

# H1N1 Vaccine Now Available to Everyone in Oregon Who Wants It

## Vaccination still especially important for high-risk groups; additional waves of flu may occur

Oregon Public Health officials in December made the H1N1 vaccine available to everyone. Prior vaccine had been prioritized to groups most at risk from H1N1 influenza.

"We have been hearing for some time that people outside the federally guided target group are very interested in getting vaccinated," said Mel Kohn, MD, MPH, director of Oregon Public Health Division. "We've received a substantial amount of vaccine and more is flowing into Oregon at a brisk pace, so it makes sense to open up it up to all."

While cases of H1N1 flu have dropped

off over the last few weeks, there is a good possibility that additional waves of illness may occur over the next few months. Health officials continue to urge people to get vaccinated to prevent problems later this winter.

"Local county health departments will continue working to get vaccine directed to a variety of providers so that, as vaccine continues to be shipped, the public will be able to get immunized," says Kathleen O'Leary, administrator of the Washington County Public Health Division and chair of the Conference of Local Health Officials. "Private health

care providers, retail pharmacies and local public health clinics will be receiving vaccine to administer. I am very pleased that we can now provide this protection to more Oregonians."

Kohn and O'Leary advise that people check the flu vaccine locator to find out where vaccine will be available in the coming weeks in their area.

"Now that everyone will be eligible to get vaccinated, it will be more convenient for multiple family members to get vaccinated at once and that can save you some time," Kohn said.

Kohn recommends that everyone get

vaccinated, but adds that it's still especially important that those at high risk for complications from flu do so.

Many other states have either expanded eligibility already or are considering doing so in the near future.

More information on the flu pandemic and a vaccine locator are available on Oregon Public Health's website - [www.flu.oregon.gov](http://www.flu.oregon.gov). Those with flu-related questions, such as how to care for someone who has the flu or when to see a health care provider, also can get their questions answered by a nurse at the state's flu hotline, 800-978-3040.

## Flu Update – First Wave of H1N1 Flu Has Passed, Probably More to Come

By Lindy Taylor, MD

By the end of December, we should have gotten through the first wave of H1N1 (swine) flu. The clinic has been working diligently to get all of our priority groups vaccinated with the H1N1 flu vaccine.

The H1N1 vaccine now is available to the entire population. But because information can change quickly, a great resource for answers is the Oregon state website - [www.flu.oregon.gov](http://www.flu.oregon.gov).

We also update our flu information line daily - 541-444-9658. The phone is

available Monday through Friday from 8 a.m. to 5 p.m.

We expect another wave of H1N1 outbreaks in the spring so please get immunized, especially if you are in one of the high-risk groups:

- Pregnant women
- Health care and emergency response personnel
- Household contacts and caregivers of infants less than 6 months old

- People age 6 months to 24 years old
- People age 25-64 with chronic medical conditions, such as diabetes and lung, heart and immune system disorders

Kids age 9 and under will need two immunizations at least 21 days apart.

At the time of this publication, we are only giving H1N1 immunizations to our registered clinic patients.

The seasonal flu vaccine is available

for anyone who is interested. We expect it to hit our area in January and February.

The populations at highest risk of seasonal flu complications are kids under 5 years old and adults over age 65. Keep in mind that it takes up to two weeks for the vaccine to take effect.

With or without immunization, continue to practice healthy habits, such as hand washing with soap, coughing and sneezing into your elbow and staying home if you are sick.

## What You Can Do About the Flu

1. Get immunized. Call the Siletz Community Health Clinic flu information line for further immunization information - 541-444-9658.
2. Stay healthy by practicing preventative measures, such as washing your hands properly; covering your cough; avoiding touching your mouth, nose and eyes; getting rest; taking a multi-vitamin; eating nourishing food; and getting daily exercise.
3. Prevent the spread of flu by staying home if you are sick and keeping sick kids out of day care and school. Do not return to these activities until at least 24 hours after fever and symptoms have resolved without the use of medications. Call our health clinic with concerns or if you need more information about how to take care of someone with the flu - 541-444-1030 or 800-648-0449.

## 2010 Hunting/Fishing Incentives

Reminder to all Siletz Tribal members: Please report all harvests of deer, elk and salmon to the Natural Resources Department. The name on the tag will be submitted into a drawing after the season's end and could receive one of the following WalMart gift card incentives.

**Hunting Incentives**  
\$100 ~ \$75 ~ \$50  
WalMart Gift Cards

**Fishing Incentive**  
\$50  
WalMart Gift Card

Please report all harvests:  
Mike Kennedy at  
541-444-8232; 800-922-1399, ext. 1232  
mikek@ctsi.nsn.us  
or  
Kelley Ellis at  
541-444-8227; 800-922-1399, ext. 1227  
kelleye@ctsi.nsn.us

## Lawsuit, con't from page 1

and consolidation of fractionated land interests. The land consolidation program will provide individual Indians with an opportunity to obtain cash payments for divided land interests and free up the land for the benefit of Tribal communities.

By reducing the number of individual trust accounts the U.S. must maintain, the program will greatly reduce ongoing administrative expenses and future accounting-related disputes. In order to provide owners with an additional incentive to sell their fractionated interests, the settlement authorizes the Interior Department to set aside up to 5 percent of the value of the interests into a college and vocational school scholarship fund for American Indian students.

The settlement has been negotiated with the involvement of the U.S. District Court for the District of Columbia. It will not become final until it is formally endorsed by the court. Also, Congress must enact legislation to authorize implementation of the settlement.

Because it's a settlement of a litigation matter, the Judgment Fund maintained by the U.S. Departments of Justice and Treasury will fund the settlement.

"While we have made significant progress in improving and strengthening the management of Indian trust assets, our work is not over," said Salazar, who also announced he is establishing a national commission to evaluate ongoing trust reform efforts and make recommendations for the future management of individual trust account assets in light of a congressional sunset provision for the Office of Special Trustee, which was established by Congress in 1994 to reform financial management of the trust system.

The class action case, which involves several hundred thousand plaintiffs, was filed by Elouise Cobell in 1996 in the U.S. District Court for the District of Columbia and has included hundreds of motions, dozens of rulings and appeals and several trials during the past 13 years.

The settlement funds will be administered by the trust department of a bank

approved by the district court and distributed to individual Indians by a claims administrator in accordance with court orders and the settlement agreement.

Interior currently manages about 56 million acres of Indian trust land, administering more than 100,000 leases and about \$3.5 billion in trust funds. For fiscal year 2009, funds from leases, use permits, land sales and income from financial assets totaling about \$298 million were collected for more than 384,000 open Individual Indian Money accounts and \$566 million was collected for about 2,700 Tribal accounts for more than 250 Tribes.

Since 1996, the U.S. government has collected more than \$10.4 billion from individual and Tribal trust assets and disbursed more than \$9.5 billion to individual account holders and Tribal governments.

The land consolidation fund addresses a legacy of the General Allotment Act of 1887 (the Dawes Act), which divided Tribal lands into parcels of between 40

and 160 acres in size, allotted them to individual Indians and sold off all remaining unallotted Indian lands. As the original holders died, their intestate heirs received an equal, undivided interest in the lands as tenants in common. In successive generations, smaller undivided interests descended to the next generation.

Today, it's common to have hundreds - even thousands - of Indian owners for one parcel of land. Such highly fractionated ownership makes it extremely difficult to use the land productively or to provide beneficial use for any individual.

Absent serious corrective action, an estimated 4 million acres of land will continue to be held in such small ownership interests that very few individual owners will ever derive any meaningful financial benefit from that ownership.

Additional information is available at [www.cobellsettlement.com](http://www.cobellsettlement.com); the Department of Interior website, [www.doi.gov](http://www.doi.gov); and the Office of the Special Trustee website, [www.ost.doi.gov](http://www.ost.doi.gov).