The Ninth National Indian/Alaska Native Health Conference

Seattle, Washington
November 9-12, 1987
The Ninth National Indian/Alaska Native Health Conference

"Indian Health — Consumer Challenges"

Red Lion Inn/SeaTac
Seattle, Washington
November 9-12, 1987

Sponsored by the National Indian Health Board
Hosted by the Northwest Portland Area Indian Health Board
MONDAY, NOVEMBER 9, 1987

9:00 a.m. - 5:00 p.m.  Registration: Foyer
12:00 noon - 6:00 p.m.  Exhibitors into Exhibition Area:
11:30 a.m. - 12:15 p.m.  University Ballroom 1, Hotel Foyer and Corridor
Galaxy Ballroom 1  Presenter Orientation Meeting.

(All Presenters for Monday, November 9 and Tuesday, November 10, 1987)

OPENING GENERAL ASSEMBLY

Universe Ballrooms 2 & 3
1:30 p.m.

1:30 p.m. - 2:30 p.m.

2:30 p.m. - 3:45 p.m.

3:45 p.m. - 5:00 p.m.

EVENING

5:30 p.m. - 6:30 p.m.
Galaxy Ballroom 2
5:30 p.m. - 10:00 p.m.
Assemble in front of hotel
5:30 p.m. - 11:00 p.m.
Assemble at rear of hotel
6:00 p.m. - 6:45 p.m.
Mercury 9

6:00 p.m. - 8:00 p.m.
Assemble in front of hotel
8:30 p.m. - 10:00 p.m.
Mercury 5

TOURS

5:00 p.m. - 8:00 p.m.

5:00 p.m. - 8:00 p.m.

6:00 p.m. - 8:00 p.m.

6:00 p.m. - 8:00 p.m.

7:00 p.m. - 9:00 p.m.

8:00 p.m. - 10:00 p.m.

9:00 p.m. - 11:00 p.m.

10:00 p.m. - 12:00 a.m.

12:00 a.m. - 2:00 a.m.

2:00 a.m. - 4:00 a.m.

4:00 a.m. - 6:00 a.m.

6:00 a.m. - 8:00 a.m.

TUESDAY, NOVEMBER 10, 1987

8:00 a.m. - 5:00 p.m.  Registration: Foyer
8:00 a.m. - 5:00 p.m.  Exhibits: University Ballroom 1,
10:00 a.m. - 4:00 p.m.  Hotel Foyer and Corridor
8:30 a.m. - 10:00 a.m.  Health Fair: Galaxy Ballrooms 1 & 2
University Ballrooms 2 & 3
10:15 a.m. - 11:45 a.m.
Galaxy Ballroom 3
Saturn 1 & 2
Mercury 5 & 6

Saturn 3
Mercury 7 & 8
Mercury 9 & 10
Saturn 4
Mercury 13

11:45 a.m. - 1:00 p.m.
1:00 p.m. - 2:30 p.m.

Saturn 1
Mercury 7 & 8
Saturn 2
Mercury 13
Mercury 5 & 6
Mercury 9 & 10
University Ballroom 2
Saturn 3 & 4
Galaxy 3

LUNCH

WORKSHOPS (SESSION II): POLICY AND LEGISLATION

I. STATUS OF THE OMNIBUS DRUG ACT
II. INNOVATIVE ALTERNATIVE HEALTH DELIVERY SYSTEMS
III. PERSPECTIVES ON CONTRACT HEALTH CARE—IHS AND TRIBAL VIEWS
IV. INDIAN HEALTH CLINICAL STAFFING RECRUITMENT AND RETENTION ISSUES
V. SYSTEMS DEVELOPMENT IN A TRIBAL HEALTH DEPARTMENT
VI. IN THE DANCE OF LEGISLATION: STRATEGIES FOR IMPACTING CAPITOL HILL
VII. FOLLOWUP TO TULSA II: WHERE DO WE GO FROM HERE?
VIII. THE NEW IHS ELIGIBILITY RULE AND HOW IT AFFECTS YOU
IX. INDIRECT COSTS: TOWARD A PROCESS FOR ALLOCATING NEW FUNDS IN FY 1988
AREA CAUCUSES: DEVELOPMENT OF POSITIONS

Aerobics

Presenter Orientation Meeting (All Presenters for Wednesday Sessions)

Adult Children of Alcoholics Meeting

Banquet and Awards Presentation

Dance: "Second Wind"

WEDNESDAY, NOVEMBER 11, 1987

6:15 a.m.  Health Fun Run

Assemble in front of hotel
(reg begins at 7:00 a.m.)

8:00 a.m. - 2:00 p.m. Registration: Foyer

8:00 a.m. - 5:00 p.m. Exhibit: Universe Ballroom 1, Hotel Foyer and Corridor

3RD PLENARY SESSION: HEALTH PROMOTION AND ENVIRONMENTAL HEALTH

WORKSHOPS (SESSION III): HEALTH PROMOTION
1. (a) DIABETES RISK REDUCTION: WEIGHT CONTROL FOR NATIVE AMERICAN ADOLESCENTS
1. (b) HEALTH PROMOTION AT THE WORK SITE: WEIGHT LOSS COMPETITION
II. THE COYOTE GAME
III. THE ROLE OF TRADITIONAL INDIAN MEDICINE IN HEALTH CARE TODAY
IV. (a) PROTECTING INDIAN CHILD HEALTH THROUGH FAMILY HEALTH
IV. (b) INDIAN FAMILY AND CHILDREN'S SERVICES—1987: DEVELOPMENTS AND NEEDS
IV. (c) INDIAN CHILD WELFARE ACT
V. (a) A NAVAJO AND PUEBLO INTERGENERATIONAL APPROACH TO CARDIOVASCULAR FITNESS
V. (b) FACT AND FALLACIES ABOUT EXERCISE
VI. COPING WITH CHRONIC DISEASE
VII. HEALTH PROMOTION AND DISEASE PREVENTION—AN IDEA WHOSE TIME HAS COME!

VIII. (a) DIABETES MODEL PROGRAMS
VIII. (b) A CONTROLLED STUDY TO PREVENT OBESITY IN GRADE SCHOOL CHILDREN
IX. COMMUNITY HEALTH REPRESENTATIVES PROGRAM OUTLOOK FOR FISCAL YEAR 1987

LUNCH

WORKSHOPS (SESSION IV): ENVIRONMENTAL HEALTH

I. PROTECTION FOR OUR HEALTH AND HERITAGE: WATER QUALITY ACT AND SAFE DRINKING WATER ACT
II. TOXIC SUBSTANCES: WHAT YOU DON'T KNOW CAN HURT YOU
III. SANITATION FACILITIES: FOR PERSONAL AND ECONOMIC HEALTH
IV. HAZARDOUS WASTE: 1986 SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT (SARA) AND THE RESOURCE CONSERVATION AND RECOVERY ACT (RCRA)
V. NUCLEAR WASTE POLICY ACT: TOO HOT TO HANDLE?
VI. INJURIES ARE NO ACCIDENT: COMMUNITY INJURY CONTROL

AREA CAUCUSES: DEVELOPMENT OF POSITIONS

THURSDAY, NOVEMBER 12, 1987

8:00 a.m. - 12:00 noon
CLOSING GENERAL ASSEMBLY

Universe Ballrooms 2 & 3
8:30 a.m.

Invocation

AREA CAUCUSES POSITIONS PRESENTED TO POLICY PANEL
CLOSING REMARKS
ADJOURNMENT OF THE NINTH NATIONAL INDIAN/ALASKA NATIVE HEALTH CONFERENCE
Dear Conferees,

On behalf of the members of the National Indian Health Board and the Northwest Portland Area Indian Health Board, I am pleased to welcome you to the Great Pacific Northwest for this, the Ninth National Indian/Alaska Native Health Conference. Your presence here is an indication of your concern about the current status of health conditions in Indian country, and we are hopeful that you will find this conference a unique opportunity to take positive steps toward improving these conditions.

Those of you familiar with our past conferences will notice quite a difference in the way the Ninth National Conference is structured. In keeping with our theme, "Indian Health — Consumer Challenges," we have worked toward developing a conference process that provides each conferee a more active voice in recommending new directions in Indian health. This year, a portion of each conference day will be devoted to special meetings of area caucuses, which will enable you to work with others from your area to address what you feel are the most pressing health-related matters in your region. The positions developed by each area caucus will be shared with key federal policymakers in the Department of Health and Human Services and in Congress.

Through such a process, we believe this conference can generate the kinds of "grassroots" recommendations and solutions necessary for insuring that American Indians and Alaska Natives receive the best possible medical care. Considering some of the crucial changes that are now taking place in our system of health care, this is an especially opportune time to examine our health care priorities and develop new strategies for meeting the needs of our people.

This effort will involve extensive coordination, and will require hard work and cooperation from everyone in attendance; the results, I am convinced, will be well worth our efforts. Your participation in the workshop and area caucus deliberations is the key to the success of this conference, and I urge you to take an active role to insure that your concerns are heard.

An event such as the Ninth National Indian/Alaska Native Health Conference requires a great deal of planning and assistance. We have assembled a number of health experts from the federal and tribal levels that will participate in the plenary sessions and workshops. We have also received help from many tribal and Indian Health Service staff; in particular, the Northwest Portland Area Indian Health Board, the Northwest Area Tribes, the Seattle Indian Health Board, and the Portland Area IHS Office have contributed their energies to this conference. To all these individuals, tribes and organizations I wish to extend my sincere thanks — without you, this conference could not have taken place.

Enjoy the conference — we look forward to working with you over the next few days.

Sincerely,

Melvin R. Sampson, Chairman
National Indian Health Board
This is my opportunity to wish you a great big welcome to Seattle, Washington for the Ninth National Indian/Alaska Native Health Conference. These next few days are going to be very helpful to each of you. Your tribes, organizations and home communities, as well as your families, should greatly benefit.

The National Indian Health Board, its directors and staff, along with the great people associated with the Northwest Portland Area Indian Health Board, have worked very hard to make this conference a memorable one. We have assembled some outstanding presenters and facilitators that will assist you with any questions you may have, and our conference staff is well equipped to respond to your needs. It is our intent that you will be able to return from this conference to your offices and homes with a personal confidence that you truly have contributed to making the future much brighter for all our Native people.

Rest assured, the staff of the National Indian Health Board and all of its area elected representatives will strive in the coming months to effectively encourage the federal agencies to respond to all of your adopted resolutions and/or position papers. I do urge each of you to participate fully in this conference. If you have a problem with health delivery or other associated situations, bring it out on the table at your area caucus. In this manner, full discussion can take place and perhaps we can effectively change your situation for the better.

I encourage you to be timely in your attendance at all scheduled functions during this conference, to jump in with both feet, roll up your sleeves, rub your hands together and say, “Now, let’s go to work!”

I extend my hand in friendship to each of you and pledge that those of us in leadership positions in this organization shall do everything we can to fulfill the expectations of this conference. With all of us performing to your maximum, how can we miss? If we run into a block, we can chip away at it a little at a time. The word of the day is: “Don’t despair! If it was made or written by man, then we can change it!”

Have a good time here in Seattle. Smile everyday and shake hands with your friends and make lots of new ones. If you see one of our conferees with a down-trodden look, see if you can help. Remember to share and care, and we’ll have a successful conference.

Sincerely,

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

Greetings from the Indian Health Service. We are once again pleased to be part of the National Indian Health Board's National Indian and Alaska Native Health Conference.

Over the years, the annual conferences sponsored by NIHB have served as important forums for the exchange of ideas and information on major issues affecting the health of our people.

It is especially appropriate that this year's conference theme is "Indian Health — Consumer Challenges." Challenges to the health of Indian people, created by ever spiraling health care costs, are unprecedented in the history of Indian health care. These challenges, quite simply, can best be met by the active concern and involvement of Indian consumers as expressed through tribal leadership.

As the federal agency charged with responsibility of improving the health of American Indians and Alaska Natives, the Indian Health Service recognizes that maximum participation of Indian people is necessary if progress is to be continued. This is becoming increasingly important as the responsibility for achieving and maintaining good health rests, to a large extent, on the individuals themselves.

Best wishes for a successful conference.

Sincerely,

Everett R. Rhodes, M.D.
Assistant Surgeon General
Director, Indian Health Service
The National Indian Health Board is pleased to welcome Robert E. Windom, M.D., Assistant Secretary for Health, Department of Health and Human Services, to the Ninth National Indian/Alaska Native Health Conference. Dr. Windom will address the conference general assembly Tuesday morning, November 10, 1987.

In his capacity as Assistant Secretary for Health, Dr. Robert E. Windom is responsible for administration of the Public Health Service, which includes the Centers for Disease Control, the Food and Drug Administration, the National Institutes for Health, the Alcohol, Drug Abuse, and Mental Health Administration, and the Health Resources and Services Administration (which is presently the parent agency of the Indian Health Service.) Dr. Windom is a specialist in internal medicine, and a strong advocate of the Department’s health promotion and disease prevention initiatives.

Since taking office in June of 1986, Dr. Windom has demonstrated a strong commitment to Indian health matters. One of his first formal actions as Assistant Secretary was to travel to the Navajo Nation and other Southwest Indian reservations to observe first-hand the operation of Indian Health Service hospitals and clinics, and to meet with Indian patients and health providers. Dr. Windom has also taken an active personal role in helping to promote the National Indian Safety Campaign, a nationwide effort to help curb the high incidence of accidental death and injury on Indian reservations.

In addition, Dr. Windom is a leader in the country’s fight against the spread of AIDS, and he has sought to promote a better understanding among the American people about this tragic disease. He has been particularly concerned about the plight of children afflicted with AIDS — in his office hangs a crayon poster drawn by a young AIDS victim, which states “I have AIDS, please hug me.”

Prior to assuming his post as Assistant Secretary, Dr. Windom was a practicing physician in Sarasota, Florida, and a professor of internal medicine at both the University of Miami School of Medicine and the University of South Florida School of Medicine. He has been a prominent member of several medical societies, including the American Medical Association, the American College of Physicians, the American College of Cardiology, and the American Society of Internal Medicine. Dr. Windom also hosted a local weekly television show, “Medical Viewpoint,” for ten years and was named “Health Communicator of the Year” in 1979 by the Florida Hospital Association. During his distinguished career he has been the recipient of numerous honors and awards.

Dr. Windom’s commitment to improving the health conditions of American Indians and Alaska Natives is deeply appreciated, and we are honored that he can join us at this conference.
AWARD RECIPIENTS
NINTH NATIONAL INDIAN/ALASKA NATIVE
HEALTH CONFERENCE

NOVEMBER, 1987

PLAQUES

Alaska Native Health Board
Ruth Ballweg, PA-C
Niles C. Cesar
Joseph B. DeLaCruz
James Wilburn Hampton, M.D.
Joseph K. Lumsden
Ada White

MEDALLIONS

Debra Brokenrope
Mike Cook
Don J. Davis
Vincent Keen Davis, D.M.D.
Sara K. Dye, M.D.
Karen Funk
Sharmain Garcia
Mrs. Ruby Gifford
Sonny Hendricks
Pamela E. Iron
Tom R. Jones
Cheryle Kennedy
Arnulfo Manangan
Lloyd Miller
Nancy Murillo
Wayne Newell
Mrs. Shirley Palmer
Buford Rolin
Melvin R. Sampson
Mr. Henry SiJohn
Arnold Sowmick
Jonathon Ed Taylor
Mel Tonasket
Ms. Diane Wasson
Cecelia Wilch, M.D.

CERTIFICATES

Ida Apokedak
Bad River Health Services
Terry Batliner
Shurman Black
Linda Bossert
Nan J. Boucher
Elsie Bowers
Kenneth B. Charlie
Sophia Chase
Bobbie R. Christie
Betty Cooper
Cathy Cruz
Sampson Dewey
Suzy Erlich
Lauraa' Frank
Robert Frank
Mary Grunnert
Jesse Gunlik
Elizabeth Hollingsworth
Michael Hughes
Lorraine Jackson
Peter Jackson
John Jemewouk
Mrs. Anna John
Mardonna Johnson
Viola Johnson
Susan Kuntz
David Lewis
Joseph Lomack
Darra Lorentine
Ethel Lund
Dennis MaGee
Leland Majel
Mrs. Priscilla Manders, L.P.N.
Ted Mantzouranis
Rebecca Manuel
Ernest Marshall
Lena McCoy
Elenore McMullen
Edward Mike
Theodore Monte
Elaine Moore
Darren Phair
Gail Phair
Clois Powell
Adeline Rhoades
Margaret Roberts
Lynn Rusch
Emmett St. Marie
Mary Edna Sam
Norma Shorty
Chrispina Sierra
Lucas Simon
Robert Singyke
Iva W. Trottier
T. R. Webster
Norman Whipple
H. D. Timm Williams
Lindsay Williams
Carolyn Wyatt
Conference Foreword

If anything can be said to characterize health in the 1980's, it is that these are times marked by tremendous change. For the Indian Health Service (IHS) and tribal health delivery system, this change is being brought about by escalating health care costs, a relatively static budget, an ever-expanding service population, tribal assumption of Federal health programs, and new health care priorities of the Indian population. As leaders and representatives of Indian tribes and communities, we must ensure that the challenges posed by these changing conditions are met in a way that is consistent with the Federal Government's commitment to raising the health care status of American Indians and Alaska Natives to the highest possible level.

As suggested by our theme, "Indian Health — Consumer Challenges," the Ninth National Indian/Alaska Native Health Conference is dedicated to the recognition that each of us, as individual consumers of health services, has a crucial role in addressing these challenges and in determining the future directions of the Indian health program. Our conference goal this year is two-fold: first, it is our intent to provide conference attendees with the most recent information about the important issues affecting the delivery of health services to Indian people; and second, we have planned this year's event to be a "working conference" that will generate new ideas and strategies for future improvements in the Indian health system.

To achieve this goal, the National Indian Health Board has developed a conference format that is significantly different from past years. Over the next few days, the conference sessions will be divided into four major areas of emphasis: Social Issues, Policy and Legislation, Health Promotion, and Environmental Health. We believe that, as presented at this conference, these four broad categories cover many of today's most pressing health concerns. Each of these four subject areas will be addressed first in full "plenary sessions," followed later by smaller concurrent workshops where attendees can focus on selected topics in more detail. After these presentations, conference participants will meet in "Area Caucuses" to determine how these issues affect health care delivery in their respective regions, and to develop recommendations reflecting their concerns.

Our conference begins Monday afternoon, November 9, with a plenary session on "Social Issues," which will include presentations that should prove both moving and informative to all participants: adult children of alcoholics, AIDS, and services to Indians with disabilities. The next morning, Tuesday, the second plenary session, "Policy and Legislation," will feature a special address by the Honorable Robert E. Windom, M.D., Assistant Secretary for Health, Department of Health and Human Services. IHS Director Dr. Everett R. Rhoade also will speak before the assembly. In addition, congressional staff will provide attendees with the latest information on Indian health legislation. After this plenary session, participants will break into the morning's concurrent workshops on "Social Issues;" that afternoon, concurrent workshops will be held on "Policy and Legislation."

On Wednesday morning, the third plenary session—which will combine "Health Promotion" and "Environmental Health" — will include a unique video presentation as well as a review of major environmental health issues. Concurrent workshops on "Health Promotion" will be conducted immediately following the plenary session, with the "Environmental Health" workshops scheduled for the afternoon.

In order to accommodate the many varied interests of the conference attendees, we have attempted to provide a wide-ranging mix of topics at each of the four workshop sessions. While this allows us to cover a number of important subjects, it sometimes creates difficult choices for conference. We encourage you to review the workshop descriptions in this program to assist in your selection of which meetings to attend; also, all workshop discussions are tape recorded so that you can purchase tapes of the workshops you are unable to attend. As in past years, the workshops at this conference have been approved for continuing education credit.

One of the most significant additions to this year's conference involved the Area Caucuses, where participants will be able to work with others from their area to formulate recommendations and position papers on health issues of concern to their region. There will be 13 caucuses: one for each of the 12 IHS service areas, and a separate caucus for Urban Health concerns. The caucuses will provide attendees an excellent opportunity to express their views and positions on their areas' health care needs. Each caucus will convene for an initial orientation meeting immediately after the first plenary session Monday for the purpose of organizing and setting their objectives. The Area Caucuses will meet again Tuesday and Wednesday afternoons to develop their recommendations.

On Thursday morning, the conference will culminate with a general assembly session where representatives from the Area Caucuses will present their recommendations to an Indian Health Service Policy Panel comprised of key representatives from IHS Headquarters and Area Offices, who will be able to respond to conferees' concerns. Written reports from the Area Caucuses will also be distributed to other interested persons, tribes, and IHS offices, ensuring that the conference recommendations will be widely shared.

The Ninth National Indian/Alaska Native Health Conference offers an ambitious goal and busy agenda, and will require the cooperation and hard work of all participants to be successful. We urge you to take a personal, active role in these activities so that, working together, we arrive at new solutions for improving the health care status of Indian people in the years ahead.
# Special Events and Conference Meeting Rooms

All meeting rooms are at the Red Lion Inn/SeaTac unless otherwise noted.

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DAY/TIME</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>NIHB Administration Room</td>
<td>Saturday-Friday November 7-13</td>
<td>Mercury 1 &amp; 2</td>
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<tr>
<td>(Message Center)</td>
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<tr>
<td>Audio Tape Sales</td>
<td>Monday-Thursday November 9-12</td>
<td>Foyer Area</td>
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<td>Exhibit Booth #23</td>
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<tr>
<td>First Aid Booth</td>
<td>Monday-Thursday November 9-12</td>
<td>Foyer Area</td>
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<td>Exhibit Booth #18</td>
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<td>Aerobics</td>
<td>Monday-Wednesday November 9-11</td>
<td>Galaxy Ballroom 2</td>
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<td>5:30 p.m. - 6:30 p.m.</td>
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<td>Harbor Tour &amp; Salmon Dinner</td>
<td>Monday November 9</td>
<td>Assemble in front of the Red Lion Inn/SeaTac for Bus Transportation</td>
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<td>5:30 p.m.</td>
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<tr>
<td>Bingo</td>
<td>Monday November 9</td>
<td>Assemble at rear of Red Lion Inn/SeaTac for Bus Transportation</td>
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<tr>
<td>Tulalip Tribe</td>
<td>5:30 p.m.</td>
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<tr>
<td>Open House</td>
<td>Monday, November 9</td>
<td>Assemble in front of the Red Lion Inn/SeaTac for Bus Transportation</td>
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<tr>
<td>Thunderbird Center</td>
<td>6:00 p.m. - 8:00 p.m.</td>
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<td>Alcoholics Anonymous Meeting</td>
<td>Monday, November 9</td>
<td>Mercury 5</td>
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<td>8:30 p.m.</td>
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<td>Health Fair</td>
<td>Tuesday, November 10</td>
<td>Galaxy Ballrooms 1 &amp; 2</td>
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<td>10:00 a.m. - 4:00 p.m.</td>
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<td>Adult Children of Alcoholics Meeting</td>
<td>Tuesday, November 10</td>
<td>Galaxy Ballroom 3</td>
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<td>6:00 p.m.</td>
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<td>Banquet</td>
<td>Tuesday, November 10</td>
<td>Universe Ballroom 3</td>
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<td>Dance</td>
<td>Tuesday, November 10</td>
<td>Universe Ballrooms 2 &amp; 3</td>
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<td>9:00 p.m.</td>
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<td>Health Fun Run</td>
<td>Wednesday, November 11</td>
<td>Assemble in front of the Red Lion Inn/SeaTac</td>
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<td>6:15 a.m.</td>
<td>Apollo 3</td>
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<td>Al Anon Meeting</td>
<td>Wednesday, November 11</td>
<td>Universe Ballrooms 2 &amp; 3</td>
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<td>POWWOW</td>
<td>Wednesday, November 11</td>
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<tr>
<td>Grand Entry</td>
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CONFERENCE MEETING ROOMS

SECOND FLOOR

Mercury Meeting Rooms
Room 1: NIHB Administration Room
Rooms 3-13: Workshops, Caucuses

MEZZANINE LEVEL

Saturn Rooms
Rooms 1-4: Workshops, Caucuses

FIRST FLOOR

Universe Ballroom
Room 1: Exhibits
Rooms 2-3: General Assembly, Powwow, Banquet, Dance

Galaxy Ballrooms
Rooms 1-3: Workshops, Caucuses
Health Fair
Room 2: Aerobics

Foyer
Registration
Exhibits

Apollo Meeting Rooms (Wing 7)
Caucuses and Miscellaneous Meetings
MONDAY, NOVEMBER, 9, 1987

9:00 a.m. - 5:00 p.m.  Registration: Hotel Foyer
12:00 noon - 6:00 p.m. Exhibitors into Exhibition Area: Universe Ballroom 1, Hotel Foyer and Corridor

11:30 a.m. - 12:15 p.m. Presenter Orientation Meeting
Galaxy Ballroom 1
(All Presenters for Monday, November 9 and Tuesday, November 10, 1987)

OPENING GENERAL ASSEMBLY
Universe Ballrooms 2 & 3

1:30 p.m.  Call to Order and Welcome: Melvin R. Sampson, Chairman National Indian Health Board

Presentation of Colors: End of The Trail Honor Guard:
Nooksack Tribe;
American Legion Post Number 83;
Deming, Washington

Prayer: Walter Speedis, Vice Chairman
Yakima Indian Nation General Council

Welcome to the Conference:
The Honorable Charles Royer
Mayor of Seattle

JoAnn Kauffman, Executive Director
Seattle Indian Health Board

Pearl Baller, Secretary/Treasurer
Northwest Portland Area Indian Health Board

Peter M. Nakamura, M.D., Acting Director
Portland Area Indian Health Service

Conference Overview: Melvin R. Sampson, Chairman National Indian Health Board

12:30 p.m. - 3:45 p.m.  1ST PLENARY SESSION: SOCIAL ISSUES

Chairperson: Ada White, Vice Chairman National Indian Health Board

Presentation: “Adult Children of Alcoholics”
Jane Middleton-Moz
Bellevue, Washington
Presentation: “Acquired Immune Deficiency Syndrome (AIDS)”

Ron Rowell, Director
National Native American AIDS Prevention Center
San Francisco, California

Presentation: “Extending Opportunities to Disabled Native Americans”

Sandra Parrino, Chairperson
National Council On the Handicapped

Chris Luther, Laguna Pueblo
Member, New Mexico Division of Vocational Rehabilitation Advisory Committee

Social Issues
Workshops Preview: Ada White, Vice Chairman
National Indian Health Board

4:00 p.m. - 5:00 p.m. AREA CAUCUSES: ORGANIZATION MEETING

Galaxy Ballroom 1
Saturn 1
Mercury 13
Mercury 3 & 4
Mercury 7 & 8
Saturn 2
Saturn 4
Mercury 10
Saturn 3
Galaxy Ballroom 3
Galaxy Ballroom 2
Mercury 5 & 6
Mercury 9

Aerobics: Darrell Phair, Lummi Tribe

5:30 p.m. - 6:30 p.m.
Galaxy Ballroom 2

5:30 p.m. - 10:00 p.m.
Assemble in front of hotel

5:30 p.m. - 11:00 p.m.
Assemble in rear of hotel

6:00 p.m. - 6:45 p.m.
Mercury 9

6:00 p.m. - 8:00 p.m.
Assemble in front of hotel

8:30 p.m. - 10:00 p.m.
Mercury 5

Harbor Tour/Salmon Dinner
Tillicum Village

Bingo, Tulalip Tribe
Marysville, Washington

Presenters Orientation Meeting
(All presenters for Tuesday, November 10, that were unable to attend this morning’s 11:30 a.m. presenter orientation meeting)

Open House, Thunderbird Alcohol and Drug Treatment Center Seattle Indian Health Board

Alcoholic Anonymous Meeting
TUESDAY, NOVEMBER 10, 1987

8:00 a.m. - 5:00 p.m.  Registration: Hotel Foyer

8:00 a.m. - 5:00 p.m.  Exhibits: Universe Ballroom 1, Hotel Foyer and Corridor

10:00 a.m. - 4:00 p.m.  Health Fair: Galaxy Ballrooms 1 & 2
                        Sponsored by the Seattle Indian Health Board and the Indian Health Service Puget Sound Service Unit

8:30 a.m. - 10:00 a.m.  2ND PLENARY SESSION: POLICY AND LEGISLATION
                        Galaxy Ballrooms 2 & 3
                        Chairman: Overton James, Chairman
                        Oklahoma City Area Indian Health Board
                        Invocation: Raymond Burke, Board of Trustees
                        Umatilla Tribe
                        Presentation: Everett R. Rhoades, M.D.
                        Director, Indian Health Service
                        Rockville, Maryland
                        Special Guest Speaker: Robert Windom, M.D.
                        Assistant Secretary for Health
                        Washington, D.C.
                        “Elevation of the Indian Health Service”
                        Policy and Legislation Workshops Preview: Overton James, Chairman
                        Oklahoma City Area
                        Indian Health Board

The Indian Health Service Phoenix Clinical Support Center is accredited for provision of Category I credits for physicians as recognized by the American Medical Association. This Category I Credit is also recognized by the American Academy of Physician Assistants. Attendance at all sessions has been approved for 10.25 hours of Category I credit. This program has also been approved by the Arizona State Nurses Association for 12.30 hours. The Arizona State Nurses Association is accredited as an approver of Continuing Education for nursing by the Western Regional Accrediting Committee of the American Nurses Association.

10:15 a.m. - 11:45 a.m.  WORKSHOPS (SESSION I): SOCIAL ISSUES
                        Galaxy Ballroom 3
                        I. EXTENDING OPPORTUNITIES TO NATIVE AMERICANS WITH DISABILITIES
                        Presenters: Jennie Joe, Director, Native American Research and Training Center, University of Arizona
                        Jamil Toubbeh, Deputy Director, IHS Sensory Disabilities Program
                        Sandra Parrino, Chairperson, National Council on the Handicapped
II. ACQUIRED IMMUNE DEFICIENCY SYNDROME: THE BASICS

Presenters: Ron Rowell, Director, National Native American AIDS Prevention Center
Ben Muneta, M.D., Chief Medical Officer, Division of Health Improvement Services, Navajo Nation
Emmett Chase, M.D., Chairman, Association of American Indian Physicians
Kathleen Toomey, Epidemiology Research Branch, Center for Disease Control, Atlanta, Georgia
Yvette Joseph, Staff Member, Senate Select Committee on Indian Affairs

III. (a) INDIAN ADOLESCENT HEALTH SURVEY: PLANNING FOR THE FUTURE

Presenters: Lois Geer, Project Director, Adolescent Health Data Base, University of Minnesota
Darlene Garneaux, R.N., Maternal and Child Health Coordinator, Aberdeen Area Indian Health Service
Kay Jewett, Tribal Health Chairperson, Cheyenne River Sioux Tribe

III. (b) CURRENT EPIDEMIOLOGY AND CORRELATES OF ALCOHOL AND DRUG ABUSE AMONG INDIAN ADOLESCENTS LIVING ON RESERVATIONS

Presenters: Fred Beauvais, Ph.D., Co-Principal Investigator, NIDA Grant “Drug Use Among Young Indians: Epidemiology and Prediction,” and William Wolf, Research Associate, Colorado State University

IV. AND JUSTICE FOR ALL, EVEN THE VICTIMS

Presenters: Iva W. Trottier, Doctoral Student, Professional Scientific Psychology, Utah State University
Myra DeBruyn, Special Initiatives Team, IHS Mental Health Branch, Albuquerque, New Mexico

V. SUBSTANCE ABUSE

Presenters: Leo Whiteford, Program Director, Puyallup Tribal Treatment Center
Joseph Cloquet, Director, Chemical Dependency, Small Tribes of Western Washington
Adeline Whitewolf, Northern Cheyenne Councilwoman
Russell Bud Mason, Chief, IHS Alcoholism and Substance Abuse Program Branch

VI. ADULT CHILDREN OF ALCOHOLICS IN NATIVE AMERICAN COMMUNITIES
Saturn 4

VII. NAK-NU-WIT YAHN-JI-NUN (CARING FOR ELDERS)
Presenters: La Rena Sohappy, Project Director, Prevention of Tribal Elder Abuse, Neglect, and Economic Exploitation
Martha Yallup, Deputy Director, Human Services Department
Doug Olney, Program Manager, Area Agency on Aging
Davis Washines, Chief of Police
Randall Tulee, Public Defender
M. Helen Spencer, Attorney, Evergreen Legal Services
Sadie Long, Elder
Carl Olden, M.D., Yakima Indian Health Center, Indian Health Service
Sharon John, In Home Health Care, Indian Health Service
Koly M. Powell, Director, Public Health
All of the Yakima Indian Nation, Toppenish, Washington

Mercury 13

11:45 a.m. - 1:00 p.m.

VIII. THE JUDICIAL SYSTEM IN TRIBAL COMMUNITIES
Jim James, Attorney, Santa Fe, New Mexico

11:45 a.m. - 1:00 p.m.

LUNCH

1:00 p.m. - 2:30 p.m.

WORKSHOP (SESSION II): POLICY AND LEGISLATION

Saturn 1

I. STATUS OF THE OMNIBUS DRUG ACT
Presenters: Eva Marie Smith, M.D., Medical Advisor, IHS Alcoholism and Substance Abuse Program Branch
Debra Brokenrope, Staff Member, House Interior and Insular Affairs Committee, U.S. Congress
Jerry J. Cordova, Coordinator, Alcohol and Substance Abuse Prevention Office, Bureau of Indian Affairs

Mercury 7 & 8

II. INNOVATIVE ALTERNATIVE HEALTH DELIVERY SYSTEMS
Presenters: Ronald H. Carlson, Associate Administrator, Health Resources and Services Administration
Joe Jacobs, M.D., Health Resources and Services Administration, Rockville, Maryland

Saturn 2

III. PERSPECTIVE ON CONTRACT HEALTH CARE — IHS AND TRIBAL VIEWS
Presenters: Cheryl Kennedy, Tribal Health Director, Confederated Tribes of Grand Ronde
Phillip Ambrose, Program Manager, Contract Health Services, Yakima Nation
Ron Freeman, Director, IHS Division of Health Care
Tim Morton, Assistant Area Director for Health Care Financing, Portland Area Indian Health Service
James Floyd, Health Systems Specialist, Portland Area Indian Health Service

Mercury 13

IV. INDIAN HEALTH CLINICAL STAFFING, RECRUITMENT AND RETENTION ISSUES
Presenters: Emmett Chase, M.D., President, Association of American Indian Physicians
Terrence Hunter, Director, Association of American Indian Physicians
Yvette Joseph, Staff Member, Senate Select Committee on Indian Affairs

Mercury 5 & 6

V. SYSTEMS DEVELOPMENT IN A TRIBAL HEALTH DEPARTMENT
Presenters: Ed Hansen, Health Director, Tohono O’odham Health Department
Virginia Throssell, Account Executive, Tuscon Medical Center
Joseph Schaffer, General Partner S&R Associates, Health Care Planning and Management

Mercury 9 & 10

VI. IN THE DANCE OF LEGISLATION: STRATEGIES FOR IMPACTING CAPITOL HILL
Presenters: Faith Mayhew, Executive Director, Affiliated Tribes of the Northwest
Karen Funk, Government Affairs Coordinator, Hobbs, Straus, Dean, and Wilder, Washington, D.C.
Emery Johnson, M.D., Consultant and Former Director, Indian Health Service, Rockville, Maryland
JoAnn Kauffman, Executive Director, Seattle Indian Health Board, Seattle, Wash.

Universe Ballroom 2

VII. FOLLOWUP TO TULSA II: WHERE DO WE GO FROM HERE?
Presenters: Mel Sampson, Chairman, Yakima Nation
Don Davis, Area Director, Phoenix Area Indian Health Service
Niles Cesar, Executive Director, Southeast Alaska Regional Health Corporation
Eleanore Robertson, Director, Indian Health Service Office of Health Program Development, Tucson, Ariz.

Saturn 3 & 4

VIII. (a) THE NEW IHS ELIGIBILITY RULE AND HOW IT AFFECTS YOU
Presenters: Richard McCloskey, Director, Indian Health Service Division of Legislation and Regulations, Rockville, Maryland
Jake Whitecrow, Executive Director, National Indian Health Board

VIII. (b) THE MCNABB RULING: WHAT DOES IT MEAN FOR INDIAN HEALTH?
Presenters: Steven Moore, Attorney, Native American Rights Fund, Boulder, Colorado
Steven Bunch, Attorney, Montana Legal Services, Helena, Montana
Galaxy Ballroom 3

2:45 p.m.

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**AREA CAUCUSES: DEVELOPMENT OF POSITIONS**

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**EVENING EVENTS**

5:30 p.m. - 6:30 p.m.
Galaxy Ballroom 2

Aerobics: Darrell Phair, Lummi Tribe

6:00 p.m. - 6:45 p.m.
Mercury 9

Presenter Orientation Meeting
(All Presenters for Wednesday, November 11)

6:00 p.m. - 7:00 p.m.
Galaxy Ballroom 3

Adult Children of Alcoholics Meeting
Sponsored by the Seattle Indian Health Board

7:00 p.m. - 9:00 p.m.
Universe Ballroom 3

Banquet and Awards Presentation
Entertainment: A. Paul Ortega, Mescalero Apache Tribe
Acoustic Guitar

9:00 p.m. - Midnight
Universe Ballrooms 2 & 3

**Dance: "Second Wind"**

**WEDNESDAY, NOVEMBER 11, 1987**

6:15 a.m.
Assemble in front of
Red Lion Inn / SeaTac
(run begins at 7:00 a.m.)

Health Fun Run 1 mile & 5K (3.1 miles)

8:00 a.m. - 2:00 p.m.
Registration: Hotel Foyer

8:00 a.m. - 5:00 p.m.
Exhibits: Universe Ballroom 1, Hotel Foyer and Corridor

8:30 a.m. - 10:15 a.m.
3RD PLENARY SESSION: HEALTH PROMOTION AND ENVIRONMENTAL HEALTH
Chairman For Health Promotion:
Kenneth Charlie, Secretary
National Indian Health Board

Chairman for Environmental Health:
Donald Antone, Phoenix Area Representative
National Indian Health Board

Invocation:
Kenneth Charlie, Secretary
National Indian Health Board

“Health Promotion”
John Gonzales, President
National Congress of American Indians

“WINDRUNNER”: (Video Presentation)
Michael E. Bird, Chief
Tribal Health Programs Branch,
Albuquerque Area Indian Health Service

Don Heath, Producer, Visions West
Albuquerque, New Mexico

Health Promotion Workshops Preview:

Kenneth Charlie, Secretary
National Indian Health Board

Environmental Health Panel Presentation:
Joe DelaCruz, Chairman
Quinault Nation
Taholah, Washington

T. R. Webster, Chief
Environmental Health and Engineering Branch
Portland Area Indian Health Service

Robert S. Burd, Director, Water Division
Environmental Protection Agency Region X

Frank Khattat, Natural Resources Specialist
Bureau of Indian Affairs
Washington, D.C.

Environmental Health Workshops Preview:

Donald Antone, Phoenix Area Representative
National Indian Health Board

10:30 a.m. - Noon
Mercury 7 & 8
WORKSHOPS (SESSION III): HEALTH PROMOTION

I. (a) DIABETES RISK REDUCTION: WEIGHT CONTROL FOR NATIVE AMERICAN ADOLESCENTS
Presenter: Jean Charles-Azure, Public Health Nutritionist
Western Oregon Service Unit
Salem, Oregon

I. (b) HEALTH PROMOTION AT THE WORK SITE: WEIGHT LOSS COMPETITION
Presenter: Kathleen Charles, Health Educator
Lummi Health Center

Mercury 5 & 6
II. THE COYOTE GAME

Presenters: Nancy E. Murillo, Director, Tribal Health and Human Services Department
Bernadine Ricker, Health Educator, Indian Health Service
Linda Larsen, Director, Maternal and Child Health Program
Melissa Grant, Director, Community Health Representative Program
Jim Sibbett, Mental Health Human Services Program
Lynn James, First Responder
Shirley Alvarez, Community Access Coordinator
All of the Tribal Health and Human Services Department,
Shoshone-Bannock Tribes, Fort Hall, Idaho
III. THE ROLE OF TRADITIONAL INDIAN MEDICINE IN HEALTH CARE TODAY
   Presenters: A. Paul Ortega, Mescalero Apache Tribe
              Al Flores, Cheyenne-Tohono O'odham Tribe

IV. (a) PROTECTING INDIAN CHILD HEALTH THROUGH FAMILY HEALTH
   Presenter: Susan Kunz, Supervisor, Maternal and Child
              Health Program, Tohono O'odham Community
              Health Department

IV. (b) INDIAN FAMILY AND CHILDREN'S SERVICES — 1987:
        DEVELOPMENTS AND NEEDS
   Presenter: Evelyn Lance Blanchard, Community Development Specialist,
              Portland Area Indian Health Service

IV. (c) INDIAN CHILD WELFARE ACT
   Presenters: Gary Peterson, Director, South Puget
               Inter-Tribal Planning Agency, Shelton, Wash.
               Jan Goslin, Social Worker, Association of
               American Indian Affairs, Shelton, Wash.

V. (a) NAVAJO AND PUEBLO INTERGENERATIONAL APPROACH TO
       CARDIOVASCULAR FITNESS
   Presenter: Sally Davis, M.D., Director, School/Community Health
              University of New Mexico

V. (b) FACTS AND FALLACIES ABOUT EXERCISE
   Presenter: Alexander Urfer, Ph.D., Department of Biological Science
              Idaho State University

V. (c) HEALTH PROMOTION AND DISEASE PREVENTION - AN IDEA
       WHOSE TIME HAS COME!
   Presenters: Charlotte M. Hewitt, Chief, Health Education, Health
               Promotion/Disease Prevention Coordinator, Bemidji
               Area Indian Health Service

VI. COPING WITH CHRONIC DISEASE
   Presenters: Phillip Mease, M.D., Arthritis Foundation,
               Seattle, WA.
               Margaret G. Clemens, Diabetes Prevention Coordinator,
               Salt River Pima-Maricopa Indian Community
               Timothy L. Taylor, Ph.D., Assistant Professor,
               University of Oklahoma Health Sciences Center

VII. HEALTH PROMOTION AND DISEASE PREVENTION - AN IDEA
     WHOSE TIME HAS COME!
   Presenters: Viola Johnson, Director, Health Branch, Gila River
               Karmen Johnson, Director, Health Education, Gila River

VIII(a) DIABETES: MODEL PROGRAMS
   Presenters: William L. Freeman, M.D., Director, Diabetes Program
               Gwen M. Hosey, R.N., M.S., Nurse Educator
               Portland Area Indian Health Service

VIII(b) A CONTROLLED STUDY TO PREVENT OBESITY IN
        GRADE SCHOOL CHILDREN
   Presenters: Viola Johnson, Director, Health Branch, Gila River
               Karmen Johnson, Director, Health Education, Gila River

IX. COMMUNITY HEALTH REPRESENTATIVES PROGRAM
    OUTLOOK FOR FISCAL YEAR 1987
12:00 noon - 1:30 p.m.  
LUNCH

1:30 p.m. - 3:00 p.m.  
WORKSHOPS (SESSION IV): ENVIRONMENTAL HEALTH

Galaxy Ballroom 1  
I.  PROTECTION FOR OUR HEALTH AND HERITAGE: WATER QUALITY ACT AND SAFE DRINKING WATER ACT
Presenters: Daniel Steinborn, Chief, Underground Injection Control and Programs Support Section, Region X Environmental Protection Agency, Seattle, Washington
Richard Albright, Coordinator, Region X, Environmental Protection Agency, Regional Water Quality Standards, Seattle, Washington
Richard Barror, Deputy Chief, IHS Sanitation Facilities Construction Branch, Rockville, Maryland
Joe DeLaCruz, Chairman, Quinault Nation, Taholah, Washington
Gary Passmore, Director of Water Quality, Colville Confederated Tribes, Nespelem, Washington

Saturn 1 & 2  
II.  TOXIC SUBSTANCES: WHAT YOU DON'T KNOW CAN HURT YOU
Presenters: Walter Jaspers, Regional Asbestos Coordinator, Region X, Environmental Protection Agency, Seattle, Washington
Jerry Leitch, Regional Radiation Representative, Region X, Environmental Protection Agency, Seattle Washington
Frank Khattat, BIA Natural Resources Specialist, Washington, D.C.
Theodore Ziegler, Chief, Environmental Services, Portland Area IHS
Kelvin Lawrence, Community Development Block Grant Specialist, Cheyenne River Sioux Tribe

Saturn 3 & 4  
III.  SANITATION FACILITIES: FOR PERSONAL AND ECONOMIC HEALTH
Presenters: Paul Kanitz, Engineering Consultant, Navajo Tribe Utilities Authority, Navajo Area Indian Health Service
Richard R. Truitt, Chief, Sanitation Facilities Construction Section, Portland Area Indian Health Service
Malcolm Dalton, General Manager, Navajo Tribal Utility

Galaxy Ballroom 2  
IV.  HAZARDOUS WASTE: 1986 SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT (SARA) AND THE RESOURCE CONSERVATION AND RECOVERY ACT (RCRA)
Presenters: Joan Cabreza, Underground Storage Tank Manager, Region X, Environmental Protection Agency, Seattle, Washington
Patricia Storm, Chief, Health and Environmental Assessment Section, Region X, Environmental Protection Agency, Seattle, Washington
Frank Khattat, Bureau of Indian Affairs Natural Resources Specialist, Washington, D.C.
Richard Robinson, IHS Environmental Health Specialist, Hazardous Material, Seattle, Washington
George Kalisik, Environmental Director, Hoopa Valley Business Council, Hoopa, California

Galaxy Ballroom 3

V. NUCLEAR WASTE POLICY ACT: TOO HOT TO HANDLE?
Presenters: Max Powell, Institutional Liaison, Department of Energy, Richland, Washington
T. R. Webster, Chief, Environmental Health and Engineering Branch, Indian Health Service, Portland Oregon
Russell Jim, Manager, Nuclear Waste Program, Yakima Nation, Toppenish, Washington

Mercury 9 & 10

VI. INJURIES ARE NO ACCIDENT: COMMUNITY INJURY CONTROL
Presenters: John Sery, Portland Area Community Injury Control Coordinator,
Renee Slocum, Planning Specialist, Seneca Nation of New York
Ellen Bartoo, Health Educator, Cattaraugus Indian Reservation Health Center

3:15 p.m.

AREA CAUCUSES: DEVELOPMENT OF POSITIONS AND RESOLUTIONS

Galaxy Ballroom 1
Saturn 1
Mercury 13
Mercury 3 & 4
Mercury 7 & 8
Saturn 2
Saturn 3
Mercury 10
Saturn 4
Galaxy Ballroom 3
Galaxy Ballroom 2
Mercury 5 & 6
Mercury 9

Aberdeen Area
Alaska Area
Albuquerque Area
Bemidji Area
Billings Area
California Area
Navajo Area
Oklahoma Area
Phoenix Area
Portland Area
Tucson Area
United South and Eastern Tribes Area
Urban Representatives

EVENING EVENTS
5:30 p.m. - 6:30 p.m.
Galaxy Ballroom 2

6:00 p.m. - 7:00 p.m.
Mercury 5

7:00 p.m.
Universe Ballrooms 2 & 3

Aerobics: Darrell Phair, Lummi Tribe

Al Anon Meeting

Powwow — Grand Entry
Coordinator: Bernie Whitebear
Master of Ceremonies: Harold Belmont
Arena Director: Wally Paul
Host Drum: The Nation Singers
Head Woman Dancer: JoAnn Kauffman
Head Man Dancer: Leroy Seth
Speciality Dance: Cape Fox Dancers
THURSDAY, NOVEMBER 12, 1987

8:00 a.m. - 12:00 noon
Exhibits: Universe Ballroom 1, Hotel Foyer and Corridor

CLOSING GENERAL ASSEMBLY
Universe Ballrooms 2 & 3

8:30 a.m.
Invocation: Robert Joe, Sr., Chairman
Swinonish Tribal Community
Virginia McKenzie, Indian Shaker Church
Area Caucus Positions Presented To IHS Policy Panel

Policy Panel Members: Luana Reyes, Associate Director, Office of Planning Evaluation, and Legislation, Indian Health Service, Rockville, Maryland
George Buzzard, Associate Director, Office of Tribal Activities, Indian Health Service, Rockville, Maryland
Don Davis, Director, Phoenix Area Indian Health Service, Phoenix, Arizona

ADJOURNMENT OF THE
NINTH NATIONAL INDIAN/ALASKA NATIVE
HEALTH CONFERENCE
WORKSHOP DESCRIPTIONS
TUESDAY, NOVEMBER 10, 1987
SESSION I: SOCIAL ISSUES
(10:15 a.m. - 11:45 a.m.)

I. EXTENDING OPPORTUNITIES TO NATIVE AMERICANS WITH DISABILITIES (Jennie Joe, Ph.D., Director, Native American Research and Training Center, University of Arizona, Tucson, Ariz.; Jamil Toubbeh, Ph.D., Deputy Director, Sensory Disabilities Program, Indian Health Service, Albuquerque, N.M.; Sandra Parrino, Chairperson, National Council on the Handicapped, Indian Health Service, Laguna Pueblo, Member, New Mexico Division of Vocational Rehabilitation Advisory Committee, Laguna, N.M.; William Beans, Regional Commissioner, Rehabilitation Services Administration, Seattle, Washington)

Handicapped people in general have diverse needs that can tax the capabilities of the most efficient delivery systems. They may be medical, educational, social, psychological, vocational, and avocational. Even within this context there may be a spectrum of needs unique to each handicapping condition. While the handicapped in general have the potential of being served by current albeit deficient delivery systems, Indian handicapped are faced with barriers that have little or no relationship to the viability or non-viability of existing delivery systems. These may be jurisdictional, cultural-linguistic, manpower, poverty, geographic, perceptual, Tribal, as well as barriers that result from the special relationship that Indians have with the Federal Government.

The purpose of this workshop is to review the status of the Indian handicapped from divergent perspectives in order to identify barriers to services for handicapped Indians; and to explore ways of improving services to handicapped Indians through various means, including legislative change. Chris Luther will elaborate on the problems of the handicapped on the reservation including climatic, transportation, and lack of facilities. He will also discuss his roll and accomplishments as a member of the New Mexico Division of Vocational Rehabilitation Advisory Committee. William Bean will discuss the amendments to the Rehabilitation Services Act of 1986 and federal programs and funding available to Tribes, American Indians, and Alaska Natives.

II. ACQUIRED IMMUNE DEFICIENCY SYNDROME: THE BASICS (Ron Rowell, MPH, Director, National Native American AIDS Prevention Center; Ben Muneta, M.D., Chief Medical Officer, Division of Health Improvement Services, Navajo Nation; Emmett Chase, M.D., American Indian Free Clinic, Compton, California, and Chairman, Association of American Indian Physicians; Kathleen Toomey, Epidemiology Research Branch, Division of Sexually Transmitted Diseases, Center for Prevention Services, Center for Disease Control, Atlanta, Georgia; Yvette Joseph, Staff Member, Senate Select Committee on Indian Affairs, Washington, D.C.)

Aquired Immune Deficiency Syndrome, or AIDS, is an infectious terminal disease for which there is no cure — but it can be prevented. This workshop will provide participants with answers to the following questions:

1. What is AIDS?
2. How do you get AIDS?
3. Who is at risk?
4. How many Indians are infected with AIDS?
5. How can we prevent the spread of AIDS?
6. How can we care for people with AIDS?
7. What precautions should health workers take with AIDS patients?
8. What are the psycho-social and legal issues to consider?

The workshop will consist of small group discussions, a slide presentation, didactic material, and a question/answer session. All efforts will be made to answer participants' questions. It is important for participants to understand what is known and what is not known about this disease and to be able to clearly and calmly evaluate their own and others' risks of becoming infected with the AIDS virus. Dr. Ben Muneta will discuss the Navajo Nation's integrated communicable disease education program. This will include a presentation of the AIDS Awareness Project which incorporates the training of Community Health Representatives and Registered Nurses. Dr. Chase will elaborate on the objectives of the Association of American Indian Physicians' AIDS Task Force.
III. (a) INDIAN ADOLESCENT HEALTH SURVEY: PLANNING FOR THE FUTURE (Lois Geer, Project Director, Adolescent Health Data Base, University of Minnesota; Darlene Garneaux, R.N., M.S., Maternal and Child Health Coordinator, Aberdeen Area Indian Health Service, Aberdeen, S.D.; Kay Jewett, Tribal Health Chairperson, Cheyenne River Sioux Tribe)

Planning the delivery of services to adolescents is hampered by fragmented, non-comparable, incomplete or nonexistent data. The Minnesota Adolescent Health Survey was developed as a part of a larger federally funded project for maternal and child health intended to develop a model data base on adolescents that can be adopted for use in other settings. Based upon the success of the survey work in Minnesota with over 36,000 adolescents in grades 7-12, Indian Health Service is making the survey available to all twelve IHS service areas. The topics covered in this survey touch on the major health issues affecting adolescents today: nutritional behavior, drug and alcohol usage, sexual activity and identity, mental health, perceived health status, and health care utilization.

This presentation will focus on highlights of the data collected in Minnesota and pilot data on Indian adolescents: how the information is currently being used in Minnesota; and implications of the data for the planning and delivery of services to Indian adolescents from both the Tribal and IHS perspective.

III. (b) CURRENT EPIDEMIOLOGY AND CORRELATES OF ALCOHOL AND DRUG ABUSE AMONG INDIAN ADOLESCENTS LIVING ON RESERVATIONS (Fred Beauvais, Ph.D., Co-Principal Investigator, NIDA Grant “Drug Use Among Young Indians: Epidemiology and Prediction;” William Wolf, Research Associate, Western Behavioral Studies Project; Colorado State University, Ft. Collins, Colo.)

With the advent of the Omnibus Drug Abuse Act of 1986 there is an increased emphasis on alcohol and drug rates in tribal communities. Many tribal schools have not documented the extent of the problem and are seeking ways to conduct research in this area. The schools and tribes that have participated in this ongoing research effort have the elements of a needs assessment so essential in developing programs for prevention and treatment. This workshop will examine the findings of a NIDA grant entitled “Drug Use Among Young Indians: Epidemiology and Prediction.” The alcohol and drug use rates of over 35,000 Indian children in grades 4th to 12th have been compiled by this project over the past 12 years. These surveys are conducted free to participating schools and the results will be made available to those attending this workshop.

IV. AN JUSTICE FOR ALL, EVEN THE VICTIMS (Iva W. Trottier, Doctoral Student, Professional Scientific Psychology, Utah State University; Myra DeBruyn, Special Initiatives Team, Mental Health Program Branch, Indian Health Service, Albuquerque, New Mexico)

In today’s society, with the increased attention given to preserving the rights of the accused, an irony has developed in that now victims, too, must struggle for justice. Ms. Trottier will discuss the types and scope of victimization in the United States and in Indian Country. The cost to the individual and to society will be explored. The truly neglected victims are the voiceless ones like children and the elderly. The problem is compounded when these victims are from a rural environment, where services and resources are often sparse. Ms. Trottier will review common reactions to being victimized.

In the latter half of the presentation, the healing process of the victims and the community will be examined, with specific actions offered for recovery of both segments. Handouts also will be provided. The session will conclude with a question and answer period, followed by a discussion of potential health policy positions.

Myra DeBruyn will provide a national perspective on violence in Indian communities today. She will then discuss the development and objectives of the Indian Health Service Special Initiatives Team and highlight some of their recent activities, emphasizing a community approach to violence.

V. SUBSTANCE ABUSE (Leo Whiteford, Program Director, Puyallup Tribal Treatment Center, Tacoma, Wash.; Joseph Cloquet, Director, Chemical Dependency, Small Tribes of Western Washington and Member, Northwest Indian Alcohol/Drug Specialist Certification Board; Adeline Whitewolf, B.A., Northern Cheyenne Councilwoman, Lame Deer, Montana, and Board Member, Thunderchild Treatment Center, Sheridan, Wyoming; Russell Bud Mason, Chief Alcoholism and Substance Abuse Program Branch, Indian Health Service Headquarters, Rockville, Maryland)

Russell Bud Mason will moderate this substance abuse panel and will open with a presentation of the Indian Health Service’s Alcoholism and Substance Abuse Program Fiscal Year 1988 initiatives. Emphasis will be placed on community, Tribal, and Indian Health Service joint involvement and commitment to combat chemical dependency.
VI. ADULT CHILDREN OF ALCOHOLICS IN NATIVE AMERICAN COMMUNITIES (Jane Middleton-Moz, JoAnn Kauffman, Executive Director, Seattle Indian Health Board; Anna Latimer, Project Coordinator, Adult Children of Alcoholics Program, Seattle Indian Health Board)

Jane Middleton-Moz will present the philosophies and techniques she employs to help adult children of alcoholics and their families. When working with Native American and Alaskan families, Jane identifies in each family member unresolved grief, often massive grief from loss of culture, deaths of loved ones due to alcoholism, loss of connection with the kinship network, losses of family due to children being sent away to schools or taken to foster care, loss of parents, loss of self-esteem because of lack of family roles or the effects of alcoholism. Most often when communications in families are re-established and the family shares its grief together, there is a new sense of power in that family.

The Adult Children of Alcoholics movement within the field has made professionals more aware that alcoholism is a family illness, not just an individual disease. With respect to native culture, it is a community disease as well. The programs designed by professionals in the majority culture have had little impact within the native culture because they are designed to treat the individual, rather than the family and kinship network, and because they do not focus on the massive effects of cultural depression and resulting self-hate. Furthermore, outside interventions based on majority values are frequently not effective with native people. When individuals and families are sent outside their villages and reservations to treatment programs, they often experience the same confusion they did in school. Their silences and difficulties with interventions are frequently seen by treaters as an unwillingness to cooperate or as lack of motivation.

Jane will discuss the importance of recognizing the need for family counseling that takes into account cultural values and strengths, network strengthening on reservations, and family and native peer counseling in urban areas. It should be recognized that, in the process of working with the family where alcoholism is an issue, it is not enough only to treat the alcoholism and its effects, but the underlying grief also must be treated.

Ms. Middleton-Moz will distinguish the difference between “help” and “empowerment.” Many times services that have been designed for alcoholism treatment on reservations and in villages inadvertently become one more statement by the majority culture of a refusal to share power. As one native woman stated: “It is important for people to realize that recovery from alcoholism and its effects is possible on reservations and in villages. Recovery happens when Indian people on my reservation are sober and helping others to become sober. We are learning from each other the strength of the family and the community and the pride of being Native American. I believe my sobriety has happened because I have returned to some of the values of my grandmother, while at the same time learning to understand the values of the majority culture. I learned as my family counselor put it, ‘to bridge the river.’”

JoAnn Kauffman and Anna Latimer will describe the process they experienced in initiating the Seattle Indian Health Board Adult Children of Alcoholics Program, and how it can be replicated. Tuesday evening the Seattle Indian Health Board will sponsor an Adult Children of Alcoholics Meeting.
VII. NAK-NU-WIT YAHN-JI-NUN (CARING FOR ELDERS) (LaRena Sohappy, Project Director, Prevention of Tribal Elder Abuse, Neglect, and Economic Exploitation; Martha Yallup, Deputy Director, Human Services Department; Doug Olney, Program Manager, Area Agency on Aging; Davis Washines, Chief of Police; Randall Tulee, Public Defender; Helen Spencer, Attorney, Evergreen Legal Services; Sadie Long, Elder; Carl Olden, M.D.; Yakima Indian Health Center, Indian Health Service; Sharon John, In Home Health Care, Indian Health Service; Kolywn Powell, Director, Public Health; all of the Yakima Indian Nation, Toppenish, Wash.)

As the nation's population ages, the abuse of elders is becoming an increasingly serious problem that is now threatening the health and welfare of many Tribal elders. Through a grant from the Administration on Aging, the Yakima Indian Nation is developing a system to prevent and treat abuse, neglect, and exploitation of Tribal elders on the Yakima Indian Reservation. The project began September 3, 1986, and will continue through June 29, 1988. It is intended to develop a "model" which other American Indian, Alaskan Native, and Canadian Tribes can replicate.

A 20-30 minute slide presentation will be made on the purposes of the project including goals, objectives, effectiveness thus far, the product, the accomplishments, and the activities planned for the duration of the grant period. The presentation will describe the issues concerning elder abuse on the Yakima Indian Reservation and the effect abuse has on Tribal elders. Workshop participants will gain an increased awareness of the special needs and desire of Tribal elders. The need for increased reporting of suspected elder abuse and for increased services to combat the risk factors (isolation, dependency, poverty, loss of family structure, loss of cultural role) Tribal elders face will be discussed.

VIII. THE JUDICIAL SYSTEM IN TRIBAL COMMUNITIES (Reiman Manuel, Chief Judge, Salt River Pima-Maricopa Indian Community, Scottsdale, Arizona, Member Pima Tribe; Jim James, Attorney At Law, Santa Fe, New Mexico, Member San Juan Pueblo; Jeff McFarland, Legislative Counsel, Subcommittee On Human Resources, U.S. Congress, Washington, D.C.)

Relman Manuel has presided on the bench at the Salt River Pima-Maricopa Indian Community since 1980. He is elected every four years by the Tribal members and his current term expires in 1990. Judge Manuel will provide an overview of the Salt River Pima-Maricopa judicial system including its development and funding. He will then discuss the referral and placement of troubled juveniles, highlighting the Salt River Pima-Maricopa Youth Home and the contracting of social services under P.L. 93-638.

Jim James is a practicing attorney who specializes in prosecuting child abuse cases in the Eight Northern Pueblos. Mr. James and his partner are participating in a Pilot Project funded by the Bureau of Justice through the American Indian Law Center to evaluate child abuse cases for prosecution with minimum impact on the victim. As part of this Pilot Project, a standard manual for prosecution of child abuse cases will be developed for use in other Indian communities. Jim will outline the type of information necessary and the process required to successfully prosecute child abuse.

SESSION II: POLICY & LEGISLATION
(1:00 p.m. - 2:30 p.m.)

I. STATUS OF THE OMNIBUS DRUG ACT (Eva Marie Smith, M.D., Medical Advisor, Alcoholism and Substance Abuse Program Branch, Indian Health Service Headquarters, Rockville, Maryland; Debra Brokenrope, Staff Member, House Interior and Insular Affairs Committee, Washington, D.C.; Jerry J. Cordova, Coordinator, Alcohol and Substance Abuse Prevention Office, Bureau of Indian Affairs, Washington, D.C.)

Representatives from the House Interior and Insular Affairs Committee, Bureau of Indian Affairs, and the Indian Health Service will provide an update on the implementation of P.L. 99-570, the Omnibus Drug Act. It has been one year since the legislation was enacted and information will be shared on Tribal Action Plans and specific mandates of both the Bureau of Indian Affairs and the Indian Health Service including plans for Fiscal Year 1988.

II. INNOVATIVE ALTERNATIVE HEALTH DELIVERY SYSTEMS (Ronald H. Carlson, Associate Administrator, Planning, Evaluation and Legislation, Health Resources and Services Administration, Rockville, Maryland; Joe Jacobs, M.D., Health Resources and Services Administration, Rockville, Maryland)

Mr. Carlson and Dr. Jacobs will review the events in the Department of Health and Human Services leading to the decision to create an initiative on alternative services delivery for Indian health. They will focus on the changes that are taking place in the health care market place.
A brief description of the Department's new proposed voluntary grant program will be provided with a discussion of the three inter-related goals of the program: to encourage Tribes to test alternative arrangements for health services to eligible individuals in their community; to test changes that have a potential for serving the same population at a lower per capita cost and providing a broader range of services to the same population at the current cost; and to foster cooperative arrangements between Tribes and private sector entities and state and local governments.

III. PERSPECTIVES ON CONTRACT HEALTH CARE — IHS AND TRIBAL VIEWS (Cheryl Kennedy, Tribal Health Director, Confederated Tribes of Grand Ronde, Grand Ronde, Oregon; Phillip Ambrose, Program Manager, Contract Health Services, Yakima Nation, Toppenish, Washington; Ron Freeman, Director, Division of Health Care Administration and Contract Health Services, Indian Health Service, Rockville, Maryland; Tom Morton, Assistant Area Director for Health Care Financing, Portland Area Indian Health Service, Portland, Oregon; James Floyd, Health Systems Specialist, Portland Area Indian Health Service, Portland, Oregon)

In this workshop, panel members will examine different aspects of the IHS contract care program, including the status of the $10 million Indian Catastrophic Health Emergency Fund established by Congress in 1987. Mr. Freeman will discuss the guidelines and administration of the fund as it pertains to Tribal P.L. 93-638 programs. With the increasing cost of health care it is more important than ever that IHS and tribal programs utilize cost effective approaches to health care delivery. James Floyd will share cost containment strategies within the context of Contract Health Care Services, which will include such activities as hospital audits and billing reviews. Cheryl Kennedy will then outline the benefits of Tribal and Indian Health Service cooperative efforts to achieve equitable care in the most cost efficient manner using Contract Health Care funds. Phillip Ambrose will review alternative resource administration in P.L. 93-638 Contract Health Service programs. Tim Morton will serve as moderator for the panel.

IV. INDIAN HEALTH CLINICAL STAFFING RECRUITMENT AND RETENTION ISSUES (Emmett Chase, M.D., President, Association of American Indian Physicians, Compton, California; Terrence Hunter, MPH, Director, Association of American Indian Physicians, Oklahoma City, Oklahoma; Yvette Joseph, Staff Member, Senate Select Committee on Indian Affairs, Washington, D.C.)

Earlier this year, the congressional Office of Technology Assessment issued an alarming report on the projected shortages of health professionals at Indian Health Service facilities. This workshop panel will address the critical shortage of health professionals at Indian hospitals and clinics, both as its exists now and as it is projected for the future. The discussion will focus on the recruitment and retention of doctors and nurses, and potential solutions in these areas will be explored. In particular, the panel will review legislation now before the U.S. Congress (S. 1475 — the Indian Health Service Clinical Staffing Bill) that is intended to address this pressing matter. Present programs and new initiatives to enhance recruitment and retention of health professionals will also be highlighted.

V. SYSTEMS DEVELOPMENT IN A TRIBAL HEALTH DEPARTMENT (Ed Hansen, M.A., Health Director, Tohono O'odham Health Department, Sells, Ariz.; Virginia Throssell, M.P.A., Account Executive, Tucson Medical Center, Tucson, Ariz.; Joseph Schaffer, Ph.D., General Partner S & R Associates, Health Care Planning and Management, Phoenix, Ariz.)

The Tohono O'odham Health Department presentation will emphasize the importance of developing appropriate operations and support systems in a tribal health organization to ensure professional, efficient delivery of current services, and to provide for the expansion of service and operational capability in the future. The presentation will address the eight steps a tribal health organization should follow in developing a professional organizational structure. The importance of goal-setting in health by tribal leaders and the absolute requirement for strategic planning and subsequent program implementation models will be detailed. Each of the following health organizations systems will be described:

* Patient/Client Services System
* Health Care Financial Management System
* Human Resources Management System
* Support Services System, and
* Administrative Management System

The presenters will describe the process for evaluating the initial status of each of these systems within a tribal health organization, and the design of a model system to support current and projected service delivery. This will be followed by discussion of implementation plans for incorporating the model system into the tribal health organization.
Specific emphasis will be placed on two unique approaches to systems development being employed by the Tohono O'odham Health Department. First the Tohono O’odham Health Department has entered into an affiliation with Tucson Medical Center (TMC) to promote systems development. The Tohono O’odham Health Department will utilize the systems expertise and human resources of TMC to build “personal” systems within the Tohono O’odham Health Department. Second, the Tohono O’odham Health Department will operate its own systems in the “shadow” of Indian Health primary systems for a trial period prior to any service contract under P.L. 93-638. Data and experience obtained during the “shadow” operation will be used to enhance the tribal/private-sector designed systems prior to assumption of service under P.L. 93-638.

VI. IN THE DANCE OF LEGISLATION: STRATEGIES FOR IMPACTING CAPITOL HILL (Faith Mayhew, Executive Director, Affiliated Tribes of the Northwest; Karen Funk, Government Affairs Coordinator for Hobbs, Straus, Dean, and Wilder, Washington, D.C.; Emery Johnson, M.D., Consultant and Former Director, Indian Health Service, Rockville, Maryland; JoAnn Kauffman, Executive Director, Seattle Indian Health Board, Seattle, Wash.)

In a time of growing fiscal constraints, it is more important than ever that we understand the legislative process and how it affects the Indian health care delivery system. Over the past six years, Congress has repeatedly rejected efforts to eliminate some of the most vital portions of the Indian health program, including the Community Health Representatives, urban health, tribal management, hospital construction, and sanitation facilities. The support for Indian Health on Capitol Hill is largely due to tribal leaders, health program directors, and other individuals communicating their concerns and needs to their elected representatives.

This workshop will explore the legislative process in the context of recent health-related developments in Washington. The presentation will begin with Karen Funk and Dr. Emery Johnson providing a brief review of several key pieces of legislation: the 1988 appropriations, the Indian health reauthorization bill (now in its fifth year in Congress), the reauthorization of the Older Americans Act, and provisions of the catastrophic health insurance bill. The remainder of the workshop will be spent discussing the legislative process and how health consumers can best impact that process. Faith Mayhew will review how the Affiliated Tribes of the Northwest has worked successfully at the regional level to network with Northwest area tribes on important legislative matters. JoAnn Kauffman will offer her perspective on how urban health projects have been able to win strong support in Congress. Ms. Funk and Dr. Johnson will present their views on how to best communicate with congressional committees and representatives.

VII. FOLLOWUP TO TULSA II: WHERE DO WE GO FROM HERE? (Mel Sampson, Chairman, Yakima Nation; Don Davis, Area Director, Phoenix Area Indian Health Service; Niles Cesar, Executive Director, Southeast Alaska Regional Health Corporation; Eleanore Robertson, Director, IHS Office of Health Program Development, Tucson, Ariz.)

Last March, the Indian Health Service conducted a national workshop, commonly referred to as “Tulsa II,” which addressed a number of crucial health policy matters, including resource allocation, P.L. 93-638 contracting, alternate health care delivery systems, and other issues. Tribal representatives at Tulsa II held their own special meeting and developed a strong national policy paper calling for a reaffirmation of the Federal Government’s commitment to Indian health. In addition, the Tulsa II meeting led to the formation of several IHS task forces that were asked to examine special problems and report to the IHS Director by October 30, 1987.

Planning for the next national IHS workshop is now underway, and a process has been established for seeking tribal recommendations on how the meeting should be conducted. This panel will briefly review some of the results of the Tulsa II task forces, including those working on simplification of the P.L. 93-638 contracting process and the use of alternate resources in the resource allocation formula. There will also be a status report on the planning for the next national meeting, and recommendations for that meeting will be solicited from workshop participants.

VIII. THE NEW IHS ELIGIBILITY RULE AND HOW IT AFFECTS YOU (Richard McCloskey, Director, IHS (a) Division of Legislation and Regulations, Rockville, Maryland; and Jake Whitecrow, Executive Director, National Indian Health Board)

One of the most important and emotional issues to be raised in recent years is the question of who should be eligible for health services funded by the Indian Health Service. On September 16, 1987, the Department of Health and Human Services published a final rule that redefines eligibility for IHS care. Under the new rule, an eligible Indian person must be a member of a federally-recognized tribe and reside within a designated health service delivery area. A waiver is provided for Indian children, and there is a one-year transition period prior to the new guidelines becoming fully effective.
In response to several concerns raised about the new requirements, the Congress is considering action that would delay implementation of the new rule. During this portion of the workshop (which will last approximately 45 minutes), Mr. McCloskey will discuss the new rule, its background, and how it will affect the current Indian service population.

VIII. THE MCNABB RULING: WHAT DOES IT MEAN FOR INDIAN HEALTH? (Steven Moore, Attorney, Native American Rights Fund, Boulder, Colorado; Steven Bunch, Attorney, Montana Legal Services, Helena, Montana)

On October 1, 1987 the 9th Circuit Court of Appeals affirmed a lower court ruling in the case of *McNabb v. Bowen*. The case involved a dispute over payment for health services provided to an Indian child. IHS, on the basis of its “alternate resource” rule, contended that the county health program was responsible for the payment. The county, on the other hand, insisted that IHS had primary responsibility for covering the costs of the child’s care. The lower court ruled that IHS should have been the primary payer under these circumstances, and the appellate court agreed. IHS is exploring the possibility of appealing the case to the Supreme Court.

While the full implications of this case are yet to be determined, the court’s decision could have serious repercussions for the way IHS manages its program, particularly in the area of contract care. Steven Bunch and Steven Moore will review the court’s decision and discuss what it may mean for IHS patients in future years.

IX. INDIRECT COSTS: TOWARD A PROCESS FOR ALLOCATING NEW FUNDS IN FY 1988 (George Buzzard, Associate Director, IHS Office of Tribal Activities, Rockville, Maryland; Cliff Wiggins, IHS Operations Research Analyst, Rockville, Maryland; Jim Sizemore, Consultant and Co-author “Determining the True Cost of Contracting Federal Programs for Indian Tribes,” Portland, Oregon)

One of the most perplexing problems for tribes seeking to contract under authority of the Indian Self Determination and Education Assistance Act (P.L. 93-638) has been in the area of indirect costs. Tribal administrators have repeatedly testified that lack of funding for indirect costs is a serious obstacle to the successful takeover of Federal programs. In response, Congress has requested additional information about tribes’ indirect cost needs and has set aside funds for meeting a portion of these requirements. While the final fiscal year 1988 appropriations for IHS have not been finalized, there is a possibility that Congress will provide additional monies for tribal indirect costs. In the event such funds become available, the Indian Health Service is considering the establishment of a task force that would explore methods for distributing these funds to tribes.

Clearly, a 90 minute session such as this cannot address all the technical aspects of indirect costs and related funding allocations, and it is not our intent to do so. Rather, this workshop will offer a brief overview of the costs incurred in administering tribal contracts, an outline of the IHS task force objectives, and a discussion of different models for allocating newly-appropriated funds for indirect costs. Workshop participants will be encouraged to offer their reaction and comments on these models.

Jim Sizemore will begin the workshop with a review of indirect cost principles. Under a project sponsored by the Northwest Portland Area Indian Health Board and the Affiliated Tribes of the Northwest, Mr. Sizemore co-authored a book that examines, from a tribal perspective, the different elements of indirect costs. George Buzzard will then discuss the mission of the IHS task force on indirect costs, and Cliff Wiggins will follow with a presentation on several allocation models. The goal of the workshop is to provide attendees an update of the latest developments on funding for tribal indirect costs, and an opportunity to exchange ideas on this important matter.
I. (a) DIABETES RISK REDUCTION: WEIGHT CONTROL FOR NATIVE AMERICAN ADOLESCENTS
(Jean Charles-Azure, MPH, R.D., Public Health Nutritionist, Western Oregon Service Unit, Indian Health Service, Salem, Oregon)

The school is an important setting in which to educate adolescents about health and health behavior. A number of troubling behavioral problems exist for many Indian adolescents. Jean Charles-Azure will discuss a program developed to effect weight control in order to reduce the risk of diabetes for the Chemawa Indian Boarding School students. During the 1985-86 and 1986-87 school years, weight control information was presented through the use of three vehicles: public information, self-help kits, and the classroom environment. Jean will elaborate on each approach for possible replication by other community health professionals. The cafeteria project was the most successful approach used since it reached the largest number of students and seems to be showing some success. The evening weight control class and individual counseling required more staff time and success has been limited. The Indian Health Service staff implementing these projects received formal support from the Chemawa School Board. Ms. Azure-Smith will explain how this support was organized and why cooperation from the school board, administration, teachers, and the Chemawa Alcohol Education Program is so vital to the success of a project.

I. (b) HEALTH PROMOTION AT THE WORK SITE: WEIGHT LOSS COMPETITION (Kathleen Charles, R.N., MPH, Health Educator, Lummi Health Center, Indian Health Service, Bellingham, Wash.)

Indian Health Service has identified health promotion as a program focus for Fiscal Years 1988 and 1989. The worksite is an ideal setting for health promotion for employees. Kathleen Charles will describe two very successful worksite weight loss contests which will be held at Western Oregon and Northwest Washington Service Units. The weight loss contest at these two service units had a low attrition rate among participants and was cost effective. The weight loss competition uses the public health approach to weight loss and it provides a safe, effective weight management program for staff, with limited resources. “Self-help” nutrition kits and rules are used which discourage too rapid of weight loss. This effort can be the “first step” in weight management programs for work sites before more costly methods such as classes and individual counseling are implemented. A report of this program was published in the IHS Provider, April, 1987.

II. THE COYOTE GAME (Nancy E. Murillo, Director, Tribal Health and Human Services Department; Bernardine Ricker, Health Educator, Indian Health Service; Linda Larsen, Director, Maternal and Child Health Program; Melissa Grant, Director, Community Health Representatives Program; Jim Sibbett, Mental Health Human Services Program; Merzel Decker, Administrative Officer, Indian Health Service; Lynn James, First Responder Coordinator, Community Health Representative; Shirley Alvarez, Community Access Coordinator)

The Coyote Game is an innovative approach to learning about health promotion techniques for providers and learning experiences for the consumers. Mini-presentations in the form of lectures, slides, and dramatization, 5-8 minutes in length, will be presented to the audience. Topics will be health related, (e.g., inhalant abuse, drugs, STD’s, immunizations, and birth control.) Game questions are derived from the presentations. The game is played with two teams of five members each competing against each other. The Coyote Game is a fun learning experience and was played at the Portland Area Indian Health Service Health Promotion Conference and was received very well.

III. THE ROLE OF TRADITIONAL INDIAN MEDICINE IN HEALTH CARE TODAY (A. Paul Ortega, Mescalero Apache Tribe, Mescalero, N.M.; Al Flores, Cheyenne-Tohono O’odham Tribe, Tempe, Ariz.)

Paul Ortega will trace the evolution of Traditional Medicine through traditional reservation lifestyle and Al Flores will discuss the use of traditional medicine in contemporary society which will include its practice in hospital settings.
IV. (a) PROTECTING INDIAN CHILD HEALTH THROUGH FAMILY HEALTH (Susan Kunz, Supervisor, Maternal and Child Health Program, Tohono O'odham Community Health Department, Sells, Ariz.)

The Tohono O'odham Health Department has made a commitment to its Nation's children through the creation of a Maternal and Child Health Branch. The purpose of the branch is to provide families with the information necessary to make healthy life choices, with the intent that healthy families will ensure the physical, spiritual and emotional well-being of O'odham children from birth to young adulthood. This presentation will describe the array of Maternal and Child Health services provided by community health workers. Program development, coordination and outreach will also be discussed, as well as recommendations for future direction. Education materials will be available to participants.

IV. (b) INDIAN FAMILY AND CHILDREN'S SERVICES — 1987: DEVELOPMENTS AND NEEDS (Evelyn Lance Blanchard, M.S.W., Vice-President, National Indian Social Workers Association, Community Development Specialist, Portland Area Indian Health Service, Portland, Oregon)

From the perspective of the opportunity presented by the Indian Child Welfare Act, discussion will focus on the character of practice that has developed. Several critical issues will be addressed including certification and/or licensure of social workers in Indian country.

IV. (c) INDIAN CHILD WELFARE ACT (Gary Peterson, Director, South Puget Inter-Tribal Planning Agency, Shelton, Wash.; Jan Goslin, Social Worker, Association of American Indian Affairs, Shelton, Wash.)

Mr. Goslin will provide an overview of the Indian Child Welfare Act Amendments. Gary Peterson will discuss the Tribal/State of Washington Indian child Welfare Agreement and its impacts on program operation. They will then discuss Northwest regional Indian Child Welfare initiatives.

V. (a) A NAVAJO AND PUEBLO INTERGENERATIONAL APPROACH TO CARDIOVASCULAR FITNESS (Sally Davis, M.D., Director, School/Community Health, Department of Pediatrics, University of New Mexico, Albuquerque, N.M.)

Physical fitness is a growing concern among Native American populations. Obesity and related illnesses are on the rise. Hardiness training and physical activity, once an integral part of Indian life, have in many instances been replaced with a less active life-style. A project, located in northwestern New Mexico, will be described that uses several different methods to achieve culturally appropriate approaches to developing, maintaining and measuring healthy behaviors. The pivotal point of the program was the identification of rich traditional beliefs and behaviors that promoted a healthy life-style. From this emerged a project that includes different generations and incorporates cultural traditions into the curricula of the schools. Elder members of the community are invited into the classroom to be interviewed by students about the "way it was." They also give demonstrations on how to prepare healthy traditional foods. Videotapes are made of these activities, as well as of members of the community participating in healthy exercise within the context of the local environment. These videotapes are then edited and used in the classroom, along with other methods, to demonstrate and reinforce healthy lifestyle habits.

V. (b) FACTS AND FALLACIES ABOUT EXERCISE (Alexander Urfer, Ph.D., Department of Biological Science, Idaho State University, Pocatello, Idaho; President, Northwest Region of American Colleges of Sportsmedicine; Member, Shoshone/Bannock Tribes, Ft. Hall, Idaho)

It is clear that fitness and wellness programming have been in vogue for the last decade. Yet there are still some major misconceptions about the way in which we should exercise safely and progressively along with what exercise "really" does to enhance our physiological and psychological well being. In this workshop Dr. Urfer will address the "fact and fallacies" of exercise and how we can insure safe and scientifically sound programs in an effort to combat the major diseases such as coronary heart disease (CHD). From clinical studies it has been documented that aerobic exercise will certainly influence specific perimeters of cardiovascular fitness and healthy lifestyles. For instance, weight loss, physical inactivity, diabetes, and hypertension are strongly influenced in a beneficial way by exercise. However, the case for lung function, stress coping behavior, diagnosed heart abnormalities, and cigarette smoking are not as strong. In addition, there is no evidence to indicate that exercise affects the genetic determinants of CHD, diet, or gender as it relates to the incidence of CHD. The above issues will be reviewed in detail and Dr. Urfer will provide some specific resolutions and guidelines for the implementation of cardiovascular risk reduction programs for Indian populations.
VI. COPING WITH CHRONIC DISEASE (Sheila Warren, R.N., B.S., Associate Director of Nurses, Parker Indian Hospital, Indian Health Service, Parker, Ariz., and Member, Confederated Tribes of Siletz; Margaret G. Clements, R.N., B.S., Diabetes Prevention Coordinator, Salt River Pima-Maricopa Indian Community, Scottsdale, Ariz.; Timothy L. Taylor, Ph.D., Assistant Professor, Health Administration Department, College of Public Health, University of Oklahoma Health Sciences Center, Oklahoma City, Okla. Philip J. Mease, M.D., Arthritis Foundation, Seattle, Wash.)

Fifty years ago diabetes was virtually non-existent within the Indian population of North America. Today it is one of the leading causes of morbidity and mortality for Indian Tribes across our nation. Hypertension and heart disease are also on the rise due to lifestyles and other changes which have taken place among Indian people in the past 20-50 years. Prevention will be emphasized in the discussion of creative, innovative solutions to health problems posed by chronic disease. Decreased funding vis-a-vis increasing health problems will be analyzed.

The National Institute of Health has funded a study to determine the causes of diabetes among American Indian adolescents. The objective of this exploratory study is to determine the signs of impending diabetes at a young age by studying the relationship between weight, family history, lipid levels, serum glucose levels, and apolipoproteins among a study group of adolescent American Indians with a family history of diabetes. Dr. Taylor will describe the methodology of the study. This will include a discussion of the research techniques to gather information, e.g. taking blood samples, weight, and family history. The study of obesity, hyperlipidemia, and hyperglycemia in Indian adolescents as it relates to diabetes will also be explored.

Arthritis and rheumatism conditions affect us all, either directly or indirectly through family members and friends. Arthritis and rheumatism can take many different forms, some benign, like a simple tendinitis or bursitis and some more severe like rheumatoid arthritis, systemic lupus erythematosus or ankylosing spondylitis. The more severe forms have a higher incidence in many Native American groups, than in the general population as a result of genetic variations in the immune system which control the disease process.

Dr. Mease will review basic points about the many different types of arthritis and other musculo-skeletal conditions and their presentation in the Native American population. In addition, he will briefly discuss the variety of therapies available, including medications, exercise, physical therapy, surgery and other approaches.

VII. HEALTH PROMOTION AND DISEASE PREVENTION — AN IDEA WHOSE TIME HAS COME! (Craig Vanderwagen, M.D., Acting Director, Division of Clinical and Preventive Services, Indian Health Service, Rockville, Maryland; Charlotte M. Hewitt, Chief, Health Education, Health Promotion/Disease Prevention Coordinator, Bemidji Area Indian Health Service, Kincheloe Indian Health Center, Kincheloe, Mich.)

The status of health promotion and disease prevention programming initiatives within the Indian Health Service at various levels — Headquarters, Area, Service Unit and Tribal — will be presented. Dr. Vanderwagen will describe the issues affecting national strategies and health promotion and disease prevention activities in the context of a comprehensive health program. This will include a discussion of the mix of services, planning, establishing standards, and resource management. These issues will be explored through the presentation of data and relevant programmatic examples. Ms. Hewitt will discuss the mechanisms for a planned approach to health promotion and disease prevention programs and services. She will provide and example of one area’s plans to seriously incorporate a coordinated multidisciplinary approach to health promotion and disease prevention programming.

VIII. (a) DIABETES: MODEL PROGRAMS (Williams L. Freeman, M.D., Director, Diabetes Program; Gwen Hosey, R.N., Nurse Educator, Portland Area Indian Health Service, Bellingham, Wash.)

The number of American Indians who have diabetes is increasing and diabetes ranks second as the major reason for clinic visits over the last four years in the Indian Health Service. It is a behavioral disease where life-style choices create an imbalance in eating and activity levels, thus serving as a major cause of diabetes. In this workshop Dr. Freeman and Ms. Hosey will present data about the seriousness of diabetes for all Indian Health Service areas. They will then discuss programs designed to prevent and control diabetes.
VIII. (b) A CONTROLLED STUDY TO PREVENT OBESITY IN GRADE SCHOOL CHILDREN (ST. PETER’S PROJECT) (Viola L. Johnson, R.N., Director, Health Branch; Karmen G. Booth, M.S., Director, Health Education, Gila River Indian Community, Sacaton, Ariz.)

Fifty percent of the population over thirty years of age on the Gila River Indian River Reservation have Type II diabetes mellitus. Of the known risk factors (age, sex, parity, family history, and obesity), only obesity is subject to intervention. Since weight gains have not occurred and lifestyle choices are not fully formulated in grade school children, an intervention project was designed for this population. The combined third and fourth grade class at a parochial school on the reservation was chosen to receive weekly half-hour classes on nutrition and fitness, a twelve-week exercise program with exercise homework to involve the parents, stress management, and the concept of positive self-talk. Evaluation parameters for the target group and controls include a ponderal index, body fat measurement of tricep skinfold, nine minute endurance run, weight, and knowledge and behaviors measured by a pre-and post-test questionnaire. Results of this four year project will be discussed.

IX. COMMUNITY HEALTH REPRESENTATIVES (CHR) PROGRAM OUTLOOK FOR FISCAL YEAR 1988 (Ada White, President, National Association of CHR’s, Crow Agency, Montana; Nicky Solomon, Director, CHR Program, Indian Health Service, Rockville, Maryland; Eugene Levine, Ph.D., Consultant, Silver Springs, Maryland; Ernie Kimball, M.P.H., Indian Health Service, Seattle, Washington)

The panel members will present the Community Health Representatives’ (CHR) program initiatives for Fiscal Year 1988. This will include a discussion of the Community Health Representative Information System (CHRIS), the Fiscal Year 1988 budget, training programs, and the National CHR Conference to be held in April, 1988 in Las Vegas, Nevada.

SESSION IV: ENVIRONMENTAL HEALTH
(1:30 p.m. - 3:00 p.m.)

I. PROTECTION FOR OUR HEALTH AND HERITAGE: WATER QUALITY ACT AND SAFE DRINKING WATER ACT (Presenters: Richard Albright, Coordinator, Region X, Environmental Protection Agency Regional Water Quality Standards; Richard Barror, P.E., Ph.D., Deputy Chief, Department of Health and Human Services, Indian Health Service Headquarters; Joe DeLaCruz, Chairman, Quinault Nation, Taholah, Washington; Robert Fenton, Chief Hydrologist, Portland Area, Bureau of Indian Affairs; Gary Passmore, Director of Water Quality, Colville Confederated Tribes, Nespelem, Washington; Daniel Steinborn, Chief, Underground Injection Control and Programs Support Section, Region X, Environmental Protection Agency.)

Mr. Albright will briefly discuss the types of environmental problems and issues which the federal Clean Water Act addresses, with the focus on areas where Indian tribes may assume responsibility for environmental control programs. Also reviewed will be funding and technical assistance available to tribes for dealing with problems in developing water pollution control programs. In assuming control of these programs, tribes incur certain responsibilities which will be examined.

Indian Health Service continues to play a major role in the provision of safe drinking water and adequate water treatment and disposal, through the PL 86-121 construction program, training, Operation and Maintenance (O & M) technical assistance, and surveillance. Indian Amendments to the Safe Drinking Water Act (SDWA) and Clean Water Act (CWA) include specific additional IHS roles in needs surveys and EPA construction grants programs. Further, IHS Environmental Health staff will provide technical support to tribes as they assume responsibilities and authorities under the acts which will be described by Dr. Barror.

Mr. DeLaCruz will provide a brief orientation concerning the political relationship of Tribes and the U.S. Government. Other topics of review include the amendments to the above-referenced legislation affecting tribes and the ongoing need for funding to carry out tribal responsibilities. Mr. Fenton will discuss the Bureau of Indian Affairs’s role in facilitating tribal management of water quality. Perspectives concerning Tribal primacy issues will conclude his presentation.
The amended Clean Water Act and Safe Drinking Water Act provide numerous challenges and opportunities for Tribes. Tribes must evaluate the federal programs provided for under these acts in light of reservation water quality problem priorities, and decide whether they can or should opt for primacy in the various programs. Mr. Passmore will review the process of evaluating reservation water quality priorities and the problems involved in addressing those priorities. The Environmental Protection Agency recently completed a survey of drinking water systems on Indian lands pursuant to the Safe Drinking Water Act, as amended in 1986. Mr. Steinborn will summarize results of this survey. He will also discuss the EPA Region X approach to implementing the public water supplies supervision portions of the drinking water program on Indian lands.

II. TOXIC SUBSTANCES: WHAT YOU DON'T KNOW CAN HURT YOU (Presenters: Walter Jaspers, Regional Asbestos Coordinator, Region X, Environmental Protection Agency; Frank Khatat, Natural Resources Specialist, Bureau of Indian Affairs, Division of Water and Land Resources, Washington, D.C.; Kelvin Lawrence, Cheyenne Development Block Grant Specialist, Cheyenne River Sioux Tribe; Jerry Leitch, Regional Radiation Representative, Region X, Environmental Protection Agency, and, Theodore Ziegler, R.S., Chief Environmental Services, Indian Health Service Portland Area)

Mr. Jaspers will provide a brief description of why asbestos can be a health hazard and what actions and safety precautions people can take to reduce the potential for health problems to themselves and to their families. This will include a description of the conditions which create health risks, and occupational activities where exposure may be likely. Also described will be federal programs affecting asbestos and asbestos removal/abatement, as well as several sources of information regarding technical advice and training courses. Hand-out materials will include an extensive list of products which contain asbestos and other uses of asbestos as well as a graph which indicates potential locations of asbestos in the home. Mr. Jaspers will also briefly address where polychlorinated biphenyls (PCB's) are found, why they are a concern, and what precautions would be observed when dealing with potential sources of PCBs such as used heating oil and fluorescent lighting fixtures. A brochure will be available as a hand-out which explains how to deal with PCBs and light fixtures.

Mr. Leitch will discuss the origins of and hazards associated with radon gas, and measures to lessen the risk of exposure to radon. He will discuss the status of EPA efforts to identify the sources and extent of radon nationwide to develop measures to prevent or reduce exposure to radon. EPA’s activities concerning increasing the public awareness and the capability to deal with radon risk will be shared.

With the environmental spread of major communicable diseases under control, Indian Health Service Environmental Health programs are turning attention to health risks due to toxic and hazardous substances. Radon, asbestos, and pesticides are examples of these substances. Mr. Ziegler will highlight the assistance available through IHS inclusive of technical assistance, surveys, training, and coordination to tribes for their control programs. IHS is also implementing an in-house program to inform employees of risks from substances to which they may be exposed on the job.

Kelvin Lawrence will discuss the dilemma posed to the Cheyenne River Sioux Tribe when barrels of toxic substances, (later identified to include one of the same elements found in Agent Orange) were discovered on their reservation. Issues surrounding identifying the parties responsible for the clean-up of these toxic substances, including legal and other technical aspects will be deliberated.

Mr.Khattat will bring this panel to a close by discussing BIA’s role concerning toxic substances, whether occurring in the air, water, or the working place, that must be identified and evaluated for potential health effects and safety to man, livestock and the environment. The BIA has been investigating those toxic substances of an immediate concern such as pesticides, PCBs, radionuclides and most recently, radon gas. Mr. Khattat will focus on BIA attention to prevent undue exposure of Indian people to these and other cancer causing chemicals in cooperation with land owners, land users and Tribal governments on Indian reservations.

III. SANITATION FACILITIES: FOR PERSONAL AND ECONOMIC HEALTH (Presenters: Malcolm Dalton, General Manager, Navajo Tribal Utility, Ft. Defiance, Arizona; Paul Kanitz, P.E., Engineering Consultant, Navajo Tribe Utilities Authority, Navajo Area Indian Health Service, Window Rock, Arizona; and, Richard R. Truitt, P.E., Chief Sanitation Facilities Construction Section, Indian Health Service Portland Area, Portland, Oregon.)

Mr. Dalton will discuss issues that impact a tribally-owned utility such as utility rates, core facilities constructed by Indian Health Service, future replacement costs and 100 percent IHS funding dependency. Other pertinent related subjects to be covered concern technical training needs, operation and maintenance (O & M) equipment needs, lack of funding resources and restrictions and standards imposed by EPA regulations.
Adequate and reliable services by tribal water, sewage, and solid wastes programs are fundamental to the health and quality of life of community residents, and are essential for economic development. Agencies which fund construction (including IHS) typically expect the tribes to provide for continuing operation, maintenance, and repair. IHS has good news and bad news: The good news is that the Indian Health Care Act Amendments will enlarge upon the traditional IHS role of providing technical assistance, training, surveys, and special studies for O & M. The bad news is that changes in P.L. 86-121 sanitation facilities funding have reduced our ability to assist with system upgrades and/or O & M equipment needs associated with new sanitation facilities construction projects. Overall, the need for effective tribal utilities management is greater than ever, while available resources are reduced. Mr. Kanitz will head this review of information.

Since P.L. 86-121 was enacted in 1959, the Indian Health Service has assisted nearly every Indian and Alaska Native community in the provision of safe and adequate water supply and waste disposal systems. Sanitation facility funding mechanisms have changed significantly over the past several years, with a negative impact on long-term adequacy of systems. Tribes need to be aware of these changes and of ways to reduce the impacts. Mr. Truitt will provide insight on these issues.


Mr. Khattat will start off this panel presentation from BIA’s perspective. The 1986 Superfund Amendments and Reauthorization Act (SARA) has amended the Comprehensive Environmental Response, Compensations and Liability Act (CERCLA) to accord the Indian Tribes substantially the same treatment as it would to states, thereby authorizing the Environmental Protection Agency (EPA) to enter into cooperative agreements with Indian Tribes for the purpose of notification, consultation and cooperation of tribes with respect to remedial action of hazardous waste sites on Indian reservations. Mr. Khattat will focus on earlier BIA initiatives to conduct pre-remedial activities and how this initiative resulted in investigating thirty-four hazardous sites on Indian land. BIA is also now working with the EPA on implementing SARA to involve tribal governments in all aspects of this program so Tribes can reap the benefits entitled to them in the same degree and extent as the states.

Ms. Cabreza will cover basic requirements of the Resource Conservation and Recovery Act (RCRA) Subtitle C (Hazardous Waste) and Subtitle I (Underground Storage Tanks). Also discussed will be travel responsibilities and the recognition of environmental problems along with aspects pertaining to the resolution of these concerns.

George Kalisik, Environmental Director for the Hoopa Valley Business Council, will be discussing cleanup of the Celtor Chemical Works hazardous waste Superfund site on the Hoopa Valley Reservation. History of the plant, events leading to placement on the Superfund list, cleanup activities to date and plans for the future local community will be addressed. Slides of this abandoned ore processing facility will be shown. Ms. Storm’s presentation will include an overview of the Superfund Program with special emphasis on how EPA uses risk assessment to determine “how clean is clean.”

Nationwide, there is great concern regarding health risks due to hazardous wastes, which has resulted in laws such as Superfund, SARA, and RCRA. Tribes should also consider solid wastes issues not included in the hazardous waste laws. In the absence of effective tribal regulation, Indian lands are an attraction to legal and illegal disposers of solid and hazardous wastes. In some cases tribes may benefit from accepting non-Indian wastes, but the long term risks and benefits must be carefully weighed. Mr. Robinson will delineate IHS’ supportive services such as technical assistance, surveys, and training.

V. NUCLEAR WASTE POLICY ACT: TOO HOT TO HANDLE? (Presenters: Russell Jim, Manager, Nuclear Waste Program, Yakima Nation, Toppenish, Washington; Max Powell, Institutional Liaison, Department of Energy, Richland Operations Office, Richland, Washington; and, T. R. Webster, Chief Environmental Health and Engineering Branch, Indian Health Service, Portland Area.)
The Yakima Indian Nation is located next to Hanford which is the oldest and largest nuclear facility in the United States, if not the world. The proposal by the Department of Energy (DOE) for a deep geologic repository, Basalt Waste Isolation Project (BWIP), affects the possessory and usage rights established under the Treaty of 1885 between the Yakima Nation and the United States government. The contamination resulting from activities of the past, present and future has and may further affect the health and welfare of the Yakima Nation and the general public. Russell Jim will make a slide presentation of the geography relating to the Hanford Site and the Yakima Reservation showing the effects of the proposed repository.

Congress passed the Nuclear Waste Policy Act to establish a process for the permanent disposal of spent nuclear fuel from commercial power reactors. The Hanford Site in southeastern Washington is being studied as a possible location for this repository. The law directs that any affected Indian tribe shall be entitled to rights of participation and consultation. The Yakima Indian Nation, the Confederated Tribes of the Umatilla Indian Reservation and the Nez Perce Tribe have been designated affected Indian tribes because repository activities could substantially and adversely impact their possessory and usage areas arising out of Congressionally ratified treaties. These Tribes receive grants to allow them to participate and consult with the Department of Energy to help ensure that nuclear wastes will be disposed of safely for future generations of all people.

Mr. Webster will present the Indian Health Service perspective of issues concerning the Nuclear Waste Policy Act. The Hanford Site has a long history of nuclear development, and is one of three finalists for deep geological disposal of the Nation’s high level nuclear wastes. The Indian Health Service shares tribal concerns regarding health impacts of past releases and proposed nuclear waste transport and disposal. The Portland Area has been active in sponsoring the Hanford Health Effects Panel and supporting regional efforts at assessing health risks from past and future Hanford operations. Major independent efforts by IHS at assessing health impacts are limited by budget and staff restraints. Fortunately, affected tribes are able to evaluate and influence high level nuclear waste disposal site selection processes under substantial grants from DOE.

VI. INJURIES ARE NO ACCIDENT: COMMUNITY INJURY CONTROL (Presenters: Ellen Bartoo, Health Education, Cattaraugus Indian Reservation, Irving, New York; John Sery, R.S., Community Injury Control Coordinator, Indian Health Service, Portland Area, and Renee Slocum, Planning Specialist, Seneca Nation, Health Department, Salamanca, New York.)

The Seneca Nation of Indians Community Injury Control Program will present their program development from the initiation of epidemiological studies to the implementation of practical injury control activities on each reservation. The Seneca people reside on two rural western New York reservations and experience many of the same injury concerns as those of rural reservations throughout the United States. The Senecas, as a tribe, have realized the cost, both human and monetary, of injuries to their people and have made an active commitment toward the elimination of this preventable debilitator and killer of their people. Program development emphasizes the community/team approach to the solution of serious injury problems. Actual programs incorporate both education/awareness activities and environmental measures. Ms. Slocum and Ms. Bartoo will separately describe their programs.

Mr. Sery will highlight serious concerns regarding injuries, in addition to prevention strategies. This is significant in light of the fact that unintentional injuries kill about 1000 Indians per year and are the leading cause of death among Indians aged 1 to 44 years. Fatal and non-fatal injury rates are several times higher than in the U.S. population as a whole, and consume some $70,000,000 of Indian health care dollars each year. Injuries can be controlled through good public health practice. IHS and many tribes are making a major effort to do so. Successful community injury control programs with broad-based support from tribal officials, police, emergency medical care providers, IHS, BIA, and others, can yield substantial benefits. Emphasis on environmental change produces immediate and measurable reduction in injuries.
About The National Indian Health Board

The National Indian Health Board (NIHB) is a private, non-profit corporation based in Denver, Colorado. Since its inception in 1972, NIHB 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 nine area Indian Health Boards (Aberdeen, Alaska, Albuquerque, California, Montana, Navajo, Oklahoma, Portland, and Tho‘hono O’odham) and three Inter-Tribal organizations (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 Nashville: 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 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 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 NCAI Health Policy papers; the efforts 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: the Indian Health provisions of the Balanced Budget and Emergency Deficit Control Act (P.L. 99-177); and recommendations on policy matters such as the IHS Resource Allocation Methodology and the revised IHS eligibility regulations.

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.

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

Melvin R. Sampson  
Portland Area  
NIHB Chairman

Mel Sampson is a tribal leader of various prestigious Indian organizations as well as serving the Yakima Nation as their Tribal Chairman for the past two years. He joined NIHB more than ten years ago as a representative of the Northwest Portland Area Indian Health Board. During his fourteen years of involvement with the Yakima Tribal Council, Mr. Sampson participated in several health-related committees such as the Yakima Health, Education and Welfare Committee and the Legislative Committee.

Mr. Sampson has been voted Outstanding Board Member of the Northwest Portland Area Indian Health Board and was the recipient of a special plaque for recognition of ten years of continuous service on the Board and eight years of Chairmanship. In addition, he was awarded Outstanding Board Member of NIHB in 1986 and he has received numerous other acknowledgements during his long and dedicated service to improving the health status of Indian people.

Since his involvement with NIHB, Mr. Sampson has been a strong advocate of the continuing need for tribal participation in improving the delivery of health services throughout Indian country.

Ada White  
Billings Area  
NIHB Vice Chairman

As the current President of the National Association of Community Health Representatives, Ada White is a frequent participant of several national Indian health programs and activities throughout the country. She has served on the Crow Tribal Council Executive Committee, is a former Vice Chairman of the Crow Central Education Commission, and a member of the Crow Law and Order Commission. For more than twelve years Ms. White has served as Chairman of the Billings Area Indian Health Board on an intermittent basis. She joined NIHB in 1978.

Ms. White’s activity in Indian programs extends beyond health-related organizations. She served as a Task Consultant to the Committee of American Indian Children’s Psychiatry, is a former school board member, and has a past affiliation with the Coalition of Indian Controlled School Boards. She has received numerous awards for her dedicated services in Indian health and education.

Kenneth Charlie  
Alaska Area  
NIHB Secretary

Kenneth Charlie, a former NIHB Chairman, has chaired the Alaska Native Health Board for the past seven years, and was Vice Chairman for three years. Through his past association with different local and state health agencies in Alaska, Mr. Charlie has acquired considerable knowledge in the areas of health care administration and management.

Mr. Charlie is the Chairman of the Tanana Chiefs Regional Health Board Advisory Committee, President of the Minto Village Corporation, former member of the State Health Systems Agency, and former Chairman of the Interior Regional Council with the Alaska State Department. He is currently employed as a Land Planner for the Minto Village Council. He recently received NIHB’s highest award for serving as Chairman of the board.

A strong believer of tribal advocacy, Mr. Charlie maintains that “The National Indian Health Board, the Alaska Native Health Board and all other Indian health boards play an important role in advocating for Indian health care. Congress should see that they continue to stay in business.”
NIHB Area Representatives

Donald LaPointe
Bemidji Area
NIHB Member-at-Large

For more than fifteen years Donald LaPointe has been a Tribal Council Member for the Kewenaw Bay Chippewa Tribe, of which nine years he served as Vice Chairman and two years as Secretary. He is currently working as an Executive Officer for his tribe overseeing several tribal enterprises and programs.

Since 1973 Mr. LaPointe has served as representative of the Great Lakes Inter-Tribal Assembly to NIHB. He is a former NIHB Vice Chairman and Secretary/Treasurer as well as chairing the NIHB Resolutions Committee. He has received the Certificate of Appreciation and the Desk Plate awards from NIHB for his outstanding contributions to the organization.

Professionally, Mr. LaPointe worked for the State of Michigan Mental Health Department in occupational therapy, and later worked in the field of education. He has served on the Tribal Alcoholism Board, participated in tribal social and economic development, and has served on local public school boards.

Mr. LaPointe would like to someday see that "each American Indian in the country is provided an opportunity to receive quality health care equal to that of the general population."

Charles W. Murphy
Aberdeen Area
NIHB Member

Among numerous influential responsibilities, Charles Murphy is the Chairman of the Standing Rock Sioux Tribe which has a population of more than 9,500. His involvement with the tribal government began in 1981 when he was elected to the Tribal Council and later as Vice Chairman where he served on the Tribal Health, Education and Welfare Committee.

Since becoming Tribal Chairman in 1983, Mr. Murphy has held several special offices which include Chairman of the Aberdeen Area Tribal Chairman’s Health Board, Aberdeen Area Roads Commission, United Sioux Tribes, Vice Chairman of the United Tribes Educational Technical Center, board member of the Saint Alexius Medical Center in Bismarck, S.D., school board member and member of the National Tribal Chairman’s Association. He is also NIHB’s newest member.

Mr. Murphy has an extensive background in the field of health and youth counseling while also serving as Chairman of various Indian Health Boards. He is currently Chairman of the Albuquerque Indian Health Board representing seven tribes and two urban communities, Chairman of the Santa Fe Service Unit Health Board representing twelve tribes and Chair of the Jicarilla Health Board serving under the direction of the Tribal Council. He joined NIHB two years ago.

Besides his active involvement in health, Mr. Murphy is also the Chairman of the Board of Directors for the Northern Rio Arriba Electric Co-operative, Inc. in Chama, N.M. and Co-Chairman of the Albuquerque Area Tribal Coordinating Committee which is responsible for addressing the P.L. 99-570 Anti Drug Abuse Act of 1986.

Mr. Murphy is presently employed by the Jicarilla Apache Tribe as a Coordinator for the Health Department. During previous years he held the positions of Assistant Director and Youth Counselor for the Tribal Department of Youth.

Mr. Murphy is an active proponent of education and prevention directed at curbing alcohol and drug abuse in Indian families.

Everett M. Vigil
Albuquerque Area
NIHB Member

Everett Vigil has an extensive background in the field of health and youth counseling while also serving as Chairman of various Indian Health Boards. He is currently Chairman of the Albuquerque Indian Health Board representing seven tribes and two urban communities, Chairman of the Santa Fe Service Unit Health Board representing twelve tribes and Chairman of the Jicarilla Health Board serving under the direction of the Tribal Council. He joined NIHB two years ago.

Besides his active involvement in health, Mr. Vigil is also the Chairman of the Board of Directors for the Northern Rio Arriba Electric Co-operative, Inc. in Chama, N.M. and Co-Chairman of the Albuquerque Area Tribal Coordinating Committee which is responsible for addressing the P.L. 99-570 Anti Drug Abuse Act of 1986.

Mr. Vigil is presently employed by the Jicarilla Apache Tribe as a Coordinator for the Health Department. During previous years he held the positions of Assistant Director and Youth Counselor for the Tribal Department of Youth.

Mr. Vigil is an active proponent of education and prevention directed at curbing alcohol and drug abuse in Indian families.
NIHB Area Representatives

H.D. "Timm" Williams
California Area
NIHB Member

Timm Williams is one of the three original founders of NIHB, and he has been active with the organization since the early 1970's. He represents the California Rural Indian Health Board, which he has served on for the past 17 years, including 11 years as Chairman.

Mr. Williams is a member of the Yurok Tribe, and serves as a representative and spokesman for 3,323 Yurok tribal members. He is chairman of the United Indian Health Services Clinic of Trinidad, Calif., and Chairman of the California State Advisory Panel to the state Department of Health.

In 1972, Mr. Williams was selected as Man of the Year in Pediatrics in the United States. He has also worked as a volunteer at the San Francisco Center for the Blind and the Crippled Children's Hospital. Among other various honors, he served as an Advisor to California Governor Ronald Reagan on Indian Affairs and Health from 1971 to 1973. Mr. Williams has held several executive office positions during his tenure with NIHB.

Albert Ross, Jr.
Navajo Area
NIHB Member

Unlike many Tribal Councilmen, Albert Ross, Jr., has held his present position as a Council Delegate to the Navajo Tribal Council for more than 21 years. Since 1966, he has chaired various committees such as the Human Resources and Welfare Committee, Economic Development Committee and the Education Committee. He is presently Chairman of the Navajo Indian Health Board and the Ft. Defiance Service Unit Board.

Prior to being elected into the Tribal Council, Mr. Ross worked in the nutrition field and in other social services as an accountant and office assistant. He is also a veteran of the U.S. Marine Reserve Corps. On an intermittent basis, he serves as a Peace Maker Court Officer for the Navajo Tribal Courts.

Mr. Ross has been a member of NIHB since 1983. "We're still about 10 to 20 years behind modern medical technology. Our reservation facilities have yet to catch up—this is where tribal consultation comes in," he says.

Overton James
Oklahoma Area
NIHB Member

Overton James was the 27th Governor of the Chickasaw Nation since his appointment by the President of the United States in 1963. As the youngest appointed leader ever to serve his Tribe, he also was re-elected as Governor four terms since 1977, when he became full time Governor. He will soon retire from his elected status.

Governor James has also participated in several distinguished national and local organizations such as the VFW 32nd Degree Mason, American Legion, Shriner, National Congress of American Indians, National Tribal Chairmen's Association and President of the Oklahoma City Area Inter-Tribal Health Board, which also elected him as the Oklahoma Area representative to NIHB.

Governor James has been featured in several publications including the Indians of Today, Reference Encyclopedia of the American Indian, Who's Who in the South and Southwest and the Personalities of the South. In 1965, Gov. James joined the State Department of Education and was formerly employed with the Indian Education Section as an Administrator. He began his career as a teacher and coached for ten years in public schools of Oklahoma.
NIHB Area Representatives

Donald R. Antone
Phoenix Area
NIHB Member

Governor Donald Antone has the responsibility of overseeing the tribal government affairs of the Gila River Indian Community. He was elected into office in 1969 as Lieutenant Governor and has served as Governor for four consecutive terms since 1970.

In addition, Governor Antone is a participant of several national, state and local organizations. He is a member of the National Congress of American Indians, member of the National Tribal Chairmen's Association, the Inter-Tribal Council of Arizona, and Chairman of the Arizona Affiliated Tribes Headstart programs. In the past, he served on a Task Force of the Department of Interior's Indian Education Bill.

Governor Antone represents the Phoenix Area, which serves part of Arizona, Nevada and Utah. He is a member of Inter-Tribal Standing Health Committee and Chairman of the Phoenix Area Inter-Tribal Health Committee.

Governor Antone views future Indian health concerns to be increasingly focused on preventive education. "Rather than simply treating ailments, there is a need to redirect our focus and design programs to prevent serious illnesses. We (in the Phoenix area) have introduced new programs such as nutrition, exercise and Weight Watchers programs to promote health and reduce the risk of illness."

Fred Stevens
Tucson Area
NIHB Member

For the past ten years, Mr. Stevens has served on the Legislative Council for the Tohono O'odham Nation in southern Arizona. He currently chairs the Budget and Finance Committee and sits on the Humane and Health Committee of the Legislative Branch for the Tribe.

Mr. Stevens' involvement with the tribe has taken him from being a ranch-hand to supervising the Tribe's Community Development Program. He was employed with this program for seven years. Before his employment, however, Mr. Stevens served with the Marine Corps.

Mr. Stevens represents approximately 17,000 tribal members from the Tohono O'odham Nation. He has been with NIHB for four years, representing one major service unit and two satellite units from the Tucson Area.

A major obstacle in providing health care to the Indian population, Mr. Stevens says, "is the lack of education about alcoholism. It seems like all health problems on our reservation stem from alcoholism. Education needs to be developed from the local levels, beginning with preschoolers."

Maxine Dixon
Nashville Area
NIHB Member

Serving as Chairman of the Mississippi Health Systems, Inc., while also representing her tribal members as Vice Chairman of the Mississippi Choctaw Tribal Council, Maxine Dixon is a sustaining member of NIHB. She served on the Board for more than seven years, during which time she has held the executive positions of NIHB Vice Chairman, Treasurer, and Member-At-Large.

Her expansive background in Indian health was acquired from her past employment as the Director of Community Health Representative Program and Choctaw Tribal Health Coordinator. Ms. Dixon was appointed to the Statewide Health Coordinating Council for several years by the Governor of Mississippi, has been a Member of the State Health Systems Agency Board of Directors, and is currently the Public Health Liaison for the Choctaw Health Center.

Ms. Dixon represents the United South and Eastern Tribes, and is a strong advocate of improved community health services and P.L. 93-638 contracting.
Artist
Marvin Oliver
Quinault-Isleta Pueblo

The unique embossed front cover artwork of Marvin Oliver, an internationally acclaimed contemporary Indian Artist, is featured in this year's NIHB program. Oliver is of Quinault-Isleta descendent and was raised in the Seattle and Oakland-San Francisco area.

Oliver has a varied knowledge of the traditional styles and cultural background behind his artwork. Much of this knowledge he attributes to the teachings of his parents, who have been active in Indian education for many years.

Not only is Oliver an artist, he is currently an instructor with the Art Department at the University of Washington, where he teaches two studio courses and is an academic advisor to students in the American Indian Studies Program. He has been teaching a studio wood design course and a two-dimensional drawing course since 1974, and lectured for the school from 1976 to 1980. He now does most of his artwork from his home studio in Seattle.

Much of Oliver's work is done with wood by carving and designing masks, sculptures in various forms, and two-dimensional drawings. He studied painting under Jacob Lawerence and Northwest Coast art under Bill Holm at the University of Washington, where he received his Master of Fine Arts degree. His Bachelor of Fine Arts degree was received from San Francisco State University in 1970. Among numerous shows and prestigious awards, Oliver now has his Northwest artwork featured as main panels to the Seattle Opera House, New York's Neutrogena Corp., the Seattle and Washington state arts centers as well as at various high schools in Washington state. The silkscreened wall hanging of the "Vanishing Species" was exhibited at the Spokane Expo '74, and a wall hanging of the eagle and killer whale was presented to Gov. Daniel J. Evans in 1976.

The intricate embossery design of the "Soul Catcher" was taken from an original ink drawing and plated with a foiled effect. As described by Oliver, the "Soul Catcher" is commonly known for its healing powers, and is a design used in traditional healing ceremonies by the Northwest Tribes. The National Indian Health Board expresses its gratitude to Mr. Oliver for the use of his artwork.