The Eighth Annual
National Indian and Alaska Native Health Conference

Rapid City, S.D.

October 27-30, 1986
Special
Acknowledgements

*United Sioux Tribes
*Rapid City Indian Health Advisory Board
*Aberdeen Area Indian Health Service

An event such as the Eighth Annual National Indian and Alaska Native Health Conference requires a tremendous amount of planning and coordination. Without the assistance of the elected officials, staff and volunteers from many Tribes and organizations, it would be impossible to conduct a conference such as this.

We especially wish to acknowledge the contributions and assistance provided by the co-hosts of this conference, the United Sioux Tribes and the Rapid City Indian Health Advisory Board. Their guidance and cooperation have been invaluable throughout the conference planning process. We also wish to express our deep appreciation to the Aberdeen Area Indian Health Service for their assistance and support for this conference. Finally, the National Indian Health Board wishes to thank the many other speakers, staff, and volunteers that have contributed their efforts in order to make the Eighth Annual National Indian and Alaska Native Health Conference a successful event.

*Robert Penn, Artist

The artwork used for the front and back covers of this year’s program was provided by Robert Penn, an enrolled member of the Rosebud Sioux Tribe whose career as an artist spans 20 years. Robert studied under Oscar Howe at the University of South Dakota, where he received his degree in fine arts in 1972. His paintings have been featured at many exhibitions and showings, and his work is currently on display in galleries around the country. Using a wide range of artistic styles, Robert’s work reflects traditional Indian values and beliefs in modern times. Robert now lives and works in Boulder, Colorado.
The Eighth Annual
National Indian and Alaska Native
Health Conference

"Consultation is Good Medicine"

Rushmore Plaza Civic Center
Rapid City, South Dakota
October 27-30, 1986

Sponsored by the National Indian Health Board
Co-hosted by the United Sioux Tribes and
the Rapid City Indian Health Advisory Board
EIGHTH ANNUAL NATIONAL INDIAN AND ALASKA NATIVE HEALTH CONFERENCE

CONFERENCE OVERVIEW

MONDAY, OCTOBER 27, 1986
9:00 a.m. - 5:00 p.m. Registration: Concourse (RPCC)
12:00 noon - 6:00 p.m. Exhibitors into Exhibition Area: LaCroix Hall

OPENING GENERAL ASSEMBLY
Theatre
1:00 p.m. Call to Order: Melvin R. Sampson, Chairman
National Indian Health Board
Welcoming Addresses
2:00 p.m. Keynote Speaker: Mel Tonasket, Chairman, Colville Tribe: "Consultation — A Tribal Perspective"
2:30 p.m. Special Guest Speaker: Everett R. Rhoades, M.D., Director, Indian Health Service: "Consultation and IHS Policy"
4:15 p.m. "The 99th Congress: Report on Indian Health Legislation"
5:00 p.m. RECESS

EVENING
5:15 p.m. - 6:15 p.m. Low Impact Aerobics
Rushmore E, RPCC
7:00 p.m. Workshop Coordination Meeting:
All Workshop Presenters for Tuesday, October 28
Hilton Hotel Executive Room
7:00 p.m. - 8:00 p.m. Alcoholics Anonymous Meeting
Hilton Hotel Roubaix Room
7:00 p.m. All Indian Rodeo

TUSSDAY, OCTOBER 28, 1986
8:30 a.m. - 5:00 p.m. Registration: Concourse (RPCC)
8:30 a.m. - 5:00 p.m. Exhibits: LaCroix Hall (RPCC)
10:00 a.m. - 4:00 p.m. Health Fair: Room 207
9:00 a.m. - 12:00 noon WORKSHOPS (SESSION I)
Rooms 201 & 202 I. SEXUAL OFFENDERS CAN BE JUVENILES: IDENTIFICATION AND TREATMENT
Room 101 II. EXPLORING AMERICAN INDIAN CONCEPTS OF HEALTH AND ILLNESS
Room 205 III. INNOVATIVE YOUTH PROGRAMS
Room 206 IV. (a) NON-IHS SCHOLARSHIPS AVAILABLE TO INDIAN STUDENTS
Room 206 IV. (b) IHS HEALTH CAREERS AND SCHOLARSHIP OPPORTUNITIES
Alpine Room V. SUICIDE PREVENTION
Rooms 203 & 204 VI. ALCOHOLISM/SUBSTANCE ABUSE INITIATIVES OF THE INDIAN HEALTH SERVICE AND AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES
Ponderosa Room VII. RED ROAD APPROACH TO ALCOHOL ABUSE
12:00 noon - 1:30 p.m.
1:30 p.m. - 5:00 p.m. RECESS
WORKSHOPS (SESSION II)
Room 101 I. OVERVIEW OF URBAN INDIAN HEALTH, 1972-1986
Room 208 II. INDIAN HEALTH RESEARCH: A PRESENTATION OF IHS RESEARCH PROGRAMS AND INDEPENDENT RESEARCH PROJECTS
Room 206 III. AN EMERGING APPROACH TO IMPROVING THE HEALTH OF AMERICAN INDIAN ADOLESCENTS: THE SCHOOL-BASED TEEN CENTER MODEL
Room 201 & 202 IV. PREPARING FOR A CAREER IN HEALTH
Room 205 V. ABC’S OF EMERGENCY CARE
Room 203 & 204 VI. CONCERNS OF THE ELDERLY
Alpine Room VII. TRADITIONAL MEDICINE
Ponderosa Room VIII. CONSULTING WITH PATIENTS ON HEALTH CARE QUALITY
5:00 p.m. RECESS

EVENING
5:15 p.m. - 6:15 p.m. Low Impact Aerobics
Rushmore E, RPCC
7:00 p.m. - 8:00 p.m. Alcoholics Anonymous Meeting
Hilton Hotel Roubaix Room
7:00 p.m. Workshop Coordination Meeting:
Hilton Hotel All Workshop Presenters for Wednesday, October 29
Executive Room
7:00 p.m. All Indian Rodeo
8:00 p.m. Fashion Show & Dance
Hotel Alex Johnson

WEDNESDAY, OCTOBER 29, 1986
7:00 a.m. Health Fun Run
8:30 a.m. - 2:00 p.m. Registration: Concourse, RPCC
8:30 a.m. - 5:00 p.m. Exhibits: LaCroix Hall, RPCC
9:00 a.m. - 12:00 noon WORKSHOPS (SESSION III)
Alpine Room
I. (a) COLLABORATIVE EFFORT TO COMBAT BABY BOTTLE TOOTH DECAY
Alpine Room
I. (b) CHLAMYDIAL INFECTIONS: A HIDDEN SEXUALLY TRANSMITTED DISEASE AFFECTING ADULTS AND NEWBORNS
Ponderosa Room
II. RED ROAD APPROACH TO ALCOHOL ABUSE
Rooms 201 & 202
III. (a) SEXUAL OFFENDERS CAN BE JUVENILES: IDENTIFICATION AND TREATMENT
Rooms 201 & 202
III. (b) NATIVE HAWAIIANS: HEALTH CARE AND EDUCATION ISSUES
Rooms 203 & 204
IV. TRIBAL DIABETES PROGRAMS
Room 205
V. (a) THE PHILOSOPHY OF TRADITIONAL NATIVE NUTRITION AND HERBS
Room 205
V. (b) INDIAN WOMEN ISSUES ON FAMILY TRADITIONS
Room 207
VI. CREATING A HEALTH PROMOTION/DISEASE PREVENTION MODEL THAT WORKS
Room 101
VII. NETWORKING RURAL HEALTH CARE
12:00 noon - 1:30 p.m. WORKSHOPS (SESSION IV)
1:30 p.m. - 5:00 p.m. RECESS
Room 101
I. NUTRITION: GOOD AND BAD
Room 203 & 204
II. PREPARING FOR A CAREER IN HEALTH
Room 207
III. DEVELOPING SELF-ESTEEM AND LIFE-COPING SKILLS
Rooms 201 & 202
IV. (a) PROGRAM FOR CHILDREN OF ALCOHOLICS
Rooms 201 & 202
IV. (b) SMOKELESS TOBACCO: PREVALENCE OF USE AND THE RESULTING EFFECTS
Room 205
V. ABC'S OF EMERGENCY HEALTH CARE
Ponderosa Room
VI. WORKING TOGETHER — THE INDIAN PEOPLE AND THE INDIAN HEALTH SERVICE DISCUSS RESOURCE ALLOCATION METHODOLOGY AND P.L. 93-638 CONTRACTING
Alpine Room
VII. IMPROVISATIONAL THEATRE: "WOABLEZE KUWA"
5:00 p.m.
EVENING
5:00 p.m. - 7:00 p.m. Reception for All Conferences: Sponsored by RamKota Inn
Alex Johnson's "Yesterday"
5:15 p.m. - 6:15 p.m. Low Impact Aerobics
Room 205
7:00 p.m. - 8:00 p.m. Alcoholics Anonymous Meeting
Hilton Hotel
Roubaix Room
7:00 p.m. Exhibits (optional)
LaCroix Hall
7:00 p.m. Pow Wow — Grand Entry
LaCroix Hall

THURSDAY, OCTOBER 30, 1986
8:30 a.m. - 2:00 p.m. Exhibits: LaCroix Hall
CLOSING GENERAL ASSEMBLY
LaCroix Hall
9:00 a.m. Panel Presentation: "Community Health Representatives Program Outlook for Fiscal Year 1987"
10:15 a.m. Presentation: "From Severe Alcoholism to Community Sobriety — The Alkali Lake Achievement"
11:15 a.m. AWARDS PRESENTATION
11:30 a.m. RESOLUTIONS
ADJOURNMENT OF THE EIGHTH ANNUAL NATIONAL INDIAN AND ALASKA NATIVE HEALTH CONFERENCE
Melvin Sampson
Chairman
National Indian Health Board

The National Indian Health Board is grateful that you chose to attend and participate in the Eighth Annual National Indian and Alaska Native Health Conference. The Board members and the staff appreciate your presence and share your health related concerns.

The previous conferences have been very successful, thus we have elected to continue with a comparable format. Each year, in respect to the recommendations we receive, we implement those that will enhance the conference for your benefit. We strive to employ the best in their respective field as presenters; we strive to address the major issues thoroughly, with the respective key personnel or departments, and we approach the workshop concept accordingly. The issue of Indian health and all of its related factors is now a vast responsibility. It is finally starting to receive the attention it deserves.

This year, at the Eighth Annual Conference, the theme "Consultation is Good Medicine" is appropriate. We as consumers no longer take matters for granted; we as consumers no longer desire to remain silent; we as consumers desire and deserve quality care; we as consumers are fully conscious of our reserved right of this service; and we as consumers are desirous to be involved in determining our health and its related matters. Yes, indeed, Consultation is Good Medicine and, to a measurable degree, it is essential.

This conference, with your involvement, represents a major and important format in determining the concerns and setting directions for Indian health. As we assemble, we exchange ideas, we share problem areas, we explore deficiencies and we develop concepts to address these concerns. The consumer speaks, with major emphasis on consultation, with the intent of improving the health status of Indian and Alaska Native people.

There has been a noticeable change over the past decade. It’s my distinct belief this has happened, primarily, because of us becoming involved . . . all of us. We must continue this for the sake of the current generation and those yet unborn. I urge you to be active and participate in this conference, as this conference is a format for us to assure that our concerns are heard and hopefully realized.

I wish to extend my appreciation, on behalf of the National Indian Health Board, to the United Sioux Tribes and the Rapid City Indian Health Advisory Board for co-hosting us. Also, we extend our appreciation to all who have assisted; without them the conference would not be a reality.

We want you to enjoy yourself at the conference and request your participation and recommendations.

Sincerely,

Melvin R. Sampson, Chairman
National Indian Health Board
Dear Fellow Conferees:

Once again we come together in order to discuss the many problems in health confronting our American Indian and Alaska Native people. It seems there are always a multitude of political problems that are thrown in the path of our goal to raise the health status of Indian people to the highest possible level.

The age old problem of who is an Indian is with us as we enter this conference. Who is eligible for health care provided as a “pre-paid” service to Native Americans as a result of our ceding millions of acres of land and resources to the United States? There is always some group that wants to eliminate those services which are ours as an inheritance from our Forefathers. Our ancestors fought long and hard for these services. The question is: “Are we going to continue the fight or lay down and accept defeat?”

I encourage each of you to roll up your sleeves and dedicate yourself to protecting these benefits for your descendents. We have often been pitted against each other in the past: reservation vs. non-reservation; ¼ blood and more vs. those less than ¼ blood. Why do we allow anyone to come between us and cause dissension? We must be strong if we are to win this battle of retaining our rights.

The Board of Directors and I sincerely ask you to actively participate in this conference. Join in and ask questions. Offer your influence, experience, and wisdom to make this meeting a success. Let’s develop a set of conference resolutions that everyone of us can set our sights on and accomplish. We guarantee that the National Indian Health Board will be doing everything it can to make the resolutions a reality, but we need the support of each of you and your tribes and organizations in order to make this happen.

Let’s all work together and improve the state of health for our people.

Sincerely,

Jake L. Whitecrow
Executive Director
National Indian Health Board
Dear Conference Participants:

The Indian Health Service (IHS) is very pleased to be part of the Eighth Annual National Indian and Alaska Native Health Conference.

The conference theme for this year is "Consultation is Good Medicine," and I strongly agree. As I have stated before, we are in the midst of the most profound revolution in the provision of medical care since the founding of this country. There are many factors which are forcing changes in the way IHS carries out its goal of raising the status of health of Indian and Alaska Native people to the highest possible level. Together, we can meet and effectively work through these changes. The need for continually improving communications with tribes and tribal organizations is of great importance.

I believe that a national conference such as this provides an opportunity for the exchange of ideas and information on critical health care issues facing the American Indian and Alaska Native population. Your participation in this conference and other national conferences demonstrates your concern and willingness to work for improved health care to our people.

I am pleased to report that steps toward improved communications are continuing. On September 15, tribal leaders representing four National Indian Organizations met with the Secretary, Department of Health and Human Services and other Departmental Officials to express their concerns on major Indian health care issues and policies.

Consultation is good medicine and the IHS will continue to improve communications with American Indian and Alaska Native people.

Have a good and productive conference.

Sincerely yours,

Everett R. Rhoades, M.D.
Assistant Surgeon General
Director, Indian Health Service
Foreword

Ten years ago the National Indian Health Board (NIHB) sponsored its first national conference designed specifically to bring together American Indians and Alaska Natives from across the country for the purpose of addressing important issues related to the delivery of health services to their people.

Since that first conference in 1976 there have been significant changes in the Indian health care delivery system. As evidenced by recent Indian Health Service (IHS) proposals to revise its eligibility regulations, its process for allocating health resources, and its procedures for contracting with Tribes, American Indians and Alaska Natives are being confronted with increasingly difficult and complex questions about their health care programs.

In recognition of the continuing need for meaningful involvement by Tribal governments and Indian health consumers in the decision-making process on such issues, the National Indian Health Board has selected the theme "Consultation Is Good Medicine" for the Eighth Annual National Indian and Alaska Native Health Conference. It is the Board's intent that this conference be dedicated to the spirit of Indian Self Determination and to creating a better understanding of the role of Tribes and health consumers in shaping the future of the Indian health care program.

In keeping with this theme, the Opening General Assembly on Monday afternoon has been structured to provide conference participants with perspectives on the interrelationship between Tribes, the Indian Health Service, and Congress. Colville Tribal Chairman Mel Tonasket, a long-time advocate of improved medical care for Indian people, will open with a presentation on the role of Indian leaders in determining the direction of the Indian health program. Following Mr. Tonasket's presentation, conferees will hear about the latest developments in several crucial Indian health policy and legislative matters. IHS Director Dr. Everett R. Rhoades will address the assembly, and a panel of IHS officials will review the status of proposed changes in health services eligibility, resource allocation, and contract health services. In addition, the latest information on developments in the recently-adjourned 99th Congress will be reviewed by House and Senate congressional staff.

On the following two days, Tuesday and Wednesday, conferees will break into concurrent "workshops" that will provide in-depth review and discussion on a wide range of health care subjects. Based on the experience of the past seven national health conferences, the National Indian Health Board believes that these smaller workshop sessions provide participants the best opportunity possible for learning more about their special areas of interest, exchanging ideas, and developing recommendations for addressing their concerns. NIHB is pleased that a number of this year's workshop presenters represent Tribal programs that have developed unique, community-oriented approaches to dealing with health care problems, and we are hopeful that attendees will find in these programs potential solutions to similar health problems in their own communities.

As in past years, we have attempted to provide an appropriate mix of clinical, administrative, and community health topics in order to address the many varied health interests and concerns of the workshop participants. In anticipation that certain subject areas will be particularly popular, we have scheduled several of the workshops twice to allow attendees as much flexibility as possible. We encourage you to carefully review the workshop descriptions in the back of this program to assist you in selecting which sessions will be most beneficial. In addition, a number of the workshops have been approved for continuing education credit for doctors and nurses, and are so designated in the program. Certificates of credit will be made available during the conference.

The Closing General Assembly Thursday morning will feature presentations about the role of community health providers and community "activism" in promoting better health. This session begins with a status report on the Community Health Representative program which, despite its obvious importance to the overall health care system, has repeatedly been targeted for elimination in recent years. Afterwards, there will be a presentation on the inspiring experience of the Alkali Lake Indian community in British Columbia, which completely turned around an overwhelming problem of community alcoholism through the personal commitment and dedication of its members.

It is the hope of the National Indian Health Board that the Eighth Annual National Indian and Alaska Native Health Conference will offer attendees a constructive forum for addressing their health concerns and developing new strategies for improving Indian health conditions as well as strengthening the role of Tribal governments and health consumers in the Indian health care system.
## Special Events and Conference Meeting Rooms

All meeting rooms are at the Rushmore Plaza Civic Center (RPCC) unless otherwise noted.

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<thead>
<tr>
<th>EVENT</th>
<th>DAY/TIME</th>
<th>LOCATION</th>
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<tr>
<td>NIHB Administration Room</td>
<td>Saturday-Friday October 24-31</td>
<td>Room 102, RPCC</td>
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<tr>
<td>Audio Tape Sales</td>
<td>Monday-Thursday October 27-30</td>
<td>Concourse, RPCC</td>
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<tr>
<td>Exhibits</td>
<td>Monday-Thursday October 27-30</td>
<td>LaCroix Hall, RPCC</td>
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<tr>
<td>INMED Advisory Board Meeting</td>
<td>Monday, October 27 9:00 a.m. - 12:00 noon</td>
<td>Hotel Alex Johnson Lincoln Room</td>
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<td>First Aid Booth</td>
<td>Monday-Thursday October 27-30</td>
<td>Exhibit Booth #85, LaCroix Hall, RPCC</td>
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<tr>
<td>All Indian Rodeo</td>
<td>Monday-Tuesday October 27-28 7:00 p.m.</td>
<td>Hart Ranch Arena, Highway 16 — 8 miles south of Rapid City, S.D.</td>
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<tr>
<td>Aerobics</td>
<td>Monday-Wednesday October 27-29 5:15 p.m. - 6:15 p.m.</td>
<td>Hilton Hotel, Executive Room</td>
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<tr>
<td>Workshop Coordination Meetings</td>
<td>Monday-Tuesday October 27-28 7:00 p.m.</td>
<td>Hilton Hotel, Roubaix Room</td>
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<tr>
<td>Alcohols Anonymous Meetings</td>
<td>Monday-Wednesday October 27-29 7:00 p.m. - 8:00 p.m.</td>
<td>Room 207, RPCC</td>
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<td>Health Fair</td>
<td>Tuesday, October 28 10:00 a.m. - 4:00 p.m.</td>
<td>Hotel Alex Johnson, Yesterdays</td>
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<tr>
<td>Fashion Show &amp; Dance</td>
<td>Tuesday, October 28 8:00 p.m.</td>
<td>Assemble south of the RPCC at the Fountain in Memorial Park</td>
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<tr>
<td>Health Fun Run</td>
<td>Wednesday, October 29 7:00 a.m.</td>
<td>Hotel Alex Johnson, Yesterdays</td>
</tr>
<tr>
<td>Hospitality Reception</td>
<td>Wednesday, October 29 5:00 p.m. - 7:00 p.m.</td>
<td>LaCroix Hall, RPCC</td>
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<tr>
<td>POW-WOW Grand Entry</td>
<td>Wednesday, October 29 7:00 p.m.</td>
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EIGHTH ANNUAL NATIONAL INDIAN AND ALASKA NATIVE HEALTH CONFERENCE
RUSHMORE PLAZA CIVIC CENTER
RAPID CITY, SOUTH DAKOTA

PROGRAM

MONDAY, OCTOBER 27, 1986

9:00 a.m. - 5:00 p.m.  Registration: Concourse (RPCC)

9:00 a.m. - 12:00 noon  INMED Advisory Board Meeting

12:00 noon - 6:00 p.m.  Exhibitors into Exhibition Area: LaCroix Hall

OPENING GENERAL ASSEMBLY
Theatre

1:00 p.m.  Call to Order: Melvin R. Sampson, Chairman
National Indian Health Board

Presentation of Colors: Oglala Lakota Viet Nam Veterans Association;
Pine Ridge, S.D.

Prayer: Sonny Larvie, Traditionalist, Rapid City, S.D.

Sioux National Anthem: Nellie and Mathew Two Bulls, Oglala, S.D.

Welcoming Address: Melvin R. Sampson, Chairman
National Indian Health Board

Welcome to Rapid City: The Honorable Arthur P. LaCroix, Mayor,
Rapid City, S.D.

Welcome by the United Sioux Tribes: Charlie Murphy, Chairman
United Sioux Tribes

Welcome to the Aberdeen Area: Terrence Sloan, Director
Aberdeen Area Indian Health Service

2:00 p.m.  Keynote Speaker: Mel Tonasket, Chairman
Colville Tribe
"Consultation — A Tribal Perspective"

2:30 p.m.  Special Guest Speaker: Everett R. Rhoades, M.D., Director
Indian Health Service
"Consultation and IHS Policy"

IHS Panel: Jim Mitchell, Chief, Contract Health Care Branch, IHS
Headquarters; J. Michael Wood, Program Management Officer, Aber-
deen Area IHS; Richard J. McCloskey, Director, Division of Legislation
and Regulations, IHS Headquarters

Questions and Answers
4:15 p.m. Presentation: "The 99th Congress: Report on Indian Health Legislation"

Patricia Zell, Staff Attorney, Senate Select Committee On Indian Affairs; Max Richtman, Minority Staff Director, Senate Select Committee on Indian Affairs; Debra Brokenrope, Staff, House Interior and Insular Affairs Committee

4:45 p.m. Conference Overview: Melvin Sampson, Chairman
National Indian Health Board

5:00 p.m. RECESS

EVENING

5:15 p.m. - 6:15 p.m. Low Impact Aerobics: Jackie Arpan and Madonna Beard, Oglala Sioux; Certified Aerobics Instructors; Rapid City, S.D.
Rushmore E, RPCC

7:00 p.m. Workshop Coordination Meeting:
All Workshop Presenters for Tuesday, October 28
Hilton Hotel Executive Room

7:00 p.m. - 8:00 p.m. Alcoholics Anonymous Meeting:
Sponsored by Local Indian Members
Hilton Hotel Roubaix Room

7:00 p.m. All Indian Rodeo: Gunville Rodeo Co.;
Hart Ranch Arena (Highway 16 — 8 miles south of Rapid City, S.D.)

TUESDAY, OCTOBER 28, 1986

8:30 a.m. - 5:00 p.m. Registration: Concourse (RPCC)

8:30 a.m. - 5:00 p.m. Exhibits: LaCroix Hall (RPCC)

10:00 a.m. - 4:00 p.m. Health Fair: Room 207

All Conference Workshops have been approved for American Medical Association Category I for credits. Continuing education credits for nurses have been requested.

9:00 a.m. - 12:00 noon WORKSHOPS (SESSION I)

Rooms 201 & 202

I. SEXUAL OFFENDERS CAN BE JUVENILES: IDENTIFICATION AND TREATMENT

Presenter: Iva W. Trottier, Mental Health Specialist, IHS Ft. Peck Service Unit

Room 101

II. EXPLORING AMERICAN INDIAN CONCEPTS OF HEALTH AND ILLNESS

Presenters: Carol Locust, Ph.D., and Paul Skinner, Ph.D.;

Moderator: Jennie R. Joe, Ph.D., Navajo, Co-Director, Native American Research and Training Center, University of Arizona, Tucson, Arizona
III. INNOVATIVE YOUTH PROGRAMS

Presenters: Ethleen Iron Cloud, Director  
Royce White Calf, Counselor  
Asa Two Dogs, Counselor, Project Phoenix,  
Oglala Sioux Tribe  
Tillie Black Bear, Director  
Karen Artichoker, Mental Health Therapist,  
Sacred Circle Center, St. Francis Indian School,  
St. Francis, South Dakota  
Arthur W. Zimiga, Ed.D., Ministry of Presence,  
United Methodist Church

IV. (a) NON-IHS SCHOLARSHIPS AVAILABLE TO INDIAN STUDENTS

Panel Members:
Oran LaPointe, Assistant Director and Student Affairs  
Advisor, American Indian Scholarships, Inc.
Terrance Hunter, Executive Director, and Stephen J. Barse,  
Program Coordinator, Association of American Indian Physicians
Alex Stone, Counselor, Northwest Indian Nurse  
Recruitment Program, Northwest Portland Area  
Indian Health Board
Gregory Carroll, Ph.D., Associate Dean for Undergraduate Studies and Associate Professor of Health Planning and Administration, Pennsylvania State University
Richard St. Germaine, Ph.D., Board Member, Indian Scholarship/MPH Program, University of California, Berkeley

IV. (b) IHS HEALTH CAREERS AND SCHOLARSHIP OPPORTUNITIES

Presenters: Arthur Testoff, Deputy Director,  
Division of Disadvantaged Assistance,  
Bureau of Health Professions, CHHS, PHS
Larry S. Thomas, Scholarship Coordinator,  
IHS Division of Health Manpower and Training

V. SUICIDE PREVENTION

Presenters: Sally Davis, M.Ed., Director and  
Ken Hunt, Project Coordinator,  
School and Adolescent Health Programs,  
Department of Pediatrics, University of New Mexico  
School of Medicine, Albuquerque, New Mexico
William B. Hunter, M.D., Acting Director,  
IHS Mental Health Programs Branch,  
Headquarters West, Albuquerque, New Mexico
Darrell Brown, Vice Chairman,  
Northern Arapahoe Business Council,  
Wind River, Wyoming

VI. ALCOHOLISM/SUBSTANCE ABUSE INITIATIVES OF THE INDIAN HEALTH SERVICE AND AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES
Presenters: Russell Bud Mason, Chief, Alcoholism Branch, Indian Health Service Headquarters
Eva Smith, M.D., Indian Health Service Medical Advisor on Alcoholism
Don Graham, Director, Native American Rehabilitation Association (NARA) Treatment Program, Portland, Oregon
Leo Whiteford, Director, Payallup Alcoholism and Substance Abuse Program, Tacoma, Washington
Judy Claymore, Albuquerque Area Indian Health Service Alcoholism Program
Basil Bad Heart, Substance Abuse Director, The Little Wound School, Kyle, South Dakota
Pat Quirk, Health Educator, Indian Health Service, Fort Thompson Service Unit, Fort Thompson, South Dakota

Moderators: John Mackey, Alcoholism Coordinator, Indian Health Service Northwest Portland Area Office
Dick Archambault, Alcoholism Coordinator, Indian Health Service Aberdeen Area Office

Ponderosa Room

VII. RED ROAD APPROACH TO ALCOHOL ABUSE

Presenter: Gene Thin Elk, Adjunct Professor, University of S.D., Vermillion, and Originator of the Red Road Approach

12:00 noon - 1:30 p.m. RECESS
1:30 p.m. - 5:00 p.m. WORKSHOPS (SESSION II)

Room 101

I. OVERVIEW OF URBAN INDIAN HEALTH, 1972-1986

Presenters: Lois Fallis, President, American Indian Health Care Association and Director, South Dakota Urban Indian Health Programs
William LaRoque, MPH, Executive Director, American Indian Health Care Association
Doug Black, MPA, Urban Indian Health Program Officer and Program Analyst, Indian Health Service Headquarters.

Room 208

II. INDIAN HEALTH RESEARCH: A PRESENTATION OF IHS RESEARCH PROGRAMS AND INDEPENDENT RESEARCH PROJECTS

Presenters: Tom Kauley, Project Specialist, Native American Research Information Services (NARIS), American Indian Institute, University of Oklahoma
Charles Erickson, Deputy Director, Office of Health Program Development, Indian Health Service, Tucson, Arizona
Jennie Joe, Co-Director, Native American Research and Training Center, University of Arizona
Thomas Love, R.N., MPH, Maternal and Child Health Consultant, Aberdeen Area Indian Health Service
III. AN EMERGING APPROACH TO IMPROVING THE HEALTH OF AMERICAN INDIAN ADOLESCENTS: THE SCHOOL-BASED TEEN CENTER MODEL

Presenters: Sally Davis, M.Ed., Director, and Ken Hunt, Project Coordinator, School and Adolescent Health Programs, Department of Pediatrics, University of New Mexico School of Medicine, Albuquerque, New Mexico

IV. PREPARING FOR A CAREER IN HEALTH

Panel Members:
Jeannie Lunsford, Director, Health Services, Chickasaw Nation
Bruce Renville, Director, Physician and Medical Specialties Recruitment Branch, Aberdeen Area IHS
J. Gregory Carroll, Ph.D., Associate Professor of Health Planning and Administration, Director, Minority Health Careers Program
John Casken, Director, Educational Opportunities Program, School of Public Health, University of Hawaii

V. ABC'S OF EMERGENCY CARE

Presenter: Jerry Rousseau, National Emergency Medical Services Training Coordinator, Indian Health Service

VI. CONCERNS OF THE ELDERLY

Presenters: Donna Wilkie, Director, Makah Senior Citizens Program, Neah Bay, Washington
Curtis Cook, Executive Director, National Indian Council of Aging

VII. TRADITIONAL MEDICINE

Presenters: Rick Two Dogs, Medicine Man, Porcupine, South Dakota
Victor Bull Bear, Traditionalist, Kyle, South Dakota

VIII. CONSULTING WITH PATIENTS ON HEALTH CARE QUALITY

Presenter: William Wolf, President, Wolf Enterprises, Fort Collins, Colorado

5:00 p.m.

RECESS

EVENING

5:15 p.m. - 6:15 p.m.
Rushmore E, RPCC

Low Impact Aerobics: Jackie and Madonna Beard, Ogalala Sioux; Certified Aerobics Instructors; Rapid City, S.D.

7:00 p.m. - 8:00 p.m.
Hilton Hotel
Roubaix Room

Alcoholics Anonymous Meeting: Sponsored by Local Indian Members.
7:00 p.m.  Workshop Coordination Meeting
Hilton Hotel  (All Workshops Presenters for Wednesday, October 29)
Executive Room

7:00 p.m.  All Indian Rodeo: Gunville Rodeo Co.;
           Hart Ranch Arena (Highway 16 — 8 miles south of Rapid City, S.D.)

8:00 p.m.  Fashion Show & Dance: Hotel Alex Johnson, "Yesterdays"

WEDNESDAY, OCTOBER 29, 1986

7:00 a.m.  Health Fun Run (1 mile & 3.1 mile):
           Assemble south of the
           RPCC at the Fountain in
           Memorial Park
           Richard Zephier, Ph.D., Director, Black Hills Training Center;
           Terry Batliner, D.D.S., Director, Rapid City Service Unit,
           Run Coordinators

8:30 a.m. - 2:00 p.m.  Registration: Concourse, RPCC

8:30 a.m. - 5:00 p.m.  Exhibits: LaCroix Hall, RPCC

9:00 a.m. - 12:00 noon  WORKSHOPS (SESSION III)

Alpine Room  I. (a)  COLLABORATIVE EFFORT TO COMBAT BABY BOTTLE TOOTH DECAY
              Presenter:  Bonnie Bruerd, R.D.H., M.P.H., Community Dental
                           Health Consultant, Aberdeen Area IHS.

Ponderosa Room II.  RED ROAD APPROACH TO ALCOHOL ABUSE
                   Presenter:  Gene Thin Elk, Adjunct Professor, University of S.D.,
                               Vermillion, and Originator of the Red Road Approach.

Rooms 201 & 202 III. (a)  SEXUAL OFFENDERS CAN BE JUVENILES: IDENTIFICATION AND TREATMENT
                        Presenter:  Iva W. Trottier, Mental Health Specialist, IHS,
                                    Fort Peck Service Unit

III. (b)  NATIVE HAWAIIANS: HEALTH CARE AND EDUCATION ISSUES
                  Presenters:  Mrs. Cherlyn S. Franklin, Assistant to the President,
                              Kamehameha Schools/Bishop Estate
                              Dr. Ormond W. Hammond, Director of Program
                              Evaluation and Planning, Kamehameha Schools/Bishop Estate, Honolulu, Hawaii.
IV. TRIBAL DIABETES PROGRAMS
Presenters: Warren R. Buck Elk, Dialysis Coordinator, Fort Peck Tribal Health Project, Poplar, Montana
Sharonne Hanson, Dialysis Consultant, Frances Mahon Deaconness Hospital, Glasgow, Montana
Michele Smith, Nurse Educator/Program Coordinator
Tonia Keller, Physician Assistant/Clinical Director
Joy Wallgren, Registered Dietician
Debra Vermeer, Fitness Director
Duane H. Mackey, Ph.D., Psychologist
Paul Butler, Community Health L.P.N.
Patricia Medina, Administrative Assistant, Winnebago/Omaha Diabetes Project, Winnebago, Nebraska

Room 205
V. (a) THE PHILOSOPHY OF TRADITIONAL NATIVE NUTRITION AND HERBS
Presenter: Sacheen Littlefeather, Nutritionist/Health Educator

V. (b) INDIAN WOMEN ISSUES ON FAMILY TRADITIONS
Presenters: Adeline Whitewolf, Administrative Assistant, Economic Development Administration, Northern Cheyenne, Lame Deer, Montana;
Eileen Iron Cloud, Pine Ridge, South Dakota

Room 207
VI. CREATING A HEALTH PROMOTION/DISEASE PREVENTION MODEL THAT WORKS
Presenters: Ed Hansen, Health Director,
Steven Wall, Behavioral Health Coordinator, and
Diane Wasson, Education Coordinator, Tohono O’odham Community Health Department

Room 101
VII. NETWORKING RURAL HEALTH CARE
Presenters: Pat Heart, Chairman, State Organizations Constituency Group, National Rural Health Care Association
Jim Crouch, Chairman, Population Based Services Constituency Group, National Rural Health Care Association
Betty King, Program Director, The Circle, McLean, Virginia

12:00 noon - 1:30 p.m. RECESS
1:30 p.m. - 5 p.m. WORKSHOPS (SESSION IV)

Room 101
I. NUTRITION: GOOD AND BAD
Presenter: John E. Finn, M.P.H., R.D., Clinical Nutritionist/Dietician, Chief, Dietary Services, Sioux San Public Health Service Indian Hospital
II. PREPARING FOR A CAREER IN HEALTH

Panel Members:
- Terrance Hunter, Executive Director,
  Association of American Indian Physicians;
- Stephan J. Barse, Program Coordinator, Association of American Indian Physicians;
- Gary Farris, Director, Indians Into Medicine (INMED)
- Tom Ball, Coordinator, Northwest Indian Nurse Recruitment Program, Northwest Portland Area Indian Health Board

III. DEVELOPING SELF-ESTEEM AND LIFE-COPING SKILLS

Presenter: Deb Claymore, Principal, Our Lady of Lourdes, Porcupine, S.D.

IV. (a) PROGRAM FOR CHILDREN OF ALCOHOLICS

Presenters: Clifford D. Johnson, Coordinator, Head Start Health and Handicap Program, Makah Tribe, Neah Bay, Washington;
- Sharon Wegscheider, Past Chairperson, National Association for Children of Alcoholics

IV. (b) SMOKELESS TOBACCO: PREVALENCE OF USE AND THE RESULTING EFFECTS

Presenters: Terry Batliner, D.D.S., Service Unit Director, Rapid City Service Unit, Indian Health Service;
- John Bausch, D.D.S., Mission Dental Clinic, Mission, South Dakota

V. ABC'S OF EMERGENCY HEALTH CARE

Presenters: Jerry Rousseau, National Emergency Medical Services Training Coordinator, Indian Health Service

VI. WORKING TOGETHER — THE INDIAN PEOPLE AND THE INDIAN HEALTH SERVICE DISCUSS RESOURCE ALLOCATION METHODOLOGY AND P.L. 93-638 CONTRACTING.

Presenters: Robert C. Birch, D.D.S., M.P.H., Acting Director, Division of Indian Resources Liaison, IHS, Office of Tribal Activities
- Cliff Wiggins, M.S., Operations Research Analyst, IHS, Division of Health Services Planning and Operations Research
- Joseph Moran, Director, Division of Grants and Procurement Management, PHS, Health Resources Services Administration
- Craig Vanderwagon, M.D., Acting Director, Division of Clinical and Prevention Services, IHS
- James C. Meredith, M.S.S.E., Director, Nashville Program Office, IHS
Alpine Room

5:00 p.m.
EVENING

5:00 p.m. - 7:00 p.m.
Hotel Alex Johnson
"Yesterday's"
5:15 p.m. - 6:15 p.m.
Rushmore E, RPCC

7:00 p.m. - 8:00 p.m.
Hilton Hotel
Roubaix Room

7:00 p.m.

7:00 p.m.
LaCroix Hall, RPCC

VII. IMPROVISATIONAL THEATRE: "WOABLEZE KUWA"
Presenters:
Clark Richardson, Counselor;
Mary Valdez, Leah Bluebird, Cheryl Douville,
Dan Youngman, Gary Zotti, Students, Todd County
High School, Mission, S.D.

RECESS

Reception for All Conferees: Sponsored by RamKota Inn
Low Impact Aerobics: Jackie Arpan and Madonna Beard, Oglala Sioux,
Certified Aerobics Instructors; Rapid City, S.D.

Alcoholics Anonymous Meetings:
Sponsored by Local Indian Members

Exhibits (optional): LaCroix Hall

Pow Wow — Grand Entry
Pow Wow Coordinator: Melvin Miner, Black Hills Pow Wow
Association
Host Drum: Black Hills Singers
Hoop Dancer, Flute: Kevin Locke
Rope Dance: Sonny Larvie
Arena Director: Randy Ross
Master of Ceremonies: Sidney Keith

THURSDAY, OCTOBER 30, 1986

8:30 a.m. - 2:00 p.m.
Exhibits: LaCroix Hall (RPCC)

CLOSING GENERAL ASSEMBLY
LaCroix Hall

9:00 a.m.
Panel Presentation: "Community Health Representatives Program Outlook for
Fiscal Year 1987"

Moderator: Ada White, Director
CHR Program
Crow Agency, Montana
President
National Association of CHR's

Panelists:
Ernie Kimball, M.P.H., Indian Health Service, Seattle,
Washington; John Carney, M.P.H., Office of Health Pro-
gram Development, Indian Health Service, Tucson,
Arizona; Eugene Levine, Ph.D., Consultant, Birch-Davis
Associates, Silver Springs, Maryland; C. Jay Citron,
Ph.D., Consultant, Berkeley, California; Evelyn Dwimoh,
Program Analyst, Indian Health Service CHR Program,
Rockville, Maryland; Nicky Solomon, Director, Indian
Health Service CHR Program, Rockville, Maryland
10:15 a.m.  Presentation: "From Severe Alcoholism to Community Sobriety — The Alkali Lake Achievement"
Freddie Johnson, Principal, Alkali Lake Elementary and Junior High School, Alkali Lake, British Columbia, Canada

11:15 a.m.  Awards Presentation: National Indian Health Board Area Representatives

11:30 a.m.  Resolutions

12:00 noon  Sioux National Anthem: Debbie Iron Cloud, Porcupine, S.D.

Closing Prayer: Sonny Larvie, Traditionalist, Rapid City, S.D.

ADJOURNMENT OF THE EIGHTH ANNUAL NATIONAL INDIAN AND ALASKA NATIVE HEALTH CONFERENCE
WORKSHOP DESCRIPTIONS

TUESDAY, OCTOBER 28, 1986
SESSION I
(9:00 a.m. - 12:00 Noon)

I. SEXUAL OFFENDERS CAN BE JUVENILES: IDENTIFICATION AND TREATMENT (Presenter: Iva W. Trottier, Mental Health Specialist, IHS, Ft. Peck Service Unit)

Definitions will be given for two categories of pedophiles, three categories of rapists, and seven categories of juvenile sexual offenders. Information will be presented on aggressive and non-violent offenders as well as offenders who prefer female victims as opposed to male victims. The presenter will address the question, “Is sex offending always aggressive?” In the latter part of the presentation, treatment models for juvenile sexual offenders will be shared.

II. EXPLORING AMERICAN INDIAN CONCEPTS OF HEALTH AND ILLNESS (Presenters: Carol Locust, Ph.D., and Paul Skinner, Ph.D.; Moderator: Jennie R. Joe, Ph.D., Navajo, Co-Director, Native American Research and Training Center, University of Arizona, Tucson, Arizona.)

This presentation explores some of the common themes of how wellness (health) and unwellness (illness or misfortune) are conceptualized by some Indian groups and how these concepts are similar to or different from those held by non-Indians. The session will start with an introductory video film and an explanation as to how the ideas for the film resulted from research and field work. The final part of the presentation explores how these concepts and beliefs (held by some American Indian Tribes) related to some new understanding and research in the scientific field.

III. INNOVATIVE YOUTH PROGRAMS (Eileene Iron Cloud, Director; Royce White Calf, Counselor; Asa Two Dogs, Counselor, Project Phoenix, Oglala Sioux Tribe; Tillie Black Bear, Director; Karen Artichoker, Mental Health Therapist, Sacred Circle Center, St. Francis Indian School, St. Francis, South Dakota; Arthur W. Zimiga, Ed.D., Ministry of Presence, United Methodist Church.)

Project Phoenix is an Indian youth alcohol/drug program serving youth ages 13-17, and is administered by the Oglala Sioux Tribe and funded by the Indian Health Service. It is the only program of its kind in the Aberdeen Area. A narrative describing the program will be provided. From first hand experience in treatment of Indian youth with alcohol/drug problems, what has and has not worked will be explored and discussed. The cultural and spiritual aspects and the role of the family communities, and Tribal leaders will be emphasized. This presentation will be useful to those people working in or around Indian communities in the area of youth alcohol/drug abuse. The objective of this workshop is to create awareness concerning the need for such programs for Indian youth and to emphasize that cultural relevancy should play a major role in laying the foundation for them.

Sacred Circle Center is a Tribal and State licensed residential treatment facility for teenage girls who have been diagnosed severely emotionally disturbed under Bureau of Indian Affairs (BIA) special education guidelines. The Center provides 24 hour residential care and in-house accredited educational programs, individual and group counseling, mental health, and alcoholism issues. This presentation will describe the unique combination of funding sources under which the program operates. It will also address the programmatic day-to-day operations of the Center including therapy modality.

Arthur Zimiga will make a presentation entitled “Understanding The Modern Business World Means Building The Future.” Dr. Zimiga’s program directs and encourages Indian youth to be a part of the modern marketplace. He also teaches them and provides them with experience to sell products and services for a profit. The philosophy and psychology of being a modern producer and employer is instilled in the youth under the guidance of Dr. Zimiga.
IV. (a) NON-IHS SCHOLARSHIPS AVAILABLE TO INDIAN STUDENTS (Panel Members: Oran LaPointe, Assistant Director and Student Affairs Advisor, American Indian Scholarships, Inc.; Terrance Hunter, Executive Director, and Stephan J. Barse, Program Coordinator, Association of American Indian Physicians; Alex Stone, Counselor, Northwest Indian Nurse Recruitment Program, Northwest Portland Area Indian Health Board; Gregory Carroll, Ph.D., Associate Dean for Undergraduate Studies and Associate Professor of Health Planning and Administration, Pennsylvania State University; Richard St. Germaine, Ph.D., Board Member, Indian Scholarship/MPH Program, University of California, Berkeley.)

The portion of the presentation provided by Mr. LaPointe will review the assistance provided by the American Indian Scholarships, Inc. Eligible recipients include Indian graduate students from Federally recognized tribes who are at least one quarter degree. Undergraduate fellowship grants are not available through AIS. The awards range from $250.00 to $10,000.00 a year per student. AIS funds all areas of graduate study in six priority fields: health, education, law, natural resources, engineering and business and related fields. Application forms are provided on a request basis to interested students rather than distributed to programs.

Mr. LaPointe will also highlight the major contributions of the Indian Education Program.

Terrance Hunter and Stephan Barse will review the three scholarships available from Association of American Indian Physicians (AAIP). The first is the American Indian Health Professional Assistance Program grant and is supplemental in nature. This award has provided students anywhere from $500.00 to $10,000.00. Secondly, there is the Whitecloud scholarship, which is an emergency resource not exceeding $250.00. Finally, there is the Don Bowen, M.D. Memorial. This is a discretionary award based on need and current situation. It, too, is supplemental in nature, with the amount dependent on current contributions.

These grants are restricted to students in the MODVOPP health professions: medicine, osteopathy, dentistry, veterinary medicine, optometry, pharmacy and podiatry. All three of these scholarships will be reviewed independently. AAIP also keeps abreast of various other sources of financial aid. Intake forms will be made available to interested participants.

Mr. Stone will highlight the successful approaches utilized by the Northwest Indian Nurse Recruitment Program in seeking out and obtaining local college scholarships for minority students. This program provides supportive services to regionally enrolled students in a tri-state area, Oregon, Washington and Idaho. Pertinent information regarding these scholarship opportunities will be relayed.

Dr. Carroll will summarize the types and sources of scholarship funds available to Native American and Alaska Native students enrolled in the Health Sciences at Penn State. Information will be distributed to indicate the specific sources of funding available to graduate and undergraduate students who qualify. Graduate scholarships include a number of University fellowships, grants-in-aid, and assistantships which are provided specifically for minority students. These include a significant number of new scholarships available since 1984-1985 through an increase in funding from the state legislature. Additional sources include minority fellowship programs sponsored by outside foundations and funding agencies.

Undergraduate scholarships at Penn State are based almost exclusively on financial need. However, there are limited University funds to support some in-state minority students who qualify for partial tuition scholarships according to academic merit. A listing of external sources for minority student scholarships will be distributed.

Dr. St. Germaine, representing the University of California, Berkeley, will explain ways for students to obtain financial support. Various grant and loan programs will be reviewed as well as self-help programs. The presenter, speaking from his background as an educator and close association with the University of California, will include in his presentation information pertaining to graduate programs and their many possibilities in the light of financial needs and accessible resources.

IV. (b) IHS HEALTH CAREERS AND SCHOLARSHIP OPPORTUNITIES (Presenters: Clay E. Simpson, Jr., Ph.D., Director, Division of Disadvantaged Assistance, Bureau of Health Professions, DHHS, PHS; Larry S. Thomas, Scholarship Coordinator, IHS Division of Health Manpower and Training.)
In the Indian Health Care Improvement Act, P.L. 94-437, the Congress and the President of the United States established a national goal: "to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level." To accomplish this goal, the Act and subsequent amendments authorized the Indian Health Service to conduct three inter-related scholarship programs to train the health professionals personnel necessary to staff IHS programs and other health programs serving the Indian population. This presentation will review the components of the Health Careers Opportunities Program and the IHS Scholarship Program.

V. SUICIDE PREVENTION (Sally Davis, M.Ed., Director and Ken Hunt, Project Coordinator, School and Adolescent Health Programs, Department of Pediatrics, University of New Mexico School of Medicine, Albuquerque, New Mexico; William B. Hunter, M.D., Acting Director, IHS Mental Health Programs Branch, Headquarters West, Albuquerque, New Mexico; Darrell Brown, Vice Chairman, Northern Arapahoe Business Council, Wind River, Wyoming.)

Ms. Sally Davis and Mr. Ken Hunt will present "A Community/School-Based Program For Preventing Adolescent Suicide."

The rise in adolescent suicide over the last decade has focused attention on the need for specific prevention programs. School personnel are faced with issues and decisions for which they often feel unprepared. Mental health services for adolescents are often unavailable or inaccessible. A model program of five rural community/school based teen centers serving Indian and Hispanic populations at high risk will be described. The integrated approach provides: 1) leadership for a suicide task force based in the community; 2) in-service training for teachers and other youth workers; 3) a curriculum incorporating information from a local youth poll on suicide; 4) rap sessions; 5) individual counseling; 6) specially trained peer counselors; 7) a team plan for dealing with crises that occur at school. Preliminary results of the youth poll and suggestions for implementing similar programs will be given.

Dr. Hunter will discuss the development of the Special Initiatives Team by the Indian Health Service. The initial thrust of the Special Initiatives Team will be to examine problems of adolescent suicide among American Indians/Alaska Natives. The concept is that dealing with the issue of suicide, occurrences of abuse and family violence will be a major factor. Potential candidates for the Team are expected to have clinical experience working with victims of abuse and violence in reservation settings. The Team will consult with Tribes/Service Units/Areas on these issues at the local level.

Mr. Brown will share his experiences of the suicides on the Wind River Reservation. This will include the problems encountered and the utilization of local resources — community and Tribal — to address the crisis situation.

VI. ALCOHOLISM/SUBSTANCE ABUSE INITIATIVES OF THE INDIAN HEALTH SERVICE AND AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES (Presenters: Russell Bud Mason, Chief, Alcoholism Branch, Indian Health Service Headquarters; Eva Smith, M.D., Indian Health Service Medical Advisor on Alcoholism; Don Graham, Director, Native American Rehabilitation Association (NARA) Treatment Program, Portland, Oregon; Leo Whiteford, Director, Payallup Alcoholism and Substance Abuse Program, Tacoma, Washington; Judy Claymore, Albuquerque Area Indian Health Service Alcoholism Program; Basil Bad Heart, Substance Abuse Director, The Little Wound School, Kyle, South Dakota; Pat Quirk, Health Educator, Indian Health Service, Fort Thompson Service Unit, Fort Thompson, South Dakota; Moderators: John Mackey, Alcoholism Coordinator, Indian Health Service Northwest Portland Area Office; Dick Archambault, Alcoholism Coordinator, Indian Health Service Aberdeen Area Office.)

Three subjects will be discussed in this workshop. Mr. Bud Mason will discuss the Secretary of Health and Human Services and the Indian Health Service Alcoholism/Substance Abuse Prevention and Treatment Initiatives. This will include Federal Inter-Agency Strategies and the Indian Health Service Alcoholism/Substance Abuse Action Plan. Dr. Eva Smith will conclude the discussion of the initiatives by presenting the roles of the primary care providers.

Don Graham and Leo Whiteford will discuss their Tribal treatment programs. The final topic will be a presentation of Tribal prevention programs by Judy Claymore, Basil Bad Heart, and Pat Quirk.
VII. RED ROAD APPROACH TO ALCOHOL ABUSE (Presenter: Gene Thin Elk, Adjunct Professor, University of S.D., Vermillion, and Originator of the Red Road Approach.)

This presentation will be an introduction into the developmental dynamics of a chemical environment: Prepara alcohol syndrome — fetal to 9 years; Para alcohol syndrome — ages 10-18 years; and Primary or co-dependent — ages 18 and up. The presenter will identify dysfunctional characteristics in realistic situations occurring in this chemical environment. Also addressed will be the concept dis-ease as well as the term disease.

SESSION II
(1:30 p.m. - 5:00 p.m.)

I. OVERVIEW OF URBAN INDIAN HEALTH, 1972-1986 (Lois Fallis, President, American Indian Health Care Association and Director, South Dakota Urban Indian Health Programs; William LaRoque, MPH, Executive Director, American Indian Health Care Association; Doug Black, MPA, Urban Indian Health Program Officer and Program Analyst, Indian Health Service Headquarters.)

An overview of the American Indian Health Care Association will be provided. This will include a discussion of the thirty-seven (37) Urban Indian Health Programs that provide direct health care and other services to the urban Indian communities.

II. INDIAN HEALTH RESEARCH: A PRESENTATION OF IHS RESEARCH PROGRAMS AND INDEPENDENT RESEARCH PROJECTS (Tom Kauley, Project Specialist, Native American Research Information Services (NARIS), American Indian Institute, University of Oklahoma; Charles Erickson, Deputy Director, Office of Health Program Development, Indian Health Service, Tucson, Arizona; Jennie Joe, Co-Director, Native American Research and Training Center, University of Arizona; Thomas Love, R.N., M.P.H., Maternal and Child Health Consultant, Aberdeen Area Indian Health Service.)

Thomas Love will present issues and studies of Maternal and Child Health in the Indian Health Service Aberdeen Area. Tom Kauley will discuss the Native American Research Information Service (NARIS), a computerized data base containing complete bibliographic information and research abstracts related to Native American health, economic, and human resource development. The references located on the data base represent a period of coverage dating from 1969 to the present and contain over 6,000 entries on contemporary Native American research and issues. An overview of this computerized data base service will be provided to participants and methods of service accessibility will be explained. Various user applications (e.g. proposal writing, program R&D, etc.) of the program's information resources will be reviewed and discussed. Specific content will focus on NARIS applications to health planning and programming efforts in Native American communities. Charles Erickson will provide an update of the developmental activities of the Office of Health Program Development (formerly ORO and the Tucson Program Office), Indian Health Service, Tucson, Arizona. Dr. Jennie Joe, Navajo, will discuss "Health Problems and the Use of the Native American Church." When modern medicine offers no relief or cure for a disease or illness, often times Indian clients have other alternatives. One such alternative in many Indian communities is the Native American Church. This presentation discusses how Navajo families in one rural community utilize the roadmen and the "medicine" for a variety of health problems.

III. AN EMERGING APPROACH TO IMPROVING THE HEALTH OF AMERICAN INDIAN ADOLESCENTS: THE SCHOOL-BASED TEEN CENTER MODEL (Presenters: Sally Davis, M.Ed., Director, and Ken Hunt, Project Coordinator, School and Adolescent Health Programs, Department of Pediatrics, University of New Mexico School of Medicine, Albuquerque, New Mexico.)

The health status of American Indian Adolescents in the United States has been and continues to be, by most indicators, below that of the general population. The usual barriers encountered by teenagers are compounded by distance, isolation, and lack of appropriate services in rural areas. One approach aimed at overcoming these barriers in rural New Mexico is a public health demonstration project that: integrates multiple services for adolescents under
VI. One roof; establishes linkages with existing agencies; is located on campus at three rural schools and one Pueblo; and, incorporates community action toward creating change. The project is the joint effort of the communities, local schools, the University of New Mexico, the Albuquerque Area Indian Health Service and the State of New Mexico Health and Environment Department. The following services are provided: 1) physical examinations; 2) pregnancy testing; 3) family planning; 4) mental health counseling; 5) alcohol abuse evaluation, counseling and education; 6) suicide prevention programs; 7) health education and promotion; 8) reduction of school absenteeism and truancy; and 9) sponsorship of numerous traditional and innovative prevention projects including Students Against Driving Drunk (SADD), Teen Health Awareness Days, improvisational teen life theatre, intergenerational health-related activities, and an emergency room experience that trains students as peer leaders in substance abuse prevention. The presentation will give a brief history of the project, describe the various components and offer suggestions for developing similar programs in other communities.

IV. PREPARING FOR A CAREER IN HEALTH (Panel Members: Jeannie Lunsford, Director, Health Services, Chickasaw Nation; Bruce Renville, Director, Physician and Medical Specialties Recruitment Branch, Aberdeen Area IHS; J. Gregory Carroll, Ph.D., Associate Professor of Health Planning and Administration, Director, Minority Health Careers Program; John Casken, Director, Educational Opportunities Program, School of Public Health, University of Hawaii.)

The Chickasaw Nation conducted a four-day Health Center Awareness Camp this past summer which Ms. Lunsford will elaborate upon in her presentation. Approximately ninety (90) Indian students of the seventh, eighth, and ninth grade were selected by their respective tribes in the Oklahoma area to participate. The objectives were:
1. to expose students to Indian health professionals and health care providers which might not have occurred in the normal course of events without such a camp;
2. to increase students awareness of professions in the health fields of science, medical sciences, and allied health
   bills;
3. to change the self-concept of the students as to their potential possibilities in the medical science and allied health
   fields; and
4. to encourage students to stay in school, selecting the kinds of courses that would prepare them to enter higher
   education careers, considering a career in health as an option.

Mr. Renville will provide the details of the Aberdeen Area Indian Health Services Tenure Plan for recruiting physicians and other medical specialties as it relates to the planned phase out of the National Health Service Corps. Dr. Carroll's presentation concerning the Minority Health Careers Program (MHCP) will reveal this collaborative project consists of five health-related academic departments at Penn State: Communication Disorders, Health Education, Health Planning and Administration, Nutrition, and Psychology. The purpose of MHCP is to promote career opportunities for underrepresented minority students in the health professions. This is addressed through a variety of interdisciplinary projects: The Minority Advanced Placement Program (MAPP), Undergraduate Minority Health Careers Institute (MHCI), Graduate Minority Health Careers Institute (MHC1), and Research Experience. The final presenter, Mr. Casken, will discuss the need for public health professionals, the job market demands, and the necessary skills for these professions. The requirements for the School of Public Health at the University of Hawaii, available financial assistance, and other pertinent information will also be provided.

V. ABC'S OF EMERGENCY CARE (Presenter: Jerry Rousseau, National Emergency Medical Services Training Coordinator, Indian Health Service.)

In this workshop Mr. Rousseau will present the skills needed to render effective emergency care, with special emphasis given to the approach to the victim of an accident or sudden illness. Seven (7) basic skills (excluding CPR) will be demonstrated and specific examples of treatment for common medical emergencies and injuries will also be given. Some of the topics which will be covered are: the choking victim; control of bleeding; heart problems; poisoning; diabetic emergencies; environmental emergencies; fractures; and electrical injuries.

VI. CONCERNS OF THE ELDERLY (Presenters: Donna Wilkie, Director, Makah Senior Citizens Program, Neah Bay, Washington; and Curtis Cook, Executive Director, National Indian Council on Aging.)

Ms. Wilkie, also a member of the Washington State Board for Senior Programs, will present an overview of the Makah Tribe's Title III, IV, V, and VI Programs, providing an in-depth explanation of their Title IV Developmental Project Grant. The Makah Tribe networks with the Indian Health Service Clinic and the Makah Health Education and Welfare Program. Mr. Cook will highlight the issues confronting today's Indian and Alaska Native elders including health conditions, factors impacting general well-being, health promotion, safety, elders' roles in society, family community support, local level advocacy and national initiatives — reauthorization of the Indian Health Care Improvement Act, Older Americans Act, National Indian Aging Policy, and Public Awareness Efforts. Recent surveys conducted by the National Indian Council On Aging focusing on the needs of the elders in 44 Tribes across
the country have revealed some patterns and conditions in terms of housing, and health and safety which must be addressed in more direct and responsive ways. Mr. Cook will identify and discuss practical steps to be taken at both the local and national level to improve the present situation. Workshop attendees will be called upon to provide recommendations for additional strategies and approaches.

VII. TRADITIONAL MEDICINE (Rick Two Dogs, Medicine Man, Porcupine, South Dakota; Victor Bull Bear, Traditionalist, Kyle, South Dakota.)

In a presentation and question/answer session, Rick Two Dogs will discuss the traditional methods which he uses to help the ill. This will include the informal referral of patients from the Indian Health Service hospital; use of roots, herbs, and sweat lodges; and culturally sensitive counseling. He will then relate how he became a Medicine Man. Victor Bull Bear will discuss how he helps people with their problems and illnesses through counseling, prayer, and spiritual ceremonies.

VIII. CONSULTING WITH PATIENTS ON HEALTH CARE QUALITY (William Wolf, President, Wolf Enterprises, Fort Collins, Colorado.)

How do you assess the quality of services your patients are receiving? What can you do to improve the patient care environment? These questions and many others that are related to this issue can make a significant difference in the amount of third party reimbursement you currently collect. In this age of Reaganomics and Gramm-Rudman you need to maximize your resources. If you want to learn more about some of the latest techniques and procedures to assist you in managing a positive health program you should attend this informative hands-on workshop. Participants will have an opportunity to provide feedback.

WEDNESDAY, OCTOBER 29, 1986
SESSION III
(9:00 a.m. - 12:00 Noon)

I. (a) COLLABORATIVE EFFORT TO COMBAT BABY BOTTLE TOOTH DECAY (Presenter: Bonnie Bruerd, R.D.H., M.P.H., Community Dental Health Consultant, Aberdeen Area IHS.)

Baby Bottle Tooth Decay is the number one dental health problem among American Indian and Alaska Native children. It is caused by inappropriate feeding practices. The fragile baby teeth decay rapidly and may cause pain. It costs approximately $1,000-2,000 to treat a child with baby bottle tooth decay. In this presentation Ms. Bruerd will describe a national project coordinated by Indian Health Service, Head Start, and the Centers for Disease Control for the prevention of baby bottle tooth decay.

I. (b) CHLAMYDIAL INFECTIONS: A HIDDEN SEXUALLY TRANSMITTED DISEASE AFFECTING ADULTS AND NEWBORNS (Presenters: Katherine LaBonte, R.N., B.S.N., Community Health Nurse, IHS, Sioux San Hospital; Roger Follas, Centers for Disease Control Consultant, Aberdeen Area IHS.)

Chlamydia are sexually transmitted organisms that are causing a national epidemic. Untreated, chlamydial infections can have serious complications for both men, women, and also for the infants born from infected women. Efforts toward prevention, diagnosis, and treatment of this sexually transmitted disease (STD) are imperative for reduction of the associated complications occurring in those affected. Ms. LaBonte will address how this hidden disease has infiltrated the Aberdeen Area, and will share strategies to combat this malady. Mr. Follas will present national data on this disease and elaborate on cost effective diagnosis and treatment. Preventive treatment aspects and epidemiology regarding chlamydial patients and contacts will also be discussed.

II. RED ROAD APPROACH TO ALCOHOL ABUSE (Please see Session I, VII for the workshop description.)
III. (a) SEXUAL OFFENDERS CAN BE JUVENILES: IDENTIFICATION AND TREATMENT (Please see Session 1, 1 for the workshop description.)

III. (b) NATIVE HAWAIIANS: HEALTH CARE AND EDUCATION ISSUES (Presenters: Mrs. Cherlyn S. Franklin, Assistant to the President, Kamehameha Schools/Bishop Estate; and Dr. Ormond W. Hammond, Director of Program Evaluation and Planning, Kamehameha Schools/Bishop Estate, Honolulu, Hawaii.)

The presenters will provide specific data on the status of Native Hawaiians in terms of health and educational needs. Similarities and differences with other Native groups will be discussed as well as policy and planning implications.

IV. TRIBAL DIABETES PROGRAMS (Presenters: Warren R. Buck Elk, Dialysis Coordinator, Fort Peck Tribal Health Project, Poplar, Montana; Sharonne Hanson, Dialysis Consultant, Frances Mahon Deaconness Hospital, Glasgow, Montana; Michele Smith, Nurse Educator/Program Coordinator; Tonia Keller, Physician Assistant/Clinical Director; Joy Wallgren, Registered Dietician; Debra Vermeer, Fitness Director; Duane H. Mackey, Ph.D., Psychologist; Paul Butler, Community Health L.P.N.; Patricia Medina, Administrative Assistant, Winnebago/Omaha Diabetes Project, Winnebago, Nebraska.)

Ms. Hanson and Mr. Buck Elk will discuss the advantages and disadvantages of operating a Tribally owned independent dialysis facility. This will include the certification process for Medicare reimbursement, Indian Health Service participation, proposed staffing, and future funding. Tonia Keller will present information on diabetes as it relates to pregnancy. Dr. Mackey will discuss psychological issues of Type II Diabetes. Ms. Michele Smith will expound on diabetes prevention for a reservation community. Better nutrition and more exercise, and "medicine" for Type II Diabetes will be prescribed by Joy Wallgren and Debra Vermeer.

V. (a) THE PHILOSOPHY OF TRADITIONAL NATIVE NUTRITION AND HERBS (Sachen Littlefeather, Nutritionist/Health Educator.)

Ms. Littlefeather will discuss the use of food as a medicine and what American Indians ate before the coming of the Europeans. She will also present therapeutic nutrition for diabetes, heart disease, and alcoholism; the use of herbs in our daily life for health and well-being; and the traditional Indian concept of the sacred circle of health.

V. (b) INDIAN WOMEN ISSUES ON FAMILY TRADITIONS (Presenters: Adeline Whitewolf, Administrative Assistant, Economic Development Administration, Northern Cheyenne, Lame Deer, Montana; Eileen Iron Cloud, Pine Ridge, South Dakota.)

Some of the changes affecting Indian families are the increase of young single parents; more single mothers in which the mother is employed full time; young, inexperienced mothers living away or alienated from grandparents; families living under increased economic pressures because of rising costs, and lack of job opportunities. The fact that many families are having problems with alcohol or drug abuse has impacted reservation communities. Many families are having trouble coping with these increased stress loads which have caused continued high divorce rates, increased reports of family violence, and child abuse and neglect. Another problem related to Indian family dysfunction is disrespect to Indian traditions and family health. However, to function properly and effectively young parents need emotional support from family and friends. They also need the elderly Indian woman's knowledge and skills. To better understand the Indian way of life and to balance the modern way of life we need to promote the health and development of young children and families. Ms. Whitewolf and Ms. Iron Cloud will present the methods taught in the Community Parenting Program and other traditional values to strengthen the family unit.

VI. CREATING A HEALTH PROMOTION/DISEASE PREVENTION MODEL THAT WORKS (Presenters: Ed Hansen, Health Director, Steven Wall, Behavioral Health Coordinator, and Diane Wasson, Education Coordinator, Tohono O'odham Community Health Department.)

Information will be provided which depicts Tribal programs evolving from contract management entities to a true community health comprehensive service organization. Aspects to be highlighted are the consultation process, and human resource and organizational development. The focus of this presentation will include strategies for developing and benefits from having a health promotion/disease prevention program.
VII. NETWORKING RURAL HEALTH CARE (Pat Heart, Chairman, State Organizations Constituency Group, National Rural Health Care Association; Jim Crouch, Chairman, Population Based Services Constituency Group, National Rural Health Care Association; and Betty King, Program Director, The Circle, McLean, Virginia.)

Many of the problems and issues that confront Tribal health programs are problems and issues that confront anyone who provides health care in rural America today. Problems of physician recruitment and retention, program management, Medicaid and Medicare reimbursement, and health system integration confront us all. The National Rural Health Care Association represents a broad coalition of health providers and interests dedicated to the provision of quality health care in rural America. The presenters will focus on recruitment and retention strategies for small health systems, including State and National manpower clearinghouses and support programs. Other manpower topics will include organizing for the reauthorization of the National Health Service Corps and changes in reimbursement for mid-level practitioners in rural clinics. The goal of this workshop is to stimulate a wide ranging discussion on the opportunities for Tribal programs to network with other rural providers on issues of common concern.

SESSION IV
(1:30 p.m. - 5:00 p.m.)

I. NUTRITION: GOOD AND BAD (John E. Finn, M.P.H., R.D., Clinical Nutritionist/Dietician, Chief, Dietary Services, Sioux San Public Health Service Indian Hospital.)

Mr. Finn will analyze the components of a nutritious diet — the essential nutrients; and demonstrate the importance of each in the maintenance of health and well-being. Slides which dramatically depict the effects of “poor” or sub-standard diets are presented in order to add credibility to the importance of eating a balanced diet each day. Mr. Finn will make another presentation entitled “Diabetes and Our Native American People” in which he will review the factors that have precipitated the diabetic condition among the Native American people. Slides, produced from photographs taken of our people in the late 1800’s, reinforce program information. The presentation examines the misconceptions, facts, and fictions inherent in the teaching of blood sugar control which have been responsible for the poor compliance, the progressive deterioration of the human organism, and increase in chronic health problems among our diabetic population. A summary of the programs within the Aberdeen Area which focuses in on “simplicity of instruction” and its affect of diabetic control and understanding, conclude this presentation.

II. PREPARING FOR A CAREER IN HEALTH (Panel Members: Terrance Hunter, Executive Director, Stephan J. Barse, Program Coordinator, Association of American Indian Physicians; Gary Farris, Director, Indians Into Medicine (INMED); Tom Ball, Coordinator, Northwest Indian Nurse Recruitment Program, Northwest Portland Area Indian Health Board.)

During the Association of American Indian Physicians’ (AAIP) existence, numerous American Indian communities have been served through a national Health Career Recruitment effort. This effort includes an extensive awareness program, involving contacts with students, parents, counselors, and tribal leaders through dissemination of career, financial and institutional information to urban health organizations, area Indian health boards, and continuous contacts with individual students throughout the United States, including Alaska. Perhaps the most meaningful program offered by AAIP is the series of three pre-admission workshops offered each year to college students. These are usually held in cooperation with health professions’ schools and have been well-received by the participants. AAIP membership make themselves available at the AAIP workshops and often participate in other health conferences, workshops and enrichment programs at the request of various organization. Mr. Farris will describe the supportive services provided by INMED to Indian students pursuing a career in the health field including counseling, library privileges, recruitment efforts, and referrals. The cooperative effort between IHS and INMED in implementing the P.L. 94-437 Scholarship program will be explained as well. The next presenter, Mr. Ball of the Northwest Indian Nurse Recruitment Program, will describe effective strategies which offer students relevant work experiences through local employers. Other facets of this program will be discussed including identifying, tracking, and retaining students in this nursing program for Indian students.

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III. DEVELOPING SELF-ESTEEM AND LIFE-COPING SKILLS (Presenters: Deb Claymore, Principal, Our Lady of Lourdes, Porcupine, S.D.)

The participants will be presented with five steps to self-esteem development in working with children and adolescents. Involvement in life-coping activities will include communication, problem-solving and decision-making skills. These tools can be utilized not only on the job but in everyday living.

IV. (a) PROGRAM FOR CHILDREN OF ALCOHOLICS (Presenters: Clifford D. Johnson, Coordinator, Head Start Health and Handicap Program, Makah Tribe, Neah Bay, Washington; Sharon Wegscheider, Past Chairperson, National Association For Children of Alcoholics.)

There are an estimated 28,000,000 children of alcoholics (COA's) in our country today. More than one-half of all alcoholics have at least one alcoholic parent. Children of alcoholics are at the highest risk of developing alcoholism themselves or marrying someone who becomes an alcoholic. The problems of most COA's remain invisible because their coping behavior tends to be approval seeking and socially acceptable. However, an unusually large number of those entering the juvenile justice system, prisons, mental health facilities, and referred to school authorities are children of alcoholics. This workshop will focus on the issues surrounding Children of Alcoholics of all ages and the various clinical and social approaches for identifying and working with this special population.

The Makah Tribal Head Start Health and Handicap program includes 62 children, of which 52 are Makah and 10 are non-Indian. Mr. Johnson is involved in all aspects of the program including audio and dental screenings, home visits with parents, and addressing behavioral problems, many of which result from alcoholism in the family. Based upon his experience as a co-alcoholic and his work with the youngsters, Mr. Johnson is able to relate to and understand the feelings of the children — their apprehension about going home after school, being angry at the world, and low self-esteem. He will also present statistics gathered during the 20 year operation of the Makah Tribal Head Start Health and Handicap Program and discuss his belief that co-alcoholism be classified a “handicap.”

IV. (b) SMOKELESS TOBACCO: PREVALENCE OF USE AND THE RESULTING EFFECTS (Presenter: Terry Batliner, D.D.S., Service Unit Director, Rapid City Service Unit, Indian Health Service; John Bausch, D.D.S., Mission Dental Clinic, Mission, South Dakota.)

In this workshop Dr. Batliner will review data collected on the Pine Ridge and Blackfeet Reservations. This information indicates that Indian children of both sexes are using smokeless tobacco at an alarming rate. The effects of smokeless tobacco, based upon current research and knowledge gained from a variety of studies, will be presented. Terry will emphasize preventive projects which can be taken back to the reservation and implemented.

V. ABC'S OF EMERGENCY HEALTH CARE (Please see Session II, V for the description of this workshop)

VI. WORKING TOGETHER — THE INDIAN PEOPLE AND THE INDIAN HEALTH SERVICE DISCUSS RESOURCE ALLOCATION METHODOLOGY AND P.L. 93-638 CONTRACTING (Presenters: Robert C. Birch, D.D.S., M.P.H., Acting Director, Division of Indian Resources Liaison, IHS, Office of Tribal Activities; Clifford Wiggins, M.S., Operations Research Analyst, IHS, Division of Health Services Planning and Operations Research; Joseph Moran, Director, Division of Grants and Procurement Management, PHS, Health Resources Services Administration; Craig Vanderwagon, M.D., Acting Director, Division of Clinical and Prevention Services, IHS; James C. Meredith, M.S.S.E., Director, Nashville Program Office, IHS.)

This workshop is a learning and working session. The developing Resource Allocation Methodology (RAM) is a continuation, refinement, and expansion of the process that IHS has used over the past six years for allocating funds to reduce disparities in funding health programs. Tribal and IHS officials are working together to develop and refine the RAM to fund all IHS and Tribally operated health programs by a process that is reasonable, rational, and equitable, considering the use of all available resources, to achieve relative comparability of the level of need funded for both IHS and tribally operated health programs. The draft proposed Statement of RAM Policy is currently in a 120-day review and comment period ending December 1, 1986. Tribal and IHS officials are also working together on a series of actions to improve P.L. 93-638 contracting. This workshop will include presentations describing the current status of these RAM and P.L. 93-638 contracting developments; and time for sharing, discussing, commenting, and other forms of learning and working together.
Woableze Kuwa (to seek the ability to see different options) is the name of this performing team. Improvisational Theatre is a marriage of theatre and counseling that helps people deal with alcohol and drug abuse. Groups act out scenes that are familiar to them such as a family fight that involves drinking and abuse. The group leader works with the audience to talk about the problems and to develop solutions and alternatives to those problems.
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 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 striven 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 necessary for the effective delivery of quality health services to Indian people. More importantly, this relationship is consistent with the spirit of Indian Self-Determination and promotes greater 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 service areas. NIHB recognizes that the basis for all Federal Indian affairs is the government-to-government relationship that exists between each Tribal government and the United States government, and that under no circumstances 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.

But while NIHB, or any other Indian organization, cannot infringe on the sovereign status of Indian Tribes and their right to deal directly with the Federal government, 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 Area Representatives, which gives the National Indian Health Board its strength and its affiliation both with Tribes and with the grassroots Indian community. Furthermore, this system allows for equal representation from all 12 IHS service areas, which is important considering the significant differences in the IHS program from area to area.

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 composed of 12 Indian area 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 service areas.

Presently, NIHB is composed of eight area Indian Health Boards (Alaska, Albuquerque, California, Montana, Navajo, Oklahoma, Portland, and Thohono O'odham and four Inter-Tribal organizations (Aberdeen: the United Sioux Tribes; Bemidji: the Great Lakes Inter-Tribal Assembly; Phoenix: the Health Steering Committee of the Inter-Tribal Council of Arizona and the Inter-Tribal Council of Nevada; and the United South and Eastern Tribes: USET, Inc.). As required by its constitution, each NIHB representative is an Indian official (generally a member of a Tribal council) and usually possesses a strong background in some area of health care. NIHB maintains that area representation to the national Board 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, other national organizations (e.g., the Association of American Indian Physicians and 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; NCAI Health Policy papers; the ef-
forts to reauthorize the Indian Health Care Improvement Act; coordination of regional meetings for Tribal representatives to provide comments on the Indian health study conducted by the Congressional Office of Technology Assessment; recommendations on the proposed Indian Juvenile Alcohol and Drug Abuse Prevention Act; and Indian Health provisions of the Balanced Budget and Emergency Deficit Control Act (P.L. 99-177).

In past years, the Board of Area Representatives also has 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 presented to the Indian Health Service. NIHB has also been called upon by Congress to provide expert testimony on legislation affecting the quality of care provided to Indian people.

Recently, on September 15, several NIHB representatives, along with representatives from three other national Indian organizations, took part in an important meeting with Health and Human Services Secretary Dr. Otis Bowen. It is hoped that this meeting will lead to improved communication between the Department and Indian Tribes on matters affecting the delivery of health care services to Indian people.

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 is available at no cost and has a current circulation of nearly 11,000) NIHB has established a credible and widely-accepted system for disseminating Indian health news and information.

In the future, NIHB will continue to stress cooperation and interaction among Tribes, Tribal organizations, national Indian organizations, and the Indian Health Service, which all share the mutual goal of raising the health status of American Indians and Alaska Natives to the highest possible level.

NIHB Area Representatives
Executive Committee

Mel Sampson, Portland Area
Chairman, Yakima Tribe
Chairman, NW Portland Area Indian Health Board
Chairman, National Indian Health Board

Maxine Dixon, USET Area
Mississippi Choctaw Tribal Council
Vice Chairman, National Indian Health Board

Ada White, Billings Area
Crow Tribal Council
Secretary, National Indian Health Board

Albert Ross, Jr., Navajo Area
Navajo Tribal Council
Treasurer, National Indian Health Board

Donald LaPointe, Bemidji Area
Kewenah Bay Chippewa Tribal Council
Member-at-Large, National Indian Health Board
NIHB Area Representatives

(Continued)

Clarence Skye, Aberdeen Area Executive Director United Sioux Tribes

Kenneth Charlie, Alaska Area Chairman Alaska Native Health Board

Everett Vigil, Albuquerque Area Chairman Albuquerque Area Indian Health Board

Timm Williams, California Area Chairman California Rural Indian Health Board

Overton James, Oklahoma Area Chairman, Chickasaw Nation Chairman, Oklahoma Area Indian Health Board

Robert Frank, Phoenix Area Chairman, Washoe Tribe Chairman, Phoenix Area Inter-Tribal Health Committee

Fred Stevens, Tucson Area Thothon O’otham Tribal Council Thothon O’otham Health Board
The *NIHB Health Reporter* is published periodically by the National Indian Health Board (NIHB) in an effort to provide Tribal leaders, Tribal health departments, Indian health consumers, Indian Health Service (IHS) officials, and other interested persons with information about Indian health care issues.

First published in June of 1977, the newsletter has reported on federal legislation and policy developments affecting Indian health care, including such matters as the federal budget and appropriations process; efforts to reauthorize the Indian Health Care Improvement Act; the Indian youth alcohol and drug abuse prevention bills; the Indian diabetes bill, and proposed amendments to the Indian Self Determination and Education Assistance Act (P.L. 93-638).

The newsletter has also reported on proposed changes in IHS eligibility regulations; developments in the IHS Resource Allocation Methodology; problems related to physician recruitment and retention; the need for increased awareness of alcohol abuse, diabetes, cancer, otitis media, and other health problems in Indian communities; and Tribal programs that offer innovative approaches to the prevention of disease and promotion of good health. The *NIHB Health Reporter* is available free of charge upon request.

The National Indian Health Board encourages readers to submit ideas for articles regarding health activities in their area which they feel would be of interest to the Indian community. Please send all articles, correspondence, and mailing requests for the *NIHB Health Reporter* to John O’Connor, Editor; National Indian Health Board; 50 S. Steele, Suite 500; Denver, Colorado 80209. Phone: (303) 394-3500.