Change

by George Nagel, MSW

Change is a natural process. Something or someone new comes into our life. Something or someone we are familiar with leaves. How do we find a way to accept change, whether it's pleasant, difficult, or painful?

A Story

Twin babies in the womb were involved in a spirited discussion.

"Are the walls getting smaller or are you getting bigger?" asked one twin.

"Can't tell, but it sure is getting crowded," said the other.

"Kind of a dull life."

"Oh, not bad. Don't have to breathe or eat. Just float around in this warm bath."

"But is this all there is to existence?"

"Don't worry yourself."

"I heard something called birth."

"Rumors. Now move your leg and shut up so I can get some sleep."

In the early hours the next morning, a horrendous contraction awoke the twins.

"It's an earthquake!" shouted one.

"Where are you going?"

"Don't know, help me."

"I can't."

"Goodbye, Brother, I'm going … I'm going."

"Oh, this is horrible," moaned the remaining twin as she felt herself begin to slide.

"This surely is the end of everything."

Change sometimes involves loss. It can be the loss of a person, job, time of life, or valued possession. It also can be a belief or a way of thinking that has allowed us to cope.

Stories provide us with a way of understanding through the experiences of others. In this way, we are not always told the meaning and there may be more than one.

There also are modern theories and beliefs that describe the stages of loss. Both approaches view the process of grieving as a natural transformation from what life has been to what it's becoming.

In the story about change, you can find the stages of grief and mourning:

- Numbness/Denial: We shut down in an attempt to have change feel less threatening and life more manageable. We may try to say to ourselves that it's not really that bad or that it really isn't happening.
- Yearning and Searching: This is a strong need to replace what is missing or lost, whether it's a person, situation, or time of life (like our childhood or a childhood we didn't have). With a sense of urgency, we think of how it could have been different.
- Disorganization, Anger, and Despair: We struggle to make sense of the loss. We are sensitive to pain. Trusting or having faith in ourselves or others is difficult while in this stage. Trusting involves caring and attaching, and we might not be ready.
- Integration/Reorganization: This stage begins with recognition and acceptance of our feelings of sadness, fear, and yearning about the loss. We still may feel cheated or tricked at times, but we come to terms with the limits of our ability to control life. The pain of loss gives way to new understanding and wisdom. We integrate the new with the old. We begin to experience emotional balance once again.

We can be in any of the stages at any time. There is no one way through the process. We can be working with past changes while being faced with new ones. We have many different tools and resources to help us along our way. We can learn together. We have each other.

Mental health services are available as a resource to assist with and support processing change, past or present. If you are interested in learning more, please contact George or Kelli at the Siletz Community Health Clinic at 541-444-1030 or 1-800-648-0449.

I'm Doing Just Great, Doc

Is Your Asthma Under Control?

People who have asthma often live with reduced lung capacity, wheezing, coughing, and problems breathing when they don't have to.

According to the Department of Health Services *CD June 2005 Summary*, there seems to be a gap between what to do when asthma attacks and actually doing it. Denial of symptoms and/or refusal to take daily controller drugs because there are no asthma symptoms are two of the most reported reasons.

Note: If you are using an inhaler to manage your asthma daily or weekly, you are not in control. How do we bridge this gap? By making asthma clients and providers partners in health care.

Know the signs of asthma, ask questions of providers, question medications and what they are used for, and finally, follow your asthma action plan.

Warning signs that your asthma is not in control are:

1. You have asthma attacks more often or your asthma attacks are getting worse.
2. You use your rescue medication, often albuterol, more than once a week.
3. You wake up in the night coughing and wheezing from asthma more than once a month.
4. When you have a cold or other illness that affects breathing, it lasts longer than usual.
5. You have problems breathing during physical activity or exercise.

To help manage asthma, fill your asthma prescriptions, take daily control medications as prescribed, avoid triggers such as smoking and exposure to secondhand smoke, and call your doctor if you have any of the warning signs listed above.

Further, during your next doctor visit, ask your provider about an **asthma action plan**. This plan can help you manage your asthma so you can breathe better, sleep better, and feel better every day.

Manage your asthma. Don't let your asthma manage you! For more information, contact your primary care doctor about an asthma action plan.

Tribal and IHS Health Facilities – What You Need to Know

by Judy Muschamp, Health Director

Do you remember when the Siletz Tribe built the Siletz Community Health Clinic?

We began planning and design in 1989. Despite the objections of the Indian Health Service (IHS), HUD funded the majority of our construction costs, the Bureau of Indian Affairs provided some business development monies, and Congress appropriated initial staffing and equipment through an earmark in the IHS budget.

It wasn't until IHS discovered that our congressional earmark became recurring funding that it supported our project at all. Our "population" numbers did not justify an ambulatory health facility.

We opened our doors on Feb. 25, 1991, and within three years had completely outgrown our building. Clinic expansion was possible in 1994 using third-party revenue the clinic had collected and saved.

Today, our clinic is one of the busiest in the Northwest. On an annual basis, we see more patients than Warm Springs, Grand Ronde, Colville, or Umatilla, to name a few.

Are all those visits by Siletz Tribal members? No – fully 25 percent of all our active patients are enrolled in or descendents of other federally recognized tribes. Because a self-determination compact with IHS funds our clinic operations, we are obligated to follow IHS federal eligibility regulations. This is true of any tribal or IHS facility throughout the U.S.

Over the next several months, I will print a list of tribal or IHS options for health care. If you have access to the Internet, you can locate the facility nearest you by visiting www.ihs.gov and clicking on the Area Offices and Facilities link.

If you are an enrolled member of the Confederated Tribes of Siletz Indians; have minor natural, adopted, or stepchildren; or can document your tribal ancestry, you are eligible to receive services.

Of course, because of funding or other restrictions, each facility operates from its own priority system, but if it's IHS-funded, you cannot be denied care within the four walls of the facility.

Contract Health Service is excluded unless you actually reside on reservation land. Any appeal of denied care must be to the nearest IHS area office.

If you live near one of these facilities, you might be able to obtain free care. Keep in mind that each facility offers its own special array of services.

Colville PHS Indian Health Center
Nespelem, Wash.; 509-634-2913

Neah Bay Service Unit
Neah Bay, Wash.; 360-645-2233

Wellpinit Service Unit
Wellpinit, Wash.; 509-258-4517

Yakama PHS Indian Health Center
Toppenish, Wash.; 509-865-2102

Chehalis Tribal Clinic
Oakville, Wash.; 360-273-5504

Inchelium Clinic
Inchelium, Wash.; 509-722-3331

Lower Elwah Klallam Health Clinic
Port Angeles, Wash.; 360-452-6252

Lummi Indian Health Center
Bellingham, Wash.; 360-384-0464

Muckleshoot Tribal Clinic
Auburn, Wash.; 253-939-6648

Nisqually Health Clinic
Olympia, Wash.; 360-459-5312

Nooksack Tribal Health Center
Everson, Wash.; 360-966-2106

Omak Clinic
Omak, Wash.; 509-422-7454

Port Gamble S'Klallam Tribal Clinic
Kingston, Wash.; 360-297-2840

Puyallup Tribal Health Authority
Tacoma, Wash.
253-595-0232 (Pierce County only)

Quileute Clinic
LaPush, Wash.; 360-374-9035

Roger Saux Health Center
Taholah, Wash.; 360-276-4405

Sauk-Suiattle Health Clinic
Darrington, Wash.; 360-436-1124

Skokomish Tribal Health Clinic
Shelton, Wash.; 360-426-5755

Swinomish Health Clinic
LaConner, Wash.; 360-466-3163

Tulalip Clinic
Marysville, Wash.; 360-651-4515

Upper Skagit Tribal Clinic
Sedro Wooley, Wash.; 360-856-4200

White Swan Clinic
White Swan, Wash.; 509-874-2979

Seattle Indian Health Board
Seattle, Wash.; 206-324-9360

The Native Project
Spokane, Wash.; 509-483-7535

If you need help locating a facility, please feel free to call me at 541-444-9655 or 1-800-648-0449, ext. 1655.