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Spilyay Tymoo

News from the Warm Springs Indian Reservation



VOL. 15 NO. 1

P.O. BOX 870 WARM SPRINGS, OR 97761

JANUARY 12, 1990

Coyote News In Brief

Workshop to explore role of Warrior/veteran

A two-day workshop, sponsored by the Warm Springs Community Counseling Center, will look at problems veterans face as well as the role veterans play in the Native American family and community.

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Small log mill completion date set for May

Work continues on construction of the small log mill. The weather has allowed work to proceed through the winter.

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Indian students served by JOM

The Johnson O'Malley Act, passed in 1934, still provides funds and organizes committees designed to assure Indian students receive educational opportunities.

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Times remembered through photos

Changes occurred at a fast pace in Warm Springs at the beginning of this century.

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Santa Clara wins again

A team from Santa Clara, California took home the first place trophy during the annual Holiday Basketball Tournament held in Warm Springs.

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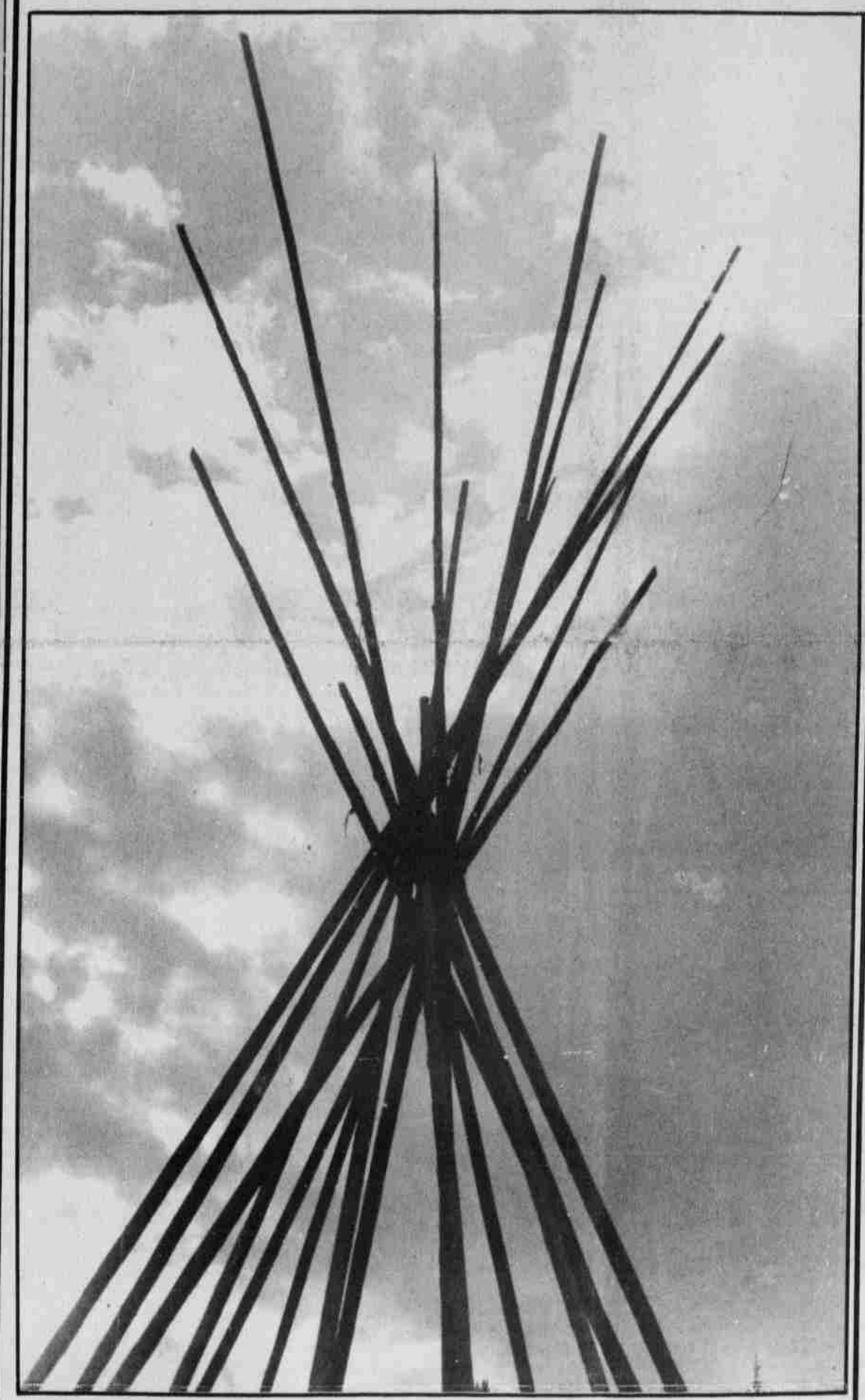
Be individualistic

Everyone has the right and responsibility to take care of themselves first. Make goals, be original and express feelings.

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Weather

January	High	Low
3	47	32
4	57	32
5	67	28
6	55	36
7	50	43
8	51	39
9	63	35



Silhouetted against the sky, teepee poles at Kah-Nee-Ta stand bare, waiting for a canvas cloak.

Artifact purchase scheduled

The Middle Oregon Indian Historical Society purchase for 1990 has been scheduled.

Forms may be picked up at the MOIHS Museum office and must be completed and returned along with artifact to the Museum office by January 31, 1990.

Only artifacts listed below will be accepted for appraisal, and will be limited to one (1) object/artifact per applicant/family household. Artifact must be old, an antique with 50 years of family history. Artifact should be in excellent condition.

1. Historical photographs/documents with 50 years of family history.
2. Old beaded bag with 50 years of tribal family history.
3. Old cornhusk bag—root storage of hand bag or side purse, made of all natural material—Taux and cornhusk weave, with 50 years of tribal member family history.
4. One (1) artifact submitted by tribal member who has not submitted object for purchase before. Artifact must be antique, old with 50 years of family history.

Questions may be directed to the MOIHS Museum staff; Liz Cross, Beulah Calica or Mico Chase at 2148 Kota St., or Phone 553-3331/3338/3386.

Drug test results show low use

"The test results, generally speaking, are great. I don't think there's any company, anywhere, that could do any better than we did," said Employee Assistance Program director Larry Adams of the results of 1989 employee drug testing. The drug testing, conducted from March

1, through December 31, 1989, is part of the Drug Free Workplace Policy adopted by Tribal Council November 13, 1988.

Of the 937 Kah-Nee-Ta Apparel Industries, tribal organization and Warm Springs Forest Products Industries employees tested, 105 tested

positive. The six categories for testing were pre-employment, random supervisory, random employee, critical positions, cause and monitor testing. A total of 188 people were administered pre-employment drug tests; 80 supervisors were randomly tested; 314 employees were randomly tested; 351 employees in critical positions were tested; no employees or supervisors were tested for cause and four people were monitor tested. "Ninety to ninety-one percent of our employees have clean body fluids," said Adams.

"The Tribe is probably doing what no other Tribe has done," said Adams. "The program has generated a tremendous amount of interest across the country." He explained that numerous other tribes have inquired about EAP and the drug testing program.

All Kah-Nee-Ta, WSAI and tribal employees have been tested while about two-thirds of the WSFPI workforce has been tested.

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Packwood hears officials' testimony on rural health

Oregon Senator Bob Packwood was in Madras Monday, January 8 to hear testimony concerning rural health care issues. Packwood visited rural communities throughout Oregon to gain better understanding of the medical concerns faced by health officials as well as community members. Of grave concern is reduced funding in Medicare and Medicaid programs, reduced funding in family planning programs, uncompensated care expenses assumed by hospitals as well as federal funding

for the Indian Health Service. Presenting testimony at Monday's hearing were health officials from Madras as well as Sal Sahme, Human Service General Manager for the Tribe and Lee Loomis, Service Unit Director for the IHS Clinic in Warm Springs.

In his presentation Loomis commented on three issues; contract health care, medical staff recruitment and health promotion and

Report documents community health

In 1988, the Confederated Tribes of Warm Springs, in conjunction with the Indian Health Service (IHS), began a strategic health planning effort to improve the health of the Warm Springs community. At the same time, the Tribes established the goal of becoming the healthiest community in Indian Country by the year 2000.

One of the first priorities was to determine the health status of the community. Like other communities in the state and country, Warm Springs had never conducted a comprehensive study on the health status of the community. With the assistance of medical experts from Stanford University in California, the Centers for Disease Control and IHS, the Tribes reviewed records from the Warm Springs clinic and area hospitals. The information was compiled and analyzed. The result is a statistical baseline against which future improvements may be measured.

The findings of the report did not come as a surprise to local health officials. Now those findings must be translated so the effectiveness of existing preventive programs may be measured.

Warm Springs faces health problems similar to those of many other small and/or ethnic communities. Taking the initiative to identify and address those problems indicates Warm Springs' commitment to improving the health of the community.

Data used for the study was drawn from a two-year period, 1987 and 1988. It cannot identify trends or improvements that may have taken place during a longer period of time. And, because the community is small, statistics may be distorted by one-time incidents involving four or five tribal members.

In some cases, Warm Springs statistics were compared with those of the State of Oregon. Because the statistical bases for each entity are different the comparisons should be viewed only as general indicators, not as statistically accurate.

Statistics

The average age of death on the reservation was 44. The state average was 75. Compared to state averages, the Warm Springs death rate is high in every age category.

Heart disease is the leading cause of death among Warm Springs and state residents. The second leading cause of death among Warm Springs residents, unintentional

injuries, occur at a much higher rate than in the state.

Deaths among Warm Springs residents are also affected by higher-than-average incidences of sudden infant death syndrome, neonatal deaths, diabetes, suicide, alcoholism and homicide.

Occurrences of fatal cancer among Warm Springs people was significantly lower than state averages and may be attributable to the relatively young reservation population.

The crude birth rate for Warm Springs was 43 per 1,000 population. The state crude rate was 14.4 per 1,000 population. Birth rates among Warm Springs teenagers were 3.5 times higher than state averages. Nineteen percent of all Warm Springs births during 1987 and 1988 occurred in teenagers.

Hospital admissions among members was higher than the state average but the length of stay was shorter.

Steps of Prevention

The study found that even though the health problems are serious, they are also largely preventable. Reservation health officials are taking steps to improve the existing health care system and to modify the behavior among residents that leads to illness. Eventually, these programs may create models for other communities to follow.

The Confederated Tribes has underscored its commitment to improving health conditions by taking direct responsibility for monitoring the health status of the community.

As with other communities, Warm Springs health care budget was directed toward treatment services. Now, health dollars are being reallocated so that prevention programs receive adequate funding.

High medical costs have also squeezed existing health funding. Tribal members with non-critical illnesses are carefully supervised by the clinic instead of being hospitalized. Patients benefit from family care and thousands of dollars are saved in this "Intensive Outpatient" program. Those savings can be invested in other preventive and treatment programs.

One of the key purposes of the report is to create awareness of health problems so that community members can be motivated to change high-risk behavior. Tribal officials realize that improvements will occur only when the entire

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