ATNI Kah-Nee-Ta *Coverage of the Affiliated Tribes conference by Cynthia Stowell*

Majority of resolutions focus on health issues

Throughout the ATNI conference, members cautioned each other about substituting resolutions for meaningful action. "Paper resolutions carry a lot of weight," said Joe Cloquet of the Cowlitz Tribe, but they are useless if they go no further than the hands of the delegates. Delbert Frank of Warm Springs also warned against "letting discussion and resolutions die on the floor."

But delegates from 22 tribes saw fit to pass 17 resolutions, most of which addressed health concerns. At least two resolutions bore conflicting messages. Resolutions No. 4, which called for an end to contract health services, was immediately contradicted by Resolution No. 5, which sought to beef up contract health services at Ft. Hall. Delbert Frank simply nodded and shrugged when questioned about this apparent conflict, saying, "I know."

The following is a brief look at the resolutions passed by the Affiliated Tribes:

No. 1—Monies received under the Self-Determination Act (P.L. 93-638) should not be deducted from claims in the Indian Claims Court since Tribes might be discouraged from utilizing such contract funds.

No. 2—Support is given to the Northwest Indian Training Institute in its search for funding. The Institute, which provides training for staffs of Indian alcoholism programs, has been operating on a volunteer basis since 1978, when its funding expired.

No. 3—The ATNI Liaison Committee should continue to work with the Indian Services Resource Panel of the Federal Regional Commission in joint tribal-federal planning. Tribes cannot plan effectively when responding to the availability of federal dollars.

DELEGATES AT WORK—*Representing 22 tribes, delegates sifted through 17 resolutions and passed all of them at the Affiliated Tribes of Northwest Indians annual convention at Kah-Nee-Ta August 27-29.*

Spilyay Tymoo Photo by Stowell

No. 4—The Snyder Act, providing for contract health care under the Indian Health Service, should be repealed since it tends to relieve the government of its "legal and moral obligation" to provide for Indians' health needs in a culturally compatible way.

No. 5 — The Northwest Portland Area Indian Health Board is encouraged to continue its hospital feasibility study and develop a cooperative arrangement between the Shoshone-Bannock Tribe and Bannock Memorial Hospital for Contract health care.

No. 6 — Elderly Indians should have more money available to them under the Older Americans Act.

No. 7 — The psychological tests currently administered to residents of the Ft. Hall Reservation should be studied with a view to their effectiveness among Indian populations, and improved if necessary.

No. 8 — The Sho-Ban Elderly Nutrition Project, which has been inadequately funded during it five-year history, is supported in its efforts to receive direct funding through Title VI of the Older Americans Act.

No. 9—The Indian Health Service should extend the funds available for eyeglasses, hearing aids and corrective surgery for six months with the assurance that such funds will not be deducted from FY1980-81 budgets.

No. 10 — Efforts of the Northwest Indian Council on Alcohol and Drug Abuse to continue as a forum for Indian treatment programs are supported.

No. 11 — The Ft. Hall Reservation is supported in its efforts to establish a "Most in Need" program for its children under the National Institute of Mental Health

No. 12 — Support is given to the development, design and funding of community mental health centers for Indian populations.

No. 13 — Regulations for the Tribally Controlled Community Colleges Act (P.L. 95-471) should be modified so that all enrolled tribal members might be served. (As it currently stands, the law applies only to those Indians who are eligible for B.I.A. services.)

(There were no Resolutions No. 14 and 15)

No. 16 — The Portland Area Office of the Indian Health Service should review its funding mechanisms for the construction of sanitation facilities in light of the delays experienced by the Umatilla Tribe.

No. 17 — A Department of Radiological Health should be established in the Indian Health Service to monitor the effects of radiation on Indian populations near nuclear power or uranium mining sites. The National Indian health Board should monitor the development of nuclear power and make regular reports to ATNI about proposed or existing projects that might affect Indian tribes.

No. 18 — Support is given to the North American Indian Women's Association(NAIWA) in their effort to hold an equal employment opportunity seminar in Portland on September 24 and a regional conference on October 26-27 in Idaho.

No. 19 — A working committee to develop a plan for regional fish and water resource planning should be established before October 31, 1979. The committee's task would be to find ways for tribes to strengthen their control, function as part of the decision-making system, create a base for political action, and strengthen tribal constituencies.

Education panelists respond to P.L. 95-561 provisions

Most of the educators' concerns at the Affiliated Tribes conference focused on P.L. 95-561, the 1978 Education Amendments Act. Signed into law last November it is now in its implementation phase, but tribes are worried about some of its provisions.

There are four major components of 95-561 that concern Indian tribes, as Warm Springs education director Charles Calica explained during and after the panel presentation. First, it increases the formula for impact aid funds, which go to school districts in lieu of property taxes for Indian students. Additionally it requires that tribes be actively consulted in program design and details a grievance procedure to be followed if tribes do not approve of the way the money is being spent.

selection of a new Johnson-O'Malley funding formula, with tribal participation. Third, it reorganizes the Bureau of Indian Affairs Office of Indian Education, bringing it into direct line authority and giving more power to local Indian school boards. Fourth, it reauthorizes Title IV of the Indian Education Act and establishes regional resource and evaluation centers for technical assistance, evaluation and information dissemination.

In Calica's mind, there are several dangers inherent in the act. The grievance procedure for impact aid funds gives tribes the right to have their educational services provided by the Bureau if they disagree with the school district's basic education plan, but there is no provision for the impact aid monies to follow Indian students out of the district, said Calica. Another problem is with the regional resource centers, which Calica and others feel are self-serving, providing assistance to Title IV programs to the exclusion of other Indian education programs.

Calica summarized his concerns by saying, "The seriousness of 561 is that it will add justification to the federal government that maybe Indian Education programs can be more effectively administered out of a Department of Education."

Roy Stern, with the B.I.A. Portland area office and member of the task force for implementing 95-561, was especially concerned about impact aid funds and the public misunderstanding that has persisted in the 30 years since P.L. 81-874 authorized their appropriation. School administration and the general public need to be educated as to the source and use of these funds, said Stern. He presented startling statistics concerning the amount of 874 monies made available. In 1979, $786 million were allocated nationwide, with $5.5 million going to the Portland area. Nine school districts in Oregon received $961,000 in impact aid. "These figures point out something about 874—that we haven't heard enough about it."

Tribes fear radiation effects

The panel on health concerns may have been the shortest of the conference, but health issues dominated the resolutions session. The most unusual and lively discussion centered on the development of nuclear power sites near Indian reservations

A resolution was passed to create a Department of Radiological Health within the Indian Health service to monitor the effects of radiation on Indian populations. The National Indian Health Board was also asked to gather and disseminate information about proposed nuclear developments that might affect Indian people.

Walter Moffett of the Umatilla tribe cited a little-known case of radiological contamination in Arizona. According to Moffett, nuclear waste had been stored in a dam near the Navajo Reservation. The dam broke, carrying contaminated water to cattle and people on the reservation. Positive test results caused no more action than the posting of warning signs near water supplies, said Moffett.

"The federal bureacracy would get very nervous if they knew that Indian tribes were taking a look at thermal plants," said Ernie Clark of Colville, especially since Indians have much of the water and uranium needed for nuclear development.

Concern was also expressed about uranium mining and the need for strict adherence to transportation laws. Jim Wynne of the Spokane said uranium had been hauled through his reservation for years and there has not been a case of cancer yet, but he was glad that this resolution "has finally come up."

During the regular panel presentation on health concerns, Bill Steeler of the I.H.S. area office in Portland reviewed the current regulations regarding contract health care. He explained the relaxed medical priorities that went into effect last year, expanding care beyond the "urgent" category into nearly all medical needs except for luxuries such as corrective surgery. Steeler said that the trend toward contract health care resulted from the excessive costs of supplying service units with all the specialized equipment and personnel needed. Five years ago, $22 million were spent on contract care. For 1980 $107 million have been budgeted.

Steeler saw no reason why traditional medicine men could not be reimbursed under contract. All that would be required is a referral from the service unit and the submission of a bill after service is rendered. A case such as this is currently being processed in the Portland area, he said. "The service has always been used," said Steeler, "but never been paid for."

The I.H.S. assistant director feared that formalization of traditional medicine might lead to regulations, and he recommended that reimbursements be handled on a case by case basis rather than formally building traditional methods into the system.