COMMUNITIES TO PROVIDE THE ANSWERS FOR INDIAN HEALTH

* Among Indian youth 10 to 14 years of age, the mortality rate from suicide is more than four times the national average.

* One tribe feels that it has lost a generation of boys because of sexual abuse of the children by a teacher at the reservation school.

* The Phoenix Indian Medical Center, which serves almost 110,000 Native Americans in a four-state area, has one psychiatrist on staff. Adequate mental health care necessitates one psychiatrist for every 25,000 people.

* $13 million was appropriated for Indian Health Service (IHS) mental health programs in FY89. This is 1.3% of the overall IHS budget of $1.1. billion in FY89, providing $12 per Native American per year in mental health services. By contrast, treatment provided by states averaged $43 per non-Indian adult.

Alcohol and drug abuse, family disintegration and dysfunction, child abuse, self-destructive behavior, cultural adjustments and grief affect the mental health of Indians and Alaska Natives. Because of the diversity of tribal and village communities, the best approach to addressing many of these issues has yet to be determined. Should emphasis be given to youth, and to healing scars from domestic and sexual abuse? Should a focus be building self-esteem as a way to combat substance abuse? What about long-term-in-patient care in contrast to the involvement of the community in the healing process? When so many crimes on Indian lands are alcohol-related, should jails be converted into treatment centers?

On June 23, Sen. McCain (AZ) introduced S. 1270, in the belief both that Indian and Native communities themselves are the ones best able to determine and develop programs that would effectively address their mental health needs, and that traditional cultural healing can offer as much as western clinical approaches. S. 1270 would establish an Indian mental health services program. The remaining 25% would be paid by the tribe. S. 1270 would allow grant money to be spent on substance abuse treatment programs as well as other services. These demonstration projects would then be used to help determine the most effective steps to take in expanding existing mental health services provided by IHS. Sen. McCain stated in his introductory remarks that he hopes S. 1270 "will ultimately lead to the reform of the metal health delivery system" serving Native Americans. S. 1270 has been co-sponsored by Sen. Murkowski (AK), DeConcini (AZ), Cochran (MS) and Daschle (SD).

On September 14, the Senate Indian Affairs Committee held a hearing on S. 1270. Indian witnesses strongly supported the measure. Spokespersons for IHS, however, opposed it, holding that scarce funding is needed for acute medical care instead. Despite IHS opposition, Sen. McCain has stated he plans to mark up the bill in committee and send it to the full Senate for consideration before the end of the session.

HEALTH HAZARDS

EVALUATION OF THE HEALTH HAZARD OF CLOVE CIGARETTES:

WHAT THEY DO AND WHY:

Resolution 43 (1987 Annual Meeting), adopted by the House of Delegates, resolved that the American Medical Association study the dangers associated with clove cigarettes, that policy recommendations regarding regulation of clove and other tobacco additives be developed, and that this information be made available to physicians and the public. Clove cigarettes are tobacco products. They therefore possess all the hazards associated with smoking all-tobacco cigarettes. In addition, inhaling clove cigarette smoke has been associated with sever lung injury in a few susceptible individuals with prodromal respiratory infection. Some individuals with normal respiratory tracts have apparently suffered aspiration pneumontitis as the result of a diminished gag reflex induced by a local anesthetic action of eugenol (the active component of cloves), which is volatilized into the smoke. The American Medical Association has an existing policy vigorously opposing the use of any tobacco product; no exemption from this policy is made for clove-containing cigarettes.

CLOVE CIGARETTES:

Clove cigarettes are 60% tobacco and 40% cloves, which causes the tar, nicotine, carbon monoxide, and carbon dioxide content to be higher than in regular cigarettes.

Known health risks associated with regular cigarettes can be increased. Also, it appears as though infection-fighting cells are immobilized, allowing viruses and bacteria, already present in the lungs, to run amok.

Clove cigarette smokers have reported shortness of breath, nosebleeds, nausea, lung infections, asthma, and pneumonia as a result of their smoking.

CINNAMON OIL:

Oil of cinnamon is a yellowish-brown liquid. Cinnamon oil is sometimes used as a flavoring agent in cooking.

Physiological effects from sucking toothpicks dipped in cinnamon oil include dizziness, rapid heartbeat, and shortness of breath. One half-ounce (one tablespoon) of cinnamon oil, swallowed or inhaled, can cause coma and/or death.

PSILOCYBIN:

Psilocybin effects are similiar to LSD effects but do not last as long. The physical effects include dialation of the pupils, blurred vision, dizziness, muscle relaxation, decreased concentration, increases in pulse rate, blood pressure and temperature, nausea and anxiety.

Paranoid reactions, disorientation, depression, and extreme anxiety, often leading to a panic state, are effects that may be present even after the drug wears off.

MDMA:

MDMA is a synthetic, psychoactive (mind-altering) drug with hallucinogen and amphetamine-like properties. Psychological difficulties include confusion, depression, sleep problems, drug craving, severe anxiety and paranoia. These may persist weeks after taking ecstasy.

Physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness and chills or sweating may occur. Increases in heart rate and blood pressure are a special risk for people with circulatory or heart disease.

Long term effects include deterioration of neurons in the body, which is the underlying cause of motor disturbances seen in Parkinson's Disease. These symptoms begin with lack of coordination and tremors and may result in a form of paralysis.

WELLNESS--A WAY OF LIFE

Did you know that low fat and no sugar treats can be just as tasty and tempting as those loaded with fats and sugar? Did you know that a daily walk can strengthen your bones, to help prevent fractures. Did you know that the stress caused by the hustle and bustle of the holiday season can sometimes make you just as sick as the "flu bug"?

How we live and what lifestyle we choose both influence our health and how long we live. The most effective way to reduce health problems is to adopt a lifestyle compatible with a health and wellness program.

What we eat, the exercise we choose, and how we deal with stress are certainly important components of any wellness program.

What we eat has been linked to the development of heart disease, high blood pressure, obesity, diabetes, and even certain forms of cancer. This is especially true in Indian Country where the incidence of heart disease and diabetes is so much higher than in other groups of people. Eating should be both a pleasurable AND a healthful experience.

OREGON REFUSES TO NEGOTIATE HUNTING AND FISHING RIGHTS

Oregon says a court approved agreement is binding and that it will never renegotiate fishing and hunting rights with the Siletz.

The Confederated Tribes of Siletz hunt and fish off the reservation under an agreement signed in 1980. The agreement restricts the Siletz to 200 Salmon per year from Euchre Creek, 4,000 lbs. of salmon from state hatcheries, and 400 deer and elk tags which are restricted to a negotiated hunting zone.

The Siletz wanted to amend the agreement to include the hunting of birds, increase the 4,000 lbs salmon allowance, and enlarge the hunting zone.

The Oregon Fish and Wildlife Commission refused to negotiate saying that the 1980 federal court approved agreement will never be reopened.

The Commission also voted unanimously to refuse to negotiate hunting and fishing rights for the Confederated Tribes of Coos, Lower Umpqua and Siuslaw. The tribes were among 62 Oregon tribes terminated in the 1950's by the federal government. The Tribes regained federal recognition in 1984, but their hunting and fishing rights were not addressed.

Tribal Chairman Richard Jordan said "We're not willing to let it die because we never relinquished our hunting and fishing rights."

-Courtesy of the Circle