

Health News & Notes

Northwest Portland Area Indian Health Board

October 1999 Issue

From Chair's Desk

by Julia A. Davis, NPAIHB Chair and Alternate Co-chair for the National Steering Committee

As we enter into the year 2000, I look forward with optimism to a healthier and more informed tribal community through the efforts of the Northwest member tribes. NPAIHB has historically been known for being in the forefront of activities on current Indian health issues. We, at the Board, have been fully immersed in the process of the Reauthorization of the American Indian Health Care Improvement Act.

The National Steering Committee on the Reauthorization of the Indian Health Care Improvement Act completed the task of preparing a Proposed Bill for the Congress after meeting throughout the summer of 1999. Eight meetings were held to develop a bill that was delivered to the Congress and the Administration on October 8, 1999.

The following is the text of the letter that was sent to 18 members of Congress, President William Jefferson Clinton, Secretary Donna Shalala, and Dr. Michael Trujillo, from the Chairs and Alternate Chairs of the National Steering Committee on the Reauthorization of the Indian Health Care Improvement Act.

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A Look Back... and Where We Are Today

by Cheryl Kennedy

Greetings to our esteemed elders, colleagues, tribal representatives, friends and relatives as we approach this new millennium and reflect upon the past. For Indian Tribes we have witnessed tremendous change ranging from leaning on our traditional and cultural practices as a way-of-life, to welcoming a new people to our soil 500 years ago that lead to a plight for existence, and now, to a cycle of relearning and recapturing our way-of-life.

The Northwest Portland Area Indian Health Board was formed out of the era of relearning so that we could recapture our way-of-living.

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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 represent the tribes of Washington, Oregon and Idaho on health-related matters and to provide health-related technical assistance.

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Alicia Carson, Project Specialist
Celeste Whitewolf, Project Assistant

Circle of Health Project

Esther Gartner, Director
James Fry, Information Systems Specialist

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

Verné Boerner, Editor, Health News & Notes
527 SW Hall, Suite 300, Portland, OR 97201
Phone: (503) 228-4185 FAX: (503) 228-8182
Email: vboerner@npaihb.org
Website: www.npaihb.org

NPAIHB Tribal Program Spotlight

Successful Living with Diabetes features the Jamestown S'Klallam Tribe

by Melissa Bernard, Diabetes Project Specialist

A new magazine called **Successful Living with Diabetes** featured the Jamestown S'Klallam Tribe in its first issue. (Oxmoor House, Inc. is the publisher of *Sunset Magazine* and *Successful Living with Diabetes*.) Each issue will provide a "Diabetes Spotlight" on a program that is working with diabetes. The Jamestown S'Klallam Tribal Center was featured for their work in developing a diabetes education and prevention program. The following are excerpts from the feature story titled "In the Great Northwest: A Strong People Grow Stronger."

Home health visits help tribal members improve their skills in areas such as foot care, self-monitoring blood glucose levels, and communicating with their

doctors...

Special events heighten community awareness of diabetes. Recently, the tribe sponsored its second annual *Living Well with Diabetes* conference that puts tribal members in contact with regional, sometimes national experts in diabetes management...

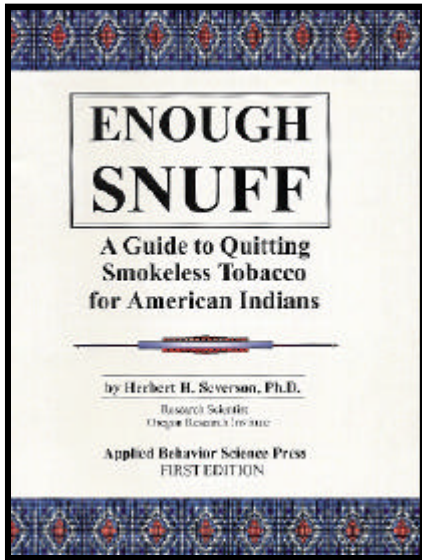
In all the programs of the Jamestown S'Klallam Center, information is presented in ways that seek to honor and maintain the group's cultural heritage...

Nutritional recommendations, for example, include lightened versions of the tribe's favorite traditional recipes such as frybread. Exercise programs include traditional music and dance...

To have your program or an activity featured in this new magazine, send you information to:

Diabetes Spotlight Editor
Successful Living with Diabetes
2100 Lakeshore Drive
Birmingham, AL 35209
Sldiabetes@spc.com





“Enough Snuff” - A Video Program to Help American Indians Quit Spit Tobacco

by Liling Sherry, Director
Western Tobacco Prevention Project

Chewing tobacco use among American Indians and Alaska Natives is the highest of all ethnic groups. In the Northwest, we have the highest rates of high school age boys and girls who use chewing tobacco. The Oregon Research Institute has developed a video program to help American Indian and Alaska Native chewers kick the nicotine addiction.

The Western Tobacco Prevention Project participated in the development of the video, as did the Confederated Tribes of Warm Springs and Dr. Donald Dexter, a Klamath Tribal Member and area dentist. The Oregon Research Institute, in an attempt to evaluate the program, is making the videos available free to American Indian and Alaska Native chewers who would like to quit. The materials are also available for health care providers so they can let their patients know about the project.

As there are very few programs

in tobacco prevention and cessation developed with American Indians and Alaska Natives in mind, WTPP would like to promote those resources that may be available to Tribal communities.

For more information regarding the videos please contact Laura Akers, Coordinator, Northwest Smokeless Tobacco Study at the Oregon Research Institute: (503) 484-1213, or by e-mail (lauraa@ori.org). Oregon Research Institute also has a web site, <http://www.ori.org~slt/slt.indian.htm>.

Please let Liling Sherry or Ginger Clapp know how you and your community have found this video program to be a useful resource. If you have any other tobacco prevention needs please contact us at (503) 228-4185 or e-mail us at lsherry@npaih.org and gclapp@npaih.org.



The Art of Interpreting Data

by Francine C. Romero, Ph.D.,
STOP Chlamydia Project, and
NTCCP Epidemiologist

In the health, medical and science fields, the reports that are produced may include all kinds of

numbers and statistics. Numbers that are compared to this or that. The numbers may also come with a ‘per 1,000 of this’ or ‘per 100,000 of that’ attached at the end. Sometimes, they also include all kinds of funny symbols: %, \$, !, #, c, a, b, >, p, ±, <, and ?. It’s easy to want to skip the paragraph or go on to something that makes a little more sense.

In the event that you don’t or can’t skip the paragraph, the following are a few helpful hints in making correct interpretations.

1. Understand what is being reported. For example, cancer is the second leading cause of death among American Indians and Alaska Natives (AI/AN). This means that of all AI/ANs who have died, cancer was the second leading reason given as the cause of death on their death certificates. The statement does not tell us anything about the actual number of people who may be diagnosed with cancer.

2. Understand who is included in the report. For example, a recent article in the Journal of the American Medical Association reports “Study finds those who like their coffee are less likely to suffer from gallstones.” Before we readers decide that coffee will save us from gallstones, we need to know who was included in this study because the findings may only be specific to those who were studied.

3. Understand the where and when of the report. For example, environmental differences have been reported in association studies and results should not be generalized haphazardly. Also, make sure to note what time period the results refer to. For information on births and deaths, there is often a lag time of several years because it takes time to compile and analyze data before printing of the publication for distribution purposes.

Are You Ready for the Year 2000?

by Esther L. Gartner, Information Technology Coordinator and William Elk, Y2K Project Specialist

There has been much talk around the globe on getting ready for the Year 2000 (Y2K). Does your business have a Business Continuity and Contingency Plan, or BCCP? How far along is the US Government in their preparedness? What are other countries doing for Y2K? It is essential that governments and businesses prepare for the potential glitches that can (and will) occur when the date rolls over to January 1, 2000. But, we have **not** put enough effort on getting local communities and families prepared for the Y2K event. In the short amount of time left we hope to help you and your family understand the potential “disaster” and how to start preparing for it.

What is the Y2K problem and why is it a threat to our community and family?

The Y2K problem itself is simple: the inability of embedded chips and programs to properly translate and calculate the two digits “00” as 2000 instead of 1900. The real challenge is the magnitude of the problem. Programmers know how to fix the problem (rewrite portions of the code or replace the embedded chip), but it is the magnitude of the job and the little time left before the clock rolls over to January 1, 2000 that presents the problem. There simply isn't enough time and programmers left to examine and repair every line of code and replace all defective embedded chips before the immovable date arrives. How does that affect you?

Businesses that provide valuable products and services to you and your family may experience serious disruptions during the Y2K rollover.

This means that you and your family may experience shortages and outages of key products and services. Here are some industries that could be severely affected:

- ◆ Financial Management (check cashing, deposits, withdrawals, investing)
- ◆ Utilities (electricity, water, sewer, telecommunications, gas, etc.)
- ◆ Health Care (life-saving medicines, oxygen, emergency medical services, hospital/clinic access)
- ◆ Fuel (gasoline, propane, kerosene, etc.)
- ◆ Food (limited supermarket supplies, transportation of fresh produce, storage of meat, etc.)
- ◆ Government (social service programs, law enforcement, defense, taxes, etc.)

How would your family cope if some of these products and services were to become unavailable for a period of time? How long could your family “work around” the loss of these products and services? How will your local community react to these shortages and outages? Have you started talking with your neighbors about preparation for Y2K? These are the questions that we pose to you for examination. Answering these kinds of questions puts you on the road to developing a Y2K disaster plan for your family and community.

What can our community/family expect to happen when the rollover happens?

No one knows exactly what will happen when the clock strikes midnight or what rippling affects may occur due to business/utility outages and shortages. The severity of outages and shortages will vary from area to area throughout the country. It depends largely on the preparation work performed by various business and utility companies in each of these areas. Some of the Y2K problems may not even manifest themselves

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Do you need a domain name?

By Esther L. Gartner
Circle of Health Project Director

Are you planning on expanding your LAN or WAN connectivity? Are you planning on implementing Internet-based electronic mail services in your community? Are you looking at creating a public website for your organization in the near future? You will need a domain name for your organization.

In Internet-land you are known and addressed by your domain name. A domain name is a unique and easy to remember name for Internet computers (e.g. www.ntia.doc.gov), which map back to unique Internet Protocol (IP) numbers (e.g. 198.49.199.251). The domain name systems (DNS) translates these Internet names into IP numbers for access to and transmission of information across the network. As you can see Internet names are much easier to remember than their corresponding IP addresses. There are currently 13 file servers worldwide (10 in the US and 3 overseas), which comprise the root server system, that are responsible for authenticating and replicating valid domain name listings with top level domains worldwide.

How do you choose a domain name?

The first step is to decide on a name that easily identifies your organization. A domain name takes the following form:

yourorganizationname.org
yourorganizationname.com
yourorganizationname.nsn.us

The top-level domain, located to the far right of the decimal point, is predetermined by the Internet Assigned Numbers Authority (IANA) and is managed by the network

Continued on page 11

Living Traditionally: A Y2K Checklist for Indian Country

American Indian people have always been self-sufficient hunters and gatherers. This is a considerable strength to help tribal people be prepared for possible loss of services due to system failures resulting from Y2K. The Information technology department at the Northwest Portland Area Indian Health Board has developed the following checklist with this in mind.

Gathering

- Collect wood for the winter.
- Gather roots, berries, and medicines to dry, smoke, can or preserve for food stores.
- Gather enough feed and water for livestock.
- Gather extra quilts and blankets.

Hunting

- Ensure hunting and trapping equipment is in optimal working order (clean and well maintained).
- Take enough animals to provide for your family and elders.
- Practice preserving techniques such as drying and canning meat.

Fishing

- Ensure fishing gear is in optimal working order.
- Can, smoke or dry your fish for the coming months.
- Prepare enough fish to store for your family and others in need.

Traditional

- Learn alternative modes of living. Talk to elders and learn traditional ways.
- Stock up for the winter and think about the things you will need. (see reverse)
- Incorporate traditional methods of survival into your life.
- Build a sweat lodge or sweathouse for alternate bathing means.

Teaching

- Educate people about Y2K and its effects. Advocate to your tribe for preparedness.
- Be a leader in your community and teach others the traditional ways of living.
- Practice advanced techniques in water purification, food preparation and hide tanning.
- Double check inventories and make sure you have what you need.



Northwest Portland Area Indian Health Board Y2K Checklist

Items to do NOW:

- Research the Y2K issue and decide on the amount of preparation needed for your family
- Develop a list of provisions needed to sustain you and your family (include pet needs)
- Calculate provisional amounts for possible outages lasting between one week to one year.
- Find a cool dry place to store your provisions.
- Include nonperishable food items such as: dried/canned fruits, vegetables, meats and fish, rice, granola, cereals, baby foods.
- Include water, estimate about 1 gallon/person/day (also include powdered milk, instant coffee, tea).
- Include medications and first aid supplies such as aspirin, rehydration packs, bandages, antiseptics, cold/flu tablets, ample supply of any prescription medications, and vitamins.
- Include essential items such as soap, toilet paper, plastic containers (to catch/hold water, bathe from, etc.), feminine hygiene products, diapers, pet food, plastic bags (for food storage and disposal).
- Investigate alternative means of cooking, heating, bathing and communicating.
- Investigate alternative means of collecting water (rain barrel, etc.).
- Investigate your local community preparedness (i.e. electric, gas, water/sewer, telephone companies).
- Investigate means of ensuring personal safety (e.g. take a self-defense course, First-Aid class, CPR training, etc.).

Suggestions for the next 30 days:

- Purchase provisions previously identified.
- Get any necessary medical and dental procedures done, including flu shots.
- Gather important documents and forms of identification for your family.
- Retain monthly statements for credit cards, utility bills and bank accounts.
- Obtain printouts of mortgage and loan payments.
- Keep social security cards, birth and marriage certificates and passports handy.
- Learn basic first aid and CPR, have basic medical instructions on hand.
- Liquidate some cash to keep on hand, re-examine investment and financial portfolios.
- Install/clean wood, propane, kerosene or coal stoves for optimal heating.
- Gather supplies for your heating source (e.g. wood, kerosene, propane, etc.).
- Gather enough blankets, quilts and sleeping bags for every member of your house.
- Gather candles and batteries for lighting.
- Gather plenty of fire extinguishers and update smoke and carbon monoxide detectors with fresh batteries.

Suggestions for the next 60 days:

- Complete your supply list.
- Keep your vehicles filled with gas until the end of the year (may want to store extra gas).
- Examine your home to ensure all doors and windows lock (repair or replace if necessary).

Suggestions for the next 90 days:

- Gather additional prescription medication if necessary.
- Arrange for delivery of extra oxygen or other vital medical supplies.
- Review safety and security plans with your family.
- Unplug electrical appliances before 1/1/00 to avoid power spikes and sags that may damage equipment.

After January 1, 2000:

- Implement your survival plan and make reassessments based on current conditions.
- Frequently monitor local and extended conditions through a portable radio.
- Check on extended family members and others within your community (especially the elderly and the very young).
- Enforce rationing of your supplies if necessary.
- Do NOT boast about your provisional stock.



Tribal Stories For Future Use

by Martha Holliday, Director
HHIN-HTSP

There are many ways to preserve the events of people's lives, however there is no better way for Indians than recollections through oral communication. Many of the older generation relied on oral histories rather than written documentation. Elders could give you a complicated family tree to let one know a person was his or her relative and thus not eligible to be a boyfriend or girlfriend. They could also tell the multitude of "Coyote Stories" to more than one generation of family members. This was a remarkable accomplishment since they also had to translate the stories into English using body language and animal sounds or other descriptive means to get the meaning across to children and others who could not speak their native tongue. The dependence on oral communication is still strong within our culture and is one of the most effective means to get an accurate picture of our current and past history.

Based on this knowledge, it was determined that oral histories would be the most effective means to get Indian participants to make contributions to the Hanford Health Information Archives (HHIA or the Archives). The Archives is a repository for all types of information about Hanford and includes medical histories, individual stories, pictures, official documents, videos, letters and any type of information that people feel are relevant to the Hanford history, including oral histories. An oral history is a recorded interview that preserves historically significant memories for future use. To get tribal oral histories, the project began the process with trainings for tribal

members from each of the nine Hanford tribes. This was accomplished with two oral history trainings the summer of 1998. The aim was to use those who received training to assist us in identifying people to interview. Though the trainings were well received, there was a slow start in getting oral histories.

The purpose in getting oral histories from tribal members is to document the lifestyles of people during the years of 1944-1972, which were the most active years of the Hanford Nuclear Plant. The types of information requested center around the types of food both traditional and mainstream, places of residence, where they went to school, types of houses, kind of work, and a description of individual and family health. Tribal members are also asked what type of message they would like to leave for future generations. At one of the tribes we had a consultant (trainer of oral histories) do the oral histories but the project director is doing the rest.

The project has been successful and now has some very good oral histories. These histories are important to tribes because they document how tribal people have been impacted by the Hanford Nuclear Reservation and what has been done in the name of national security.

The Hanford Health Information Network – Hanford Tribal Service Program (HHIN-HTSP) received

information relevant to the history of Hanford from the personal perspectives of tribal members. The people are documenting the importance of the Columbia River and its tributaries on the lives of Indians, especially the dependence on it for the salmon and other fish. HHIN-HTSP recorded oral recollections on the use of traditional foods and trading between tribes for roots, berries and fish (dried and fresh salmon). Some say that life was very hard in the 1940s

while others didn't even realize the country was in a depression. The participants are willing to share descriptions of their homes that were at times shacks with dirt floors or living in tents following the seasonal work.

One of the participants remembers World

War II including the atomic bomb and how they had to be underground and people were falling down from being sick. There are many other memories and the willingness of tribal members to share these important events with the project is much appreciated.

HHIN-HTSP is attempting to get at least two oral histories from each of the Hanford tribes. Right now we have 10 oral histories representing four tribes. If anyone is interested in contributing an oral history related to Hanford, please call (503) 228-4185 and ask for CeCe Whitewolf or Martha Holliday. 🌿



Karen Harvey goes for a Change of Pace...

NPAIHB July 1999 Quarterly Board Meeting Tribal Reports



Marie Gouley, Skokomish Tribe

Marie reported that Skokomish Tribe has a new health care facility that houses the dental clinic, medical clinic and Health Administration. They have a full-time dentist, which was really needed. One of their most successful programs right now is the Diabetes program.



Alonzo Coby, Shoshone-Bannock Tribes

Alonzo reported that the Shoshone-Bannock Tribes are working on three long-term goals for FY99:

1. Accreditation of THHS Programs
2. Accreditation of Behavior Health Programs by Dec. 2002
3. Assume full operation of IHS clinic by the end of 2002



Here is a mini Pendleton blanket to help keep the computer mouse warm! The staff at NPAIHB take a moment to thank Karen for her excellent work as Finance Officer.

Karen Harvey, until recently, has served the NPAIHB as the Finance Officer. She has been a part of the team that has helped this organization blossom and grow. During her tenure, of thirteen years at the Board, the NPAIHB has not received one questionable audit!

Karen still is with the Board, but she has opted to leave her position as Finance Officer. We are grateful for all her years of commitment to the Board and to the tribes of the Northwest! Thank you, Karen!

Farewell to Kerri Lopez...



Kerri makes the first cut of her going away cake.



Kerri laughs as her daughter, Sienna, assists in reviewing the categories for "Kerri Lopez" Joepordy.

Kerri Lopez, Former Health Resource Coordinator and also known as the Tobacco Lady left NPAIHB after seven years at the Board. Kerri is now the Clinical Director of NARA Indian Health Center in Portland, Oregon.

Kerri has done much to raise awareness of many health issues impacting American Indians and Alaska Natives. She always brought great energy to the Board and will be missed!

We are confident that many Indians in the Portland Metropolitan Area will benefit from Kerri's exuberance and passion for the well being of American Indians and Alaska Natives!

Thank you, Kerri for all that you have done, and continue to do!



NPAIHB Policy Analyst, Ed Fox, steals an opportunity to have his picture taken with the one, the only, Karen Harvey.

The Northwest Tribal Elders Wellness Conference



Keynote Speaker, Rebecca Bacca, NICOA, takes a moment to visit with friends before she returns to a busy travel schedule.



Steve Saffron and his wife gladly smile for the camera, as he prepares for a fun evening with the elders!



We had no trouble getting participation from this group! As Steve would say...
"This Kid is good! Aaaaayeeee!"



Jillene Joseph, co-facilitator for the Elders Conference takes a quick breather. The Elders had her hopping!

NPAIHB and the Oregon Breast and Cervical Cancer Program co-sponsored the Northwest Tribal Elders Wellness Conference. The conference was held in Pendleton, Oregon on October 6, 7, and 8, 1999. This conference took a holistic approach to wellness incorporating traditional ways and values into programs of wellness. There were approximately 140 tribal participants and all were eager to learn and to have fun! A full report will be included in the next *Health News & Notes* issue.



Marcus Luke (left), US veteran and member of the Pendleton Color Guard, joins a table of participants enjoying the conference.

NPAIHB Family and Staff Picnic

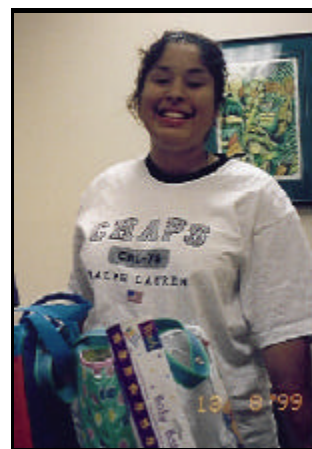


September 11, 1999, Staff and family members joined together at Blue Lake to enjoy a fun and relaxed Saturday with good food, fun activities and great company!

Welcome!



Tara Dado joins the Board as a part of an on-the-job training program with the Siletz Tribes.



Mattie Tomeo-Palmanteer has helped out at the Board both as a receptionist and with the NTCCP.

We have had the great fortune here at the Board to have Tara Dado and Mattie Tomeo-Palmanteer. Welcome, we are glad to have you both here!



James Hampton, MD (left) and Judith Kaur, MD, the only two American Indian oncologists in the United States, presented at the NTCCP's clinicians training.

Centers for Disease Control and Prevention (CDC), comprehensive cancer control is “an integrated and coordinated approach to reduce cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.”

Meaning for Tribes:

What does comprehensive cancer control mean for Northwest tribes? What factors does it entail? A recent comprehensive cancer control conference in Atlanta provided much food

for thought in determining how it can be defined. One definition regards comprehensive cancer control as viewing individuals diagnosed with cancer holistically. Another encompasses systems providing integrated and coordinated services to people diagnosed with cancer and their caregivers. Still another sees comprehensive cancer control in alignment with addressing the needs of other chronic diseases and health promotion.

Tribal Efforts: What is comprehensive cancer control in tribal communities? The initial tribal definition is found in the Northwest Tribal Cancer Control Plan. The definition will evolve over the life of the project and beyond according to direction and implementation by tribes in their own communities.

Optimal and Feasible Outcomes: Through a community-based process, CDC has developed a Harmonized Model which includes four phases: setting optimal objectives, determining possible strategies, planning feasible strategies, and implementing effective strategies. This model is based on the centrality of the cancer registry function. CDC recently granted the Northwest Tribal Cancer Control Project an additional \$183,000 to conduct additional

linkage studies with state registries.

Your Vision for Comprehensive Cancer Control: What does comprehensive cancer control look like in your community? What is your vision for health in your community and to what extent does that encompass cancer control? You are encouraged to voice your concerns about cancer control in your community as we work to reduce the burden of cancer for Northwest tribes. For more information, call Ruth Jensen at (503) 228-4185 or e-mail her at rjensen@npaihb.org.

What is comprehensive cancer control?

By Ruth Jensen, Director
Northwest Tribal Cancer Control Project

Cancer Control and Prevention Background: In 1994 and 1995, the Division of Cancer Prevention and Control (DCPC) conducted strategic planning sessions and recognized the need for comprehensive cancer control across categorical boundaries. The granting of funds in December 1998 marks the culmination of many years of preparing for this comprehensive effort. The Board is one of six grantees in this program along with five states. The Northwest Tribal Cancer Control Project began its work based on the cancer plan ratified by Board delegates in July 1998.

- **Comprehensive:** According to Webster, this means “covering completely or broadly: inclusive.”
- **Cancer Control:** According to the National Cancer Institute, the science of cancer control is multidisciplinary and involves behavioral research, epidemiology, health services research, and communication research.
- **Comprehensive Cancer Control:** According to DCPC at the

Continued from page 4 (Y2K Article)
until several days after the January 1, 2000 rollover. The best thing you can do for your family and community is to have a well-developed plan that covers outages and shortages in the key areas listed above.

What can families and local communities do to prepare?

We have included a tear-out checklist on pages five and six to help you get started on your family's Y2K preparation. This checklist is designed as a guide to help you plan for your family and community. You will need to do your own research and draw your own conclusions on how severe you think the Y2K “disaster” will be. This, in turn, will determine how long you will need to store provisions in order to weather the storm. The recommended minimum plan is for one week of outages and shortages.

Where can I get more information?

Visit our website for more information and view our newest publication, “NPAIHB Y2K Guide”. You will also find lots of links to other Y2K websites and resources. The address is <http://www.npaihb.org/y2k/y2k.html>.

company, Internic (<http://www.internic.net>). Valid top-level domains are: COM (commercial organizations), EDU (educational institutions), MIL (US military organizations), ORG (non-profit organizations), NET (telecommunication organizations), GOV (restricted to approved US Government agencies) and two character country codes, such as US to represent the United States.

The second-level domain name can be chosen by an organization if they wish to use any of the top-level domain names except the country code designations. Tribal governments have been excluded from using the GOV top-level domain and have had to decide if they are more aligned as a non-profit organization or a commercial organization. These choices do not accurately describe a tribal organization nor reflect the sovereignty of tribal governments. Given this situation, a special second-level domain name was established to address the specific needs of tribal governments. The NSN.US domain name, short for Native Sovereign Nations, is used for North American Indian Nations; comprised of Indian tribes, villages, rancherias, colonies, and other Indian communities that can span state, regional and national boundaries. The tribes listed in the Federally Recognized Indian Tribes can register under the NSN domain name. The form should be: <indian-nation>.NSN.US.

For example: **pgst.nsn.us** is the domain name for the Port Gamble S'Klallam Tribe. The Northwest Portland Area Indian Health Board's domain name is **npaihb.org**.

How do you register your domain name?

Now that you have decided on a domain name for your organization, you will need to register it. The first step is to find out if the name you have chosen is already registered to

another organization. If you are choosing a domain name with a top-level of ORG, EDU, MIL, GOV, NET or COM, visit Internic's site to check for available domain names and to register your new name (<http://www.internic.com>). If you are choosing a domain name using the NSN.US (or US) domain name, visit the US Domain Registration site to check for available domain names and to register your new name (<http://www.isi.edu/in-notes/usdnr/>).

To register your domain name you will need to specify an Administrative, Billing and Technical contact name and address for your organization. You will also need to specify the primary and secondary DNS (Domain Name Server) addresses so that people searching for your e-mail and web servers will be able to locate you easily. (Your Internet Service Provider will assist you with this.) To register a domain name with Internic will cost \$70, with a \$35 yearly renewal fee. Currently there are no charges for domain names under the US domain. 🌿

For more information:

please visit the following sites:

- *National Telecommunications and Information Administration* (<http://www.ntia.doc.gov>)
- *US Domain Name Registration* (<http://www.isi.edu/in-notes/usdnr/>)
- Internic (<http://www.internic.com>)
- *The Internet Corporation for Assigned Names and Numbers* (<http://www.icann.org>)

Continued from page 1 (*Look Back*)

The noble Tribes of the Northwest drew upon the wisdom of their Tribal Councils and formed the NPAIHB in 1972 to present one voice on health matters. From that time the NPAIHB rose to be a leader on health care issues. The NPAIHB is sought after to provide critical IHS budget analysis information to the NW Tribes so they can positively impact the budget. Other areas of impact are in policy and legislation development. Tribes of the Northwest determined

that they would affect the future health condition of their members by voluntarily establishing a Lobby Fund to be used to promote the health agenda of the NW Tribes. One recent example is the reauthorization effort towards the Indian Health Care Improvement Act. Back in 1976 the NPAIHB assisted in disseminating information on the Indian Health Care Improvement Act and through the subsequent reauthorizations remained involved in an increasingly progressive role. Throughout 1999, NPAIHB worked in partnership with IHS in conducting the meetings to elicit comment and draft the reauthorization bill. This effort is an example of a shift from a plight to exist, to recapturing our own destiny in policy that affects our health.

Another important matter taken into the hands of Indian Tribes is the establishment of the NPAIHB's Northwest Tribal Epidemiology Center (*EpiCenter*). Through the *EpiCenter*, NW Tribes now have access to their specific tribal health data so that they can design an approach to affect a health disorder that is specific their tribal community. The *EpiCenter* conducts research to determine findings for specific health outcomes whereby producing results that Tribes can employ to affect the progression of disease. In the 1980s, NW Tribes discussed and ultimately proposed the establishment of an *EpiCenter* in the Northwest. Through one voice that message was delivered and heard that resulted in funding 4 regional epidemiology centers but only one is administered by their respective Tribes and it is here.

This message is about reclaiming hold to that which was lost and how we can impact the future. The wisdom used by our elders and Tribal Councils to plan for the future has proven to be an effective tool for restoring the path to achieve good health. Let's keep listening and working to present one loud voice and I know we will be heard. 🌿

Rediscovering Traditional Uses for Plants

by Verné Boerner, Health Resource Coordinator

The world is preparing to enter a new millennium, and as such, it is awesome to realize that American Indians and Alaska Natives have specific knowledge of the use of indigenous plants that date back many millennia! World-wide awareness and interest in how tribal people utilized the plants is increasing. In fact, the World Bank Group has supported projects to help highly populated areas make the most from the natural resources, specifically plants used in traditional medicines and modern pharmaceuticals. There are many benefits that natural or traditional remedies offer that include fewer side effects and have less expense than their synthetic counterparts. More credence is paid to the use of traditional medicines as the documentation and research proves the efficacy of traditional healing.

The academic and professional field responsible for documenting and researching how plants are used by various cultures is ethnobotany. Gabriell DeBear Paye of the Ethnobotany Project defines ethnobotany as “the study of how people of various cultures in different parts of the world use indigenous plants as food, medicine and for other purposes in their lives.” This field of study goes beyond learning about plants; it incorporates specific cultural activities and fosters greater cultural understanding. The field of ethnobotany required the learner to incorporate the cultural values and a respect for elders in the ethnobotanist’s research. This is due to the fact that elders are the holders of the wisdom acquired through the experiences of the tribal ancestors over many millennia.

As many other indigenous peoples, American Indians and Alaska Natives have long used plants for medicinal purposes. Daniel E. Moerman author of the book, *Native American Ethnobotany*, has identified 2,874 plant species used for their medicinal qualities by American Indians. Moerman points out that the accumulated knowledge that was once known by “ordinary [tribal] people,” has been lost; only a few individuals, tribal or other “specialists – anthropologists, ethnobotanists, phytochemists, pharmacognosists,” have the awareness of what used to be general knowledge.

In the state of Idaho, Darcy Williamson and Rob Dow have worked together with local tribal elders and members to develop a “Native American Medicinal Plants Chart.” Williamson and Dow describe fifteen applications, from antibiotic uses to treating wounds.

In Oregon, the Siskiyou National Forest offers “A Guide to Edible and Useful Plants of the Siskiyou National Forest.” It identifies over 40 plants available in the Siskiyou Forest. In the “Use” section of the plant description, if applicable or known, traditional uses by the American Indians are identified. The guide includes drawings of the plants and a glossary for ease of use.

In the state of Washington, the book, *Ethnobotany of Western Washington: The Knowledge and Use of Indigenous Plants by Native Americans*, by Erna Gunther, describes over a 160 different species used by eighteen different tribes in Western Washington. This book includes illustrations and tribal names of the plants detailed and the uses of those plants. 🌿

Where to find more information:

Website Resources re: Ethnobotany

Native American Ethnobotany, Daniel E. Moerman
<http://www.timber-press.com/mo/natamex.html>

Books on Food, Cooking, and Plant use by Native Americans
<http://www.si.edu/resource/faq/nmai/nafood.htm>

MPNADB – Medicinal Plants of North America
<http://www.agnic.org/agdb/medplna.html>

The Forest Shop, Ltd. Medicinal Plants
<http://forestshop.com/MEDICINE.html>

Alaska Natural Heritage Program
http://www.uaa.alaska.edu/enri/aknhp_web/biodiversity/botanical/traditional_use/tradit.html

Plants for a Future Database
http://metalab.unc.edu/pfaf/D_search.html

American Botanical Council
<http://www.herbalgram.org/mission.html>

The Forest Service is also a resource for native plants in local areas.
<http://www.fs.fed.us>

Books found listed under the Lovelace Medical Library

(Title, author, and call number were the only bibliographical information provided at this website.)
<http://www.tli.org/natlib.htm>

American Indian Medicine. Virgil J. Vogel
Call no # E 98 N4 V6 1970

How Indians Use Wild Plants for Food, Medicine and Crafts. Frances Densmore
Call no # QV 770 DA2 D4h 1974

Medicinal Plants of the Desert and Canyon West : A Guide to Identifying, Preparing, and Using Traditional Medicinal Plants. Michael

Moore
Call no # QK 99 U6 M65 1989

Medicinal Plants of the Mountain West : A Guide to the Identification, Preparation and Uses of Traditional Medicinal Plants. Michael Moore
Call no # QK 99 U6 M66 1979

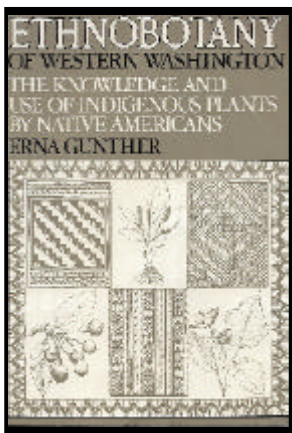
Mother Earth Spirituality : Native American Paths to Healing Ourselves and Our World. Ed McGaa
Call no # E 99 O3 M34 1990


Spirit Healing : Native American Magic and Medicine. Mary Dean Atwood
Call no # BF 1622 U6 A78 1991

In the NPAIHB Region

Idaho:
Native American Medicinal Plants Chart (Highlighting Idaho Tribal use of plants.)
Published by Southern Cross Publications
<http://www.thoughtlines.com/southerncross/poster.htm>
Telephone: (208) 325-8606

Oregon:
A Guide to Edible and Useful Plants of the Siskiyou National Forest.
United States Department of Agriculture, Forest Service PNW Region, and Siskiyou National Forest.
Washington:



Gunther, Erna. *Ethnobotany of Western Washington: The Knowledge and use of Indigenous Plants by Native Americans.* Seattle: University of Washington Press, 1992. 

Continued from page 1

Text of Letter to Congress

The Indian Health Care Improvement Act (Public Law 94-437) is scheduled to expire at the end of Fiscal Year 2000. Throughout this year Tribes and Tribal organizations, as well as urban Indian organizations, have held numerous meetings at the Area, regional and national levels in a effort to develop consensus regarding amendments to this important legislation. Since June of this year, a National Steering Committee (Committee), on the Reauthorization of the Indian Health Care Improvement Act has met to finalize the proposed bill, based upon national input and consensus, for consideration by the Congress. The enclosed proposal is the product of an open and fair process that was inclusive of all Indian country.

The proposed Act is much more than a simple revision of the current one. It is the most comprehensive overhaul of the Act since its original enactment in 1976. The Committee operated under principles that placed the greater good of all Indian communities above the individual priorities of those involved, and sought to build consensus around the issues viewed most important to Indian health concerns today. Our goal was to present a legislative proposal to Congress which reflected Tribes, Tribal organizations and urban Indian programs "Speaking with One Voice."


In addition to our goal of "Speaking With One Voice," another guiding principle was to shift the administration of programs from the Indian Health Service headquarters to the Area or Tribal level. This change should facilitate innovation and flexibility in program administration. Whenever IHS administration is necessary to accomplish an inherent federal function, achieve a Congressional mandate, or minimize unnecessary duplication of effort, we have recommended that IHS retain responsibility.

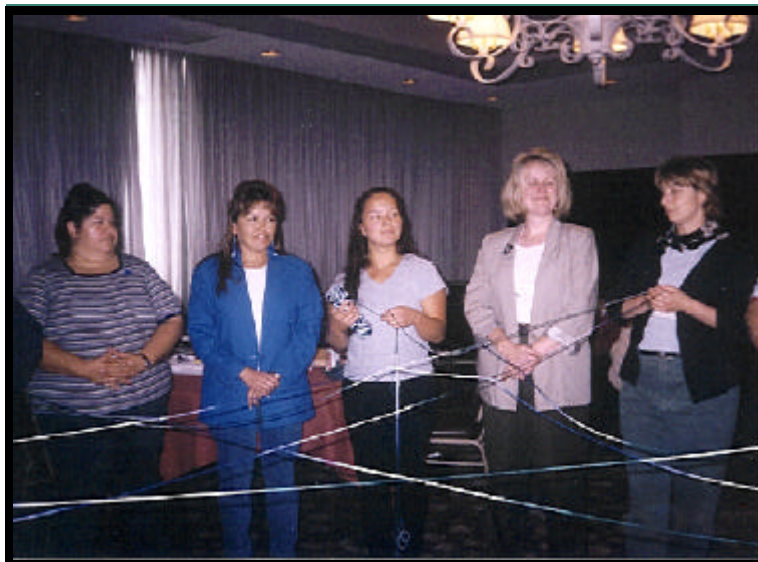
The Committee engaged in an open and honest debate on sometimes-controversial issues to reach consensus on the proposed bill. Many of the provisions in our proposed bill include amendments to the Social Security Act which are proposed to eliminate barriers for eligible American Indians and Alaska Natives to access Medicaid, Medicare, and the Children's Health Insurance Program.

It is our sincere hope that you will support the enclosed proposal. We are requesting your support for the introduction of reauthorization legislation during this session of the 106th Congress to ensure passage before the Act expires. We would also like to request a time when representatives from our Committee can brief you on the provisions of our proposed legislation. Please contact Yvette Joseph at the National Indian Health Board at (303) 759-3075 or Michael Mahsetky at the Indian Health Service (301) 443-7261 to arrange a briefing with our Committee.

It is the hope of the Committee that the chairs and ranking members of the authorizing committees in each House will co-sponsor this legislation. The proposed reauthorization Act will also be transmitted to the Administration. Tribes across the entire country have worked hard and will continue to work hard to ensure enactment of a bill prior to the September 30, 2000 expiration of the Act.

The National Steering Committee has worked diligently to achieve this consensus proposal. As we transmit our proposal to you, we are asking that you consider carefully the process utilized in its development and introduce a reauthorization bill that truly reflects the spirit and intent of this historic effort.

Thank you for your support to improve the health status of American Indian and Alaska Native people and the health care delivery systems that serve them. 



The Face of AIDS in the New Millennium

by Karen McGowan

American Indians and Alaskan Natives will face many health challenges in the new millennium. HIV/AIDS prevention will be one of those health challenges. American Indians

and Alaskan Natives have seen sharp increases in diagnosed AIDS cases, particularly with heterosexual transmission.

As of June 1998, the Centers for Disease Control and Prevention reports 1,940 new AIDS cases among American Indians. According to a new study

conducted by Dr. Kathleen E. Suires, M.D., women represent the fastest growing population of HIV infection through heterosexual contact. Researchers claim that two of the keys to addressing the impact on women is through education and empowerment.

Unless we are proactive in our HIV education and prevention

efforts, AI/AN will continue to see increases of HIV infection. To assist in tribal community prevention efforts, Project Red Talon offered four Regional Facilitation Skills Development trainings over the course of the year. Participants were trained in the necessary skills to provide HIV education and prevention training in their respective communities.

Project Red Talon has advocated and received unanimous support from tribal representative at regional and national American Indian conferences to receive HIV prevention funds from states in order for tribal communities to identify their HIV prevention needs. Through education and appropriation of HIV prevention funds, it is our hope, and our prayer, that American Indians will enter the new millennium not infected or affected by HIV/AIDS. 🌿

Calendar of Events

Portland Area Office - Indian Health Service - All Tribes Strategic Planning Meeting

November 9-10, 1999

Location: Holiday Inn, Sea-Tac, WA

Contact: Doni Wilder, Area Director - PAO/IHS

Phone: (503) 326-2020

1999 Tribal Self-Governance Joint Indian Health Service & Department of the Interior Fall Conference

November 15-18, 1999

Location: Crowne Plaza Hotel, Phoenix, AZ

Contact: Maureen Kinley, Lummi SGCE Coordinator

Phone: (360) 384-2301

National Indian Health Board - 17th Annual Consumer Conference

December 7-9, 1999

Location: San Diego, CA

Contact: Jim Roberts/NIHB

Phone: (303) 759-3075

Crafting the Future of American Indian/Alaska Native Health Into the Next Millennium

December 9-11, 1999

Location: Westin Horton Plaza, San Diego, CA

Contact: The Hill Group, Inc. Phone: (301) 897-2789 or

email: warner@thehillgroup.com

Northwest Portland Area Indian Health Board Quarterly Board Meeting

January 18-20, 2000

Location: Portland, OR

Contact: Elaine Dado, Program Operations Assistant,

Phone: (503) 228-4185

Reducing Drinking and Driving in American Indian Nations

March 27-28, 2000

Location: Hampton Inn, Bellingham, WA

Contact: Catherine Brozowski, Group Health/Kaiser Permanente Community Foundation

Phone: (206) 287-4372

July 1999 Resolutions

Resolution #99-04-01 "Support of Planning Committee & Conference to Reduce Drinking-and-Driving on Indian Reservations." The NPAIHB encourages tribes & tribal members to participate on the Conference Planning Committee and attend the conference in order to develop new strategies to reduce drinking and driving.

Resolution #99-04-02 "Support for the NPAIHB Proposal, the Northwest RPMS Cancer Assessment Project, submitted to the National Cancer Institute, Mentor Research Program." The NPAIHB approves the submission of the mini-grant proposal to the NCI & to provide support for the completion of the NW RPMS Cancer Assessment Project with the project being completed within one year after funding.

Resolution #99-04-03 "Support for the Recommendations of the National Steering Committee on Reauthorization of the Indian Health Care Improvement Act." The NPAIHB urges Congress to develop & hold hearings on a bill to reauthorize the IHCA that reflects the recommendations of the National Steering Committee on Reauthorization of the IHCA.

Joint CRIHB and NPAIHB Resolutions

Joint Resolution #99-04-04/132-07-99 "Support for a FY 2000 \$35 Million Increase in Contract Support Costs (CSC) Proposed by the House of Representatives and the President and Continued Opposition to the National Pro Rata Distribution of CSC." The NPAIHB and CRIHB continue to support full funding of CSC and efforts to work with the Congress and the Administration to increase understanding of CSC issues.

Joint Resolution #99-04-05/131-07-99 "Support for Senate Bill S.299 and House HR 403: The Elevation of the Director of the IHS to Assistant Secretary of the Department of Health & Human Services." The NPAIHB and CRIHB, meeting in joint session, do hereby support the passage of Senate Bill 299 and House Bill 403, which would elevate the Director of the IHS to Assistant Secretary of the Department of Health and Human Services.

Joint Resolution 99-04-06/130-07-99 "Support for the Recommendations of the National Steering Committee on Reauthorization of the IHCA." The NPAIHB and CRIHB urge the Congress to develop & hold hearings on a bill to reauthorize the IHCA that reflects the recommendations of the National Steering Committee on Reauthorization of the IHCA.

Joint Resolution #99-04-07/129-07-99 "Support for the Level of Funding Taskgroup Report." The NPAIHB and CRIHB fully support the recommendation by the LNF Taskgroup and request its implementation.

Joint Resolution #99-04-08/133-07-99 "Support for Increased Funding & Changes in the Distribution of Funds for Contract Health Services including the Catastrophic Health Emergency Fund (CHEF)." The NPAIHB and CRIHB support significant increases in funding for CHS & the continuing use of a distribution formula which includes a co-factor for CHS dependency.

Northwest Portland Area Indian Health Board

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Julia Davis, Chair, Nez Perce Tribe
Pearl Capoeman Baller, Vice-Chair, Quinault Nation
Janice Clements, Treasurer, Warm Springs Tribe
Rose Purser, Sergeant-at-Arms, Port Gamble S'Klallam 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
Vacant, Coos, Lower Umpqua & Siuslaw Tribes
Eric Metcalf, Coquille Tribe
Sharon Stanphill, Cow Creek Tribe
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Midred Frazier, Nisqually Tribe
Sandra Joseph, Nooksack Tribe

Shane Warner, NW Band of Shoshoni Indians
Rose Purser, Port Gamble S'Klallam Tribe
Marguerite Edwards, Puyallup Tribe
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