



# Health News & Notes

Northwest Portland Area Indian Health Board

Volume 30, Number 3

July 2001 Issue

by Julia Davis, (Nez Perce Tribe)  
NPAIHB Chair



After a very long wait funding decisions have been made concerning diabetes, CHS, and the Indian Health Care Improvement Fund. In each of these debates over funding I have participated in numerous meetings at the area and national level. On the LNF workgroup Colleen Cawston (Colville), the official workgroup member, and I participated, on the Tribal Leaders Diabetes Committee Patsy Martin (Yakama), the official workgroup member, and I participated. Eric Metcalf (Coquille) and I were both members of the CHS workgroup. The Northwest Portland Area Indian Health Board provided staff support for each of these funding issues. I believe Northwest Tribes will need to caucus on how we want to address these issues in the coming year since in each case the funding formulas are again under review.

I have brought all the current information on these funding issues back to the Board, the Affiliated Tribes of Northwest Indians (ATNI), and the Nez Perce tribe as well as to the National Congress of American

Indians. The Northwest Portland Area Indian Health Board has compiled this information and developed their analyses and letters to Dr. Trujillo at tribal request that were the basis for our educational and lobbying effort on these funding issues. I believe tribes were well served by the delegates to these workgroups and the staff work that supported them. I have to admit that these activities did tax our ability to keep up with the flow of information, but the Portland Area is much better served on this regard than areas that do not have an active Health Board.

### *Level of Need Funded*

The Portland Area as a whole did not approve of the LNF methodology that was used to distribute the Fund for two main reasons. The first is that it is objectionable to have a distribution that sends a message to Congress that some tribes that are not fully funded accept a distribution from this fund that ignores their need. The second is that although the method is very sophisticated and precise, its sophisticated mathematics masks a very weak foundation that is largely built on user population that underestimates the Portland Area's true need. \$2.2 million of the \$40 million that was distributed went to the Portland Area. While this is below our need, it is at least

\$500,000 more than expected thanks to modifications suggested by the Portland Area regarding the treatment of new tribes and the treatment of contract support costs. This funding was allocated on a recurring basis (unlike CHS increases described below).

### *Diabetes*

The good news is that there will be \$3.3 million in additional diabetes funding this year in the Portland Area. Congress increased the total diabetes funding to \$100 million for FY 2001, 2002, 2003. This doubles the current amount. Thus, there is now three times as much funding as is currently available (from \$33 million in FY 2000 to \$100 million annually for next three years). Since last year's

*Julia's Report continued on page 11*

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Health News and Notes is published by the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB is a nonprofit advisory board established in 1972 to advocate for tribes of Washington, Oregon and Idaho to address health issues.

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*Verné Boerner, Administrative Officer*  
*Mylen Shenker, Finance Officer*  
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*Vacant, Project Assistant*

We welcome all comments and Indian health-related news items.

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# Introducing our new Policy Analyst Don Head

On May 1, 2001, I became the Policy Analyst for the Board. I originally joined the staff in January 2000, as the Project Assistant for the Northwest Tribal Recruitment Project (NTRP) and the Health Professions Education Project (HPEP). The high degree of professionalism exhibited by my co-workers has allowed me to feel privileged to work amongst them, and honored to be associated with the Board.

I was born in Orofino, ID, and grew up both in the Native Village of Ft. Yukon, AK and on the Blackfeet Indian Reservation in Montana. I am descended from the Blackfeet Indians through my father, although I am enrolled as an Athabascan Gwich'in, a tribe from the interior of Alaska, through my mother. I am also a shareholder in the Doyon Regional Corporation, an Alaska Native owned and operated corporation headquartered in Fairbanks, AK.

My post-secondary education began at Montana State University, where I majored in Computer Science. I left the university in 1990, in order to enlist in the US Army as an Infantryman. I served at several posts in Germany and Georgia, in the early nineties. After discharged from the Army, I traveled to Alaska, in order to connect with my immediate and extended family there. I have had experience working for the Fairbanks Native Association, a non-profit human services organization dedicated to serving the urban Alaska Native population of Fairbanks. I also

volunteered for the Festival of Native Arts, in Fairbanks, AK. Working with dance groups from throughout Alaska proved to be both challenging and rewarding. These experiences with tribal organizations have supported my desire to work for tribes, and eventually prompted my return to school.

In 1997, I enrolled in the Alaska Native Studies Program at the University of Alaska Fairbanks. I graduated from that institution in 1999, with a Bachelors of Arts degree. I chose this degree of study to give myself a strong foundation in federal Indian policy, history, and legal analysis. With this foundation, I had planned to attend law school at the University of New Mexico, in order to pursue a Juris Doctor, as well as a certificate in Indian Law. I have since decided to postpone law school indefinitely, and may decide to pursue other avenues, if my perception of the need of Indian communities and people changes. My short-term goal is to learn as much as possible as the Policy Analyst, while my long-term goal remains to make myself available to tribes and tribal organizations, in whatever capacity I am able.



# National Congress of American Indians

by Don Head, Policy Analyst

The National Congress of American Indians (NCAI) Mid-Year Meeting was held on May 13-16, at the Foxwoods Resort and Casino, on the Mashantucket Pequot Indian Reservation.

Don Head, the Policy Analyst, and Verné Boerner, the Administrative Officer, attended this meeting in order to provide technical support to Northwest Tribal Leaders. Julia Davis, the Chair of the Board, delivered six resolutions to the Health Sub-Committee of the Health and Human Services Full Committee. These resolutions included:

- Opposition to excessive proposals for administrative infrastructure from the special diabetes funds allocation for prevention and treatment services care;
- Support for the elevation of the Director of the Indian Health Service (IHS) to a Secretary of Health and Human Services (HHS);
- Opposition to the Contract Health Services (CHS) Workgroup's proposed formula for the distribution of the FY 2001 funding for contract care;
- Support for the National Steering Committee's report for the recommendation on Reauthorizing the Indian Health Care Improvement Act;

- Support for IHS access to the Veteran's Administration Prime Vendor Program; and
- Support for Senate Bill 535, which would include Alaska Native/American Indian Women in the Breast and Cervical Cancer Treatment Program.

discussion about the NCAI Annual Meeting, which will be held in Spokane. In addition to discussing the fund-raising that needs to be conducted in order to cover the costs of hosting the meeting, the tribal leaders suggested possible guest speakers from the northwest, activities

and presentations for the meeting and materials that will accompany registration.

Finally, on the last day of the meeting, twenty-two Northwest Tribal Leaders reviewed and signed a letter to Dr. Michael Trujillo, the Director of IHS, outlining several reasons that the formula proposed by



*NPAIHB's New Policy Analyst with Vice-Chair Pearl Baller at NCAI.*

All of the these resolutions were previously passed by the Northwest Portland Area Indian Health Board (NPAIHB) at the April 2001 Board Meeting, and the Affiliated Tribes of Northwest Indians (ATNI) Mid-Year Meeting, held on May 7-10.

After undergoing discussion in both the Health Sub-Committee and the Health and Human Services Full Committee, the General Assembly of NCAI passed all of the resolutions.

On May 15, Ernie Stensgar, the President of ATNI, called a Northwest Caucus of tribal leaders, to open

the CHS Workgroup should be rejected. That letter was immediately faxed to the Director on May 16, 2001. Dr. Trujillo made the determination about the CHS funding formula in the first week of June. In that decision, the Director appears to have taken the compromise that the Northwest Leaders offered, by splitting the funding between the proposed formula and the previous formula. The Portland Area strongly urges Dr. Trujillo to request that in the future, funding workgroups take a more comprehensive look at overall funding when making recommendations. 🌟



# April NPAIHB Quarterly Board Meeting Portland, Oregon



*Feature speaker Tom Ball (Klamath Tribe) with NPAIHB Chair Julia Davis (Nez Perce Tribe).*



*Gary Small (NTR/HPEP Project Director) updates the NPAIHB delegates on his projects.*

*Please give a hand to NPAIHB Jim Fry (IT Director) and Ed Lutz (IT Technician) who keep the Board running smoothly with the*



*technical assistance they provide daily to the NPAIHB staff as well as at the Quarterly Board Meetings and other events.*



*Sharon John, Connie Hunt and other NPAIHB Staff attend mental health committee.*



*Ed Fox (NPAIHB Director) the first to arrive and last to leave the board meetings.*

# The Northwest Tribal Dental Support Center



By Kathryn T. Alexander

## *SPREAD THE WORD: "2 IS TOO LATE"*

IHS recently sent a packet to NW Tribal dental clinics titled "It Takes a Community To Grow Healthy Smiles." These packets were also sent to each medical facility. The intent of the packets is to encourage all health professionals who see young children to provide oral screening and education for these children and their families. Be sure to look through the packet and then share it with other professionals in your community who routinely work with children 1-2 years of age. This could be the director of Early Head Start, WIC counselor, nurse or a daycare provider. Spread the word that "2 is too late". The dental staff needs help from those folks who routinely see the youngest children, because by the age of two it is often too late to prevent ECC.

## *SITE VISITS*

Our site visit schedule is now full through the end of July. We have received additional requests for visits and plan to schedule them beginning in September. We are sorry for the wait, but keep in mind that Bonnie and Jeff are both available for phone consultation if you have issues that you want to discuss in the meantime.

We have thoroughly enjoyed the opportunity to visit the 12 clinics and communities where we have already

completed site visits, and we look forward to stopping by again during the next year or two.

## *PREVENTION COORDINATOR'S MEETING*

A survey was sent to each dental clinic to see if there is interest in an area-wide meeting of those staff who are responsible for coordinating prevention activities. We have heard from 16 dental clinics so far, most of which want to send more than one person to this meeting.

Our plan is to offer a morning session on a topic such as ECC

## *Project Staff:*

Kathryn T. Alexander, Project Assistant  
Dee Robertson, MD, MPH, Acting Project Director

## *Contractors:*

Bonnie Bruerd, DrPH, MPH (Prevention)  
Jeffrey Hagen, DDS, MPA (Clinical)  
Kathy Phipps, DrPH (Epidemiology)  
Jim Toothaker, DDS (Research)

prevention, the caries process, the use of fluorides, etc. The rest of the day would include presentations from dental staff in the area who are already managing exemplary prevention activities. These presentations will include a school sealant program, an ECC prevention program that is managed primarily through the mail, a diabetes and periodontal disease program, and a fluoride varnish program. I will ask presenters to bring examples of their educational materials and permission forms to share with

everyone. This way we can learn from each other about programs that have worked in other American Indian communities. Most importantly, the Prevention Coordinators meeting will provide dental staff the opportunity to network with each other and share ideas about how to prevent dental diseases through community-based programs.

If you would like us to send you another copy, please call (503) 416-3292.

## *LENDING LIBRARY*

The Dental Support Center has established a library of selected materials to support its activities. Dental clinic staff may borrow these materials by contacting Kathryn Alexander, Project Assistant at Northwest Portland Area Indian Health Board, 527 SW Hall Street, Suite #300, Portland, OR 97201 or by telephone at: 503-416-3292; e-mail: [kalexander@npaihb.org](mailto:kalexander@npaihb.org).





# FY 2003 Needs-Based Budget



by Anthia Nickerson & Don Head

## Creating Healthier Indian Communities for a Healthier America:

Indian Health Service, Tribal, and Urban Indian Programs Announce the FY 2003 Needs-Based Budget

On June 13, 2001, the FY 2003 Indian Health Service (IHS), Tribal, and Urban (ITU) Budget Formulation Workgroup presented the FY 2003 ITU Needs-Based Budget to the Department of Health and Human Services (DHHS) and the Office of Management and Budget (OMB). The Northwest Portland Area Indian Health Board (NPAIHB) was honored to work with the ITU Budget Formulation Workgroup to develop the budget presentation. Staff from NPAIHB developed a multimedia presentation, which included video collages and audio recordings, and materials to accompany the presentation. Tribal leaders delivered the presentation and shared personal stories that illustrated the need for the funds requested in the budget. The following is a brief summary of the topics that were covered during the presentation.

### *Policy Foundation*

The presentation began by outlining the political and legal foundations for the federal government's responsibility to provide health care for American Indians and Alaska Natives (AI/AN). Treaties, executive orders, and resolutions all indicate the obligation that the federal government assumed when extending plenary, or full, power over tribal government affairs. This obligation has expanded to include the

provision of adequate health care, in order to address the chronic disparities in health that are evident in AI/AN communities.

### *Racial Health Disparities*

The presentation emphasized that the value of the FY 2003 Needs-Based Budget lies in its potential to help prevent disease and associated morbidity and mortality, thereby helping to eliminate racial health disparities. To illustrate the fact that AI/AN suffer from significantly higher rates of morbidity and mortality than the US All Races population, the presentation included data comparing mortality rates for the two populations.

The presentation also emphasized that the excess mortality experienced by AI/AN not only has a devastating impact on AI/AN communities, but also negatively impacts the health picture of our nation as a whole. For example, a recent study by the Save the Children Foundation ranked the US 11<sup>th</sup> for quality of maternal health services and 22<sup>nd</sup> for quality of health services offered to girls and young women. The lack of quality health services for minorities was the reason cited by the Foundation for the low ranking. By pointing to these studies, the presentation stressed that improving the health status of AI/AN in the major disease categories will thus help the US regain a better position with respect to other developed countries.

### *Diminished ITU Resources Due to Inflation and Population Growth*

The medical inflationary rate over the past nine years has been 7%. Both the private and public sector use this

figure to calculate cost projections. In FY 1992 IHS received \$1.3 billion. By FY 2000 this figure should have risen to \$2.7 billion just to keep pace with inflation and population growth. The presentation illustrated how this resulting shortfall has compounded year after year, forcing an already under-funded system to absorb a cumulative loss of \$2 billion from 1993 to 2001.

### *Ten-Year Plan: Phasing In the Needs-Based Budget Over Ten Years*

The presentation illustrated how a ten-year phase-in of the \$18.2 billion budget can be achieved if Congress and the Administration can commit to several years of sizeable increases. For example, if a first year increase of 102% is appropriated, the following years' increases would decline rapidly to just 20% in the fifth year (FY 2006) and to just 10% in the tenth year (FY 2011). Beginning in FY 2012, only inflation and population increases would be necessary.

### *Examples of how the tribes can succeed with limited funding*

Although the ITU budget is severely under-funded, tribes have been able to succeed with very limited funding. The presentation illustrated this by summarizing the success of the Special Diabetes Program for Indians, which was established when Congress allocated \$150 million over five years to IHS through the Balanced Budget Act of 1997. The presentation included audio recordings of tribal members and health care staff discussing the positive impact that the funds have made in their personal lives and in their communities.

The presentation also included a summary

FY 2003 Needs-Based Budget cont on page 7



# Northwest Tribal Recruitment

Gary Small, Project Director



# Health Profession Education Project

Jennifer Sypherd, Project Assistant

Health Professions Education Project (HPEP) obtains Large Computer Donation From Adidas America. HPEP Project Director, Gary Small recently learned that Portland based Adidas America was about to donate a large amount of Apple G3 and 7300 computers to a yet to be named Portland school. Adidas was approached about the possibility of donating the computers to HPEP. HPEP would then disburse the equipment to the northwest tribes where Native students did not have access to a computer with their respected tribal education programs.

Adidas was informed that while all schools are deserving of their donation, many Native communities do not have local access to public libraries where access to computers and the Internet can often be obtained. Upon hearing the proposal, Adidas America graciously donated all 19 Apple computers (and 19-inch size graphics quality monitors). *“Adidas is to be commended for their generosity and their willingness to recognize a road-block in the Native community. We also appreciate their willingness to aid HPEP’s efforts in assisting Indian students who are trying to further their education”* says Small.

An announcement along with a survey went to all 41 tribal education offices on March 14th, to inquire if they provided computer access to their Native students. Of the tribes that responded, seven tribes stated that they did not have computers available for students to utilize. After further inquiry three of the tribes declined the donation, sighting possible compatibility problems (Apple versus PC) or did not respond. The four remaining tribes who accepted the donation and took receipt of the computers are: Northwest Band of Shoshoni, Cow Creek Band of Umpqua, Lower Elwha Klallam and Nooksack.

## FY 2003 Needs-Based Budget continued

of the successful diabetes data projects in the Portland, California, and Phoenix Areas. After illustrating the tremendous success that the tribes have experienced in the area of diabetes, the presentation posed the question, “Can you imagine what the tribes could accomplish with a sizeable increase in the IHS budget?”

### *Highlights of the FY 2003 Needs-Based Budget*


The FY 2003 Needs-Based Budget totaled \$18.2 billion, a \$0.2 billion (or 0.9%) increase over the FY 2002 budget. The budget is comprised of a base of \$2.7 billion (the President’s request) and includes funding for Current Services, Program Increases, and

Facilities. The relatively small increase over FY 2002 can be traced to the tribal leaders’ decision to carry over the FY 2002 funding for Program Increases and Facilities. The funding levels for those sub-activities remain at \$6.3 billion for Program Increases and \$8.6 billion for Facilities. The Current Services increase was set at \$0.57 billion.

In addition to the importance attached to funding Current Services, this year’s budget formulation included four major health priorities identified by the Area-level workgroups: diabetes, heart disease, alcohol and substance abuse, and cancer. All of these priorities were marked for major increases, which are necessary to

bring the programs up to full funding levels. Diabetes, identified by 7 of the 12 Areas as their number one health priority, is increased by the largest margin.

### *Looking Toward the Future*

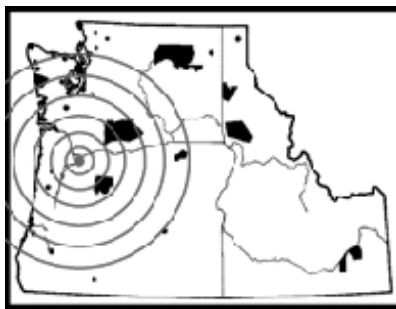
The presentation concluded with a few words on the importance of investing in healthier Indian communities. Tribal leaders emphasized to DHHS and OMB that investing in this budget will provide tribes with the tools necessary to improve the health of their communities. Not only does this help the government honor their obligation to AI/AN communities, but it will also improve the health outlook for the nation as a whole. 

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# News From *The EpiCenter*

## Stop Chlamydia Project

*by Shawn Jackson, Project Specialist*



## Community Health Profile

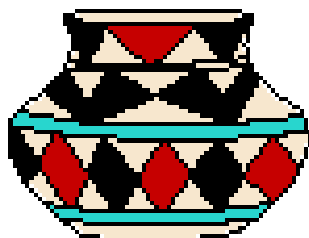
*by Tam Lutz, Project Specialist*

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### Record Linkage Study, Huge Success!!!!

Racial misclassification in sexually transmitted disease (STD) surveillance data may contribute to a substantial underestimate of reported STD cases among American Indians/Alaskan Natives (AI/AN). Record linkage studies are critical to determine and understand the extent of racial misclassification in state health department, STD data registries. The Stop Chlamydia! project along with the Northwest Tribal Registry project will work with state health departments in Idaho, Oregon and Washington States. The intent of these working agreements are to understand how many and how often AI/AN are misclassified in state STD registries.

After matching with the Oregon Health Division STD; chlamydia, gonorrhea, and syphilis case report data from 1995 through year 2000, preliminary results indicate that 43.3% of AI/AN STD cases were misclassified from both registries. Further analysis is currently underway along with recommendations to address the high rate of AI/AN racial misclassification in state data registries. Race data is always a difficult item to accurately collect, however it's important that race data be as representative as possible in order to paint a complete picture of who's being infected and at what rate infections occur.



### A Match Made in Heaven

The Indian Community Health Profile Project (ICHPP); the Center for American Indian/Alaskan Native Health Johns Hopkins University School of Hygiene, Public Health; the Center of Native American Preventive Research; and the University of Oklahoma College of Public Health have joined forces to deliver a public health capacity-building training to one of the three Profile Project sites, the Fort Peck Tribes of Montana. This training has been delivered to 29 other tribal sites in the United States over the last six years. The training will be facilitated by Dr. Everett Rhoades, MD, a member of the Kiowa Tribe and former director of I.H.S, Dr. George Brenneman, MD, a pediatrician and maternal and child health expert, Dr. Maha Asham, MD, MPH, Director of Community Health Planning along with Profile Project Staff, Tam Lutz, MPH, MHA, (ICHPP) Project Specialist and Melissa Buckles, BS, Site Coordinator. This training program, designed by Johns Hopkins Tribal Education Program, is intended to increase the inherent strengths and build capacities of tribes; to pool their local efforts to gather and analyze technical health data; to formulate local policies; and carry out local interventions that address specific, locally identified health needs. This training will serve as a great resource for the Fort Peck Tribes wishing to identify, collect and analyze data for the community health indicators that it has identified for the Profile Project. We look forward to this joining of forces at this training, which will take place August 20-24, 2002 in Wolf Point, Montana.



# Western Tribal Diabetes Project

## California Diabetes Program



## Northwest Diabetes Program

By Kelly Gonzales, Project Director

The Northwest Tribal Epidemiology Center (*The EpiCenter*) is pleased to announce the merger of the Northwest Tribal Diabetes Surveillance Project and the California Area Diabetes Surveillance Project. The newly formed project will be called the Western Tribal Diabetes Project (WTDP). Kelly Gonzales will take the lead as the Project Director for the new project. To help support the project, *The EpiCenter* successfully recruited a Northwest Regional Project Specialist, James Oliver, RD (Lummi Nation), Southern California Project Specialist, Jennifer Olson, MS and Western Diabetes Project Coordinator, Tim O'Hearn, MPH.

*The EpiCenter* at the Northwest Portland Area Indian Health Board (NPAIHB) has administered the two diabetes projects since Congress appropriated additional funds for the treatment and prevention of diabetes through the Balanced Budget Act of 1997. The Northwest Tribal Diabetes Surveillance Project was established in 1998 with Melissa Bernard, MPH, as the Project Specialist. The establishment of the California Area Diabetes Surveillance Project followed in 1999 with Kelly Gonzales, MPH (Cherokee), as the Project Specialist. The goal of both projects was to assist California and Northwest tribes and tribal diabetes programs in establishing a sustainable infrastructure for diabetes data collection and case management systems.

We also are pleased to announce The California Endowment Foundation recently awarded the Western Tribal Diabetes Project a three-year grant to continue and expand the scope of services provided throughout California.

If you have any questions, please contact Sharon Fleming (Choctaw of Oklahoma), Project Assistant, at (503) 228-4185.



## Western Tribal Diabetes Project Staff

Project Director:	Kelly Gonzales, MPH (Cherokee)
Project Assistant:	Sharon Fleming, (Choctaw)
Western Coordinator:	Tim O'Hearn, MPH
NW Tribal Regional Specialist:	James Oliver, RD (Lummi)
Northern CA Regional Project Specialist:	Steve Viramontes, PHN
Central CA Regional Project Specialist:	Glenna Starritt, MS, RD (Hoopa)
Southern CA Regional Specialist:	Jennifer Olson, MS
Information Systems Specialist:	Ed Lutz, (Lummi Nation)

## New Staff Member

James Oliver is the new Northwest Regional Project Specialist for the Western Tribal Diabetes Project. James is a Registered Dietitian and member of the Lummi Nation. He spent many years working for a major hotel chain and fine dining restaurants prior to graduating summa cum laude (BS in Dietetics) from the University of Idaho. Since then, James has worked for the Colville Confederated Tribes where he helped revive an inactive diabetes team. His background also includes delivering diabetes care and education to the reservation community as well as implementing other health promotion activities. James feels fortunate to walk in the big footsteps of Melissa Bernard and is eager to work with the Portland Area tribes.

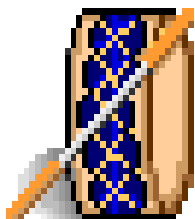




# WELCOME to the Board



Mylen Shenker is NPAIHB's new Finance Officer. Mylen has worked in the tribal community for the last fifteen years, working in the Finance department at the Columbia River Inter-Tribal Fish Commission. Mylen is a Certified Public Accountant and earned his Masters in Public Administration from Portland State University in 1990. Mylen has lived in Portland all his life, other than living in Eugene while attending the University of Oregon. Mylen's wife Roz, also has lived in Portland all her life, other than time spent attending Oregon College of Education (now Western Oregon University) and the University of Oregon. Mylen has two children. His Son Andrew graduated last year from Oregon State University and his Daughter Shana attends Western Oregon University.



Tim O'Hearn, MPH is the new Western Tribal Diabetes Coordinator for the Northwest Portland Indian Health Board (NPAIHB). Tim started with the NPAIHB in May 2001. Tim previously served as a Program and Planning Analyst for the Wisconsin Department of Health and Family Services; Chronic Disease Prevention Unit, Division of Public Health. Within this capacity, he worked in the Tobacco Control program assisting community coalitions with tobacco control policies and programs.

Following graduate school, Tim worked four years in two countries in eastern Africa (Uganda and Malawi). His work focused on maternal and child health relating to nutrition, HIV/AIDS, malaria, immunization, and training Traditional Birth Attendants (TBAs). Tim also served as a U.S. Peace Corps Volunteer in Sri Lanka, where he worked with rural communities in the areas of health and community development.



Gerry returns to the Board as the National Tribal Tobacco Network Coordinator after spending 3 years in Arizona and California, directing and managing state funded tobacco projects, as well as serving as an independent training consultant. Gerry is Chippewa-Cree from Rocky Boy, Montana and graduated from the University of Wisconsin with a Master's of Science in Education and also has Bachelor's in Physical Education and Health from Northern Montana College. Some of you may remember that Raining Bird served as the National Resource Specialist for Project Red Talon from 1994-1998! Gerry will be responsible for coordinating the national network and providing training and technical assistance to regional and local tribal health programs around Indian country.



distribution set a higher percentage for smaller tribes, this years increase will not necessarily result in a doubling for smaller tribes. All tribes will receive last year's amount plus some additional funding.

#### *Contract Health Services (CHS)*

After a very contentious debate over how to allocate approximately \$34,000,000, a reasonable distribution was allocated this June. The Portland Area was scheduled to receive just \$3.2 million as recommended by the CHS workgroup that met between December 15, 2000 and February 15, 2001. Portland tribes protested this recommendation and tribal leaders sent numerous letters recommending the compromise position that Dr. Trujillo ultimately supported. This means \$4.8 million will be distributed to the Portland Area. This will mean that all tribes will



receive 50% more than recommended by the workgroup. Unfortunately, Dr. Trujillo decided to keep the debate open on this distribution by making the money non-recurring.

#### *Interior Appropriations and the Indian Health Service Budget*

The Interior Appropriations Bill has begun its journey towards passage. This bill contains the FY 2002 Indian Health Service Budget. The President's April 9, 2001 request of an increase of just \$78 million is just the starting point for what promises to be all long process that will probably



extend past the October 1, 2001 start of FY 2002. The Board forwarded its 12<sup>th</sup> Annual Analysis of the IHS Budget to the House Interior Appropriations Committee on May 15, 2001. This analysis was developed with tribal input at our March 22 All-Tribes meeting in Portland and at both the Northwest Portland Area Indian Health Board meeting in April and the ATNI meeting in May, 2001.

Senate Majority Leader, Sen. Tom Daschle has previously supported a much larger increase (\$4.2 billion) for the Indian Health Service budget in his amendment to the Senate budget resolution. However, when the bill went to the Senate Interior Appropriations sub-committee and the Senate Appropriations full committee, the June 28 recommendation only increased the budget by \$122 million over FY 2001, or \$8.3 million less than that passed by the House.

*(see table on page 12)*

#### *National Indian Health Board*

In my role as Vice Chair I have had to step in as the Acting Chair of the National Indian Health Board several times this year due to absences by Chair Sally H. Smith of Alaska. In that role I have testified in Atlanta before the Centers for Disease Control and Prevention in February and in Washington DC before the Department of Health and Human Services in April and at the HHS

Internal Budget Review Board meeting on June 15, 2001. In addition I have acted as chair at several executive committee and meetings. As the acting chair I will also be attending meetings of the Indian Health Leadership Council.

#### *Indian Health Care Improvement Act*

I have worked with co-chairs Rachel Joseph and Dr. Taylor MacKenzie to help reenergize the effort to reauthorize the Act. Unfortunately, progress has been slow this year with just few meetings that have been tacked on to other meetings. The Congress has introduced the act based on the Steering Committee's draft bill, but there has been little activity this year. It is my hope that Northwest Tribes will take a lead in moving this bill this year. I've directed staff at the Northwest Portland Area Indian Health Board to develop a strategy to get this bill moving with input from NW Tribes. In addition to activity at Health Board meetings we may convene a special meeting on the act and the question of making Indian Health an entitlement.

#### *Meeting the New Administration*

Women's Lawmaker's Networking Day in June afforded me the opportunity to sit in a meeting with several members of the President's Cabinet including Secretary of Interior Gail Norton. In addition I met several key contacts in the President's Office of Management and Budget where I let them know our dissatisfaction with the small 2.9% increase in the President's IHS budget request. As noted above I have also met key staff at HHS including the new Secretary of HHS, Tommy Thompson, the former governor of Wisconsin. 🌱



# Best Wishes to the Womens Health Promotion Project Director



WHPP Project Director, LCDR  
Sharon L. John

Working with the Northwest Portland Area Indian Health Board and the 42 tribes of Pacific Northwest has been a very positive and rewarding experience. I had the opportunity to be supervised by an outstanding individual, Verné Boerner who is the Administrative Officer for the board, she

demonstrates the qualities of a fair, democratic and positive role model. The two Executive Directors Rodney Smith and Ed Fox are exemplary leaders and are very much dedicated to the Indian population. The NPAIHB staff is very productive, professional, and willing to help out as team members. They have become an integral part of my daily living (family away from home) and I appreciate all the kindness and support during this time in my life. I am needed at home by a family member and will be going back to the Yakama Reservation.

The Injury Prevention Fellowship instructors/preceptors Dr. Lawrence Burger, Dr. David Grossman, Karen Knopp and the rest of the staff are excellent teacher. The training program is well developed and provides a rich learning experience at the University of Michigan. With the

Fellowship (Office of Environmental Health-Indian Health Service) and my first year in the Washington State University Graduate Program at Vancouver, Washington this past year has prepared me to meet the needs of the work environment. Lastly, I want to thank the Office of Environmental Health and Washington State University who I received a scholarship from for offering and accepting me into their Programs.

The NPAIHB Chair Julia Davis, the Executive Committee members and tribal Representatives do an outstanding job advocating for the Indian population and their health. I am very honored to have worked with all of you and will continue to do so in whatever position I hold in the future. 🌱

by Ed Fox, NPAIHB Executive Director and Don Head, Policy Analyst



## Status of the FY 2002 Appropriations Bill (HR 2217)

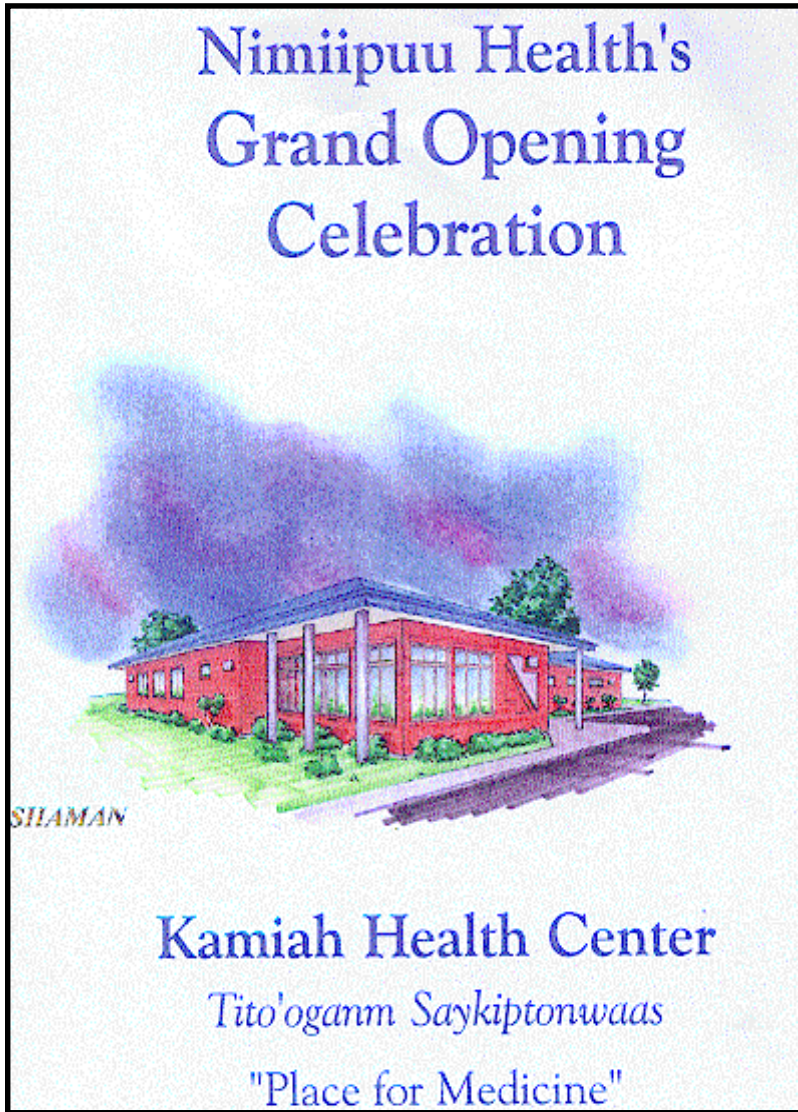
### Indian Health Services Budget



	Appropriation	% Increase over FY 2001
<b>FY 2001</b>	\$2.63 billion	N/A
	<b>President's Request</b>	
(April 9)	\$2.71 billion	2.98%
	<b>House Bill</b>	
(June 19)	\$2.76 billion	4.98%
	<b>Senate Committee Bill</b>	
(June 28)	\$2.75 billion	4.67%

After Senate passage the bill will go to a conference committee. A final bill is likely after the August recess.

# Congratulations to the Nez Perce Tribe on the Grand Opening of Kamiah NUMIIPUU Health - April 25, 2001



*Johanne Powell cuts the ribbon to open the health center.*

*Julia Davis offered the opening prayer and both Elliott Moffett, (Chairman of the Kamiah Health Center) and Julia spoke at the event.*



*The Second Presbyterian Church's Junior Endeavor performing the Lord's Prayer.*



*Karen Carter, Nez Perce Tribal Health Director is all smiles regarding the new health facility.*



# Northwest Tribal Cancer Control Project

WORKING TOWARD CANCER-FREE TRIBAL COMMUNITIES

*Ruth Jensen (Tlingit), MS, Director  
Northwest Tribal Cancer Control Project*

On April 4 and 5, cancer experts and tribal community experts met in Portland to develop a 20-year plan for working toward cancer-free tribal communities.

If you would like to be involved in developing the 20-year plan, please contact, Ruth Jensen, director, at (503) 416-3278 [rjensen@npaihb.org](mailto:rjensen@npaihb.org).

Staff of the Northwest Tribal Cancer Control Project extend their gratitude to the following:



*Back Row (left to right):* **Sharon John**, BSN, RN, director, Women's Health Promotion Program and Injury Prevention Specialist; **Jen Olsen**, MS, director, Native Women's Wellness Program, South Puget Intertribal Planning Agency (now with NPAIHB); **Stella Washines**, Associate, program director, Yakama Nation; **Deb Schiro**, Division Director, Detection and Quality of Life, American Cancer Society; **Peggy Biery**, project specialist, Northwest Tribal Cancer Control Project; **Galen Louis**, PhD, Tobacco Prevention Program – Tribal Liaison, Idaho Bureau of Health Promotion; **Regetta Gibson**, BS, pharmacist, Absentee Shawnee Tribal Health; **David Quincy**, MPA – Public Administration, intern for the Northwest Tribal Cancer Control Project

*Middle Row (left to right):* **Lillian Tom-Orme**, PhD, MPH, RN, FAAN, Research Assistant Professor, Health Research Center, Department of Family and Prevention Medicine, University of Utah; **Jennie Joe**, PhD, MPH, BSN, professor, Family and Community Medicine, University of Arizona and director, Native American Research and Training Center; **Patricia Ike**, chemical dependency professional, Alcohol Program, Yakama Indian Nation; **Luella Azule**, BS, project specialist, Northwest Tribal Cancer Control Project; **Sandra Teeman**, Community Health Representative, Burns Paiute Tribe

*Front Row (left to right):* **Julie Reynolds**, PhD, consultant drafting the 20-year plan; **Teresa Guthrie**, RN/MN, project coordinator, American Indian/Alaskan Native Leadership Initiative on Cancer; Cancer Information Service – Pacific Region, Fred Hutchinson Cancer Research Center; **Jillene Joseph**, BS, consultant/facilitator for retreat; **Delores Riding In**, BS, temporary assistant for the Northwest Tribal Cancer Control Project

*Not pictured:* **Judy Charley**, Community Health Education Team, Confederated Tribes of the Warm Springs Reservation of Oregon; **Roanna Stump**, manager, Community Health Representatives, Tribal Health and Human Services, Sho-Ban Tribes; **Brian Lee**, Regional Advocacy Manager, West, Special Populations, Advocacy Field Operations, National Government Relations Department, American Cancer Society; **Joe Campo**, Research Investigator, Washington State Cancer Registry, Chronic Disease Assessment Unit, Washington State Department of Health; **Julia Dilley**, MES, epidemiologist, Washington State Department of Health; **Katrina Hedberg**, MD, MPH, deputy state epidemiologist, Health Promotion and Chronic Disease Prevention Program, Oregon Health Division; **Kerri Lopez**, director, Breast and Cervical Cancer Program/Tobacco, Indian Health Clinic, Native American Rehabilitation Association; **Sandy Valko**, MS, Partnership Program Manager, Cancer Information Service - Pacific Region, Fred Hutchinson Cancer Research Center; and NPAIHB staff: **Liling Sherry**, director, and **Vanessa Dick**, regional coordinator, both of the Western Tobacco Prevention Project, and **Ruth Jensen**, director, Northwest Tribal Cancer Control Project who was behind the camera.



# The Northwest Tribal FAS Project

by Kathryn Alexander, Project Assistant



## Site Visits

At the invitation of 17 tribal clinics, and informal gatherings with three tribal clinic members reveal some consistent characteristics, and common denominators of need. The overall generalized response both within the context of discussion and

The sometimes pervasive sense of “hopelessness” is superceded by the desire to “reignite the passion” and “redefine the approach” to develop a more collaborative consortium of integrated services and support to families and communities affected by Fetal Alcohol.

In turn this will contribute to the process of surveillance creating an understanding of its importance and its place in providing continuity of care and intervention with existing affected families, and in preventing

## Project Staff:

Kathryn T. Alexander, Project Assistant  
Dee Robertson, MD, MPH, Project Director


## Contractors:

Carolyn Hartness, BA, FAS Specialist  
Suzie Kuerschner, BA, FAS Specialist

from the provider and community assessment responses, is that the past 10 years has provided a variety of educational materials and created an awareness but it has not provided systems and protocol that consistently integrate this knowledge in a functional and proactive manner across all provider disciplines and services.

These visits revealed real functional strengths of each tribe or band. Strengths borne of the ten to fifteen year evolutionary process of recognition of the seriousness and impact of Fetal Alcohol and its interrelatedness with other issues of health, education and social service delivery.

the impact of FAS on future generations.

The first year of the FAS Project has been very successful and with the beginning of Year 2 just around the corner, plans are currently underway to coordinate a conference during the next 12 months. This conference will be led by FAS Specialists, Carolyn Hartness and Suzie Kuerschner. The conference will be an opportunity for Oregon, Washington and Idaho Tribes to come together to network on ideas and plan for the future. Conference notices will be mailed out soon. For more information, please contact Kathryn Alexander, FAS Project Assistant at (503) 228-4185 or by e-mail at [kalexander@npaihb.org](mailto:kalexander@npaihb.org) 



## Project Red Talon

HIV/AIDS is devastating communities of color at rampant rates. It is a disease without a cure and a disease that is preventable.

In 1998, the Centers for Disease Control and Prevention (CDC) reported 688,200 AIDS cases (CDC, HIV/AIDS Surveillance Report) in the United States. Of that total, 1,940 were American Indian and Alaska Natives (AI/AN). Of infected AI/AN, 23% were aged 20–29. Since HIV, the virus that causes AIDS, can have a long asymptomatic period, people testing positive for HIV in their early and mid twenties may have become infected much earlier, perhaps in their teens. Nationally, one quarter of all new HIV infections are among young people between the ages of 13–21.

Project Red Talon is currently working with state health departments to ensure tribal communities are included in the state’s CPG process. At this time, the Northwest Portland Area Indian Health Board has secured a small grant from the Washington State Department of Health to conduct meetings to identify the HIV prevention needs and interventions for American Indian tribal communities.

If you would like more information regarding your tribal community’s HIV prevention needs or concerns, please contact Karen McGowan at the Northwest Portland Area Indian Health Board.

THANK YOU THANK YOU THANK YOU THANK YOU THANK YOU

# Karen Harvey

for all your hard work and dedication to the NPAIHB  
during your 14 years of service



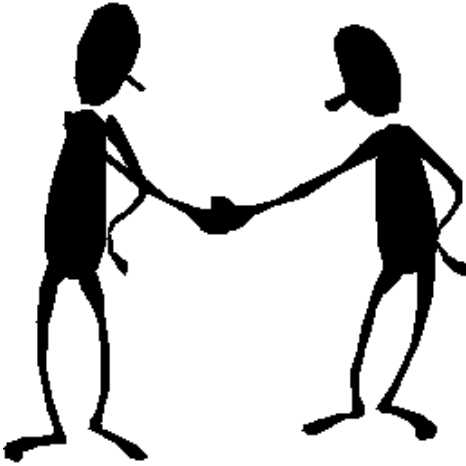
*GOD BLESS*

*BEST WISHES*

*HAPPY RETIREMENT*

*GOOD LUCK*

# Just for laughs



## Top 10 things you can say to a White person upon first meeting

1. How much white are you?
2. I'm part white myself, you know.
3. My great-great-grandmother was full-blooded white-American princess.
4. Funny, you don't look white.
5. I learned all your people's ways in the Boy Scouts.
6. Where's your powdered wig and knickers?
7. Do you live in a covered wagon?
8. What's the meaning behind the square dance?
9. What's your feeling about river-boat casinos? Do they really help your people, or are they just a short-term fix?
10. Oh wow, I really love your hair! Can I touch it?

-Anonymous Author from Okalahoma

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## Indian Health Service Clinic

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Martha Vineyard Livingston  
from the east coast  
the new resident medical student  
examined patients at a South Dakota Reservation clinic  
As Martha was examining an elder Lakota man  
she noticed he was missing all his toes on one foot  
Martha asked him what had happened

Old Lakota man responded  
with a straight stoic face  
"The Bureau of Indian Affairs cut my toes off  
one  
by  
one  
because I wouldn't sell my land  
so I sold  
before they got to the other foot"

"Oh my God!"  
Martha believed this and immediately left the exam room  
to tell the clinic doctor this elderly man needed legal help  
because he was being extorted

The clinic doctor laughed  
at Martha Vineyard Livingston the medical student  
telling her that he had the toes removed  
from complications of diabetes

*That is an example of not understanding Indian humor*

Kurt Schweigman, MPH  
Registry Manager  
(Kurt reads his poetry under the name 'Luke Warm Water')





# Upcoming Events

## August

### **The National Native Conference on Tobacco: Protect our Culture Protect our Health**

August 5-8, 2001

*Location:* The Hilton Hotel - Portland, Oregon

*Contact:* Richard Bristol

*Telephone:* (503) 228-4185

### **Oregon Quarterly Tribal/State Meeting**

August 9, 2001

*Location:* Coos Bay, Oregon

*Contact:* Rick Acevedo

*Telephone:* (503) 945-7034

### **Idaho Quarterly Tribal/State Health Meeting**

August 10, 2001

*Location:* Fort Hall, Idaho

*Contact:* Don Head

*Telephone:* (503) 228-4185

### **Third Annual American Indian Elders Conf**

August 22-24, 2001

*Location:* Oklahoma City, OK

## September

### **Indian Health Service Awards Ceremony**

September 10, 2001

*Location:* Rockville, Maryland

*Telephone:* (301) 443-1083

### **American Indian Health Commission Mtg**

September 13, 2001

*Location:* Seattle Indian Health Board /Seattle, Washington

*Contact:* Ginger Clapp

*Telephone:* (503) 228-4185

### **Affiliated Tribes of Northwest Indians(ATNI)**

#### **48th Annual Conference**

September 17-20, 2001

*Location:* Chinook Winds Casino & Convention Center /Lincoln City, Oregon

*Telephone:* (503) 249-5770

## September Cont....

### **National Indian Health Board (NIHB)**

September 18-20, 2001

*Location:* Denver, Colorado

*Telephone:* (303) 759-3075

### **Oregon Breast and Cervical Cancer Conf.**

September 19 & 20, 2001

*Location:* Greenwood Inn - Beaverton, Oregon

*Contact:* OR Breast & Cervical Cancer Program

*Telephone:* (503) 731-4273

## October

### **Tribal Health Directors Meeting**

October 22, 2001

*Location:* Coeur d'Alene Casino Resort Hotel

1-800-523-2464/Coeur d' Alene, Idaho

*Contact:* Elaine Dado

*Telephone:* (503) 228-4185

### **NPAIHB Quarterly Board Meeting**

October 23-25, 2001

*Location:* Coeur d'Alene Casino Resort Hotel

1-800-523-2464/ Coeur d' Alene, Idaho

*Contact:* Elaine Dado

*Telephone:* (503) 228-4185

### **Intro to Q-Man & Diabetes Management System Training**

October 16-18, 2001

*Location:* NPAIHB Training Room/ Portland, Oregon

*Contact:* David Battese

*Telephone:* (503) 326-7277

### **Patient Registration & Mini PCC Data Entry Training**

October 23-25, 2001

*Location:* NPAIHB - Portland, Oregon

*Contact:* Mary Brickell

*Telephone:* (503) 228-4185

# January 2001 Resolutions

**RESOLUTION #01-02-01** “Support for Adoption of Northwest Portland Area Indian Health Board Issue paper with Recommended Improvements in the Funding Methodology for distribution of the Contract Health Services Funding”

**RESOLUTION #01-02-02** “Support for the Adoption of Northwest Portland Area Indian Health Board Issue paper with Recommended Improvements in the Funding Methodology for distribution of the Indian Health Care Improvement Fund”

**RESOLUTION #01-02-03** “Support for Northwest Portland Area Indian Health Board 2001 Legislative Plan”

**RESOLUTION #01-02-04** “Support for Robert Wood Johnson Funding Expand the Northwest Portland Area Indian Health Board”

**RESOLUTION #01-02-05** “Support for Revision of the Special Diabetes Funds Allocation”

# April 2001 Resolutions

**RESOLUTION #01-03-01** “Support for Funding for All Under funded Tribes in the Distribution of the Indian Health Care Improvement Fund”

**RESOLUTION #01-03-02** “Support for Adoption of Northwest Portland Area Indian Health Board Issue paper with Recommended Improvements in the Funding Methodology for Distribution of the Contract Health Services Funding”

**RESOLUTION #01-03-03** “Support for \$3 Billion Indian Health Service Budget for FY 2002, \$400 Million increase over the President’s Proposed FY 2002 Indian Health Service Budget, for a total FY 2002 increase of \$478 Million”

**RESOLUTION #01-03-04** “Support for FY 2003 Budget Formulation Submission of the Portland Area”

**RESOLUTION #01-03-05** “Support for Senate Budget Resolution and a \$7 Billion Indian Health Service Budget for FY 2002 for a total FY 2002 increase of \$4.2 Billion”

**RESOLUTION #01-03-06** “Support Bill HR 293 and S 214: The Elevation of the Director of the Indian Health Service to Assistant Secretary of the Department of Health and Human Services”

**RESOLUTION #01-03-07** “Support for Expansion of Fetal Alcohol Syndrome (FAS) Project in Washington State”

**RESOLUTION #01-03-08** “Support for S 535 to Include Alaska Native and American Indian Women in the Breast and Cervical Cancer Treatment Program”

**RESOLUTION #01-03-09** “Support for Senate Bill 212 and Proposed House Bill that incorporate the recommendations of the Proposed Bill of the National Steering Committee on the Reauthorization of the Indian Health Care Improvement Act”

**RESOLUTION #01-03-10** “Opposition to Excessive Proposals for Administrative Infrastructure from the Special Diabetes Funds Allocation for Prevention and Treatment Services Care”

**RESOLUTION #01-03-11** “Support for Northwest Portland Area Indian Health Board 2001 Legislative Plan As Amended April 18, 2001”

**RESOLUTION #01-03-12** “Support for Access to the Prime Vendor Program of the Department of Veterans Affairs”

**RESOLUTION #01-03-13** “Support for Senate Bill 210: Consolidation of Alcohol Programs”

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# Northwest Portland Area Indian Health Board

## Executive Committee Members

Julia Davis, Chair, Nez Perce Tribe  
Pearl Capoeman Baller, Vice-Chair, Quinault Nation  
Janice Clements, Treasurer, Warm Springs Tribe  
Corrine Hicks, Sergeant-at-Arms, Klamath Tribe  
Norma Peone, Secretary, Coeur d'Alene Tribe

## Delegates

Wanda Johnson, Burns Paiute Tribe  
Dan Gleason, Chehalis Tribe  
Norma Peone, Coeur d'Alene Tribe  
Colleen Cawston, Colville Tribe  
Bev Seaman-Wolf, Coos, Lower Umpqua & Siuslaw Tribes  
Eric Metcalf, Coquille Tribe  
Sharon Stanphill, Cow Creek Tribe  
Ed Larsen, Grand Ronde Tribe  
Vacant, Hoh Tribe  
Bill Riley, Jamestown S'Klallam Tribe  
Tina Gives, Kalispel Tribe  
Corrine Hicks, Klamath Tribe  
Gary Leva, Kootenai Tribe  
Rosi Francis, Lower Elwha S'Klallam Tribe  
Karyl Jefferson, Lummi Nation  
Debbie Wachendorf, Makah Tribe  
John Daniels, Muckleshoot Tribe  
Julia Davis, Nez Perce Nation  
Midred Frazier, Nisqually Tribe  
Sandra Joseph, Nooksack Tribe

Shane Warner, NW Band of Shoshoni Indians  
Rose Purser, Port Gamble S'Klallam Tribe  
Rod Smith, Puyallup Tribe  
Bert Black, Quileute Tribe  
Pearl Capoeman Baller, Quinault Nation  
Billie Jo Settle, Samish Tribe  
Norma Joseph, Sauk-Suiattle Tribe  
Gale Taylor, Shoalwater Bay Tribe  
Wesley Edmo, Shoshone-Bannock Tribes  
Jessie Davis, Siletz Tribe  
Marie Gouley, Skokomish Tribe  
Robert Brisbois, Spokane Tribe  
Robert Whitener, Squaxin Island Tribe  
Marlice DeLys, Stillaguamish Tribe  
Robert Alexander, Suquamish Tribe  
Susan Wilbur, Swinomish Tribe  
Marie Zacouse, Tulalip Tribe  
Sandra Sampson, Umatilla Tribe  
Marilyn Scott, Upper Skagit Tribe  
Janice Clements, Warm Springs Tribe  
Stella Washines, Yakama Nation



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HEALTH  
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