

Maria Westervelt – 1930-2024

Maria (roll #1095) was born Sept. 12, 1930, in Manila, Philippines, one of four children of Augusta (Gustie) Evans of Logsden, Ore., and Marcos Alicante. Maria passed away peacefully on Jan. 6, 2024.

Maria is survived by nieces and nephews Jose (Joey), Catherine, Marc, Maria and Miko, and their spouses. Maria is also survived by grandnieces and nephews Jose, Gabriel, Trinidad and Rafaela, and their spouses; as well as nine great-nieces and nephews, of whom she was particularly fond.

Maria is preceded in death by her parents, Augusta and Marcos; and her siblings, Catherine, Theresa and Michael.

Maria lived her early years in Manila and would eagerly talk about her experiences during the occupation of Manila during World War II. Her memories of this period were vivid throughout her life.

She attended high school in Manila, but continued her secondary education at Immaculate Heart College in Los Angeles. She became an accomplished and recognized artist with several works displayed at the National Library of Congress.

She continued drawing during her days living in Siletz Tribal housing. She loved receiving drawings and cartoons from her great-nieces and nephews, and these were proudly displayed throughout her house.

Maria worked in Roseburg, Ore., and Springfield, Ore., as a nurse's aide from 1973-1998. She greatly benefitted from these jobs and was most proud of her ability to help others.

Upon retirement, she was accepted for Siletz Tribal housing and lived on Tolowa Court for the past 22 years. She really loved being close to friends and acquaintances in Siletz, and was active in Tribal affairs as well as elder events and programs.



She was very proud of her background and heritage, and had stated on many occasions how meaningful it was to be living “where her mother lived.” Her many friends in Siletz really were a very special asset to her in her later years. Her unique and caring personality will be greatly missed.

General Council Meeting Saturday, Feb. 3, 2024 1 p.m. Siletz, Oregon	Call to Order	Program Reports	Announcements
	Invocation	Clinic Report – PRC and	Adjourn
	Flag Salute	Phone Improvements	Please note the General Council Meeting will be livestreamed through the Tribe's website.
	Roll Call	Hunting & Fishing Legislation	
	Approval of Agenda	Tribal Member Concerns	
	Approval of Minutes	Chairman's Report	

When neurology changes digestion, it can be hard to figure out how to adapt

By Nancy Ludwig, MS, RDN, LD,
Siletz Tribal Head Start Nutritionist

As part of my role as a consultant nutritionist to Siletz Tribal Head Start, I offer information for families. This segment focuses on digestion and how it may be impacted by our neurology (disorders and diseases of the nervous system).

Digestive changes can be subtle or they can be overt. When your children are young, neurological problems may be apparent, requiring early intervention. Other neurological issues can remain subtle, but present a burden to our health. These neurologic changes can begin at any stage of life and can persist or worsen over time.

Please keep in mind that an occasional bout of digestive trouble does not signify a serious condition. My purpose here is to cover underlying factors that can lead to digestive problems so that as we notice patterns, we are better informed when seeking care.

Four common states of stress that impact digestion due to neurologic changes include: 1. Trauma (present life or ancestral); 2. Infection; 3. Microbiome; and 4. physical structure. Neurogenic bowel is the general term to describe loss of normal bowel function due to nerve problems.

Trauma can occur in present life, such as childhood neglect, abuse or many forms of separation, violence and death. I've written about ACE (adverse childhood experiences) scores in the past and this topic has gained a great deal of necessary attention in recent years.

I've also written about ancestral trauma and readers here likely know how very significant this is in the Tribal

population. The impact of trauma can take some of the neurologic communication offline, either temporarily or long-term.

Trauma can reduce or increase signaling, depending on the length of time the nervous system stays in high alert or goes into freeze. Many trauma-informed therapies are becoming available, yet most are not set up to assess or deal with digestive issues.

Often when trauma is addressed, digestive issues improve; but not always. I encourage those who experience GI challenges to look upstream for possible root causes because trauma may need to be evaluated and addressed.

Infection gets very little attention as a cause of digestive issues. Changes in neurologic function of the gut, including constipation, can be seen in the later stages of chronic Lyme disease (and its co-infections). This infection can persist in the gut even after treatment with antibiotics. This may be a form of paralysis, called Bells Palsy, which is more commonly noted on the face rather than in the gut.

Research has shown that the presence of these infections is frequently associated with other GI diseases such as Crohn's and celiac. Furthermore, Epstein-Barr virus and mononucleosis are associated with neurological changes in the gut.

Botulism is a food-borne neurotoxin known to be fatal because paralysis sets in very quickly. Oddly, this neurotoxin is used in therapeutic settings to reduce pain for people with brain injuries or migraine headaches. It is also used in beauty treatments to reduce the appearance of wrinkles.

The gut microbiome contains organisms such as bacteria, archaea and fungus. Healthy people contain a balance of many organisms where no one gets the upper

hand, especially pathogens. Pathogens are the ones that generally make us sick.

There are many organisms in our GI tracts and we rely on them to keep us healthy and functioning. People who experience bloating with chronic constipation often have high levels methane, which is produced by an ancient class of organisms called archaea.

When methane gas is produced in the gut, peristalsis (the rhythmic, squeezing motion) is reduced, slowing transit time. This condition is now called IMO (intestinal methanogen overgrowth).

It was first thought to be a type of SIBO (small intestinal bacterial overgrowth) that presented with constipation rather than diarrhea. When researchers discovered the organism was not bacteria, however, and populations were high in both the small and large intestine, they renamed the condition.

Other microbes, such as fungus and yeast, can overgrow to cause similar GI dysfunction. There is evidence that some of the infections mentioned above can also lead to microbiome changes.

Physical structure can also change digestion and bowel function due to nerve strain and/or damage. A spinal cord injury often damages the nerves that control the lower part of your colon, the part of the body that sends out the solid waste or feces.

Spina bifida occurs when the neural tube does not develop properly before birth. A pediatric condition called tethered cord causes tension on the spinal cord and disrupts many functions, one of which leads to chronic constipation. If the condition is not caught in childhood, it may lead to permanent nerve damage.

Neurologic digestive issues in childhood can result from damage to the developing central nervous system. Symptoms

can include oral impairment, reflux, delayed gastric emptying, and slow transit or constipation.

Early recognition of an infant or child with neurological impairment is crucial. Cerebral palsy and Hirschsprung disease are neurological conditions that impact digestion and are often found in childhood, if present.

Sometimes neurologic digestive issues are diagnosed later in life. Certainly, multiple sclerosis (MS) and Parkinson's disease include neurogenic bowel dysfunction.

Another rare condition with absence of nerves is called chronic intestinal pseudo-obstruction (CIPO).

I affirm that neurology changes digestion via any or all of these four categories. Personally, I've been on a long neurological journey as expressed by my bowels. The neurologic portions weren't obvious, despite my training in digestion. My struggles remained a mystery for most of my life.

This past year, I had two neurosurgeries on my spinal cord – decompression and tethered cord (which was not addressed in my childhood). I've also been living with IMO, Epstein-Barr virus, chronic Lyme disease and its co-infections, plus developmental trauma. I hope my personal experience, with scientific backing, is useful for your health as well as your children and the entire community.

Please know that Siletz Tribal Head Start offers nutritional support at no cost to Head Start families. This usually occurs over the telephone. If you have nutrition concerns about your Head Start child or want to discuss family nutrition concerns, please contact your teacher or the director and ask to speak to the nutritionist. We want to support your children and families.