



Health News & Notes

Northwest Portland Area Indian Health Board

Volume 30, Number 4

October 2001 Issue



Julia's Report

by Julia Davis, NPAIHB Chair

The tragedy of September 11, 2001 took the lives of over 5,000 people in New York and another 189 at the Pentagon. The Northwest Portland Area Indian Health Board extends its sympathy to all those families who lost loved ones. Imagine: 10,000 children lost one or both parents in the World Trade Center attack. It is hard to imagine this level of loss, this amount of hatred, this ongoing agony of trying to make sense of what has happened.

It shook all of us in varied ways. After a quiet August spent mainly at home, I was ready for a busy fall season of meetings and lobbying. I was scheduled for a trip to Washington DC's Reagan Airport on September 10 on Alaska Airlines' new non-stop from Seattle, but we had cancelled the trip the previous week. These trips will never be the same, but we will have to get back on the planes and back to our work. On October 1, 2001, I sent a letter to every member of Congress from the Northwest and members of the Interior Committees expressing our sympathy and support for the difficult decisions that will be made this fall.

We did not actively lobby this October, but our Executive Director personally distributed this letter of sympathy and support, and a copy of our FY 2002 budget analysis to 40 members of Congress on October 4, 2001. It appears the Congress will approve a budget increase of less than 5% and this is a



major disappointment. As we pointed out in our July lobbying visit to Congress, the IHS budget needs a 10% increase just to purchase the current level of care. The soon to be approved budget will mean cuts in Indian health programs in FY 2002.

I have returned to a modest travel schedule with trips to Warm Springs for Delbert Frank Sr.'s funeral and Portland, but by car, not plane. Delbert Frank was

a very special friend to the Board and served on our executive committee. He was also very supportive as a member, and one time was President of ATNI. I also traveled to the Affiliated Tribes of Northwest Indians meeting in Lincoln City in September—again by car all the way from Lapwai. The health committee had two very lively meetings and the resolutions were forwarded to our October Board meeting in Coeur d'Alene.

Many of you are aware that the National Indian Health Board's Annual Consumer Conference was cancelled due to the September 11 terrorist attack. It has been rescheduled for March—again in Denver. Also cancelled, was the NIHB meeting of delegates. I will be forwarding details of NIHB's plans as they become available.

[Julia's Report continued on page 2](#)

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Health News and Notes is published by the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB is a nonprofit advisory board established in 1972 to advocate for tribes of Washington, Oregon and Idaho to address health issues.

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Northwest Tribal Cancer Control Project

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Luella Azule, Project Specialist
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We welcome all comments and Indian health-related news items.

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Thank you to former Muckleshoot Delegate Donna Starr



by Ed Fox, Executive Director

Donna Starr served on the Board for over 25 years. She served her tribe during these years as Health Director and an advocate for preserving the Muckleshoot Tribal language and culture. Donna retired in May 2001 and will be deeply missed at the Quarterly Health Board meetings. May your moccasins make happy tracks throughout your days of retirement Donna. 🌿

Look who the Stork Delivered

The Board would like to extend **Congratulations** to Michael Bettega and Chandra Wilson, proud parents of their daughter M'kya.

M'kya Dasan Bettega (Red Ruler) -
Pomo/Klamath
Born June 20, 2001
Daughter of Chandra Wilson, Klamath
Project Assistant, The EpiCenter



Julia's Report Continued

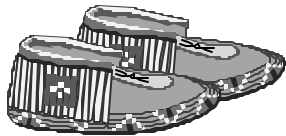


Other legislative items such as Diabetes Project funding, CHS Project funding, and Alcohol Project funding are still active issues that will need our attention this fall. In addition, the Indian Health Care Improvement Act has finally received some not so encouraging comments from the Administration. All in all, there is still much work to be done. I am confident that despite the horrible events of September 11 and its fallout we will rally and once again take up the task of defending our right to health care services for Indian people.

Tribal/State Quarterly Meetings

by Don Head, Policy Analyst

One of the functions of Program Operations, and the Board, is to facilitate quarterly meetings between the Northwest tribes and the states within which they reside. Not only does this foster a good working relationship between these governments, it allows for the sharing of information on a wide range of health care-related topics. By addressing current legislation and policy shifts, these meetings enable both the states and the tribes to prepare for upcoming program requirements more efficiently. In addition to the tribes and the states, federal officials from the Center for Medicare and Medicaid Services (CMS) and the Indian Health Service (IHS) also attend to provide insight into federal guidelines or policies that affect the delivery of Indian health care.



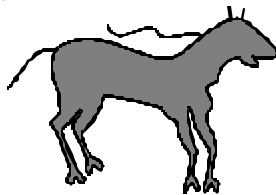
Idaho State

The most recent meeting between the tribes and Idaho State was held on July 9, 2001, in Lewiston, ID. In addition to discussing health care and policy matters, the Nez Perce Tribe provided a cultural demonstration and a tour of the facilities located on the reservation. At the meeting, the following agenda items were presented and discussed:

- Shulamit Decktor, NPAIHB Consultant, and Ed Fox, Executive Director, delivered a presentation on the Medicaid Administrative Match program.
- Idaho State officials discussed their continuing efforts for HIPAA compliance.
- Ed Fox and Don Head provided an update on the IHS Budget for FY 2002-03.
- Ernest Kimball, Tribal Liaison for CMS, provided an update on that program.
- State officials discussed a Medicaid update.

- Vanessa Dick, Regional Training Specialist for the Western Tribal Tobacco Project, and Glen Luis, from the Idaho State Tobacco Prevention Program discussed tobacco prevention policies, and the First Annual National Native Conference on Tobacco.

The next Quarterly meeting between Idaho and the tribes is scheduled for November 16, 2001. The host tribe will be Shoshone-Bannock. Julia Davis, Chair of the Board, has extended an invitation to individuals interested in Indian health to attend. For more information, please call Don Head, Policy Analyst, at 503-228-4185.



Oregon State

The most recent state meeting for Oregon was hosted by the Confederated Tribes of Coos, Lower Umpqua and Siuslaw in Coos Bay, on August 9, 2001. At that meeting, the following updates were given:

- NPAIHB – Verné Boerner,

- Administrative Officer
- CMS – Ernie Kimball
- Department of Human Services (DHS) – Donnie Griffin, Deputy Director of DHS
- Oregon Medicaid Administration Program (OMAP) – Hersch Crawford
- Office of Alcohol and Drug Abuse Programs – Caroline Cruz
- SDSA Elder Abuse – Naomi Steenson
- Health Division – Vicki Nakashima
- SCF – Joanna Riley
- Mental Health – Michael Stickler
- DHS Review – Richard Acevedo, Director of Tribal Relations Liaison for DHS.

The next quarterly meeting between Oregon and the tribes is set for November 8, 2001. For more information, please contact Don Head at 503-228-4185.

For more information, or agenda items for any of the Tribal/State meetings, please visit our website, at <http://www.npaihb.org/legis/legisla.html>, and follow the “State Meetings” link. You can also contact Don Head (OR, ID) for agenda requests.

[Please see page 9 for information on AIHC](#)

July NPAIHB Quarterly Board Meeting Lincoln City, Oregon



The Executive Committee hard at work and doing thier job well.



*The Diabetes Dream Team - L to R
Tim O'Hearn, Ed Lutz (Lummi), Sharon
Fleming (Choctaw & Cherokee), Jen Olson.*



*Pictured are Pearl
Capoeman-Baller (NPAIHB
Vice-Chair) and Jim
Crouch (CRIHB Executive
Director).*



*Right to Left: Tiffany Stuart holds the title of Native American
Health Coalition Pow Wow Princess, Samantha Lynch holds
the Jr. Miss Siletz title and Holly John holds Miss Siletz title.*



*Rod Smith happily participating in one of
many booths set up at the Board meeting .*



*NPAIHB recognizes Dee Robertson (Epi-Center Director) for his excellent work
with the Epi-Center. He will be retiring from IHS at the end of this year.*

*Picture to the left:
Women of CRIHB
present NPAIHB
Chair Julia Davis
with a Pendleton
Blanket.*



NPAIHB Joint Quarterly Board Meeting with the California Rural Indian Health Board Lincoln City, Oregon



Chairs Joe Salque (CRIHB) and Julia Davis (NPAIHB) end the board meeting with a shake of hands.



NPAIHB and CRIHB gather together to vote on Resolutions (Please see page 11 for Resolutions passed).



*The Man, the Myth:
Jim Crouch*



Jillene Joseph and Billy Rogers lead CRIHB and NPAIHB in an icebreaker at the banquet sponsored by the Siletz Tribe. Great job guys!



To the left, Dr. Marquart (IHS) accepts a Pendleton Blanket on behalf of Doni Wilder (Pitd Area IHS Director) from CRIHB.



Executive Directors Jim Crouch (CRIHB) and Ed Fox (NPAIHB) facilitate the Resolution Session.



A New Face at the Board



*Lynn DeLorme
Technical Writing Assistant
with friend in Dublin, Ireland.*

Okay, for starters I am a returning employee to NPAIHB. I was employed from 1991-1996 as Project Specialist for WTPP. I was born and raised in Portland. I graduated from the University of Portland with a bachelor's of science in Biology. My father and I are both enrolled members of the Turtle Mountain Chippewa Indian Tribe located in Belcourt, North Dakota. I completed two years of medical school at the University of North Dakota, but decided to obtain a master's in public and health administration from PSU instead. After living in North Dakota for three years and visiting during the summers, I feel lucky to resume living in the beautiful Pacific Northwest. Recently, I applied to Lewis & Clark Law School and completed my first year. Now, I am on an approved leave of absence to relax and enjoy my hobbies of cultivating my flower gardens, remodeling my parent's home, and hanging out with friends. Most importantly, I was a recent winner of a free trip, concert tickets, and hotel accommodations for two in Dublin, Ireland. At Slane Castle, amid 80,000 fans, I watched U2, Red Hot Chili Peppers, and Coldplay perform. <mailto:ldelorme@npaihb.org>



The Grass Looks Greener on the Other Side



Kurt Schweigman joins former Board employee Kerri Lopez at the Native American Rehabilitation Association to work on Tobacco issues. Best wishes to you Kurt in your new position, we wish you great success.



Anthia Nickerson found a new job as the Assistant Director of Planning for the University of Chicago Graduate School of Business. This position entails planning and organizing events for the business school, and her first assignment is to organize a black-tie event for past business graduates. The board would like to thank Anthia for all her hard work with the Epi-Center projects and her work on the Native American Research Center for Health grant. Congratulations on your new job and good luck with your new position.

Northwest Tribal Cancer Control Project

WORKING TOWARD CANCER-FREE TRIBAL COMMUNITIES

By Ruth Jensen (Tlingit), MS, Northwest Tribal Cancer Control Project Director

Reaching American Indian and Alaska Native Families

The Northwest Tribal Cancer Control Project is developing a 20-year plan to reduce cancer incidence, morbidity, and mortality among American Indians and Alaskan Natives in Northwest tribal communities. Our vision is for cancer-free tribal communities. This is a very long-term effort. Preventing some forms of cancer can happen more easily if healthy lifestyles are established at an early age.

A document developed by “Covering Kids” provides good advice on how to reach American Indian and Alaskan Native (AI and AN) families. Some of the items in the kit include:

- Background on AI and AN health policy and culture
- Information on the Indian Health Service, Tribal and Urban health systems
- Tips on outreach to AI/AN families
- Research findings to help communicate the benefits of SCHIP and Medicaid
- Tips for working with designers and printers
- Template fliers, coloring book pages, letters, and Public Service Announcements to help you inform your community
- Floppy disc with nine documents



As stated in the resource kit, “This communications kit is meant to assist you in informing and enrolling Native families in the State Children’s Health Insurance Program (SCHIP) and Medicaid.” (See <http://www.coveringkids.org>.) However, it has applications for reaching AI and AN families with other health messages as well. The following tips are adapted for a cancer project based on the “Create Messages” section of the kit:

(Focus on the tradition of health and children.)

- Emphasize respect for the wisdom of elders.
- Localize messages to create strong connections.
- Demonstrate how participation in cancer prevention benefits everyone.
- Confront misconceptions head-on.
- Stress the health outcomes of healthy lifestyle choices.
- Promote success stories.



Some individuals from the Northwest who contributed to the development of this document are: Terry Cross, Emma Medicine White Crow, and Ernie Kimball. The Robert Wood Johnson Foundation funded this project.

For more information about the Northwest Tribal Cancer Control Project, call Ruth Jensen at 503.416.3278 or email her at rjensen@npaihb.org.

NW Tribal Recruitment & Health Profession Education Project

By Gary Small, Project Director

The Northwest Tribal Recruitment Project (NTRP) would like to extend greetings to all NPAIHB Delegates and Health Directors. The Northwest Tribal Recruitment Project (NTRP) mission is to provide our tribal health care programs and clinics with qualified health care professionals.

More and more health professionals are utilizing the World Wide Web in searching for health professions jobs. It comes as no surprise that a large portion of our health professionals are recruited via the NTRP Website. Therefore, NTRP is constantly looking for innovative ways to attract health professionals by increasing job-related information content on our website. One of the web pages that have been helpful in attracting health professionals is our "Tribal Profiles" page, which offers a brief summary and photos of the Northwest tribal clinics, related history, and geographical area.



We are in the process of giving our web site a "face lift" so that we are as attractive and interesting as our competition in the private sector. Simultaneously, we are also updating the Profiles page for content. On October 5th, NTRP sent individual Profiles to all NPAIHB Health Directors and Delegates, to review their corresponding Tribal Profiles for content. If for some reason you did not receive your Tribal Profile, a copy will be provided for you at the quarterly meeting. Please review this document; it is a selling point to attract health professionals to apply for your current vacancies. Please send any changes or updates to our office as soon as possible.

Lastly, we would like to thank the clinics for allowing us to assist them in recruiting health professionals for their vacant positions and informing us of your vacancies and hiring. Please be sure to check from time to time that your positions are posted to our website at www.npaihb.org under "Health Professions Recruitment." If for any reason your health care vacancies are not posted on our web site, please contact us immediately at 800-338-8166. Gary Small, Project Director, Northwest Tribal Recruitment Project, gsmall@npaihb.org



American Indian Health Commission for Washington State

In Washington State, these regular scheduled meetings are held under the auspices of the American Indian Health Commission (AIHC). Cindy Lowe, Jamestown S'Klallam, is the Acting Chair for the Health Commission. AIHC held their most recent meeting on September 13, 2001 in the conference room of the Seattle Indian Health Board. The following has been taken from the agenda of that meeting, in order to provide a glimpse into what the Health Commission is currently reviewing:

- Rick Arnold and Roger Gantz of the Medical Assistance Administration provided an update of the Medicaid Waiver.
- During a working lunch, state officials from the Department of Social and Health Services provided an update on the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Joe Finkbonner and John Conniff, both NPAIHB consultants, provided an update of a new state regulation that requires private payers to pay Indian health programs.

The Annual Meeting for the Health Commission has been scheduled for November 5, 2001. Elections are going to be held at this meeting, so Chair Cindy Lowe strongly encourages Tribal Leaders to attend. For more information, please contact Ginger Clapp, AIHC Project Assistant, at 503-228-4185.

HR 2217: The Interior Appropriations Bill, FY 2002

By Don Head, Policy Analyst

Congress has not yet passed the Interior Appropriations Bill (HR 2217), which contains the Indian Health Service (IHS) Budget. Although the continuing resolution allows for FY 2002 spending at FY 2001 levels until October 16, it looks as though they will need to pass another continuing resolution in order to work through passing all thirteen bills.

On October 11, the conferees for the House and Senate filed their Conference Report. In it, the IHS Budget takes a major hit this year for increases. In FY 2001, IHS experienced a 10% increase. This year, the high water mark from both the Administration and Congress has been a 4.98% increase, which passed out of the House Interior Appropriations Sub-Committee. The President and the Senate Interior Appropriations Sub-Committee only asked for a 2.98% and 4.67% increase, respectively. The Conference Report that was filed last week asks for a 4.96% increase, or \$130,335,000.

It did not look good for IHS even before the September 11 terrorist attacks, when appropriations for the nation's defense and anti-terrorist measures further depleted a surplus and is now in the red. Now, however, the compromise that the Board predicted has come true, resulting in an increase that does not keep abreast of inflation, pay act costs, or population growth. The Board has determined that to continue the current level of services, an increase of 10% is needed, program increases in IHS warrant an increase of 16%.

The likelihood of attaining these figures was already decreasing as the deadline approached. The reason is that the deadline Congress had set for itself somewhat eclipsed the need for a hard look at the IHS Budget. Congress was already very busy drafting new legislation

to address increased security at airports, legislative responses to terrorism, and economic stimulus package and appropriations to aid the people of New York City and Washington, DC. The items that were reviewed in a conference of the bill under these circumstances may have been the victim of rubber-stamping, as members looked to fulfilling these other unexpected obligations. As a side note, tribes should advocate for a fair share of any economic stimulus package that is passed.

Looking at other appropriations, however, provides a contrasting view that an equitable increase did not have to be unreasonable in this new climate. The Labor, Health and Human Services and Education Appropriations Sub-Committee recently completed their mark-up of that bill, and have passed a 10% overall increase over FY 2001 levels. Subsumed under this appropriations bill is the funding for the National Institutes for Health (NIH) and the Centers for Disease Control (CDC). The House increased funding for NIH by 12% above FY 2001, or \$2.5 billion, for a total budget of \$23 billion. The effective increase the House passed for CDC was a 7.3% increase overall, for a total budget of \$4.1 billion.

IHS Budget Line Items

If HR 2217 passes with the Conference-proposed increase of 4.96% (a very likely event), tribes should expect actual diminishment of resources, due to inflation, pay act costs and population growth. The following outlines two areas of interest and what tribes can expect:

Contract Health Services (CHS)

Both the Administration and the Senate bills kept CHS funding at FY 2001 levels, or \$445 million. Due to the dependency that Northwest Tribes have on CHS dollars, not increasing CHS would severely limit the resources available for

health care delivery. The House proposed an increase of \$15 million, or 3%, but even this is unsatisfactory. Unfortunately, \$15 million is the figure that the conferees agreed upon. The Conference Report goes further, and directs that the distribution of this increase be limited to a proposal with tribal consultation. What this means is that either the proposed formula for distribution of FY 2001 CHS dollars is used, or a new workgroup is formed to provide that new formula. Given the history of last year's CHS Workgroup, either situation is bad news. To put this increase in perspective, medical inflation alone is expected to reach 9.3%, and CHS remains extremely susceptible to this factor. Funding medical inflation at that rate would require at least a \$41 million increase.

Contract Support Costs (CSC)

The President and the Senate provided for a \$40 million increase in CSC. However, both of these proposals take into consideration the contracting of the Navajo Medical Center. Since these requests, the Navajo Nation has elected not to pursue this contracting, which means that \$20 million will be removed from these requests. The House asked for a \$20 million increase in their bill. The Conference Report indicates that indeed the amount requested for CSC was adjusted down to the House level, with the appropriation request at \$268 million, representing an 8% increase.

Since the conference report has been filed, it is extremely likely that the Interior Appropriations Bill (HR2217) will pass by the end of October with no changes expected.



Upcoming Events

November

American Indian Health Commission Annual Meeting

November 5, 2001

Location: Seattle Indian Health Board -Seattle, Washington

Contact: Ginger Clapp

Telephone: (503) 228-4185

Oregon Quarterly Tribal/State Meeting

November 8, 2001

Hosted by Siletz Tribe

Location: Siletz, Oregon

Contact: Don Head

Telephone: (503) 228-4185

Idaho Quarterly Tribal/State Health Meeting

November 16, 2001

Location: Fort Hall, Idaho

Contact: Don Head

Telephone: (503) 228-4185

2001 58th NCAI Annual Session

November 25-30, 2001

Location: Spokane Center - Spokane, WA

Telephone: (202) 466-7767

Contract Health Service Training

November 27-28, 2001

Location: NPAIHB - Portland, Oregon

Contact: Mary Brickell

Telephone: (503) 228-4185

Referred Care Information System Training

November 29-30, 2001

Location: NPAIHB - Portland, Oregon

Contact: Mary Brickell

Telephone: (503) 228-4185

Women's Health Training

November 14-15, 2001

Location: NPAIHB - Portland, Oregon

Contact: Mary Brickell

Telephone: (503) 228-4185

December

ICW Training Institute

December 3-7, 2001

Location: Santa Fe, NM

Contact: Shannon Romero

Telephone: (503) 555-4044

Dental Data System Training

December 6-7, 2001

Location: NPAIHB - Portland, Oregon

Contact: Mary Brickell

Telephone: (503) 228-4185

Diabetes Management System (California Area)

December 11-12, 2001

Location: California Area IHS

Contact: Mary Brickell

Telephone: (503) 228-4185

January

Tribal Health Directors Meeting

January 14, 2002

Location: Upper Skagit Casino & Hotel - Sedro Woolley, Wa

Contact: Don Head & Ed Fox

Telephone: (503) 228-4185

NPAIHB Quarterly Board Meeting

January 15-17, 2002

Location: Upper Skagit Casino & Hotel - Sedro Woolley, Wa

Contact: Elaine Dado

Telephone: (503) 228-4185

July 2001 Resolutions

RESOLUTION #01-04-01 – “Support for a \$428 Million Increase in the IHS Budget for FY 2002”

RESOLUTION #01-04-02 – “Support for the \$18.24 Billion Needs-Based Budget for FY 2003”

RESOLUTION #01-04-03 – “Support for FY2001 Funding Methodology for Distribution of the CHS Funding”

RESOLUTION #01-04-05 – “Support for Senate Bill 212 and House Bill HR 1662 that Incorporates the Recommendations of the Proposed Bill of the National Steering Committee on the Reauthorization of the Indian Health Care Improvement Act”

RESOLUTION #01-04-06 – “Support for AI/AN Genetic Research Policy Formulation”

RESOLUTION #01-04-07 – “Support for Proposed Collaboration with OHSU for Study of the Prevalence of Osteoporosis Among AI/AN”

RESOLUTION #01-04-08 – “Support for Grant Proposal to Develop Website for the Northwest Tribal Cancer Control Project”

RESOLUTION #01-04-09 – “Support to Accept Funding from the American Cancer Society for the Northwest Tribal Cancer Control Project”

RESOLUTION #01-04-10 – “Support for Grant Proposal to Follow-up on Western Tobacco Policy Project”

July 2001 NPAIHB Joint Meeting W/ CRIHB Resolutions

NPAIHB Resolution #01-04-11 / CRIHB Resolution #164-07-01 - “Support for IHS Appropriations Strategy”

NPAIHB Resolution #01-04-12 / CRIHB Resolution #165-07-01 - “Support for Indian Health Care Improvement Act Reauthorization P.L. 94-437”

NPAIHB Resolution #01-04-13 / CRIHB Resolution #167-07-01 - “Support for Dr. Michael Trujillo completing his tenure as IHS Director”

NPAIHB Resolution #01-04-14 / CRIHB Resolution #168-07-01 - “Support for the FY 2001 Funding Methodology of the Contract Health Services Funding”

NPAIHB Resolution #01-04-15 / CRIHB Resolution #169-07-01 - “Support for the Existing Indian Health Service Consultation Policy”

NPAIHB Resolution #01-04-16 / CRIHB Resolution #170-07-01 - “Support for Senate Bill S212 & House Bill HR 1662 that incorporates the recommendations of the Proposed Bill of the National Steering Committee on the Reauthorization of the Indian Health Care Improvement Act”

Northwest Portland Area Indian Health Board

Executive Committee Members

Julia Davis, Chair, Nez Perce Tribe
Pearl Capoeman Baller, Vice-Chair, Quinault Nation
Janice Clements, Treasurer, Warm Springs Tribe
Corrine Hicks, Sergeant-at-Arms, Klamath Tribe
Norma Peone, Secretary, Coeur d'Alene Tribe

Delegates

Wanda Johnson, Burns Paiute Tribe
Dan Gleason, Chehalis Tribe
Norma Peone, Coeur d'Alene Tribe
Colleen Cawston, Colville Tribe
Mark Johnston, Coos, Lower Umpqua & Siuslaw Tribes
Eric Metcalf, Coquille Tribe
Sharon Stanphill, Cow Creek Tribe
Ed Larsen, Grand Ronde Tribe
Vacant, Hoh Tribe
Bill Riley, Jamestown S'Klallam Tribe
Tina Gives, Kalispel Tribe
Corrine Hicks, Klamath Tribe
Gary Leva, Kootenai Tribe
Rosi Francis, Lower Elwha S'Klallam Tribe
Karyl Jefferson, Lummi Nation
Debbie Wachendorf, Makah Tribe
John Daniels, Muckleshoot Tribe
Julia Davis, Nez Perce Nation
Mildred Frazier, Nisqually Tribe
Judith Leyve, Nooksack Tribe
Shane Warner, NW Band of Shoshoni Indians

Rose Purser, Port Gamble S'Klallam Tribe
Rod Smith, Puyallup Tribe
Bert Black, Quileute Tribe
Pearl Capoeman Baller, Quinault Nation
Billie Jo Settle, Samish Tribe
Norma Joseph, Sauk-Suiattle Tribe
Gale Taylor, Shoalwater Bay Tribe
Wesley Edmo, Shoshone-Bannock Tribes
Jessie Davis, Siletz Tribe
Marie Gouley, Skokomish Tribe
Robert Brisbois, Spokane Tribe
Virginia Sutter, Snoqualamie Tribe
Robert Whitener, Squaxin Island Tribe
Tom Ashley, Stillaguamish Tribe
Linda Holt, Suquamish Tribe
Susan Wilbur, Swinomish Tribe
Marie Zacouse, Tulalip Tribe
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