

# Coos County man convicted of excavating local Tribal archaeological site

## Oregon DOJ leads prosecution with help from Coos and Coquille Tribes

A Coos County judge on Jan. 23 sentenced a North Bend man to five years of probation and fined him \$2,000 for intentionally disturbing a Coos County archaeological site.

David Gieselman repeatedly excavated American Indian archaeological objects from a site on the north shore of Coos Bay despite multiple warnings that it violated the law. Coos County Circuit Court Judge Michael Gillespie also ordered Gieselman to forfeit 12 Tribal artifacts in his possession and prohibited him from entering any Oregon state park for five years.

The Oregon Department of Justice environmental crimes unit prosecuted the case. The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians and the Coquille Indian Tribe played key roles.

“Because they tell a significant part of Oregon’s story, these resources are important to Oregon’s Tribes and all Ore-

gonians,” said Oregon Attorney General Ellen Rosenblum. “The Oregon Department of Justice is committed to working closely with the Tribes to vigorously enforce the laws protecting these sites.”

Oregon law states, “A person may not excavate, injure, destroy or alter an archaeological site or object or remove an archaeological object located on public or private lands in Oregon unless that activity is authorized by a permit issued in accordance with State law.”

Officials of the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians twice came upon Gieselman digging at the site in February and May 2010 and warned him against further collecting. Later that year, Oregon State Police searched his house and found 180 artifacts.

Gieselman was spotted again by an Oregon State Police trooper at the same site in February 2012. He had 12 artifacts on his person. The state subsequently filed criminal charges against Gieselman that he knowingly removed archaeological objects and knowingly disturbed an archaeological site.

A six-person jury found Gieselman guilty of the charges on Jan. 11.

Chief Warren Brainard of the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians addressed the court before Gieselman’s sentencing about the historical importance of these archaeological sites.

“Our social order was broken, we lost our traditions, Tribal ways and our language was forbidden,” he said. “Our way of life forever changed, our history was lost, stolen and changed to what our masters told the next generation. Our only true history is what can lawfully be recovered from undisturbed archaeological sites.”

The site in question was a gathering place for local American Indians. They fished there and may have built canoes as well. Archaeologists with the Tribe and the Oregon Parks and Recreation Department determined that the artifacts collected by Gieselman were traditional Tribal tools.

“Archaeological sites are part of our living legacy,” said Howard Crombie, Natural Resources Department director for the Coos Tribe. “They are messages from our ancestors to our children. When an archaeological site is destroyed, we lose part of our past, our future and ourselves.”

Oregon law puts tight protections on archaeological sites. It is a violation of state law to knowingly dig in an archaeological site even if the landowner has given permission.

More information about sensitive sites and obtaining permits is available at [oregon.gov/oprd/HCD/Pages/contact\\_us.aspx](http://oregon.gov/oprd/HCD/Pages/contact_us.aspx) – the website of the Oregon Parks & Recreation Department Heritage Programs.

“The resolution of this case and involvement of the state Justice Department clearly demonstrates the importance of protecting artifacts of ancient Tribal cultures,” said Brenda Meade, chair of the Coquille Indian Tribe. “It is a strong message to amateur archaeologists to follow the legal requirements and consult with state and Tribal authorities when encountering historical and cultural sites.”

Rosenblum thanked Patrick Flanagan, senior assistant attorney general at the Department of Justice, for his role in prosecuting the case.

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians has its headquarters in Coos Bay. The Coquille Indian Tribe has its headquarters in North Bend.

# New Hospital-to-Home Program to combat readmission

CORVALLIS, Ore. – Starting this year, Oregon Health Plan members will have a better chance of staying home after a hospital stay for certain chronic conditions because of the new Hospital-to-Home pilot program based at Samaritan Albany General Hospital.

The program is part of the health care transformation plans for InterCommunity Health Network Coordinated Care Organization (IHN-CCO) and is under the guidance of the Senior and Disability Services team for Oregon Cascades West Council of Governments (OCWCOG).

“We expect this program to reduce hospital readmissions and improve health outcomes for our members,” said Kelley Kaiser, CEO of IHN-CCO.

Patients can face many issues in getting back to full health after a hospital stay. But those who come home with chronic conditions like diabetes, chronic obstructive pulmonary disease (COPD), pneumonia, congestive heart failure (CHF) or atrial fibrillation (Afib) face an even greater danger. They are at high risk of being readmitted to the hospital within 30 days of leaving.

According to Scott Bond, director of OCWCOG’s Senior and Disability Services, medication errors by patients are one of the most frequent causes for readmission.

“A patient with diabetes receives information about a change in how to take their medication while in the hospital. If they don’t understand the changes or don’t follow the new directions, they may wind up with uncontrolled blood sugar levels and back in the hospital,” said Bond.

The Hospital-to-Home Program provides a transitions coach who visits the patient within 48 hours of discharge and keeps in touch by phone over the next three weeks. The coach ensures that the patient follows up with the doctor and

learns how to manage his or her drugs and create a health record.

The patient also learns the red flags that point to a worsening in his or her condition and how to respond.

Hospital staff refers patients who could benefit from the program. The patient must agree to participate.

“The home visit is the key to this program’s success,” explained Bond. “It gives the coach the chance to see what risks the patient may face in getting better at home. It could be something like a lack of means to get to the doctor and drugstore or prepare their own meals. If problems are found in the home visit, the coach will work with the patient to connect with resources in their community.”

The CCO plans to expand the program to other hospitals in Benton and Lincoln counties in the future. The successful Hospital-to-Home Program at Samaritan Lebanon Community Hospital will continue.

For more information about the Hospital-to-Home Program at Samaritan Albany General Hospital, visit [ocwco.org](http://ocwco.org). For more information about InterCommunity Health Network CCO, visit [samhealth.org/IHN-CCO](http://samhealth.org/IHN-CCO).

## About InterCommunity Health Network Coordinated Care Organization

Local public, private and non-profit partners formed IHN-CCO in 2012 to unify health services and systems for Oregon Health Plan (Medicaid) members in Benton, Lincoln, and Linn counties.

The organization seeks to improve the health of local communities while lowering or containing the cost of care.

Partners include county governments and their public health, mental health and addiction service departments;

local health care providers; federally qualified health centers; Accountable Behavioral Health Alliance; The Corvallis Clinic; Mid-Valley Behavioral Care Network; Oregon Cascades West Council of Governments; Quality Care Associates; Samaritan Health Plans; Samaritan Health Services; Samaritan InterCommunity Health Network health plan; and Samaritan Mental Health.

IHN-CCO currently serves more than 34,000 Oregon Health Plan members.

### What does this mean?

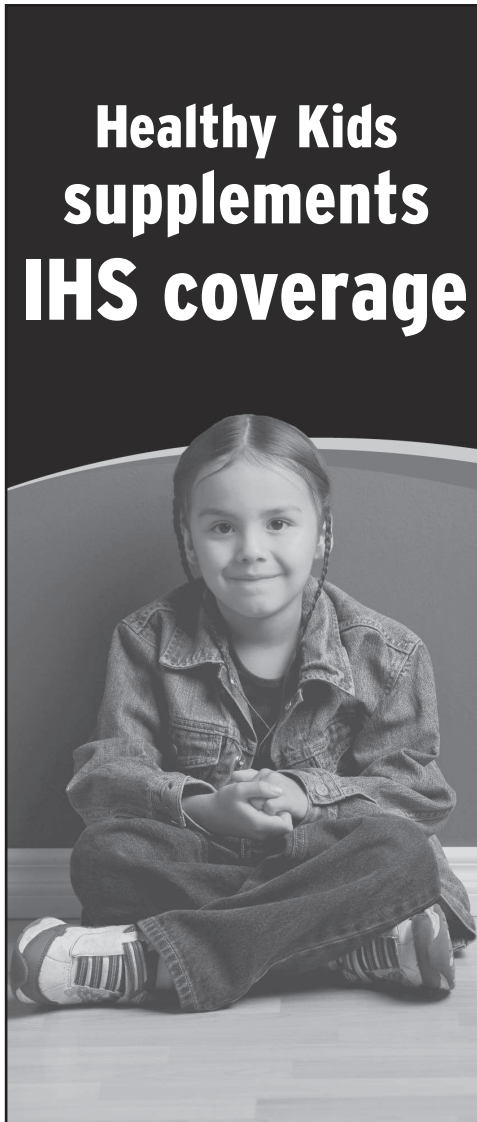
**Diabetes** occurs when the body fails to process sugar in the right way. Left untreated, diabetes can lead to heart disease, blindness, kidney failure and removing of infected toes, feet or lower legs from the body. Diabetes is the seventh-leading cause of death in the United States.

**CHF**, or congestive heart failure, does not mean the heart has stopped working. Rather, it means that the heart’s pumping power is weaker than normal. It is the leading cause of hospitalization in people older than 65.

**COPD**, or chronic obstructive pulmonary disease, makes it hard to breathe and is a disease that gets worse over time. COPD is the third-leading cause of death in the United States.

**Pneumonia** is an infection in one or both of the lungs. Pneumonia tends to be more serious for people who have other health problems, such as CHF, diabetes or COPD.

**Afib**, or atrial fibrillation (also referred to as AF), is the most common type of irregular heartbeat. It is found in about 2.2 million Americans. Its frequency increases with age. Afib is associated with an increased risk of stroke, heart failure and even death.



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