Health News & Notes

A Publication of the
Northwest Portland Area Indian Health Board

October, 2004

Our Mission is to assist Northwest tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care.

Will Republicans Deliver On Their Promise To Pass an IHCIA in 2004

LtoR: LaVerne Lane-Oreiro (Lummi), Ed Fox (NPAIHB), Stella Washines (Yakama), Jim Roberts (NPAIHB) preparing for meeting on Capitol Hill to advocate for the passage of the Indian Healthcare Improvement Act.
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From the Chair:

Pearl Capoeman-Baller

Northwest Portland Area Indian Health Board

Executive Committee Members

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Bob Brisbois, *Vice Chair*
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Rod Smith, *Sergeant-At-Arms*
Puyallup Tribe
Stella Washines, *Secretary*
Yakama Nation

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Dan Gleason, Chehalis Tribe
Leta Campbell, Coeur d'Alene Tribe
Andy Joseph, Colville Tribe
Mark Johnston, Coos, Lower Umpqua & Siuslaw Tribes
Vacant, Coquille Tribe
Sharon Stanphill, Cow Creek Tribe
Carolee Morris, Cowlitz Tribe
Cheryle Kennedy, Grand Ronde Tribe
Vacant, Hoh Tribe
Bill Riley, Jamestown S'Klallam Tribe
Tina Nenema, Kalispel Tribe
Nadine Hatcher, Klamath Tribe
J. Raine Crowe, Kootenai Tribe
Rosi Francis, Lower Elwha S'Klallam Tribe
LaVerne Lane-Oreiro, Lummi Nation
Debbie Wachendorf, Makah Tribe
John Daniels, Muckleshoot Tribe
Rebecca Miles, Nez Perce Nation
Mildred Frazier, Nisqually Tribe
Rick George, Nooksack Tribe
Shane Warner, NW Band of Shoshone 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
Marsha Crane, Shoalwater Bay Tribe
Belma Colter, Shoshone-Bannock Tribes
Jessie Davis, Siletz Tribe
Marie Gouley, Skokomish Tribe
Robert Brisbois, Spokane Tribe
Katherine Barker, Snoqualamie Tribe
Whitney Jones, Squaxin Island Tribe
Tom Ashley, Stillaguamish Tribe
Linda Holt, Suquamish Tribe
Leon John, Swinomish Tribe
Marie Zacouse, Tulalip Tribe
Sandra Sampson, Umatilla Tribe
Marilyn Scott, Upper Skagit Tribe
Janice Clements, Warm Springs Tribe
Stella Washines, Yakama Nation

It was nice to be on the Olympic peninsula for our July Board meeting in Port Angeles. This is as close to Quinault as I can hope for, but the Board's Delegates have also chosen Squaxin Island as our January 2005 site and voted to come to Quinault in April 2005. I think this is called a hat trick for the Olympic Peninsula tribes! Don't worry, my desire to stay close to my grandchildren won't result in all our meetings being near my home—but that would be nice. I do want to be home with family as much as I can be and I appreciate every opportunity to be close to home. The Board has also decided to visit Spokane this October (20, 21, 22) and we will return to the Oregon coast in July 2005 for our joint meeting with the California Rural Indian Health Board. That meeting will be hosted by the Confederated Tribes of Grand Ronde and the Siltez Tribe at the Chinook Winds Casino and Hotel (Siletz recently purchased the Ocean-front Shilo Inn) in Lincoln City, Oregon.

I was recently selected to be the chair of the Consultation Workgroup of the Department of Health and Human Services. The charge of this workgroup is to review all the consultation policies of the department and its operating divisions. We have drafts of various documents and we expect to meet Secretary Tommy Thompson's deadline of November 2004 for submission of proposed new policies.

I am also a member of the CMS Tribal Technical Advisory Group (TTAG). This group meets monthly by teleconference and three times a year in person in Washington DC. I attended our September 22 meeting at the Hubert Humphrey Building during the week of festivities celebrating the National Museum of the American Indian. Tribal leaders made it very clear about our expectations for a serious commitment from CMS to work on issues identified by this group. Incidentally, the Hubert Humphrey Building is located steps from the museum and was also the location for a reception celebrating the museum opening on September 21.

The week of September 18 to the 23 was a very busy one for me in Washington, DC. Between political rallies, museum celebrations, a Health Summit conference on Health Promotion and Disease Prevention, Senate consideration of both the Interior Appropriations Bill and the Indian Health Care Improvement Act, and just plain visiting with all the Tribal representatives in DC, it was an exhausting week. I firmly believe that we did show Washington DC that Indian nations are thriving despite all the hardships and Indian people are proud of their cultures and ready to work to preserve and contribute both to their nations and the nation of the United States.

I have given a great deal of my time this year to encourage Indian people to educate themselves about our issues and

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From the Executive Director:

Ed Fox

July Board Meeting

We had excellent attendance at our July Board meeting at the Red Lion Hotel in Port Angeles, Washington. The Makah Tribe provided delegates a full day of activities including a tour of their wonderful museum, free time to explore the reservation in its stunningly beautiful setting, and a wonderful cultural evening of food, song, and dance. Delegates learned much about the Makah culture through all these activities. The interpretations of the 'family songs' were very informative and reminded us of the great oral traditions of our tribes. Jim Roberts and I were honored to receive our Makah names, I am now 'silver salmon' (coho, or Tsooit and Jim is King Salmon). The Port Gamble S'Kllalam tribe also assisted in the meeting by providing presentations from their very innovative drug court collaboration with the local county officials.

Jim Roberts and Ed Fox receiving Makah Indian names from Makah tribal council

With the beautiful sunny skies and the hospitality of the two tribes and the local county officials, we felt very welcome and comfortable for our summer meeting where many of us felt as though it were a relaxing working vacation. Linda Holt was elected Vice Chair in Bob Brisbois's absence. Since Bob's election defeat, we incorrectly assumed that he was no longer our Spokane Tribe delegate, but we learned in September that the tribe has reaffirmed their selection of Bob as their delegate. Thank you Spokane tribe sharing Bob with the Board. He brings great knowledge, hard work, and fierce advocacy to our fight to improve Indian health status and respect for our tribes.

Tribal Technical Advisory Group

The Centers for Medicare and Medicaid Tribal Technical Advisory Group continues to meet in very active teleconferences. The first task of this group is to guide the implementation of the Medicare Modernization Act. The most important role of all remains separate from and outside the scope of duties of the TTAG: advocating for policies such as the establishment of Indian health as an entitlement, which, once established, will be administered by CMS.

State Meetings

The American Indian Health Commission in Washington state continues to have well-attended and productive meetings. At the March 5 meeting, Jim Roberts gave his usual update of the health issues being tracked by the Board. The AIHC also has a very active workgroup looking at the development of a Benefits Package, and I

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Northwest Portland Area Indian Health Board

Projects & Staff

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Vacant, Finance Officer
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Mike Feroglia, A/P & Payroll Accountant
Vacant, Executive Secretary
Vacant, Office Manager

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Sonciray Bonnell, Health Resource Coordinator
James Fry, Information Technology Coordinator
Chris Sanford, Network Administrator
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Terresa White, NTTPN Project Specialist
Nichole Hildebrandt, WTPP Project Director
Joe Law, WTPP Regional Coordinator
Karen Schmidt, WTPP Project Specialist
Vacant, Project Assistant

Northwest Tribal Recruitment Project
Gary Small, ProjectDirector

Northwest Tribal Cancer Control Project
Liling Sherry, Project Director
Cicelly Gabriel, Project Assistant
Eric Vinson, Survivor & Caregiver Coordinator

Project Red Talon
Stephanie Craig, Project Coordinator

Northwest Contributions to the

by Jim Roberts, Policy Analyst

October 5, 2004 – For the first time in five years, Tribal leaders and Indian health advocates are as close as they have ever been to seeing the passage of the Indian Health Care Improvement Act (IHCIA). The September 21st grand opening of the National Museum of the American Indian in Washington D.C. coincided with a flurry of meeting activities focused on American Indian and Alaska Native issues. On September 22nd, both the Senate Committee on Indian Affairs (SCIA) and the House Resources Committee passed their respective versions of the reauthorization of the Indian Health Care Improvement Act, S. 556 and H.R. 2440.

In the course of the past five years, it is safe to say that the reauthorization efforts for the IHCIA would not have come as far as they have had it not been for the role of Area Health Boards like the Northwest Portland Area Indian Health Board (NPAIHB), Alaska Native Health Board, California Rural Indian Health Board, United South & Eastern Tribes and the Affiliated Tribes of Northwest Indians (ATNI). It was a resolution adopted at one of ATNI's annual meetings and carried to the National Congress of American Indian's (NCAI) Annual Convention held in San Diego in November 2002 that served as a key advocacy piece for the reauthorization efforts. Although, there was already a national effort underway, the NCAI resolution provided the necessary momentum for advocacy and support of S. 556 and H.R. 2440 in the 108th Congress. It was Julia Davis-Wheeler, then Chairperson of NPAIHB and the National Indian Health Board (NIHB), that sponsored the NCAI resolution.

Senator Inouye and Julia Davis-Wheeler at a Senate Committee on Indian Affairs hearing, February 2003

Since 1998, Tribal leaders and Indian health advocates across Indian Country have worked to bring about the reauthorization of the IHCIA. The IHCIA is the key federal law that authorizes appropriations for the Indian Health Service (IHS) programs. It establishes the basic programmatic structure for delivery of health services to Indian people and authorizes the construction and maintenance of health care and sanitation facilities in Indian Country. Since its initial enactment in 1976 as P.L. 94-437, the IHCIA has been periodically reauthorized and amended, most notably in 1988 and 1992. The authorization provisions expired in 2000, but Congress extended them for one year through fiscal year 2001. Since that time no further formal extension of these authorizations has occurred.

During 1999, the IHS actively consulted with Indian country in order to allow Tribal and urban Indian health programs the opportunity for input on programmatic and administrative recommendations intended to provide quality health care for Indian people. The Portland, Alaska, and California Areas met in Reno in February 1999 to discuss their proposals for the IHCIA. Shortly after, a National Steering Committee (NSC) on the reauthorization of the IHCIA was established in the summer of 1999 to review the recommendations received during the consultation process, to reconcile differences in the recommendations from the various areas of Indian country, and then to complete a legislative draft that reflected the final recommendations. Julia Davis-Wheeler served as the Portland Area representative on the NSC and was very instrumental in her role on the committee as the Chairperson of both NPAIHB and NIHB. Later, as the NSC continued its work, Ms. Davis-Wheeler was selected to co-chair the committee along with Rachael Joseph, Chairperson of the Lone Pine Paiute Tribe of California—a position she served in for two years.

In 1999, the NSC proposal was introduced in the House and Senate in the 106th and 107th Congresses with few changes from what the NSC proposed. Senator Campbell introduced his version of the bill as S. 212, while Representative George Miller introduced the House version as H.R. 1662. While hearings were held in the Senate, no bill was reported or reached the floor of either chamber. The Clinton Administration did not take a position or offer formal comments on these bills. In March 2001, the Congressional Budget Office (CBO) "scored" — that is, estimated the Federal

Reauthorization of the IHCIA

budget impact — of the mandatory spending parts of the Senate version of the bill. The CBO estimated these would cost $6.9 billion over 10 years and was seen by the Administration and certain members of Congress as a hefty sum for Indian health care. Later in 2001, HHS Secretary Thompson, on behalf of the Bush Administration, expressed concerns about several parts of the Senate bill to the Senate Committee on Indian Affairs. In early 2002, tribal technical representatives working with the NSC, began meeting with drafting specialists of the House Legislative Counsel's Office (under the sponsorship of the House Resources Committee) to refine the proposal's language in order to achieve the NSC objectives. Many questions were posed for tribal leaders to address and the legislation was refined.

The Northwest Portland Area Indian Health Board, responding to Northwest Tribal leaders' concerns about the lack of movement on the reauthorization efforts, assumed a more active role in 2002-2003 by sponsoring two NSC meetings. The Board also supported travel costs, conducted analysis, and developed a website dedicated to the IHCIA reauthorization for the NSC and other Indian health advocates. In May 2002, Tribal leaders met in Portland to address the HHS concerns, Legislative Counsel's questions, and issues raised from various parts of Indian Country. Several policy compromises were made to resolve concerns presented by the Administration and Tribes. The primary concerns raised by HHS focused on the high costs associated with some of the Title IV (Medicaid and Medicare) provisions of the Senate bill. In December 2002, the NSC briefed the new IHS Acting Director, Dr. Charles Grim, on its IHCIA efforts, and he instructed tribal technical representatives to resume work with Legislative Counsel to prepare a revised draft in accord with the 2002 Portland meeting decisions. NSC members met again in Portland (March, 2003) to review the work done by Legislative Counsel and tribal technicians on a revised bill.

Finally, on March 6, 2003—in what brings us to date on the current bills—Senators Campbell, Inouye, and McCain introduced S. 556, the text of this bill was the same as S. 212, which was the bill that was introduced in the 107th Congress (2001-02). The Senators decided to do this while awaiting completion of a revised NSC bill. Then on June 11, 2003, Representative Don Young and 40 co-sponsors introduced H.R. 2440. This bill reflects the changes made by the NSC in response to concerns raised by the Administration as well as tribal representatives, and is written in more precise legislative language than the 1999 tribal proposal.

In the past five years, NPAIHB has been actively involved in every step leading to the development of S. 556 and H.R. 22440. During this time, former NPAIHB and NIHB Chairperson Julia Davis-Wheeler has testified before Congress on several occasions advocating for the passage of the IHCIA. Many other northwest Tribal leaders like Ron Allen, Chairman, Jamestown S'Klallam Tribe; Pearl Capoeman Baller, President, Quinault Nation; Garland Brunoe, former Chairman, Warm Springs Tribe; Cheryl Kennedy, Chairperson, Grand Ronde Tribe; and many others have been instrumental in the reauthorization efforts and advocating for the passage of the IHCIA. It seems only fitting that the grand opening of a museum dedicated to honoring this country's American Indians coincided with the SCIA and House Resource mark-up on the IHCIA bills. Like the museum, Tribal leaders and the NSC have waited a very long time for the reauthorization of the IHCIA to happen and only hope that this Congress will take action and pass it. The Administration has still yet to formally provide its views on the legislation, although Secretary Thompson and the Administration have conveyed their support for its passage, which means if it gets to the President's desk he will likely sign it. Only time will tell if this Congress and the President truly support

Quinn Gallagher at the September 22, 2004 NCAI sponsored rally in Washington, DC

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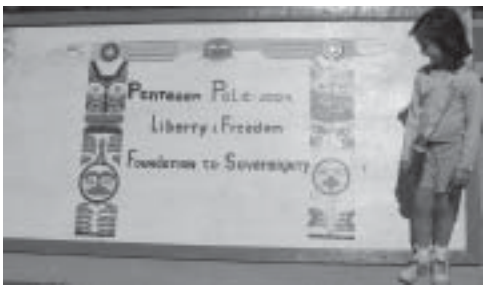
Washington DC

by Sonciray Bonnell, Health Resources Coordinator

Being in Washington DC with my daughter Quinn this September was a once in a lifetime experience. We went to DC to attend meetings and a conference, to march in the Native Nations Procession, and to participate in the many activities scheduled in conjunction with the opening of the National Museum of the American Indian. Work and play united throughout this week of momentous occasions as Quinn and I joined crowds of inspired attendees at these important political and cultural events.



Lummi Liberty and Freedom Totem Poles Presentation

On September 19, 2004 the Lummi Nation presented the third Liberty and Freedom totem pole to families of the victims of the 9/11 terrorist attack on the Pentagon and the current and veteran members of the U.S. military. The event was held in the south parking lot of the Pentagon. Though we had gathered to honor the victims of 9/11 and their families, there was an overwhelming sense of joy as we came together as a community of witnesses in a ceremony of closure.

There were several moving speeches including one by Jewell James who spoke of our ties to the land, ties that will never be broken (one reason why we have so many American Indians and Alaska Natives willing to protect this land by serving in the military). Mrs. Lisa Dolan, widow of Captain Robert Dolan, spoke of her life since losing her husband in the attacks on the Pentagon. Quinn and I, along with crowds of other people, shook Mrs. Dolan's hand in thanks for her courageous speech.

Lummi totem pole carvers

The Liberty and Freedom totem poles are gifts of the Lummi Nation to the families and victims of the September 11, 2001 terrorist attacks on the United States. Handcrafted by Jewell James, Lummi Councilman and master carver, the three totem poles are a gesture of unity and support to the families of the victims of the 9/11 terrorist attacks. The first Liberty and Freedom totem pole was the Healing totem pole presented at the site of the World Trade Center and is now permanently located at Sterling Forest, one hour north of Manhattan. The second totem pole was the Honoring Pole presented at Shanksville, Pennsylvania.

NCAI Sponsored Rally

The National Congress of American Indians held a *Living Cultures, Thriving Governments* rally at the Upper Senate Park to highlight tribes' political concerns in conjunction with the opening of the National Museum of the American Indian. Key tribal supporters had the opportunity to give positive support for issues facing American Indian and Alaska Native tribes. Jackie Johnson, Executive Director of NCAI, enthusiastically introduced the lineup of speakers that included: Senators Murray and Cantwell from Washington state, Ron Allen (Jamestown S'Klallam), and Senator Daschle. Quinn and I enjoyed the presentation of a Pendleton blanket to Senator Daschle by a Navajo Code Talker.

Navajo Code Talker presenting Senator Daschle with a Pendleton blanket

September 2004

National Museum of the American Indian (NMAI)

Established in 1989 by an Act of Congress, the National Museum of the American Indian is dedicated to the life, languages, literature, history, and arts of the Native people of the Western Hemisphere. The museum is a dramatic 250,000 square-foot sandstone work of art that occupies a special place on the National Mall. Most of the artifacts live in the Cultural Resources Center in Suitland, Maryland. The Opening Ceremony of the NMAI took place on September 21, 2004 and was preceded by the Native Nations Procession. Verné and Conrad Boerner, my daughter Quinn, and I toured the museum, though visiting and people watching was strong competition. The most memorable part of the museum for us, was watching our young children learn about American Indian and Alaska Native cultures and history. Even at ages 2 (Conrad) and 5 (Quinn), our children were genuinely interested and engaged in the displays, interactive video screens, and sculptures. Think of the thousands of children who now have this opportunity to experience and learn about native cultures, and how this education will touch their lives.

LtoR:
Tom Becker (OHSU),
Verne Boerner (Inupiak)
NPAIHB, and Conrad
Boerner

LtoR:
Quinn Gallagher and
Conrad Boerner discovering
the new National Museum
of the American Indian

Native Nations Procession

An estimated 25,000 thousand Native people and non-Native supporters, many in traditional clothing, participated in the Native Nations Procession across the National Mall on September 21, 2004. Participants walked in alphabetical order with Native nations in the lead, following by organizations, and then independent participants. The procession momentarily paused four times along the route to acknowledge the four musical groups representing each of the cardinal directions.

I had planned to wear my traditional Sandia Pueblo clothing in the Native Nations Procession all along, but when it came time to pack I had a "to do" list a mile long. Also, and maybe most important, I didn't have anyone to help me dress in my traditional clothing. At my mother's insistence, I wore my Sandia Pueblo clothing and even found a friend to help me dress. My traditional clothing took up a third of my luggage space, leaving little room for mother daughter matching outfits—Quinn and I like to dress alike. It was wonderful to finally find the other Pueblos (so easy to spot!). Quinn and I walked the procession, thankful to be a part of history.

LtoR: Sonciray Bonnell (Sandia, Isleta, Salinan) NPAIHB and her daugher Quinn Gallagher in Native Procession

Getting Water

by Tam Lutz, TOTS Project Director

Article previously published in
Well Nations May-June 2004 issue
www.wellnations.com

Before my grandmother passed away she reminded me that during harvest time, families gathered together, to harvest together and to eat together. When our friends and relatives came from the fields they were greeted with water, not pop, not that pink and orange stuff from the supermarket. I imagine that folks ate together a lot back then, drank many pitchers of water over the same lively conversations we have now. We have old photographs of such occasions, celebrations, holidays, harvest times, and funerals. Long wooden tables lined with Indian people, old and young, brandishing wide white smiles and lean bodies. It's hard to imagine anyone in those photos having diabetes; any of those Indian children having surgery to remove decayed, rotten teeth.

We continue to gather together for celebrations, holidays and funerals, that much hasn't changed. No one in my family that I know of is still farming, but we continue to catch fish, crab and collect clams. But the presence of water has almost disappeared at our tables. Where has it gone? Who took it away? Who replaced it?

The presence of pop and other sugared beverages is undeniable. It is everywhere. My cousin is a gracious host, always happy for a visitor. "C'mon in. Where ya been? It's hot out, enit? Wanna pop or something? I got Coke, Sprite, Mountain Dew…." It is everywhere. Now we have a beautiful cedar long house with beautiful carvings. One very large cedar carving of an Indian woman in traditional dress, stands tall, her hands and arms up bidding thank you to the people, to the great spirit; below her are our long folding tables all lined with plastic disposable table cloths. On the tables are bowls of crab legs and clams, fish on platters, salads, cobs of corn, bread and plastic cartons of sugared pink and orange drink. It is everywhere. The kids now have a whole department delegated to providing recreational activities. The neighborhood gym is full of kids playing basketball and the hallways are lined with pop machine next to an unused rusty water fountain. It is everywhere, in our homes, at our feasts, where our kids gather.

Indian country has faced extinction many times before and survived. We have outlived war. We have outlived epidemics. We have outlived an environment that told us speaking our language, dancing our traditional dances, singing our traditional songs was not okay. The language, the dances, the songs did not disappear but continue to be passed down within our families. Not long ago, only a few cedar war canoes ever made it back into the water each year. But the cultural value and practice of canoe pulling was revived and now the tribe has a large canoe shed filled with canoes and many families and young people begin canoe-pulling season each May.

Water continues to be present in our traditional ceremonies, but water as the normal beverage at our meals and throughout the day has dangled on the edge of extinction. How can communities and families revive water as a beverage and why should they care?

We should care because we love our kids, all our kids. Because we want to do anything we can to make their lives healthy and happy. We want them to grow up proud of whom they are. But

Back on the Table

we don't want to talk about it – kids being fat, or pudgy, well fed, big boned, husky, thick. We don't want to talk about a 5-year-old starting school in size 8 pants taut around the middle, with pant legs so long we got to cut them off and hem them up. We are not alone. Overweight in children has emerged as a major health threat for all people. But rates of overweight children are highest among Indian children. Overweight people are more at risk for diabetes and heart disease. We care because we see more of our relatives being diagnosed with diabetes and many diagnosed younger than the years before. We care because being overweight doesn't make anything easier — playing, making friends, buying clothes, fitting in a chair, managing our health, or getting the respect we deserve.

We care because overweight is starting earlier in our children than in others. What the mother eats has an effect on the unborn baby, just like the use of cigarettes or alcohol. What a child is fed after birth also makes a difference. Nature has made us well equipped to feed our children. Breast milk helps prevent babies from becoming overweight. Yet many tribal communities have low breastfeeding rates and are struggling to revive breastfeeding as a community value. When moms begin introducing solid foods to baby, nowadays water often is overlooked and is instead replaced with juice and sugared beverages. The sugar in these drinks is very unhealthy for our children. On the one hand, the extra calories that children "drink" fill them up so much that they have no space for healthy food. On the other hand, children eat normally and also drink those empty calories on top, which is enough to tip the scales towards becoming overweight.

Beverage companies man very strong efforts to market the value of pop, in Indian communities, in all communities. This marketing comes in the form of advertisements, sponsorship of athletic programs, and distribution contracts. These marketing efforts have us convinced that spending 75 cents for pop has some value and that spending one dollar for water is a waste of money. Water should be free, right? But what are we really paying for? The real cost of the bargain is the billions of dollars that we spend on obesity related conditions, diabetes, heart disease, and tooth decay each year that continues to worsen as it compounds over the cans of pop drank, the calories consumed, and the weight gained.

I've seen enough change and strong leadership in Indian Country to know that Indian Communities have power, more power than most white suburbs to make positive changes for their communities. Indian communities can often pull off health prevention efforts where White America fails. Indian communities were among the first to enact primary seat belt laws and Indian communities have been able to implement standards of care in immunization rates upward to 90%.

Indian communities have a connection with others who live within the tribal community unlike any white suburbia where few know their neighbor's first name. If the fisheries department wants to let everyone on the rez know that there is free fish being distributed at the dock, the moccasin telegraph can be activated and soon a crowd will have gathered there. Communication can travel fast. Our tribes are really made up of a small number of very large families. We need to tell our families to stop the pop; to get sugar out of our children's cups; to remove pop machines from where our families gather; to stop using tribal dollars to provide sugared beverage and to get water back on the table and in the hands of our youth once again. We need to act now before the thought of drinking water has dried up and is gone. If you tell the Jefferson's and I tell the James and we get two other people to tell the Lanes and Hillaires, we ought to have covered about 75% of the rez. That's not so hard, enit?

Tam D. Lutz is an enrolled member of the Lummi Nation and has ancestral ties with the Quinault, Chinook, Cowlitz, Nooksack and Duamish Nations of Washington State. She is the director and the Junior Investigator of the Toddler Overweight and Tooth Decay Prevention Project. This project is based at the Northwest Portland Area Indian Health Board's Northwest Tribal Epidemiology Center in Portland, Oregon. The project partners with the Kaiser Permanente Center for Health Research and tribes in the Northwest. Tam lives in Washougal, Washington with her husband Ed and two small children Josephine and Rowan.

Indian Health Service

by Jim Roberts, Policy Analyst

Status of IHS FY 2005 Appropriations
On September 29, 2004 Congress passed a continuing resolution funding all non-defense government agencies and programs at current levels through November 20, 2004. Meanwhile, both the House and Senate have taken action to move their Interior Appropriations bills. The action taken by both houses is good news for Indian Country. In what looked like it could be a very dismal budget year for the Indian Health Service (IHS), is looking a little better. When President Bush made his State of the Union Address back in February, he indicated that he would hold discretionary spending to less than one percent. When the President submitted his budget request to Congress it only included a 1.5% or $45 million increase for the IHS.

On June 17, 2004, the full House approved H.R. 4568, which provides $19.7 billion for the Department of Interior and Related Agencies and $3.0 billion for the IHS. The $3.0 billion appropriation represents a $112 million increase over the FY 2004 spending levels and is $66 million more than the President's request. The Portland Area's FY 2005 Annual Budget Analysis estimates that it will take $380 million just to maintain current services. The House amount falls short by $268 million. On the Senate side, the full Appropriations Committee moved to mark-up the FY 2005 Interior Appropriations bill on September 14, approving $20.3 billion for Interior Related Agencies. The Senate bill provides $2.99 for the IHS, an increase of $76 million over FY 2004. The Senate amount is $30.5 million more than the Administration's request. The Senate mark falls short by $304 million to maintain current services.

(Dollars in thousands)	President	House Approved	Senate Approps. Committee
FY 2005 Recommended	$2,967,272	$3,033,370	$2,997,772
FY 2004 Enacted	$2,921,714	$2,921,714	$2,921,714
FY 2005 Increase	$45,558	$111,656	$76,058
Increase over FY 2004	1.5%	3.7%	2.5%

The House bill represents $36 million more than the Senate Appropriations Committee recommendations for the IHS. The key differences in the Senate and House amounts lie in the Hospital and Clinics and Contract Health Services (CHS) line items and the Health Facilities accounts. The House has approved $6.7 million more than the Senate for the Hospitals and Clinics line item. The Senate has recommended $12 million more for CHS than the House approved $479 million. Both have included $18 million for the Catastrophic Health Emergency Fund. The Senate recommendation for CHS is $491 million. This means that the Senate bill currently has more money for Clinical Services, at $2.12 billion, than the House's approved bill.

The House and Senate did not request any additional funds for Contract Support Costs (CSC) despite a projected shortfall for CSC funding of $112 million in FY 2004. Likewise, there was no additional funding requested for the Office of Self-Governance. When last year's rescissions are factored in, these accounts are actually losing money in the appropriations process. The CSC line item lost $3.3 million last year and was funded at $1.6 million less than the previous year! This means there is no money for Tribes to pursue contracting and compacting arrangements and has quite literally halted self-determination of IHS programs.

Budget Update

Indian Health Facilities: (Dollars in thousands)	President	House Approved	Senate Approps. Committee
Maint. & Improvmnt.	$48,897	$50,897	$48,897
Sanitation Facilities	$103,158	$93,158	$99,158
Hlth Care Fac. Const.	$41,745	$99,345	$55,445
Fac. & Envir. Hlth Sup.	$143,567	$143,567	$143,567
Medical Equipment	$17,081	$18,081	$17,081
Tot., Facilities Programs	$354,448	$405,048	$364,148
FY 2004 Enacted:	$391,349	$391,349	$391,349
Difference:	($36,901)	$13,699	($27,201)
Change:	-10.4%	3.4%	-7.5%

The Administration's request cut the Health Facilities accounts by $37 million. The Health Facilities Construction line item alone was cut by $52.8 million. The House bill restores the health facilities accounts and even increases them by 3.4%. The Senate bill requests $55.4 million for facilities construction, a net loss of $39 million from last year's level. The Portland Area does not benefit as much as other Areas from the Health Facilities accounts, so the Senate appropriations are looking much better for the Northwest Tribes.

What holds for the appropriations process? Well it is unlikely that Congress will complete its business prior to the October recess when Members head home to campaign prior to elections. You can expect that the Congress will not move any other appropriations this session. The Defense bill is the only appropriation passed thus far by Congress. It is anticipated that all remaining appropriations will move during a "lame duck" session when both chambers return after the election and establish a conference committee to construct a large omnibus bill.

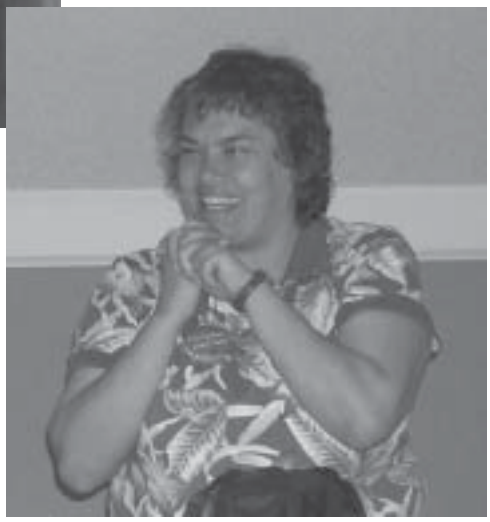
July 2004 QBM Pictures

Makah songs to start the July 2004 QBM in a good way

Makah dancers welcoming the July 2004 QBM Delegates and participants

Linda Holt (Suquamish) accepting position as NPAIHB Vice Chair

LtoR: Ed Fox, Executive Director NPAIHB and J.T. Pethrick, Executive Director NIHB



Debbie Wachendorf (Makah Delegate) so delighted to host the July 2004 QBM

Morning walkers

July 2004 QBM - Makah Activities

Makah youth dancing

Crystal and Gordon Denny and family

Makah girls preparing for a dance

Makah dancer

Cape Flattery

Slug on Cape Flattery

Makah girls delivering dinner plates to guests

Future NPAIHB Quarterly Board Meetings

January 18-20, 2005 hosted by Squaxin Island

April 19-21, 2005 hosted by Quinault

July 19-21, 2005 hosted Siletz/Grand Ronde (joint meeting with the California Rural Indian Health Board)

Continued from page 3

attended their last meeting at the Puyallup Tribe. Jim Roberts has been very active in Idaho working with many new tribal representatives at that state's meetings. Oregon, more so than the other two states, continues to reduce programs, and we utilize the state meetings to make our view known.

NPAIHB Personnel

This quarter saw some changes in personnel. Liling Sherry has returned to the Board as the director of the Cancer Control Project. Mylen Shenker has resigned as the Board's Finance Officer. The Board has hired Chris Sanford as the Network Administrator, formerly held by Brian Moss. Brian moved with his family to Nebraska to be near his wife's family. The Board is also hiring a Human Resources Director this fall. This position promises to raise the level of support for professional and organizational development at the Board and ensure personnel practices meet Board, state, and federal guidelines.

Lobbying Activities

Finally, I want to thank all the tribes who sent in their donations to our lobbying fund in a year with such dismal results for the Indian Health Service Budget and the Indian Health Care Improvement Act. It is always hard to say where we would be if we did not go to Washington DC to lobby, but I truly believe that the work of the Board still earns the respect of the Administration, the Congress, and tribes and tribal organization nationwide. I know it is hard to tell when we are lobbying and when we are simplying serving on workgroups, but I am very clear in the division of these activities so we follow all federal lobbying restrictions on the use of federal funds.

Diabetes Conference

Western Tribal Diabetes Project (WTDP) staff recently attended a Taking Control of Your Diabetes Conference (TCOYD) held in Santa Rosa, California, on August 28, 2004. Kerri Lopez, Rachel Plummer, and Crystal Gust joined approximately 425 conference attendees for the daylong conference that addressed community members with diabetes.

The TCOYD conference included speakers on motivational interviewing, blending traditional and modern medicine and empowering patients with diabetes to manage their own care. Darryl Tonemah presented on motivational interviewing/counseling for behavior modification and also doubled as the lunchtime entertainment playing his original music. Darryl has traveled across the country for the National Institutes of Health doing Diabetes's Prevention seminars. Don Warne (Oglala Lakota Sioux), M.D., MPH, spoke on how to blend traditional and modern medicine. Don comes from a long family line that practices Traditional Medicine. Dr. Kelly Moore (Creek Nation), presented on the challenge of childhood obesity, "Preventing diabetes in the first place: It starts with our kids. Dr. Steven Edelman addressed empowering patients; his message, and theme of the conference; Taking Control of Your Diabetes. Billy Mills, American Indian Olympic gold medalist, also gave an inspiring lunchtime address to conference participants. The conference closed with speaker Ann Bullock (Chippewa) who spoke about the effect of historical grief and trauma on Native American health. There were also additional workshop sessions and a well-attended health fair held throughout the day.

The TCOYD conference also gave the WTDP an opportunity for a final sharing of the tools developed as well as a chance to bid farewell to the tribes that staff have worked with under The California Endowment project. While participating in the health fair, many of the California tribes expressed their gratitude for the training provided by WTDP and were sorry to see the project leave California. It was a privilege for the WTDP staff to work with the California tribes who are now at a 100% submission rate for their diabetes audit data as well as a 91% rate for submitting the audit electronically.

Registration table

Billy Mills presenting during luncheon

Indian Health Service

by Wes Bell, Portland Area Indian Health Service

The Portland Area Indian Health Service (PAO) has been very fortunate to have received eights energy awards since 2002 for the conservation of energy and natural resources. The Indian Health Service (IHS), Department of Health and Human Services (DHHS), and Department of Energy (DOE) presented these awards.

The awards are from the efforts of individuals and teams. The PAO staff does everything they can do to conserve resources and be the best stewards of the assets assigned to them. Their view is that utility money saved is one more dollar for the delivery of health services or support thereof. As utility costs have escalated in the past several years, several sites have been able and fortunate to hold the line on utility expenses while providing an appropriate environment for patients.

FY 2002 Awards:

DHHS IHS Energy and Water Conservation Award
Wellpinit Service Unit

From FY 1990 to FY 2000, an overall energy consumption reduction per gross square foot of 68 percent in the 25-year old, 12, 250 square foot health clinic. These results are further validated by the fact that when compared to data from the Energy Information Administration, the clinic uses two to three times less energy than the national average for buildings of similar type and function.

The Wellpinit Service Unit does not attribute the success of their energy management program to a single alternative, innovation, or "magic bullet." Their program success is a story of continued facility improvements, excellent preventative maintenance (PM) practices, and strong program support. The facility management at the clinic recognizes not only the environmental benefits of energy and water efficiency, but also the health benefits to their patients in both the budgetary savings on energy that can be redirected to health programs, and a cleaner environment.

DHHS Excellence in Management of an Energy Program
Dale Mossefin, P.E., Portland Area Indian Health Service

Dale Mossefin was recognized for sustained superior performance in management of the PAO Energy Conservation Management Program. Mr. Mossefin manages and implements PAO energy conservation projects to reduce energy consumption in accordance to Executive Order 13123. During Mr. Mossefin's tenure, the IHS PAO exceeded the Executive Order's 25% energy reduction goal for 2010. His commitment, exceptional performance, and contributions toward achieving FY 2010 goals nine years in advance are a testimony to his superior performance. Mr. Mossefin recognized that each dollar saved in energy is another dollar available for IHS health care services

FY 2003 Awards:

DHHS Excellence in Management of an Energy Program
Portland Area Facilities Board

The Health Facilities Board consists of Tribal and PAO representation. The Health Facilities Board includes IHS PAO management and directors, service unit directors, administrative officers, and representatives, and members of the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB represents all 43 tribal governments in the Portland Area and lobbies on their behalf in the Health Facility Board and in several other arenas. Members of the Health Facility Board are responsible for the allocation of funds for all facilities projects. The Board has shown continued interest and emphasis for energy projects. Throughout the years, the Health Facilities Board has been the key supporter of energy projects by ensuring funding and making energy projects a priority. The Board recognizes that the promotion of energy conservation provides cost savings that improves their ability to provide health care services and improvements to the environment. The 34% energy reduction since baseline FY 1990 documents the Health Facilities Board's dedication to energy conservation.

Energy Awards

DHHS Energy and Water Conservation Award
Neah Bay Service Unit

The Neah Bay Service Unit is a small, isolated site located on the northwest tip of the Olympic Peninsula in Washington. With limited resources, the Neah Bay Service Unit Plant Technology and Safety Committee has diligently pursued and implemented highly successful energy management practices. Over the past ten years, total energy consumption per square foot has decreased more than 38%. During FY 2002 the Neah Bay Service Unit consumed less total energy and electricity than any prior year.

Furthermore, the Neah Bay Service Unit has met the criteria to be officially designated as an ENERGY STAR® Building. Meeting this criterion recognizes that the Neah Bay Service Unit energy consumptions levels are in the top 25% as compared to other buildings of similar use.

DHHS Energy Efficiency/Energy Management
Healing Lodge of the Seven Nations

The Healing Lodge of the Seven Nations, Youth Residential Treatment Center is located in Spokane, Washington. The facility is a 24-hour treatment center and has been categorized as an energy-intensive facility. In FY 2001, the Indian Health Service (IHS) installed a direct digital control (DDC) system on the major mechanical elements: HVAC, AHU, chillers, and boilers at the Healing Lodge.

Fiscal Year (FY) 2002 saw great increases in unit energy cost due to regional and national shortages. For the Healing Lodge, unit energy cost rates for FY 2002 were, on average, approximately 40% more than FY 2001 rates. If the Healing Lodge had not accomplished an energy consumption reduction in FY 2002, i.e. consumption figures remained identical for FY 2001 and 2002, the cost to the Healing Lodge would have been approximately $68,000 in FY 2002 funds. From that perspective, the Healing Lodge's energy program in FY 2002 potentially saved $20,600.

The local utility company also recognized a future annual savings of $4,300 for the proposed DDC installation at the Healing Lodge. This made the Healing Lodge eligible to receive $16,470 credit from the utility company. The total cost for installation and equipment associated with the DDC system was $47,565 plus tax. Thus the total cost of the project after utility rebate was $31,095. As stated in the annual energy and cost savings, in FY 2002 alone the Healing Lodge could have saved a potential of over $20,000. Therefore, the DDC system has already potentially paid for over 60% of the installation and equipment through energy cost savings in one year.

Energy Savers Showcase Award
Wellpinit Service Unit

With the completion of a major new primary health addition to the existing Wellpinit Service Unit clinic, this award, was presented by the Department of Energy to the Department of Health and Human Services – Indian Health Service for combining new high efficiency HVAC systems, energy efficient lighting and occupancy sensors, low-e windows, additional exterior wall and ceiling insulation, and new plumbing fixtures with improved preventive maintenance practices which resulted in energy savings of 56% per gross square foot at the Wellpinit Service Unit.

FY 2004 Award:

DHHS Excellence in Management of an Energy Program
PAO Division of Facilities Management

The Portland Area Indian Health Service Division of Facilities Management Division received an award from the Department of Heath and Human Services for sustained excellence in management of its energy management program. The management team exceeded the goal of 25% per Executive Order 13123, to greater than a 35%. The employees' long term commitment and success in implementing energy conservation measures to achieve it goals were commended.

IHCIA continued

Continued from page 5

this country's commitment to honor its treaty obligations to provide health care to American Indians.

Current Status of the IHCIA

The House Resources Committee considered HR 2440, along with nine other bills and passed them all by unanimous consent. The House struck key components of H.R. 2440 that were adopted and supported by the NSC. The House eliminated the "Declaration of National Indian Health Policy" section. From the standpoint of Tribal leaders, this is significant, in that this section would have declared it a policy of the United States that the health status of American Indian and Alaska Natives should be raised by 2010 to the same level as is set for other Americans, instead of establishing lower thresholds as has previously been accepted, and establishes a policy requiring "meaningful consultation" with Indian Tribes, Tribal health organizations, and urban Indian organizations. Quite possibly the Administration and HHS oppose this policy statement, since it would take a considerable investment into the health care needs of Indian people, and the price tag that comes with this is more than this Administration is willing to deal with.

The Resources Committee also included language that limits the dental health aide program under the Community Health Aide Programs (CHAP) currently operated in Alaska. The changes will limit considerably what the CHAP are allowed to do under current law and is viewed as a major setback in Alaska. This provision met with heavy opposition from the dental lobby that includes the American Dental Association, American Association of Oral and Maxillofacial Surgeons, American Academy of Pediatric Dentistry, among others. Interestingly, the basis of the dental lobby opposition is premised on that dental health aides would be performing irreversible procedures without proper training. However, most Indian health advocates would argue that dentists are more concerned about competitive forces since the CHAP provision could be expanded to the rest of Indian Country. Many health advocates in this country will agree, that the dentists have failed rural America and most certainly, Indian Country, by not being able to recruit dentists to work in these communities. Many Indian people will continue to go without dental services in Tribal communities across this country.

Both the House and Senate have stripped out the Medicare provisions contained in Title IV. The decision to remove the Medicare provisions was a compromise that had much to do with last year's passage of the Medicare Modernization Act (MMA). The IHCIA is a very complex piece of legislation in that it crosses many Congressional committee jurisdiction lines. It was felt that if the Medicare provisions were to remain intact, then it would invite tremendous scrutiny by the various committees. Those same committees recently worked on the MMA and are very reluctant to pass any legislation that contains any Medicare provisions. It was felt that this would be a deal breaker for the IHCIA. The House Energy and Commerce Committee has concurrent jurisdiction along with the House Resources Committee and still needs to address the bill before it can be sent to the House floor for enactment. It is unknown whether the House Ways and Means Committee will exercise its jurisdiction on the bill.

The Senate Committee also passed their amended version of S. 556, Reauthorization of the IHCIA, a bill that closely resembles the House companion bill H.R. 2440. Several months ago the SCIA began to adopt language from H.R. 2440, the bill that has been worked on for over 12 months by the IHCIA National Steering Committee. Senator Thomas, also member of the Senate Finance Committee, raised concern with Medicaid, Medicare, and SCHIP provisions. The Senate Finance Committee is the other committee of jurisdiction for the IHCIA. Sen. Thomas indicated that these issues would need to be resolved by the time the Finance Committee reviews the bill. The SCIA has to meet with other committees who may have an interest in the bill in order to bring it to the floor for passage under unanimous consent.

Senators Tom Daschle and Tim Johnson have called on the Republican leadership to allow an immediate vote on the bill passed by the SCIA, indicating that the bill has bipartisan support and enjoys broad support across Indian Country. Senators Daschle and Johnson cite health disparities among American Indian people as a compelling reason for the Senate to take immediate action.

Competitive Grants for Northwest Tribes

by Western Tribal Diabetes Project Staff

At long last, the competitive grant process for the Special Program for Diabetes for Indians is complete. This process included tribal consultation, development of the request for applications, selection of reviewers for the grant application, and putting the mechanism into place to oversee the grantees. This new funding allocated by Congress in 2004, mandated that a portion be distributed in a competitive grant process. Dr. Grimm, the Director of Indian Health Service, designated $54 million for competitive grants after tribal consultation, Tribal Leaders Diabetes Committee input, recommendations from Area Health Boards, and National Diabetes Programs recommendations.

Fourteen programs from the Portland Area applied for funding. Of those fourteen, nine programs were awarded funding through the competitive grant process. Six programs were awarded prevention grants, and three programs were awarded the cardiovascular disease component. The competitive grants are in addition to current SDPI grants. The grants require rigorous data collection, establishing baseline data measures, implementing intervention programs, and measuring the success over a four-year period.

On October 7, 2004, Dr. Grimm visited the Portland Area Office of the IHS and presented oversized checks to three programs from the Portland Area that had been granted funds from the SDPI. These included Warm Springs, Coeur d'Alene, and the consortium of Coquille, Cow Creek, and Klamath. In his address to the gathering, Dr. Grimm applauded the Portland Area for being awarded nine grants out of fourteen applications, which tied another Area for number of grants received.

The Warm Springs grant will be following the Diabetes Prevention Project template. Walking and running clubs, water aerobics, and the Health and Wellness Center figure largely in the activities of the Warm Springs grant. Coeur d'Alene will be using the Hearts in Motion curriculum. The consortium of Coquille, Cow Creek, and Klamath will be conducting diabetes screenings using the Diabetes Screening Toolkit, developed with tribes, the Western Tribal Diabetes Project of the EpiCenter, and IHS, among other activities.

Dr. Grimm had visited the Seattle Area on October 6, and presented the tribes in Washington with their funds.

The Board would like to congratulate the programs that were successful in procuring funding. In some small way, the Western Tribal Diabetes Project hopes that the technical assistance, and constant message of the importance of data collection and the importance of the diabetes registries contributed to the success the grantees experienced. The Western Tribal Diabetes Project would also like to give a "hats off" to all the programs that applied, as the process of writing a grant is both time consuming and challenging. Good luck to the programs that received the funding!

Prevention

$404,000 - Warm Springs (Warm Springs, OR)
$404,000 - Tribal Consortium of Coquille, Cow Creek & Klamath
$330,000 - SPIPA Tribal Consortium - Chehalis, Skokomish, Shoalwater Bay, Squaxin Island, and Nisqually
$330,000 - Quinault
$330,000 - Couer d'Alene
$330,000 - Colville

Cardiovascular

$330,000 - Seattle Indian Health Board
$400,000 - Yakama
$330,000 – Tribal Consortium of Swinomish, Nooksack, and Upper Skagit

Returning to a Traditional Diet

by Lynn DeLorme

Just how important are nutrition and dietary factors in health and chronic disease prevention? A new study released by Department of Health and Human Service's Centers for Disease Control and Prevention shows that deaths due to poor diet and physical inactivity rose by 33 percent over the past decade and may soon overtake tobacco as the leading preventable cause of death (JAMA 2004;291:1238-1245).

How does one determine a healthy recommended diet? According to the 5 A Day for Better Health Program, numerous research studies and reviews have found that diets rich in fruits and vegetables are associated with reduced risks for chronic diseases and many types of cancer. 5 A Day is a comprehensive national nutrition program that seeks to increase the number of daily servings of fruits and vegetables that Americans currently eat, to five or more each day by the year 2010. During the past 10 years, the 5 A Day Program has been jointly sponsored by the National Cancer Institute (NCI) and the Produce for Better Health Foundation, and involves many partners from health agencies and the agriculture industry (www.5aday.gov).

According to the Director of the Administration on Aging (AoA), in a statement before the Senate Committee on Indian Affairs, diet, sedentary lifestyle, and obesity are modifiable risk factors for the development of diabetes (The Health Concerns of Native Elders, 7-10-02). AoA annually awards grants to provide nutrition services and support for tribal elders. In 2002, AoA awarded 236 grants to over 300 tribes, which provides services to approximately 100,000 tribal elders. AoA requested their National Resource Center on Native American Aging to develop a needs assessment that provides each tribe with an accurate picture of the status of their elders. In 2001, 83 tribes completed the needs assessment, and according to the needs assessment, many more tribal elders are overweight (75%) than their non-Indian counterparts (53%). Additionally, tribal elders may be less aware of their overweight status since 44% considered their weight to be "about right."

Research on the eating habits of tribal elders is scarce. The AoA facilitated interactions between Utah State University and tribes in Utah and the Northwest for gathering traditional foods. These interactions resulted in the 2001 study entitled, "Creation of a Dietary Survey for Northwest Tribal Elders" which is the first dietary assessment of Northwest tribes and was led by Francine Romero and Deb Gustafson.

This study assessed the traditional foods consumed by tribal elders from three participating Northwest tribes to determine the cancer preventive nutrient content of these foods. The premise of this study is that the number and types of cancer within Northwest Indian populations seems to be increasing and the change in what people eat now compared to what they ate in the past may account for some of this. Furthermore, since the risk of developing cancer increases with age and people live longer, information on what tribal elders eat will provide invaluable information on how to develop appropriate cancer control programs. The results of this study are available at www.npaihb.org.

One reason to return to the consumption and production of traditional foods is that the ceremonies, songs, and stories of many tribes are inextricably linked to the planting and harvesting cycle of particular crops. According to professor Nabhan of Northern Arizona University's Applied Indigenous Studies Program, modern hybrids are no substitute for these particular crops (Nabhan, November 25, 2003). Most importantly, the physical benefits of harvesting these particular crops, and the invaluable lessons taught by tribal elders provide education and healthy activity for youth.

An approach used by tribal diabetes prevention programs on several Sioux Reservations to encourage tribal members to return to the consumption of traditional foods is the adoption of the Medicine Wheel Model for Native Nutrition. The Model was developed with the belief that tribal members would benefit from a familiar model to reflect their traditional diet composition and practices, but it also incorporates new foods. According to Northern Plains Nutrition Consulting's Registered Dietitian, Kibbe Conti, the Model is an ideal one for diabetes prevention. The Model offers hope that members can prevent obesity and diabetes by adher-

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ing to the same four dietary principles that their ancestors followed. According to Ms. Conti, when one finds an imbalance in their modern life, one needs to look back to a healthier time to see what it is that one is doing to cause the imbalance.

The Medicine Wheel is a sacred symbol used by Northern Plains Tribes and others to represent all knowledge of the universe. It is represented by the four sacred colors or races of mankind: red, white, black & yellow; the four elements: water, fire, air and earth; the four seasons; and the four ages of the lifecycle. In the case of nutrition, Ms. Conti claims that tribal members have strayed from the four aspects of their ancestral diet: water, lean meat, fruit or vegetable, and starchy vegetable or grain. Ms. Conti claims that if tribal members model their plate after the Model for Native Nutrition, then members honor the essence of their earlier food way. Traditional diet, combined with an active lifestyle will allow tribal members to live in a way that is more similar to that of earlier generations who were free of diabetes, obesity, and cancer (Diabetes Beat, Summer 2002;V5, N2). It is hoped that collaborative efforts of AoA, the Indian Health Service, Northwest Portland Area Indian Health Board, tribal health programs, and social service departments will continue in developing nutrition programs such as this.

Continued from page 2

candidates positions on those issues. Many of you know of my active support for Senator Kerry's candidacy, but I encourage each of you to vote no matter who you support. It is primarily about 'winning' but it is also about showing the Congress and the Administration that Indian people are participating in the process and want their voices to be heard after the elections are over.

I was not able to attend the Affiliated Tribes of Northwest Indians Meeting in Polson, Montana this September, but I was able to attend the National Congress of American Indians meeting in Fort Lauderdale, Florida. I will report on that meeting at our Quarterly Board Meeting in Spokane on October 21, 2004.

Upcoming Events

OCTOBER

National Council on Urban Indian Health Conference

October 25-27, 2004
At the Bahia Resort Hotel in San Diego, California
For more information go to: http://www.ncuih.org/conference.htm

Rural Women's Health Conference

October 28-30, 2004
At the Hershey Lodge and Convention Center in Hershey, Pennsylvania
For more information go to: http://www.hmc.psu.edu/ce/RWH/Contact.htm

NOVEMBER

Wellness and Spirituality Conference

November 1-4, 2004
At the DoubleTree Hotel at Reid Park in Tucson, Arizona
For more information go to: www.hpp.ou.edu

Tribal Leaders Health Summit

November 4-5, 2004
At the Upper Skagit Casino Resort in Bow, Washington
For more information go to: www.aihc-wa.org

American Public Health Association 132nd Annual Meeting and Expo

November 6-10, 2004
In Washington, DC
For more information to go www.apha.org

Healthy Nations: Taking Action for Positive Policy

November 17-19, 2004
At the Wild Horse Pass Resort in Phoenix, Arizona
For more information go to: http://www.tpskins.org/

DECEMBER

DMS Training

December 9-10, 2004
At NPAIHB in Portland, Oregon
For more information go to: www.npaihb.org

New NPAIHB Employees

Hi there! My name is Chris Sanford and I'm the new network administrator here at NPAIHB. I've lived in the Northwest for eleven years, but I grew up in the Southwest (Santa Fe, NM and on a small farm in Western Colorado) and sometimes I still miss the sunshine and smell of sage and creosote. I'm a geologist by training, however, I've been working in the Information Technology field for over seventeen years and I still find it both rewarding and interesting. Most recently I was the IT director for a non-profit here in Portland called 'Ecotrust' and before that I have held various IT and programming positions, both in the corporate world (EDS and Intel) and in government (Mesa County Department of Human Services). When I'm not working, I like to play guitar, tinker with old amplifiers, and spend time with my two teenage sons.

I'm very excited about working at NPAIHB, and look forward to the challenges that this job will bring.

Greetings! My name is Stephanie Craig and I am the new Project Red Talon Project Coordinator for a new grant received by NPAIHB from the Centers for Disease Control and Prevention (CDC).

For the past two years I have worked with the Western Tobacco Prevention Project, providing tribal program coordinators with information, training, and resources on commercial tobacco prevention, cessation, program planning, and policy development. Prior to joining the Western Tobacco Prevention Project in October 2002, I completed my Masters of Public Health concentrating on International Health Development, and worked as a research assistant at Boston University's School of Medicine and School of Public Health.

I love working for the Northwest Tribes, and look forward to jumping onto this new and exciting position.

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.

July 2004 QBM Resolutions

RESOLUTION #04-04-01
Evaluation of Innovative HIV Prevention Interventions for High-Risk Minority Populations

RESOLUTION #04-04-02
Support for Toddler Overweight and Tooth Decay Study (TOTS)

RESOLUTION #04-04-03
Opposition to New IHS Eligibility Policy to Serve Ineligibles Under Section 813(b) of the IHCIA

RESOLUTION #04-04-04
Support for National Centers of Excellence in Women's Health

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