek Nation
Okmulgee, Oklahoma

Gordon Thayer, Chairman
Lac Courte Oreilles Tribe
Hayward, Wisconsin

Howard Dickstein, Attorney
California Rural Indian Health Board
Sacramento, California

Niles Cesar, Executive Director
Southeast Alaska Regional Health Corporation
Juneau, Alaska

Emery A. Johnson, M.D., former director
Indian Health Service

Robert Birch, Chief
Indian Resources Liaison Staff
Indian Health Service, Headquarters
Rockville, Maryland

Joseph Moran, Chief,
Contracts and Grants
Health Resources and Services Administration
Rockville, Maryland

Sid Edelman, Special Assistant to the
Office of the General Council
Public Health Service
Rockville, Maryland

3:00 p.m.  Closing Remarks: Kenneth Charlie, Chairman
National Indian Health Board

ADJOURNMENT OF THE SIXTH NATIONAL INDIAN/ALASKA NATIVE HEALTH CONFERENCE
## Special Events and Conference Meeting Rooms

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<tr>
<th>EVENT</th>
<th>DAY/TIME</th>
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<tr>
<td>Rhythmic Aerobics</td>
<td>Daily, June 4-7</td>
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<td>Monday-Thursday</td>
<td>5:30 - 6:30 p.m.</td>
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<td>Health Fun Run</td>
<td>Wednesday, June 6</td>
<td>Bike path adjacent to Truckee River, at the</td>
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<td>7:00 a.m.</td>
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<td>Parking Lot (Mill Street side)</td>
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<td>Pow Wow</td>
<td>Wednesday, June 6</td>
<td>MGM Grand Pavilion</td>
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<td>AIHCA General Assembly</td>
<td>Monday, June 4</td>
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<tr>
<td>AIHCA General Assembly</td>
<td>Tuesday, June 5</td>
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<td>AIHCA General Assembly</td>
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<td>NIHB Administration Room</td>
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<td>Health Fair</td>
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<td>Workshop Coordination</td>
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<td>Century Room</td>
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<td>Meeting</td>
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All floors are accessible via the elevator, escalator, and stairs.
Workshop Descriptions

Tuesday, June 5, 1984
Session I
(8:30 a.m. - 12:00 noon)

I. SUPPORT FOR INDIAN PARENTS (Facilitators: Holly Echo-Hawk, Program Coordinator, Adolescent Pregnancy Program, California Rural Indian Health Board, Inc. Moderator: Donald LaPointe, NIHB Bimidji Area Representative)

In this workshop the issues, needs, and ways to provide support to Indian parents will be examined and discussed. Some of the elements to be included are: concerns of single parents; concerns of parents of infants and/or small children; and concerns of parents of teenage youth. Program examples, including the California Rural Indian Health Board's Adolescent Pregnancy Program, will be described and discussed.

I. STRATEGIES TO PREVENT DEVELOPMENTAL DISABILITIES AMONG NATIVE AMERICANS (b) (Facilitators: Ms. Jenny Notah, Education and Training Coordinator, Dine Center for Human Development, Navajo Community College; Ms. Carol Claw, Project Director, Navajo Undergraduate Program, Dine Center for Human Development, Navajo Community College; Moderator: Donald LaPointe, NIHB Bimidji Area Representative)

In this workshop an overview of the interdisciplinary services available to the developmentally disabled on the Navajo Nation and to Native Americans in general will be provided. Discussions will focus on the strategies that can be taken to promote the prevention of developmental disabilities.

II. CHILD SEXUAL ABUSE PREVENTION AND TREATMENT (Facilitators: Captain Ran Beck, Juvenile Resource Officer, Reno/Sparks Indian Colony; Darryl Numan, M.S.W., Social Work Supervisor, Reno/Sparks Indian Colony; Connie Wyatt, Mental Health Intake Specialist, Reno/Sparks Colony; Claudia Dodrill, MSW, Mental Health Consultant; Reno/Sparks Colony; Audrey Thayer, LacCourte Oreilles Tribe, Hayward, Wisc.; Moderator: Maxine Dixon, NIHB USET Area Representative.)

Child sexual abuse tragically occurs in communities throughout the country, yet it is a problem we are reluctant to address in public meetings. This workshop is based on a superb presentation utilized by the Reno/Sparks Indian Colony. Although time constraints prohibit us from conducting the full presentation here, this examination of the sensitive issues related to child sexual abuse will be most informative to attendees.

Film, video tape, and didactic presentation of family child sexual abuse victims and mother and prevention material used with young Indian children will be covered. The information provided in this session will focus on the dynamics of family child sexual abuse, on the characteristics of family members and family structure.

III. COMMUNITY INJURY PREVENTION: IS IT POSSIBLE ON AN INDIAN RESERVATION? (Facilitators: Ken Hunt, Director, Community Health and Safety Program, Pueblo of Laguna, Laguna, N.M.; Randal Ray, Safety Manager, Pueblo of Laguna, Laguna, N.M.; and Gary Morigeau, IHS Safety Manager, Rockville, Maryland; Moderator: Lawrence Snake, NIHB Oklahoma City Area Representative)

This workshop will focus on the unique problems associated with the implementation of a Community Wide Safety and Accident Prevention Program on an Indian Reservation. Among the topics to be covered will be: Principles of Accident Prevention; Basic Elements of Safety and Health Practices: reference and support documents; the reality of the Tribal Safety Situation; acceptance by community and tribal Administration; adaptability to local situations; and adoption of tribal safety codes and enforcement. These topics will include a broad range of settings, including the home, the job site, highways, reservation roads, vehicles, equipment, and situations
unique to the reservation. Preventive methods and practices will be stressed throughout the workshop, and a slideshow will be presented to illustrate different aspects of Community Injury Prevention.

IV. COMMUNITY-BASED PROGRAMS FOR PREVENTION OF ALCOHOL AND DRUG ABUSE (Facilitators: David Dennison, Director, Navajo Youth Risk Reduction Program (NYRRP), Navajo Nation, Halchita, Utah; Nora Louis, Curriculum Development Specialist, Division of Health Improvement Services, Navajo Nation, Window Rock, Ariz.; Deborah K. Monteau, Field Coordinator, National Indian Fetal Alcohol Syndrome Prevention Program, Albuquerque, N.M.; and Gary Pfenning, Director of the Substance Abuse Prevention Program for the state of Nevada, and Inter-Tribal Council of Nevada, Reno, Nevada; Moderator: Clarence Skye, NIHB Aberdeen Area Representative)

Presentations will focus on community-based approaches as a means of preventing alcohol and drug abuse on reservations and in other Indian communities. Panel members will describe and discuss the programs they are associated with as a way of illustrating various approaches to the problem area and to provide ideas for others to test out. Although Indian youth is emphasized, most of the information is also applicable to other age groups in Indian communities. Following are some of the programs to be discussed:

1. The Navajo Youth Risk Reduction Program (NYRRP): This is an experimental education effort based in the schools on the Utah Navajo Reservation. The approach used is based on the theory that peer influence can help to reduce/prevent substance abuse among young Navajos. High school students from grades 10-12 are selected and trained as instructors to deliver 12 Health Promotion and Risk Reduction lessons biweekly to all 5th grade classes in the target area. A discussion on the methodology employed and a progress report will be offered.

2. The Navajo Nation Alcohol and Substance Abuse Pilot Curriculum Project: Information and discussion will include a description of the Project, statistical information on patterns and frequencies of drug use among school-age Navajo children at six reservation schools tested; concepts of a health and wellness approach, and instruction about alcohol and substance abuse; and concepts that coincide with traditional Navajo values and teachings.

3. National Indian Fetal Alcohol Syndrome Prevention Program: This presentation focuses on ways to prevent fetal alcohol effects in Indian communities. Specifically the ideas, materials and goals of the Program will be covered and related to local prevention efforts. Because fetal alcohol effects are preventable, this is one birth defect we all can influence.

4. Substance Abuse Prevention Program of Nevada: This presentation will include: direct service; education; prevention/alternatives to substance abuse programs, data collection, and developing an outreach program.

V. TRADITIONAL APPROACH TO IMPROVING MOTIVATION AND SELF-ESTEEM (Facilitator: Reggie Joule, Nana Corporation Board Member, Kotzebue, Alaska; Moderator: Kenneth Charlie, NIHB Alaska Area Representative.)

Mr. Joule will describe and discuss a traditional approach to improving the motivation and self-esteem of tribal members. His presentation is based on the teachings of the Inupaig elders, who are responsible for teaching and guiding their people. They have conveyed to their people that they should maintain their Inupaig identity by learning and teaching their language and culture. This results in developing and maintaining a strong sense of spirituality and tribal identity. Additionally this strengthens the Inupaig extended family, and Inupaig people develop self-esteem and traditional job skills. This insures the survival of the Inupaig as a Native people while mastering, adapting, and using Western technology for their own benefit.

The Inupaig concept of developing self-esteem and motivation through elderly teachings and guidance will be adapted for use and replication for all tribes. The following Inupaig values can be applied regardless of tribal affiliation: knowledge of language, sharing, respect for others, cooperation, respect for elders, love for children, hard work, knowledge of family history, conflict avoidance, respect for nature, spirituality, humor, family roles, hunter success, domestic skills, humility, and responsibility to the tribe.
VI. REAUTHORIZATION OF THE INDIAN HEALTH CARE IMPROVEMENT ACT (Panel Members: Emery A. Johnson, M.D., former Director of the Indian Health Service; Frank Ducheneaux, staff director, U.S. House Interior and Insular Affairs Committee; Patricia Zell, staff attorney, Senate Select Committee on Indian Affairs; Luana Reyes, Acting Associate Director, Office of Planning, Evaluation and Legislation, Indian Health Service; and Joseph Saulque, Chairman, California Rural Indian Health Board. Moderator: Mel Sampson, NIHB Portland Area Representative)

The Indian Health Care Improvement Act (P.L. 94-437; amended by P.L. 96-537) is generally regarded as the most important law ever enacted in the area of Indian health care. The law clearly spells out the federal commitment to maintain and improve the health of American Indians and Alaska Natives. As stated in the original Act, Congress declared that “it is the policy of this Nation, in fullfillment of its special responsibilities and legal obligation to the Indian people, to meet the national goal of providing the highest health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy.” To carry out this policy, Congress enacted a number of significant new programs and authorized new resources to provide additional health services to Indian people.

With the authority for the Act set to expire at the end of Fiscal Year 1984, committees in both the House and the Senate have worked over the past year to develop bills to amend and extend the law. The bills (S. 2166 in the Senate and two versions of H.R. 4567 in the House) will likely be debated on the floor of the Senate and House in June, which makes the discussion at this workshop especially important. Passage of a reauthorization bill is necessary during this session of Congress in order to insure the continuation of a number of Indian health care programs.

This workshop will provide for an in-depth review of the different versions of the pending bills. House and Senate committee staff will provide workshop attendees with an up-to-date report on the bills’ provisions as well as the outlook for congressional action in the coming weeks. In addition, former IHS Director Dr. Emery Johnson, who has testified before House and Senate committees about the proposed legislation, will be available to offer his perspectives on the history of the legislation and the background of different sections of the bills. Other workshop panelists include Joseph Saulque, Chairman of the California Rural Indian Health Board, who will discuss the so-called “Waxman Amendments” to H.R. 4567; and Luana Reyes of the Indian Health Service, who supervises legislative analysis activities within IHS.

The workshop promises to be a lively, informative session on some of the issues crucial to Indian health care. Due to the importance of this legislation, a similar (although much shorter) presentation will be made before the conference General Assembly Thursday morning, June 7.

Session II
(1:00 p.m. - 5:00 p.m.)

I. PREVENTION, DETECTION AND TREATMENT OF CANCER (Facilitator: Bill Schweinler, Reno and Sondra Daughety, Las Vegas, American Cancer Society, Nevada Division, Inc., Washoe County Unit.; Moderator: Timm Williams, NIHB California Area Representative)

This presentation is designed by the American Cancer Society and is intended to make participants aware of the role they can play in caring for themselves and members of their families in the area of cancer control.

This program will consist of: early detection of breast cancer for women; steps to use for detection of colon and rectum cancer; prevention of lung cancer through non-smoking; and the relationship between chewing tobacco and oral cancer. Also explained will be the programs available to cancer patients and their families for support, guidance and counseling.

In addition there will be a discussion of family support, guidance and counseling programs available to cancer patients after cancer has been contracted.

II. STATUS AND ADMINISTRATION OF INDIAN HEALTH BOARDS (Panel Members: Denny DeGross, Executive Director, Alaska Native Area Health Board, Anchorage, Alaska; Ona Porter, Director, Planning and Community Development, Albuquerque Area Indian Health Board, Albuquerque, New
The panel members in this workshop will focus their presentations on the problems and solutions, the growth and progress, and the trends and adjustments experienced in the development and functioning of Indian health boards. They will also discuss the current and possible future status of Boards. Discussion of ways to improve Board functioning will be offered. Based on the experiences of panel members the following are examples of what will be offered in this session:

**Alaska Native Health Board Training** Mr. DeGross will describe and discuss the experiences encountered in the establishment of the Alaska Native Health Board. Some of the areas to be covered include: early problems encountered such as the necessity to hire non-Natives in technical and management positions; language and cultural barriers; training and work problems and their solutions; and experiences related to board training, staff development and community development training.

**The Ten Essentials of Effective Boards** Ms. Porter will present and discuss the ten essentials for effective board functioning:

1. An agreed-upon set of principles;
2. Prioritized goals;
3. An effective method for selection and empowerment of Board members;
4. A direct line of regular and specific communications with Tribal leaders;
5. Monthly Board Meetings so that Board members can stay abreast of the daily development of issues;
6. Utilization of the negotiation to reach agreement or achieve resolution of conflicts within and among tribes, boards, agencies, etc.;
7. Participation on the Board must be a priority for Board members;
8. The main role of the Board is as an advocate for the interest of the people they represent;
9. Program and fiscal accountability, voting record, and effective communications will determine the organization's credibility; and
10. A competent, skillful, and trustworthy staff.

Discussion will also be given to the structure and activities of other Indian health boards, and the panel will review the implications of health board provisions contained in S. 2166, the Indian Health Care Amendments of 1984.

### III. TRADITIONAL INDIAN MEDICINE AND HOLISTIC HEALTH

(Panel Members: Edward Benton Banai, M.A., Ojibway Tribe, Founder of the Red School House, and Certified Counselor with the National Psychiatric Association; Ray Rossi, Ganado, Arizona; Della Keats, Tribal Doctor, Manillaq Association, Kotzebue, Alaska; and Paul Ortega, All Indian Pueblo Council, Albuquerque, New Mexico. Moderator: Edgar Monetathchi, Jr., Traditional Indian Medicine Specialist, Indian Health Service.)

Edgar Monetathchi, Jr. will serve as moderator of this panel presentation and will discuss his philosophies and concepts of traditional Indian medicine.

Della Keats will discuss the various techniques, methods, and substances which she uses to effect healing in her Alaska community. This will include her application of the stink weed and juniper berry herbs. She will also explain her “manipulation” technique — the use of her hands on dislocations, the stomach, and aorta. She will present her use of serpentine hot springs for healing of patients with arthritis and skin problems, and will describe the length and frequency of soaking and the “poking” (blood letting) technique, using an object which resembles a scalpel.

Edward Benton Banai will present the holistic health approach of healing the body, mind, and soul the Indian way. He will discuss how traditional Indian medicine can be used to combat alcoholism and drug abuse, and review the theoretical and practical integration of traditional medicine with counseling.

Ray Rossi will explain why traditional medicine is holistic by design and how it is preven-
tative and effects a state of well-being. He will discuss the integration of intellectual and experiential techniques in the practice of traditional Indian medicine. His presentation will also focus on the dynamics of traditional Indian medicine in therapeutic cure resulting in the resolution of conflict.

Possessing this kind of knowledge and skills is essential to Indian people because the single most important factor in the future of Indian health care is strong congressional support for critically-needed funding. Indian health advocates have played a major role in every administration in educating Congress on the needs of Indian people. The Appropriations Committees play a particularly large role in not only the determination of funding levels, but also the formulation of federal Indian health policy. Every year, the struggle for funds becomes more intense and greater efforts must be made to maintain and strengthen political support for a strong Indian health program.

IV. ENVIRONMENTAL HEALTH ISSUES (Facilitators: Victor LaCourse, Tribal Affairs Officer, Indian Health Service, Portland, Oregon; LuAnn Jamison, Natural Resources Research Assistant, National Congress of American Indians, Washington, D.C.; Bill Wheatley, Sanitarian Consultant, Office of Environmental Health, Indian Health Service, Rockville, Maryland; and Debbie Brokenrope, staff member, House Interior and Insular Affairs Committee, Washington, D.C. Moderator; Mel Sampson, NIHB Portland Area Representative.)

This workshop will essentially cover two broad areas that are of major concern to Indian populations in the field of environmental health. The first area deals with the health hazards related to nuclear development and radioactive waste storage. Situations in which Indian populations residing on or near reservations are threatened by nuclear resource development—including mill tailings and abandoned mines—will be reviewed and consideration will be given to possible legal remedies available to Indian communities affected by such hazards. There will also be an examination of the medical effects of radiation and the linkages to such problems as cancer and genetic defects. This segment of the workshop will also provide attendees with a report on efforts of the National Congress of American Indians analysis of the Nuclear Waste Policy Act (P.L. 97-425) and the establishment of a Nuclear Waste National Indian Review Committee.

The second area of interest will deal with sanitation and water systems for Indian communities and homes. Many tribal leaders have long considered water and sanitation facilities to be a critical aspect of preventive health; improvements in reservation sanitation systems have played an important role in reducing the incidence of disease and illness in reservation communities. In recognition of the importance of water and sanitation systems, a special section has been provided in proposed legislation (H.R. 4567, S. 2166) that would make it a policy of the United States government to provide adequate sanitation facilities for Indian homes and communities. The provision is one of the most significant amendments in the reauthorization bills, and its ramifications for Indian people will be discussed here.

V. STRESS AND HYPERTENSION (Facilitator: Lois Steele, M.D., Director INMED Program, University of North Dakota, Grand Forks, North Dakota. Moderator: Dennis Hendricks, NIHB California Area Alternate.)

This workshop will examine the relationships between stress and major disease such as hypertension. An outline of some of the literature relating the two as well as some suggestions on prevention of hypertension will be discussed. Stress relieving exercises and other modes of treatment (including medical) will be touched upon. Since hypertension is a major disease in our society, this workshop should be of interest to many people.

V. WEIGHT CONTROL THROUGH PHYSICAL FITNESS AND NUTRITION (Facilitators: Mac McCrory, Ed.D., Director of the Health and Fitness Center and Adjunct Assistant Professor, School of Health, Physical Education and Leisure Services, Oklahoma State University, Stillwater, Oklahoma; Rob Quigley, Nutritionist and Health Educator, Indian Health Council, Inc., Rincon Reservation, Pauma Valley, California; Moderator: Dennis Hendricks, NIHB California Area Alternate.)

The caloric balance theory is the basis of weight control. But practical application of that theory is at times difficult. This workshop will delineate pragmatic methods of combining basic nutritional guidelines and physical fitness principles into a sound, workable program of weight
loss and control. Dr. McCrory's presentation will increase the participants' awareness and enhance their ability to develop usable weight control programs in their community.

A description and analysis of the Osage Risk Reduction pilot project conducted by Oklahoma State University's Health and Fitness Center will also be discussed. The program is unique in its promotion of individual health behaviors to tribal constituents. The presentation will be repeated in Session IV, Wednesday afternoon at 3:00 p.m.

VI. HEALTH PLANNING AND THE IHS BUDGET PROCESS (Facilitators: Sherry Salway and Juana Casillas,
(a) Office of Program Planning, IHS Headquarters, Rockville, Maryland; Emery Johnson, M.D., Rockville, Maryland; and Bob Rich, Assistant Director, Seneca Nation Health Department, Salamanca, New York; Moderator: Tony Secatero, NIHB Albuquerque Area Representative.)

The following will be discussed in this workshop: 1) the HHS budget process; 2) experiences in integrating enhancement level budget packages; 3) the current effort to involve tribes and service units in the IHS budget process; 4) the very critical issue of Indian health planning for the next 5 to 15 years, which must deal with questions of access, equity or parity of services, eligibility for services, and what are essential or primary health services; and, 5) the pros and cons of various approaches to health planning.

Attention will also be given to provisions in House and Senate bills (H.R. 4567, S. 2166) that would authorize Tribal Specific Health Plans and require that they be the basis of determining tribes' unmet health care needs.

VI. CENSUS RE-EVALUATION: GETTING A MORE ACCURATE COUNT OF TRIBAL SERVICE POPULATION
(b) (Facilitators: Alice A. Solomon, Information Services Specialist, Census Bureau (Seattle Region), and Lorintha Warwick, Tribal Planning Manager, Yakima Indian Nation; Moderator: Tony Secatero, NIHB Albuquerque Area Representative.)

This workshop will provide census data users (novice and experienced) with information on how to:

- understand the Census Bureau's tabulations process that includes American Indian, Eskimo, and Aleut Data;
- become familiar and knowledgeable in using census maps;
- become familiar with the 1980 Census reports which include American Indian, Eskimo, and Aleut data;
- identify and prepare "service area boundaries" using census maps and preparing a demographic profile using 1980 census reports.

This workshop will also explain how to identify and prepare tribal "on or near" boundaries, and will discuss results obtained from a special model evaluation project conducted on the Yakima Nation service population.

Wednesday, June 6, 1984
Session III
(8:30 a.m. - 12:00 noon)

I. UPDATE ON CHR PROGRAM REDESIGN (Facilitators: Nicki Solomon, CHR Program Director, Indian Health Service; Connie Guillory, CHR Coordinator, Nez Perce Tribe and Secretary, National Association of CHR's. Ada White, NIHB Billings Area Representative and President, National Association of CHR's. Moderator: Sylvester Manual, NIHB Tucson Area Representative.)

The Community Health Representative (CHR) is an integral part of the Indian health care delivery system, employing members of the local Indian community to provide a variety of health services to Indian people. The CHR's have consistently been supported by tribes and the people
they serve, and the program has been endorsed by IHS physicians as important cost-effective means to delivering preventive and outreach health services. Despite the program's success, it has been recommended for elimination in recent years. In an effort to strengthen CHR program management and accountability, IHS officials and CHR's have undertaken several important initiatives over the past year. These changes in the CHR program will be the focus of this workshop, with particular attention given to the following: Scope of Work guidelines; the National CHR Reporting System; and Future Allocation of CHR Resources.

II. PREVENTION AND CONTROL OF DIABETES (Facilitators: Lillian Tom-Orme, R.N., M.S., Intervention Specialist, Utah Diabetes Control Program, State of Utah Department of Health; Maxine Natchees, Tribal Health Director, Uintah & Ouray Reservation, Ft. Duchesne Utah; Claude K. Lardinois, M.D., Assistant Professor of Medicine, Chief of Endocrine Division, University of Nevada; Warren R. Buck Elk, Health Project Specialist; James Melbourne, Health Educator, and Gloria Collins, Resource Development Specialist, all of the Ft. Peck Tribal Health Project; Moderator: Donald La Pointe, Bemidji Area Representative.)

In this workshop intervention methods of decreasing the rate of diabetes and end stage renal disease through clinical services and education will be identified and explained. These methods represent current applications of risk reduction and health promotion which are successfully being introduced to tribes. The concept, use, and implementation of a health belief survey will be presented. A health belief survey can generate information about the attitudes and beliefs of Indian people for IHS and tribal health care providers. This information is utilized to prepare educational programs which assist people in making healthier nutrition and life style choices.

Dr. Lardinois will present the results of a study which addresses the risk of developing diabetes among the Indian populace, and will discuss approaches which can be taken to reduce the occurrence.

The contingency of presenters from the Ft. Peck Tribal Health Project will discuss the development, implementation, and operation of a renal dialysis home treatment program. Additionally, the presentation will include an analysis of both start-up and daily operations costs.

III. HEALTH CONCERNS OF THE INDIAN ELDERLY (Facilitators: Walter L. Moffett, Treasurer, National Indian Council on Aging, Inc.; Arlene Broncho-Olney, Director, Yakima Tribal Area Agency on Aging, Toppenish, Washington; and Iyonne Garreau, Director of the Cheyenne River Sioux Elderly Program; Moderator: Timm Williams, NIHB California Area Representative)

A panel presentation will be made in this workshop focusing on health concerns of the Indian elderly. Some of the discussion areas include:

Health Concerns of the Indian Elderly: How Do You Spell Relief? (Mr. Moffett) Problems faced by the Indian Elderly are many and complex, urgent and widespread. Within the framework of our Conference theme, The Key to Prevention — YOU! some options will be examined that would assure independence for Indian Elders through access to appropriate, affordable health care and prevention. Practical ways to ensure Tribal Elders’ economic security, especially on poverty-stricken Reservations and consideration of feasible methods for strengthening service networks to benefit elders, will be discussed.

Area Agency on Aging (AAoA) as a Preventive Tool (Ms. Broncho-Olney): A description and discussion of the founding and development of the Yakima Tribal Area Agency on Aging will be presented. It was started as an innovative idea by a small group of elderly in a small reservation town resulting as a beneficial program to all reservation elderly. It was the first Tribal AAoA in the country. Services provided by the program include: transportation, outreach, nutrition, Title VI, minor home repair, social activities, and senior employment. The Workshop will also review activities related to the re-authorization of Title VI of the Older American’s Act which authorizes the tribal nutrition program funded by the U.S. Administration on Aging. This Title of the Older American’s Act expires at the end of Fiscal Year ‘84.
Dental disease affects 98 percent of the population. Dental caries is by far the most prevalent of all dental diseases and yet is probably the easiest to control and reduce. Yet, because of the magnitude of the dental caries problem nationwide, the majority of all Indian Health Service (IHS) dentists— as well as non-IHS dentists' time is spent maintaining and filling caries. Little time has been allotted or is available to preventing this common disease.

With the existing IHS dental staff/budget, we are meeting only about 29 percent of all the American Indian and Alaska Native peoples' needs. That means 7 out of 10 people are not having their dental needs met!

The solution to the problem is "prevention" and not an increased budget for additional staff and clinics to provide restorative procedures. Prevention in the form of teaching better oral health, mouth rinse programs, sealants, and water fluoridation which in itself can reduce dental caries 60-65 percent.

The presenters in this session will provide information on the scope of the dental health problem in the Indian populace, what is being done to reduce the problem, and suggestions as to what the Indian people themselves may do to contribute toward solution.


Alcoholism and alcohol abuse is recognized by tribes, Indian health officials, and Indian organizations as the number one health problem among Native Americans. Five of the top ten causes of death on Indian reservations are related to alcohol abuse. To address some of the problems involved in the treatment of alcoholism, several new provisions have been included in H.R. 4567, the Indian Health Care Amendments of 1984, which is currently pending in the U.S. House of Representatives. On a broader scale, work has been initiated, primarily through the efforts of Representative Tom Daschle (D-S.D.) and Representative Douglas Bereuter (R-Nebraska), to draft a comprehensive Indian adolescent alcoholism bill for introduction later this summer or early next session. Such a bill would likely result in congressional hearings on the problems of Indian alcoholism and could serve as an impetus for providing new future directions in this area.

The work on this legislative initiative is still in the beginning stage, which provides workshop attendees an excellent opportunity to voice their concerns and recommendations to the panel members, particularly the congressional staff that have been directly involved in the bill. In a sense, the workshop participants will have the chance to "educate" the panel about specific problems and possible solutions in the treatment and prevention of alcoholism among Indian populations.

The panelists will open the workshop with brief presentations about the activities and responsibilities of the IHS Office of Alcoholism; the alcoholism provisions of H.R. 4567; and the progress to date on a new Indian adolescent alcoholism bill. The remainder of the workshop will be devoted questions and concerns of attendees.

VI. IHS RESOURCE ALLOCATION: ISSUES OF EQUITABLE FUNDING (Facilitators: Jean LaBoueff, Office of Program Planning, Indian Health Service, Rockville, Maryland; Tom Seidl, Chief of Program Evaluation and Special Projects, Indian Health Service, Portland, Oregon; Denny DeGross, Executive Director, Alaska Native Health Board, Anchorage, Alaska; Bob Crawford, Health Director, Colorado River Indian Tribes, Parker, Arizona; and Barbara Karshmer, attorney, Fresno, California; Moderator: Jake Whitecrow, Executive Director, National Indian Health Board.)
The problem of allocating IHS resources in a fair and equitable manner, while at the same time insuring that health care services are available to those Indian communities most in need, is a fundamental management issue of the Indian health care program. The basic goal of this workshop is to share information with attendees on the IHS Resource Allocation Formula and the Equity Health Care Fund process from both an IHS and tribal perspective.

This workshop will review the background and creation of the Equity Health Care Fund and examine its impact on health resource deficiencies since FY 1981; explore the prospect of future fundings for health care improvements, including provisions contained in House and Senate bills to reauthorize the Indian Health Care Improvement Act; and examine the IHS Resource Allocation Formula, which will include a discussion of Headquarters and Area roles and IHS plans for FY 1985.

Ample time will also be allowed for questions and concerns of workshop attendees.

Session IV
(1:00 p.m. - 5:00 p.m.)

I. INDIAN HEALTH CARE AND THE POLITICAL PROCESS (Facilitators: E. Susan Crystal, Attorney and former staff member for the U.S. Senate Appropriations Committee; Barbara Karshmer, Attorney, Fresno, California; Emery Johnson, former director, Indian Health Service; and Jake L. Whitecrow, Executive Director, National Indian Health Board. Moderator: Dennis Hendricks, NIHB California Alternate)

The purpose of this workshop is to review the “how-tos” of influencing the political process including a breakdown of important congressional committees and staff members; steps to gain support of important congressional representatives from your state; building a political power base; media uses; and preparation of materials to be used in influencing decision makers. Focus will be placed on how to maintain important contacts and build on them in successive administrations. Role-playing, utilizing present congressional staff, will be a key part of the workshop. Working together, we will strengthen our efforts to raise the level of awareness about key Indian health issues in all parts of government.

Possessing this kind of knowledge and skills is essential to Indian people because the single most important factor in the future of Indian health care is strong congressional support for critically-needed funding. Indian health advocates have played a major role in every administration in educating Congress on the needs of Indian people. The Appropriations Committees play a particularly large role in not only the determination of funding levels, but also the formulation of federal Indian health policy. Every year, the struggle for funds becomes more intense and greater efforts must be made to maintain and strengthen political support for a strong Indian health program.

II. OCCUPATIONAL OUTLOOK IN HEALTH CAREERS AND HEALTH SCHOLARSHIP OPPORTUNITIES (Panel Members: Lois Steele, M.D., INMED Director, University of North Dakota; Terry Espina, California Rural Indian Health Board; Dr. Don Bowen, M.D., Association of American Indian Physicians; Elaine Walbroek, MPH Program, University of California; Tom Ball, Portland Indian Health Board, and Vanetta Chase, Assistant Program Director, Health Sciences Minority Student Program University of Washington, Seattle, Wash.; Moderator: Albert Ross, Jr., NIHB Navajo Area Representative)

In this workshop the following areas will be examined and discussed; the job outlook for health careers and their requirements; salaries, educational possibilities and descriptions of the jobs that will be available; the impact of the shortages of health professionals in various careers; and the status of Indian Health as influenced by these shortages. A panel of experts and representatives of programs providing training in health careers will discuss the available financial aid and services offered by their respective programs.

III. HEALTH CARE SYSTEMS AUTOMATION (Facilitators: Bob Rich, Assistant Director, Seneca Nation Health Department, Salamanca, New York; Bob Crawford, Health Director, Colorado River Indian Tribes, Parker, Arizona; Patricia Zell, Staff Attorney, Senate Select Committee on Indian Affairs, Washington, D.C. Moderator: Ada White, NIHB Billings Area Representative)
The need for automating patient care information systems is becoming more and more apparent to tribes which operate their own health care systems. Participation in the standard IHS reporting system represents extensive efforts with little or no payback in terms of better patient care and health programs management. Accordingly, more tribes are exploring ways of capturing financial and patient care data for their own use as well as reporting purposes.

This workshop will include case examples from two different 638 tribal programs which have developed computerized information systems to assist in managing their health programs. Cost accounting, financial management, contract health care and medical record systems will be discussed. Emphasis will be placed upon the start-up and implementation aspects of developing such systems in tribal environments. In addition, a presentation will be made concerning important new developments within the IHS in the general area of systems automation. Collaborative efforts are being initiated within the IHS to develop information systems on a shared basis which could also benefit tribes to a great extent. This discussion will focus on the need for standardizing basic applications which can then be enhanced to meet specific local requirements.

Finally, a representative of the Senate Select Committee on Indian Affairs will be available to discuss current aspects of S. 2166 (the Indian Health Care Amendments of 1984) which relate to tribal information systems and to explain provisions of the bill which offer opportunities for 638 tribes to develop model systems.

IV. STAYING WELL—JUST FOR THE HEALTH OF IT or EVERYTHING WE ALWAYS WANTED TO TELL OUR
(a) PATIENTS BUT NEVER HAVE ENOUGH TIME (Facilitators: Gayle Harris, M.D., Internal Medicine, Clinical Director, IHS, WW. Hastings Hospital, Tahlequah, Oklahoma; and Dee Ann DeRoin, M.D., Family Practice, Clinical Director, IHS, Haskell Indian Junior College, Lawrence, Kansas. Moderator: Clarence Skye, NIHB Aberdeen Area Representative.)

In this workshop two areas of concern to Indian people will be discussed from a family practitioner’s perspective. First, the question of how often health people should visit the doctor in order to maintain good health will be presented. Visitation schedules for infants, children, and adults, both men and women, will be suggested.

Secondly, the common health problems of Indian people will be examined in order to understand why they are important and what methods can be taken to prevent and treat them. Health problems to be addressed are obesity, diabetes, hypertension, inadequate family planning, stress, smoking and alcohol.

IV. WEIGHT CONTROL THROUGH PHYSICAL FITNESS AND NUTRITION (Facilitators: Mac McCrory, Ed.D., Director of the Health and Fitness Center and Adjunct Assistant Professor, School of Health, Physical Education and Leisure Services, Oklahoma State University, Stillwater, Oklahoma; Rob Quigley, Nutritionist and Health Educator, Indian Health Council, Inc., Rincon Reservation, Pauma Valley, California. Moderator: Clarence Skye, NIHB Aberdeen Area Representative.)

The caloric balance theory is the basis of weight control. But practical application of that theory is at times difficult. This workshop will delineate pragmatic methods of combining basic nutritional guidelines and physical fitness principles into a sound, workable program of weight loss and control. Dr. McCrory’s presentation will increase the participants’ awareness and enhance their ability to develop usable control programs in their community.

A description and analysis of the Osage Risk Reduction pilot project conducted by Oklahoma State University’s Health and Fitness Center will also be discussed. The program is unique in its promotion of individual health behaviors to tribal constituents.

V. MATERNAL CHILD CARE MEANS PREVENTIVE HEALTH, TEAM WORK AND COMMUNICATION
(a) (Facilitators: Carmen Christopherson, R.N., M.S., Director of Community Health Nursing; Dr. Judy Suess, M.D., Field Health Physician; Patricia Free, CHN Clerk; and Janet Bird, EMT/CHR, all from the Winnebago Tribal Health Department Winnebago, Nebraska. Moderator: Maxine Dixon, NIHB USET Area Representative.)

The Maternal Child Health (MCH) Team from the Winnebago Tribal Health Department will describe their roles in the MCH program. This will include program administration; patient
scheduling and record maintenance; patient evaluation and direct care; and in-the-home counseling to encourage and explain to patients the necessity of periodically visiting the clinic.

In addition, a slideshow will be presented on the Women, Infants, and Children's (WIC) Program; MCH clinical services; pre-natal care, and home visitations.

V. TEEN INDIAN PREGNANCY AND PREVENTION SERVICES (Facilitators: Vanessa R. Carter, Program Manager, and Roxan Wilkins, Family Nurse Practitioner, both from the Teen Indian Pregnancy and Prevention Services (TIPPS), Seattle Indian Health Board, Seattle, Washington. Moderator: Maxine Dixon, NIHB USET Area Representative.)

The workshop presenters will address the serious problem of teen pregnancies in Indian communities by use of their own program, TIPPS, as an example in dealing with the problem. A general introduction to issues surrounding Indian teenage pregnancy will be provided. An urban Indian teen pregnancy and prevention program will serve as a model for discussion. Some of the specific areas to be discussed will be prevention strategies such as individual preteen/teen reproductive health counseling; teen family planning services and pregnancy decision-making; peer support groups; refusal instruments, and teen client follow-up procedures.

VI. COMMUNITY APPROACH TO SUICIDE PREVENTION (Facilitators: Patricia Pacheco, Director, Laguna Service Center, Pueblo of Laguna, Laguna, New Mexico and Mona Fernandez, Colorado River Indian Tribes, Parker, Arizona. Moderator: Bob Frank, NIHB Phoenix Area Representative.)

This presentation will elaborate on the steps necessary to mobilize community efforts in the prevention and intervention of suicide among Indian youth.

A working model will be presented and the steps necessary to implement the plan will be reviewed. Steps will include: 1) identifying the problem; 2) mobilizing community and professional concern groups; 3) utilizing resources in the community; 4) training for community, teachers and peer groups; 5) establishing a referral network, and 6) treatment approaches.

The workshop will also examine the community prevention program developed by the Colorado River Indian Tribes, which emphasizes a positive and therapeutic approach for both the individual and the community. A slide presentation will be shown to illustrate different aspects of the CRIT program. The purpose of this presentation, which will have an emphasis on youth aged 8-18, is to explore and share prevention strategies in suicide and self-destructive behavior.

VI. COPING WITH GRIEF (Facilitators: Prosanna Williams, Traditional and Cultural Specialist, Mental Health Department, Warm Springs Tribe, Warm Springs, Oregon. Moderator: Bob Frank, NIHB Phoenix Area Representative.)

This workshop will include a presentation of the use of traditional concepts when dealing with grief. In addition a video tape will be shown consisting of an interview with a spiritual Indian elder who discusses cultural methods of coping with grief. Ms. Williams will then discuss the methods she uses in teaching individuals how to live with grief.

VII. COMPLETION AND USE OF THE UCRR (URBAN COMMON REPORTING REQUIREMENTS) (Facilitators: Michael Arfsten, Special Projects Director, AIHCA; and Pam Iron, Executive Director, Indian Health Care Resource Center, Tulsa, Oklahoma.)

In this session the definitions and completion of the UCRR reporting forms will be reviewed. A step-by-step walk through of the data reporting forms will be presented. Some of the internal management uses of the UCRR will also be explained. This workshop, sponsored by the American Indian Health Care Association, is designed specifically to address reporting requirements of Title V Urban Indian Health Projects.
General Assembly Presentations  
Thursday, June 7, 1984

REALORIZATION OF THE INDIAN HEALTH CARE IMPROVEMENT ACT (Presenters: Frank Ducheneaux, Staff Director, U.S. House Interior and Insular Affairs Committee; Patricia Zell, Staff Attorney, Senate Select Committee on Indian Affairs; and Andy Schneider, Assistant Counsel House Subcommittee on Health and the Environment. Moderator: Mel Sampson, NIHB Portland Area Representative)

This presentation will review the existing status of bills in the Senate (S. 2166) and House (HR. 4567) that would amend and extend the Indian Health Care Improvement Act. The presenters will cover many of the areas addressed in Tuesday morning's workshop (see description under Session I Workshops), but in less detail due to time constraints. House and Senate committee staff will discuss the different sections of the bills and will offer their perspectives on upcoming congressional action on the proposed legislation.

INDIAN HEALTH SERVICE PRESENTATION (Presenters: Nicki Solomon, Director, Community Health Representative Program Office, Indian Health Service; Dr. Joseph Exendine, Acting Associate Director, Office of Tribal Activities, Indian Health Service; Luana Reyes, Acting Association Director, Office of Planning, Evaluation, and Legislation, Indian Health Service; and Jim Smith, Special Assistant to the Director, Indian Health Service)

Officials from Indian Health Service Headquarters will address the general assembly on several important Indian health matters. The first presentation, by CHR Program Director Nicki Solomon, will review the status and recent activities of the CHR Program Headquarters Office. This will be followed by a presentation involving three key headquarters staff — Luana Reyes of the Office of Planning, Evaluation, and Legislation; Dr. Joseph Exendine of the Office of Tribal Affairs; and Jim Smith, Special Assistant to the Director—on major policy matters in Indian health, including a discussion of IHS activities on the issue of health services eligibility.

Time will also be provided for a question and answer session to allow conference participants to share their concerns with Headquarters staff.

CONTRACTING FOR HEALTH PROGRAMS UNDER P.L. 93-638: WHERE DO WE GO FROM HERE? (Thursday, June 7, 3:00 p.m.) (Panel Members: Gary Breshears, Executive Director, Creek Nation, Okmulgee, Oklahoma; Gordon Thayer, Chairman, Lac Courte Oreilles Tribe, Hayward, Wisconsin; Howard Dickstein, attorney, California Rural Indian Health Board, Sacramento, California; Niles Cesar, Executive Director, Southeast Alaska Regional Health Corporation; Emery A. Johnson, M.D., former director, Indian Health Service; Robert Birch, Chief, Indian Resource Liaison Staff, Indian Health Service; Joseph Moran, Chief, Contracts and Grants, Health Resources and Services Administration; and Sid Edelman, Special Assistant to the Office of the General Counsel, Public Health Service; Moderator: Jake L. Whitecrow, Executive Director, National Indian Health Board.)

This panel discussion has been arranged to give you, the conferee, an update on the activities centered around Indian Self-Determination in the field of Indian health. The law (P.L. 93-638: The Indian Self-Determination and Education Assistance Act) has been in effect now for nine years. What progress has been made throughout the nation in regard to the intent of Congress when the law was enacted? What direction has been taken by the Indian Health Service (IHS)? What obstacles have been identified that prevent a Tribe or Tribal Organization from implementing and fulfilling a contract under this law? What precisely is contractable in the Indian health program, and how does a Tribe determine if and when it should contract?

This legislation is the first major Indian policy legislation since the Indian Reorganization Act of 1934 (P.L. 73-383). The critical importance of the Indian Self-Determination Act is the recogni-
tion of the right of Indian people to direct their own destiny while at the same time preserving their rights and trustee status with the federal government. By enacting P.L. 93-638, the United States Congress declared its commitment to the maintenance of the federal government's unique and continuing relationship with and responsibility to the American Indians and Alaska Natives through the establishment of a meaningful policy.

In P.L. 93-638, the Indian Health Service is directed to contract with Tribes or Tribal Organizations whenever a Tribe chooses to operate its own health program. In the instances where tribal proposals are rejected, the IHS must offer convincing evidence for rejection and must provide assistance to the Tribes in removing, where possible, the grounds for declining the Tribe's request.

There have been claims that there are too many obstacles in the contracting process, and there have been charges that Tribes are not ready to assume the responsibility of operating their own health facilities. Some have argued that there are too many political difficulties, internally with a Tribe, to allow for a successful completion of a P.L. 93-638 contracting operation. Some claims have also been made that tribes would not deliver the quality of services by professional and competent personnel if they took over their own facilities. And some personnel within IHS have indicated they would immediately transfer if a tribe submitted a letter with the intent to contract the facility that they were stationed.

These are the types of issues, as well as the overall question "Where do we go from here?", that this panel will address. All panel members for this General Assembly discussion are thoroughly knowledgeable and familiar with the process of P.L. 93-638 contracting of the IHS. The panelists represent a wide range of views — both from the tribal perspective and that of the Federal Government — and they will be available to respond to your questions. This will be one of the most outstanding panel groups of the conference and we anticipate a tremendously interesting debate that will provide you, the conferee, with information that you can utilize in your work at home.

We hope each one of you will make a special effort to remain throughout the entire conference to attend this important discussion. There have been many debates, often heated, across the country between Tribal and IHS representatives in regard to P.L. 93-638 contracting. There are a multitude of definitions for the term "Self-Determination". Attend this panel discussion as those debates come to the forefront for public scrutiny. You will not be disappointed.
The National Indian Health Board: Promoting Quality Health Care for All Indian People

Since its inception in 1972, the National Indian Health Board has worked in close cooperation with Indian tribes, health boards, tribal organizations, and the Indian Health Service (IHS) for the purpose of raising the health care status of American Indians and Alaska Natives to a level that is at least equal to that of other American citizens.

Founded on the principle that tribal and health consumer involvement is an absolutely essential component of the Indian health care delivery system, NIHB has strived over the years to secure a working partnership between tribes and the Indian Health Service. Through such a partnership IHS administrators and other federal policymakers can receive the tribally-oriented direction and consultation necessary for the effective delivery of quality health services to Indian people. More importantly, this relationship promotes Indian Self Determination and the direct participation by tribes and Indian organizations in the management and delivery of health services, a goal to which NIHB is fully committed.

To effect this partnership, NIHB is organized to provide for tribal and health consumer involvement in each of the 12 geographically-defined IHS areas. NIHB recognizes that the basis for all Federal-Indian affairs is the government-to-government relationship that exists between each tribe and the United States government, and that under no circumstance can this sovereign tribal status be compromised. NIHB cannot represent ipso facto the individual tribes; only the duly elected tribal governments can directly represent their people on Indian health issues, as illustrated by the current national question regarding health services eligibility.

But while NIHB, or any other Indian organization, cannot infringe on the sovereign status of Indian tribes, NIHB can and does serve as an effective national medium that allows tribes and Indian organizations, through the electoral process, to address and learn more about issues that affect the health care of Indian people. It is through the electoral process that tribes and Indian organizations in each of the IHS areas select a representative to the 12-member Board of Directors, which gives the organization its strength and its affiliation with the grassroots Indian Community.

As the complexity and diversity of tribal needs require that the IHS program differ from region to region, so too must NIHB’s structure remain flexible enough to allow for the various tribal needs among its affiliate areas. Originally comprised of 12 area Indian health advisory boards, NIHB’s affiliate organizations have evolved over the years as their scope has expanded beyond advisory activities to include consultation, evaluation and, in several instances, the coordination and delivery of health services. As a result, NIHB’s own composition has evolved over the years to reflect the changing status of tribal representation in the 12 IHS areas.

Presently, NIHB is comprised of seven area Indian health boards (Alaska, Albuquerque, California, Montana, Navajo, Oklahoma, and Portland); four inter-tribal organizations (Aberdeen: the United Sioux Tribes; Bemidji: the Great Lakes Inter-tribal Assembly; Phoenix: the Inter-tribal Council of Arizona and the Inter-Tribal Council of Nevada); and one tribal health department (Tucson: the Papago Executive Health Staff). As required by its Constitution, each NIHB representative is an elected Indian official (generally a member of a tribal council) and usually possesses a strong background in the field of health care. NIHB maintains that area representation is a matter that is best addressed by the areas’ respective tribes, and the organization will continue to accommodate the expressed desires of each area’s tribes for representation on the Board.

Through its elected representatives and through its network of health boards and inter-tribal organizations NIHB has consistently worked over the years to provide a strong, unified Indian voice in legislative and administrative matters affecting the delivery of health services to Indian people. By coordinating its activities with tribes, its affiliate organizations, and other national Indian organizations (e.g., the Health Committee of the National Congress of American Indians), NIHB has developed national positions and recommendations to promote the improved health and well-being of Indian people. Examples of such efforts include: recommendations for Indian provisions contained in the
National Health Planning and Resources Development Act, the Mental Health Systems Act, and the federal health block grants; passage of the Indian Health Care Improvement Act and the Indian Child Welfare Act; the NIHB/NCAI Health Services Eligibility Concept Paper; and the present effort to amend the Indian Health Care Improvement Act.

In past years, the Board of Directors has also met regularly to consult with top IHS and other Department officials on the operation of the Indian Health Service. Recommendations developed by NIHB members and their constituents at the tribal, service unit, and area levels form the basis of the organization's resolutions to the Indian Health Service. NIHB has also received direction from participants at five national Indian health conferences which have brought together health administrators, medical experts, and hundreds of individuals for a mutual exchange of information and ideas about Indian health care.

In recognition of the need for tribal leaders and Indian health officials to be well-informed on policy matters, legislation, and other issues related to Indian health services, NIHB has also worked to develop a much needed national clearinghouse for Indian health-related information. Through numerous mailings, press releases, and its newsletter, the *NIHB Health Reporter* (which has a current circulation of more than 10,000 readers) NIHB has established a credible and widely-accepted system for disseminating Indian health news and information.

Although recent fiscal constraints have severely curtailed these and other NIHB activities, the basic structure of the National Indian Health Board remains in place. By working through its tribally-sanctioned health boards and inter-tribal organizations, and in cooperation with the Indian Health Service, NIHB can effect the tribal and consumer involvement necessary to deliver quality health services and ultimately raise the health status of Indian people.
about the NIHB Health Reporter

The NIHB Health Reporter is published by the National Indian Health Board (NIHB) in an effort to provide Indian health boards, tribal leaders, tribal health departments, Indian Health Service (IHS) officials, and other interested organizations with information regarding the latest developments on Indian health care issues.

First published in June of 1977, the newsletter has reported on federal legislation affecting Indian health both directly and indirectly, such as Public Laws 94-437 (the Indian Health Care Improvement Act), 93-638 (the Indian Self-Determination and Education Assistance Act), and legislation related to Indian health care appropriations, block grants, health planning, education, and other major health issues.

The newsletter has also reported on the problems associated with alcohol abuse in American Indian communities; the need for increased awareness of diabetes, cancer, otitis media, and Fetal Alcohol Syndrome among American Indians; development of IHS fiscal year budgets; policies of the Reagan Administration concerning "New Federation", block grants, and other issues; Indian child welfare; tribal programs that provide innovative health services to Indian populations; and on-the-site reporting of major health-related symposiums and conferences concerning Indian health.

The NIHB Health Reporter is made possible through Contract No. HSA-244-81-0030 with the Indian Health Service and is available free of charge. The National Indian Health Board encourages readers to submit articles regarding health activities in their areas which they feel would be of interest to the Indian community.

All articles, correspondence and mailing requests should be submitted to John P. O'Connor, Editor; National Indian Health Board; 1602 South Parker Road, Suite 200; Denver, Colorado 80231.