

Health & WELLNESS

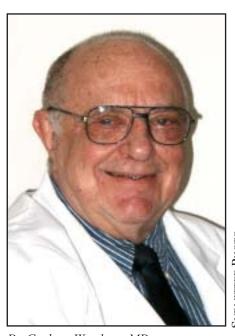


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Dr. Graham Weathers joins medical staff

MUCKLESHOOT MONTHLY, Section B, September 2007



Dr. Graham Weathers, MD

(EDITOR'S NOTE: We are grateful to our new physician, Dr. Bailey Graham Weathers MD, for providing this amusing and insightful summary of his life "so far.")

Dr. Weathers goes by his middle name, Graham, because his father went by Bailey and his oldest son as well. If his Dad had called him Bailey, that would mean he would have to have been call Bailey Junior. It was always difficult being called Junior, especially when you Dad was just a little over 5 feet tall, bald-headed as a billiard ball and wore a size 5-triple-E shoe.

This "duck-footed" father was a country doc who practiced in the small town of Stanley, NC,

just 20 minutes from downtown Charlotte. Stanley, a small rural textile community, had a population of 800 during this era. After graduating from Stanley High – there were thirteen students in his graduating class – Graham went to Wake Forest University – at that time in the little town of Wake Forest, NC. He received his degree with major in General Science, Music and English.

Always impassioned with the piano, Graham had this wild dream of the concert stage. When Edwin Hughs, an then famous concert pianist and teacher in New York City, auditioned Graham and accepted him as one of his 16 students, Graham set out for the big city at the end of his junior year at Wake Forest. His Dad had insisted that Graham do a summer before enrolling for the fall term at Julliard.

Needless to say, when you are swimming with the big fish you had better have some shell in which to hide. It only took six weeks for Graham to realize he was a tiny little Guppy in a tight aquarium filled with sharks and sea bass! So, back to the home of the Demon Deacons for that final year. Now the problem for this displaced flounder was, "What is he going to do with his life?"

To answer that question, Graham diverted to the Southern Baptist Theological Seminary in Louisville, KY. At the Seminary, he had a teacher, Eric Rust, who had doctoral degrees in both nuclear physics and theology and had taught physics at Oxford University in England before WWII. It was in his class that our Wandering One became intrigued with the defense of Religion in the face of Modern Science. At the University of Louisville, Graham took organic chemistry and submitted applications to med school.

In the fall of 1956, the Medical College of Virginia in Richmond became the center of Graham's agony for the next four years. Graduating in 1960, now with a young wife and two boys, he headed south to North Carolina to intern at Moses Cone Hospital in Greensboro before setting up practice in the very rural community of Farmington, NC (population 300) and making room for son number three.

His office was in the middle of a corn field. The nearest hospital was 10 miles away and he drove an average of 200 miles a day making house calls. Office visits were three dollars. There was no drugstore within 10 miles one direction and 20 miles in the other, so your medicines were dispensed by the good doc at his Farmington Medical Center.

He had a full lab and x-ray, an office staff of four, and sleep deprivation. He had to make rounds at the hospital twice a day, assist in all surgery done on any of his patients at the little hospital in Mocksville, and be on hand when the stork decided to come. There were only five doctors in the county—four family docs and one surgeon.

The other nearest hospitals were 30 and 40 miles away. The emergency room at this 22 bed hospital was a blast when you were on call every fourth night. Those country rednecks drove like country rednecks! Their broken parts were presented by the rescue squad to the ER door without apology. So, with toothpicks propping eyes open, the good doc would pull his pants over their pajamas, gulp a swallow of cold coffee left over from dinner, and roll that 1959 Plymouth coupe in the direction of the hospital.

Then one night, somewhere between midnight and dawn, he found himself sitting on the side of the road trying to figure out if he was going to the hospital or coming home. He realized he had been driving completely asleep for no telling how long. Getting out of the car and walking back and forth on the deserted road in the black of a starless night, he recognized some landmarks and knew that he was supposed to be on the way to the hospital. By the time he got there, the stork had dropped off the baby shortly after the doc had gotten that phone call to hurry. Well, Mother Nature is an excellent midwife.

It became apparent that this was not the life Graham wanted, so he decided to pull up his stakes and head home to go into practice with his Dad. He and his wife had separated, in all the stress, and she moved to her home town of Winston-Salem. In the divorce settlement, she got the piano! This left an empty place in Graham's psyche, so he took up painting and sculpture. He received his art degree from the University of North Carolina in Charlotte in 1980.

Marriage came again with his wonderful wife, Gail, in 1970. They have one son, and are very close to all four boys, their wives and all six grandchildren. They are scattered all over – one in Montana, one in Michigan, and two in North Carolina. In addition to the sons they took in 12 foster children through the years.

Gail is an RN and worked with Home Health for many years. She has retired and is now a proud holder of Auburn Library card, an interested member of the Auburn Senior Center, and has hit the ground loving the cool weather.

Back to the *first wife got the Steinway!* Sculpture became his forte. Receiving many commissions he worked primarily with the figure. Some of his major commissions are *Queen Charlotte Walks in Her Garden*—a life size bronze in downtown Charlotte; the *Law Enforcement Memorial*, a 9-foot tall bronze at the Government Center in York, South Carolina; *Here I Stand*, a bronze and stainless sculpture of Martin Luther nailing the theses on the door of the cathedral located at Graham's home church in Stanley; *Sweet Blessing Angel*, a fiberglass 9 foot tall Angel which has become the signature of the United House of Prayer for All People. This sculpture can be seen here in Seattle at their little church on Martin Luther King Blvd.

Graham was the first person to ever present an African-American male as a gold angel, which was widely received in the African-American community. This image was the central figure at the Smithsonian exhibition from 1997 to 2001 at the Arts and Science Building. The exhibition was titled *Speak To My Heart*. The work is now in the permanent collection at the Anacosta Museum of the Smithsonian. The first images went up in Los Angeles and were subsequently installed on their churches all across the country.

Close to today, Graham's latest sculpture commission is the Golden Goggle Award. In 2004 the United States Swim division of the Olympic committee commissioned Graham to design and craft the gold plated bronze image which is given to the outstanding United States swimmers each year. Michael Phelps has received the award for 2004, 2005 and 2006. Fifteen awards are given each year at the banquet in November.

Graham is no longer requiring tooth picks to stay awake. He continued in the practice in Stanley after his father died in 1974. He eventually brought in a Physician's Assistant and then two more physicians, who like the Canadian Geese from Toronto that they were, they stayed in Stanley.

Graham retired from the practice in 2000, but could not tolerate sitting and watching nothing, sitting and watching nothingness and just plain sitting. He had quit smoking in 1970 when cigarettes were 25 cents in the machine. "No body can afford to buy cigarettes any more" he had grumbled to himself as the stomped out the last smoldering butt.

Looking for opportunities, the now balding, round-bellied doc decided to hit the road and start working as a locum tenens. *Locum tenens* are docs who fill in for other docs when they are on vacation or such. He worked for periods at many places – with the Chickasaws in Ardmore, OK and Tishamingo; the Cherokee at Cherokee NC; the VA in Wilmington NC; the ER at the hospital Fort Jackson, Columbia, SC; the marines at Camp LeJeune, NC, and many other sites before coming to Auburn in January 2007 to fill in for Dr. Kneisl while she was on family leave to be with her new baby.

Graham fell in love with the Health and Wellness Center, the facility, but most importantly the wonderful people working here. He asked if they might have an opening for another doc and "Yes" was the answer.

So, Graham now feels as he is living in Nirvana with the opportunity to work with the members of the Tribe and getting to know each member as they come to "visit" – not an *encounter*; but a true "visit." He wants you to come and get a chance to feel his excitement about being at the Muckleshoot Health and Wellness Center.

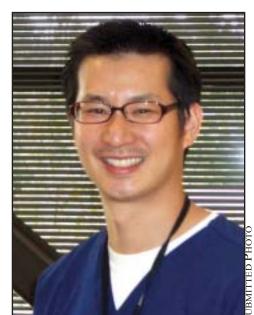
DR. MICHAEL KIM, DENTAL DIRECTOR, MOVES ON

To Muckleshoot Tribal and community members,

I decided to put my career on a different path and join a hospital staff to provide dental care for our Veterans. I will be resigning from my position of Dental Director, effective 5pm, August 24th 2007.

Even though I will no longer be here full time, I will continue to provide part time orthodontic care for the current active "inhouse" patients at the MIT dental clinic, until their treatment is completed.

I have enjoyed my tenure here and I appreciate having had the opportunity to provide dental care to so many wonderful patients. I'd like to thank my pa-



Dr. Michael Kim, DMD

tients for entrusting me with their oral health and all the interesting stories about "old-skool" dentistry.

I'd also like to express my gratitude to my co-workers at the Health and Wellness Center, whom I had the pleasure of working with past three years, and of course, my dental staff. Thank you for the support, guidance, and encouragement you have provided me during my time with the Muckleshoot Indian Tribe.

I will miss Muckleshoot and the dental clinic, and I am looking forward to this new challenge and to starting a new phase of my career.

Thanks again for everything.

Respectfully,

Michael Kim

Dr. Michael Kim, DMD

The Truth About Methamphetamines *Know the Signs...*

How can you tell if someone is using meth? It may not be easy to tell. But there are signs that you can look for. Symptoms of "meth" amphetamine use may include:

- Not sleeping
- Increased sensitivity to noise
- Nervous physical activity, like scratching
- Irritability, dizziness, or confusion
- Irritability, dizziness, or confusion
 Extreme weight loss or not eating
- Extreme weight loss or not eating.Tremors or even convulsions
 - Increased heart rate, blood pressure, and risk of stroke
- Presence of snorting equipment/inhaling paraphernalia, such as razor blades, mirrors, and straws
- Presence of injecting equipment/paraphernalia, such as syringes, heated spoons, or surgical tubing
 Presence of smoking equipment: such as tinfoil with black marks
- Presence of smoking equipment: such as tinfoil with black marks, light bulbs, glass pipes.

If you know someone who uses meth, urge him or her to stop or get help. If you use meth – stop. The longer you ignore the facts, the more chances you take with your life. It's never too late. *DSHS SAMHSA National Clearing House Tips For Teens*

Call the Muckleshoot Behavioral Health Program at 253-804-8752 for more information.

Berries: Nutrition All-stars!!!

By Brent Grider

Berries are nutrition superstars. They are tiny nutritional powerhouses, packed full of good things. In fact, pound for pound, berries contain more nutritional benefits than any other food. Berries come in a variety of colors, sizes, and shapes and they all share a great ability to positively affect health. Here are a few that stand out.

Blueberries—Blueberries are the nutritional leaders of the pack. They contain more antioxidants (compounds that protect the body from cell damage caused by free radicals) than any other berry. In fact, the USDA Human Nutrition Center has ranked blueberries number one in antioxidant activity. Much of this antioxidant strength comes from the anthocyanin pigments which give berries their color. The darker the berry, the more anthocyanin they contain. These anthocyanins also strengthen blood capillaries, protect the brain from damage caused by stroke, and improve circulation to the brain. The high level of antioxidants in blueberries has been shown to protect against a number of types of cancer. Laboratory tests show that compounds in blueberries were found to inhibit and block the mutations that cause cancer. Two compounds found in blueberries (and berries in general) also help to control blood sugar levels, which helps to prevent insulin resistance and diabetes.

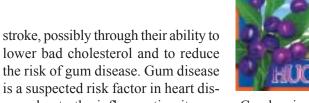
Blueberries contain lutein which protects the eyes against age-related macular degeneration. Blueberries contain vitamins A and C, zinc, potassium, iron, calcium, and magnesium. They are also high in fiber and low in calories. A recent Tufts University study showed a potential for blueberries

in reducing age-related memory impairments and motor function decline. These effects are thought to be due to the ability of the phytochemicals in blueberries to protect against oxidation, the principle cause of cellular damage. Researchers at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University recently published research showing that nutrients, like the phytochemicals in blueberries, may reverse age-related declines in brain function, specifically, the cognitive and motor deficiencies associated with Alzheimer's and Parkinson's disease.

Raspberries—Like blueberries, raspberries are rich in cancer fighting phytochemicals such as ellagic acid, coumaric, and ferulic acid. They are a good source of vitamins A, C, E, folic acid, calcium, and fiber. The pectin in raspberries reduces cholesterol levels. Raspberries also help to control blood sugar and insulin levels, thus contributing to the prevention of diabetes.

Strawberries—Strawberries have the second highest level of antioxidants among the berries, second only to the blueberry. They are good sources of fiber, manganese, and have more vitamin C than any other berry. Antioxidants found in strawberries prevent the oxidation of bad (LDL) cholesterol and therefore help to fight heart disease. These antioxidants, such as the previously mentioned anthocynanins and ellagic acid, are potent cancer fighters

Cranberries—These berries are good for preventing urinary tract infections. In addition, they offer some protection against heart disease and



is a suspected risk factor in heart disease due to the inflammation it causes. Cranberries also reduce the risk of

Pomegranates—Pomegranates are considered berries. They are known to reduce inflammation and to be high in antioxidant power. Pomegranates provide protection from heart disease by reducing cholesterol buildup, lowering blood pressure, and lessening the thickening of the arteries. Pomegranates also protect against gum disease. They have been shown to have anticancer effects on human breast, prostate, and skin cells. Pomegranates have also been shown to reduce oxidative stress, which is important in preventing chronic diseases such as diabetes.

The berries discussed here all provide potent health benefits, but they are not the only healthy berries. Several lesser known berries provide a number of important health benefits as well, including: goji berries, bilberries, loganberries, currants, gooseberries, and lingonberries. Overall, berries have a number of significant and important health benefits. They are colorful, tasty, and can be used in a variety of ways. Take a step toward better health today; eat some berries!

Diabetes: Sick Day Management

Presented by the Muckleshoot Diabetes Program

The individual/family will understand acute complications and self-care actions to take to prevent or treat acute complications.

COME OUT AND LEARN:

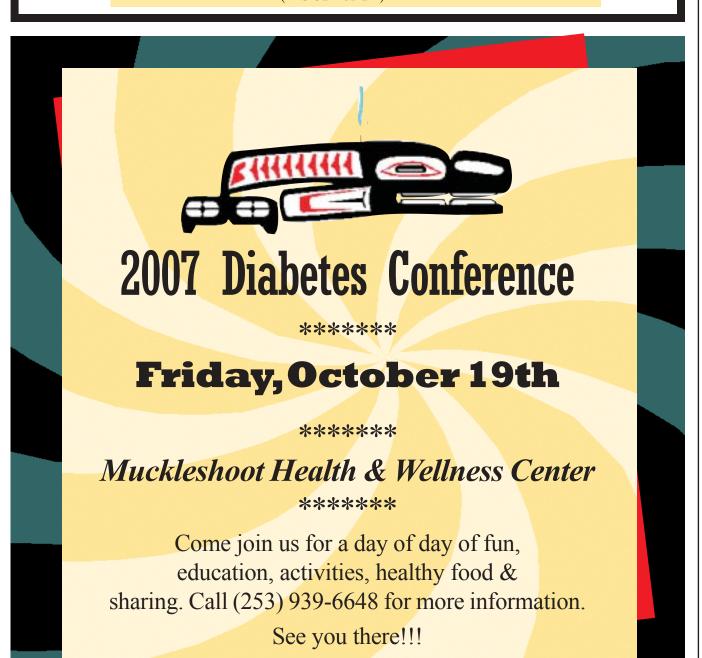
- Explain how blood sugar is affected during illness.
- State 2 or more things to do to manage blood sugar when sick.
- Identify 2 or more food and drink choices to use when sick.
- State or write a plan to use for low blood Sugar, high blood sugar or sick day management.

When: Tuesday, Sept. 25th, 2007

At 2:00 pm

Where: Muckleshoot Health and Wellness Center River Room

(IHS Curriculum)





Diabetes a "silent killer"

There may be few or even no symptoms from the high sugars until serious, life threatening complications occur.

Facts About Diabetes

- Estimated 16 million people or 6% of the U.S. population have diabetes. Of these, over 5 million do not know they have the disease.
- Approximately 2,200 people are diagnosed with diabetes. Close to 800,000 individuals are diagnosed each year
- More than 107,000 Native Americans and Alaska Natives, or 14.5% of the population, receiving care from Indian Health Services (IHS) have diabetes.
- Diabetes is the fifth-deadliest disease in the United States, and it has no cure.
- The total annual economic cost of diabetes in 2002 was estimated to be \$132 billion, or one out of every 10 health care dollars spent in the United States.
- Diabetes is a leading cause of blindness. Roughly 12,000-24,000 people lose their eyesight each year because of complications related to diabetes.
- Diabetes is the leading cause of kidney failure, affecting an estimated 28,000 people each year.
- Diabetes is the leading cause of non-traumatic, lower-limb amputations.
- People with diabetes are 15-40% more likely to lose a leg than are people without the disease.
- An estimated 56,000 amputations are performed each year because of diabetes.

Today, diabetes has reached epidemic proportions among Native Americans.

Complications from diabetes are major causes of death and health problems in most Native American populations. The most life-threatening consequences of diabetes are heart disease and stroke. Diabetics suffer heart disease twice often as non-diabetics. They are five times more likely to suffer strokes. After the first stroke, they are two to four times as likely to have a recurrence.

Among Native Americans serious complications of diabetes are increasing in frequency. Of major concern are increasing rates of kidney failure, amputations and blindness.

Ten to 21% of all people with diabetes develop kidney disease. In 2000, 41,046 people with diabetes initiated treatment for end-stage renal disease. 129,183 people with diabetes underwent dialysis or kidney transplantation. Among people with diabetes, the rate of diabetic end stage renal disease is six times higher among Native Americans. Amputation rates among Native Americans are 3 to 4 times higher than the general population.

On average, Native Americans are 2.2 times more likely to have diagnosed diabetes as non-Hispanic whites of similar

A tribe in Arizona has the highest rate of diabetes in the world. About 50% of these adults between the ages of 30 and 64 have diabetes.

What Can Be Done

In ideal circumstances, Native Americans with diabetes will have their disease under good control and be monitored frequently by a health care team knowledgeable in the care of diabetes.

- Educating Patients is critical. Their risk for complications can be reduced if educated properly. We need to encourage diabetics learn and practice the skills necessary to better control their blood glucose, blood pressure and cholesterol levels.
- Regular checkups from their health care team is a necessity.
- Stop smoking
- Overweight Native Americans with diabetes need to develop a proper diet and start an exercise regimens under the guidance of a health care provider.

This means lifestyle changes can be significantly helpful.

 $we bmaster: \ cntrytex@aol.com$

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Did you know that the Muckleshoot Community Health Program offers Diabetes classes every month? And, we offer weight management classes as well. Our Wellness center has the state of art exercise equipment to fit your exercise needs. Don't like groups? Call and ask for one on one DM education and nutritional counseling at 253-939-6648, ext. 3801 or set up a fitness training at 253-333-3616.

Health & Wellness Center Program Hours:

<u>Program Name</u>	Phone No.	Hours Open	Closed-Lunch
Behavioral Health CHS/Registration Office Community Health/CHRs Dental Clinic Medical Clinic	(253) 804-8752	M-F 8:00-5:00	N/A
	(253) 939-6648	M-F 8:00-5:00	12:00-1:00
	(253) 939-6648	M-F 8:00-5:00	12:00-1:00
	(253) 939-2131	M-F 8:00-4:45	12:00-1:00
	(253) 939-6648	M-F 8:00-5:00	12:00-1:00
Pharmacy	(253) 939-6648	M-F 8:00-4:30	12:00-1:00
WIC Wed Only	(253) 939-6648	Wed 12:00-5:00	N/A

Wellness Center Hours: Front Desk Phone (253) 333-3616

M-Thurs 8:00-8:00 pm Fridays 8:00-7:00 pm Sat 12:00-4:00 pm Sun Closed

Health & Wellness Center Program Closure dates for September & Rocktober 2007

<u>Day</u>	<u>Date</u>	Times Closed	Reason Closed
Monday	09/03/07	8-8	Labor Day Holiday
Thursday	09/06/07	8-9:30	September Monthly All Staff Meeting
Thursday	10/04/07	8-9:30	October Monthly All Staff Meeting



Cataract Awareness

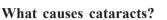
A cataract is a clouding of the lens in the eye. It is like a dirty window. Cataracts mostly affect people over the age of 50.

A cataract is not:

- *A film over the eye
- * Caused by over using the eye
- *Spread from one person to another or one eye to another
- *A cause of irreversible blindness

Symptoms of a cataract include:

- *A painless blurring of vision
- *Light sensitivity
- *Poor night vision
- *Double vision
- *Needing more light to read *Fading or yellowing of colors



- *Age—this is the most common cause
- *Family history
- *Injury to the eye
- *Medications—particularly steroids
- *Long-term exposure to sunlight
- *Past eye surgery

How long does it take for a cataract to develop?

Normally, a cataract develops gradually over time, but the time a cataract takes to develop varies depending on the individual. Certain conditions, like diabetes, may cause a cataract to progress more quickly.

How is a cataract detected?

An eye doctor (Ophthalmologist) performs a full exam to determine if a cataract is present.

How is a cataract treated?

Surgery is the only way to effectively treat a cataract. If a cataract has not progressed too far, eye glasses may help. Avoiding too much sunlight may help to slow the progress of the condition.

How can cataracts be prevented?

Age is the biggest risk factor for developing a cataract, but there are steps that can be taken to reduce the risk, including: avoiding tobacco, eating healthfully, preventing eye injuries, and protecting the eyes from too much sunlight.

*Information provided by www.medem.com and KidsHealth.

Changes Happening Soon at the Medical **Clinic with Electronic Health Records**

In the months to come, the Health and Wellness Center will gradually change from a paper-based medical charting system to an Electronic-based charting system. Here are some questions and also answers to questions you might have:

What Is "Electronic Health Records"?

Electronic Health Records, or EHR, is a system of storing patient health information. Its similar to the large paper charts that you see when you visit your physician, except a computer screen will replace the paper.

Why Make the Change?

EHR gives your doctor more complete information about your health. It provides an easy way to track your medications, your labwork, past visits and other information critical to your health. EHR will help make your visits quicker, and more accurate, and will also speed up getting medicines from the Pharmacy.

Is EHR Safe?

Your Health Information is protected by two passwords and a firewall system. Although EHR makes it easier for your doctor to view your medical information, only your authorized health care providers have access to your personal health information.

When is This Going to Happen?

We actually initiated the process to change from paper to electronic records over 1 ½ years ago. And our goal is to make a smooth transition...in other words, we only want you to see improved, quicker patient encounters! We will be installing the computers in the exam rooms in the next few months, so that you can get use to seeing them and we are hoping to have this up and running by early 2008. Part of EHR is already in place – much of your health information has already been electronically stored. Through 2007 we will be using more and more of EHR and some of your providers will begin using EHR during your patient visits this December. Others will start during 2008, until everybody in the clinic is trained with the system. At first, you may notice that your visits to the clinic are a bit slow while we get used to the new system. Gradually, well get the hang of it and will be able to serve you and your family much more quickly and completely.

We appreciate your patience and confidence as we strive to improve the health of our community by continuously improving services. To create a system that works for the community, we are looking for patients to serve as "Demo Patients" while we set up exam rooms for the new computer system. If you would like to be a "Demo Patient" for a "Mock Visit", please let us know by calling the MHWC at 939-9948 and leaving a message for Joshua or Cheryl.

OISONING

Every year 76 million Americans sustain a food-borne illness, about 5000 of these people die, according to the Centers for Disease Control and Prevention (CDC). The CDC reports most cases are caused by parasites, viruses, and bacteria rather than by poisoning from toxins and chemicals. The most widely seen food-borne infections, according to the CDC are salmonella Campylobacter, E. Coli, and are norovirus, which occurs when an affected person contaminates food.

Diagnosing food caused illness can be tricky because symptoms are similar to those associated with stomach viruses: diarrhea, vomiting, nausea, abdominal cramps, and fever. In addition, food poisoning symptoms may not emerge until days or weeks after a patient consumes tainted food.

Symptoms of food-borne illness usually start within 24 to 48 hours of eating the food in question and typically last one or two days.

People who are most susceptible to severe illness or death from eating contaminated food or those who have impaired immune systems, elderly individuals, young children and babies, and pregnant women, according to the National Institutes of Health. Patients should be advised to see their health care provider if they have following symptoms:

- Persistent vomiting or diarrhea lasting longer than three days.
- Blood in stool.
- Temperature above 101.5 F.
- Signs of dehydration, including dry mouth and throat, decreased urination, and dizziness when stand-

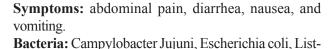
Food-borne infections are preventable. Poor personal hygiene contributes to more than one third of food-borne disease outbreaks, so proper hand washing is a must when handling food.



To reduce your risk of food poisoning, follow these food safety tips:

- Wash fresh produce, including prewashed vegetables under running water just before it eating, cutting, or cooking.
- The cross-contaminate. Prepare vegetables and fruits on a different cutting board or other surface than what is used to prepare raw meat, or thoroughly washed surfaces before using them.
- Don't eat raw sprouts (alfalfa, bean, clover, or radish).
- Cooking a food at 160° F will kill any E. coli.
- Remove the outer leaves off heads of leafy vegetables, like cabbage and lettuce
 - Promptly refrigerate perishable foods. The Food and Drug Administration recommends disposing of food left at room temperature for longer than two hours or food left out for more than one hour when the temperatures are above 90° F. Use leftovers from the refrigerator within four days. Reheat solid leftovers to 165° F. and liquid what leftovers to a rolling boil. Toss what you don't finish.

Sources and Symptoms of food-borne illness **Sources:** raw and undercooked meat and poultry.



eria monocytogenes, Salmonella.

Sources: raw and undercooked eggs found in foods such as homemade sauces, salad dressings, homemade ice cream, homemade

mayonnaise, cookie dough, and frosting. **Symptoms:** nausea, vomiting, fever, abdominal cramps, and diarrhea. **Bacteria:** Salmonella enteriditis

Sources: raw foods, unpasteurized milk select and dairy products (such as soft cheeses).

Symptoms: nausea, vomiting, fever, abdominal cramps, and diarrhea.

Bacteria: L. monocytogenes, Salmonella, Shigella, Staphylococcus aureus, C. jejuni.

Sources: raw and undercooked shellfish. **Symptoms:** Chills, fever, and collapse. Bacteria: Vibrio vulnificus, vibrio parahaemolyticus.

Sources: improperly canned goods and smoke or salted fish. Symptoms: double vision, and inability to swallow, difficulty speaking, and inability to breathe.

Bacterium: Clostridium botulinum.

Sources: fresh or minimally processed produce; contaminated water **Symptoms:** bloody diarrhea, nausea, and vomiting.

Bacteria: E.coli, L. monocytogenes, Salmonella, Shigella, Yersinia Enterocolitica, viruses, and parasites

Information taken from the Nutrition Magazine Apr. 07 Questions? Contact the Community Health Program at the H&WC at 253-939-6648.





August 2007

08/11/07- Proud Parents Dyani Baker & Derek Barkley Girl-Tayla Rose Baker 8lbs. 11oz. 20in.

Proud Grandparents- Juanita Joseph, Fawn & Floyd Baker Great Great Grandma Elaine "Toots" Baker

08/16/07

Proud Parents Walter Pacheco & Dalena May Benson Girl- Sy-Coo-Moo Sue Pacheco 6lbs. 3ozs. 17 in. Proud Grandparent- Bonnie Graft



Sy-Coo-Moo Sue Pacheco and her proud parents

Congratulations to our new parents!!!

CONTRACT HEALTH SERVICE (CHS) NOTIFICATION REQUIREMENTS

CHS OFFICE (253) 939-6648

- 1. Notify CHS office before any non-emergent services are rendered to determine patient eligibility, medical priority and to set aside funds for payment. Pre –authorization is mandatory and failure to comply is reason for denial of payment for claim(s).
- 2. In true medical emergencies, notify the CHS office within seventy two (72) hours of start of services. Failure to comply is reason for denial of payment of claim(s).
- 3. Prior notification does not guarantee CHS cay pay for services, unless all other CHS requirements are met. There are some ser-

ALTERNATE RESOURCE REQUIREMENTS:

Muckleshoot CHS is a residual resource and not an entitlement program. In addition to CHS, other resources for health care are available from various state, and federal programs, as well as individual and group health insurance policies. By federal law, CHS must ensure that all resources, where and when applicable, are utilized before CHS can assume financial responsibility for your care.

This means that CHS will not be authorized if you are eligible or would be eligible upon making an application for an alternate resource such as: Medicare (over age 65 or disabled at any age), Medicaid (medical coupons), crippled children or have private insurance etc. Failure to comply with a CHS office referral to an alternate resource will terminate your CHS coverage. You are required to use these benefits as your first source of payment of your medical-related costs.

The CHS office is required, as per IHS Federal Rules and Regulations, which requires all CHS denials to patients be sent by certified mail to the address on file.

Nosebleed know-how

When the lining of your nose is injured or becomes dry, you may experience a nosebleed. To treat a nosebleed, use your thumb and index finger to pinch your nostrils as you breathe through your mouth. There's no need to tilt your head back. Continue to Pinch for 5 to 10 minutes. When the bleeding has stopped, take care not to pick at or blow your nose. Keep your head higher than the level of your heart for several hours.

Seek medical attention immediately if the Nosebleed:

- Last for more than 15 to 30 minutes
- Makes you feel faint or weak
- Is rapid or heavy
- Begins by trickling down the back of your throat
- Follows an accident, a fall or an injury to your head.

taking a blood thinner, such as Coumadin. To decrease risk of a nosebleed, use a humidifier or vaporizer if the air is dry. Lubricate the inside of your nose with a touch of petro-

doctor. Also contact your doctor if you experience nasal bleeding and you're

If you experience frequent nosebleeds, make an appointment with your

leum jelly. Information taken from the Mayo Clinic Health Solutions Apr.07 Ques-

tions? Contact the Community Health Program at the H&WC at 253-939-6648.



* TIP SHEET * *

Information Partners Can Use on:

Medicare Drug Coverage under Medicare Part A, Part B, and Part D

As of August 2007

This tip sheet provides an overview of drug coverage under Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), and Medicare Part D (Medicare prescription drug coverage).

Does Medicare cover drugs under Part A?

Generally, Part A doesn't pay for outpatient prescription drugs. However, people with Medicare may get drugs as part of their inpatient treatment during a covered stay in a hospital or skilled nursing facility (SNF). Part A payments made to the hospital or SNF generally cover all drugs provided during a covered stay.

Does Medicare cover drugs under Part B?

Yes, but only a limited number of drugs. People with Medicare may have to pay the yearly Part B deductible before Medicare pays its share.

Part B covers drugs that aren't usually self-administered and are given as part of a doctor's service. Coverage is usually limited to drugs that are given by infusion or injection. If the injection is usually self-administered or isn't given as part of a doctor's service, Part B may not cover it.

Part B also covers the following drugs:

- · Shots (Vaccinations):
 - Flu Shot: Part B covers 1 flu shot per flu season in the fall or winter. This means people with Medicare can sometimes get a flu shot twice in the same calendar year.
 - Pneumococcal Shot: Part B covers the pneumococcal shot to help prevent pneumococcal infections (like certain types of pneumonia). The shot must be ordered by a doctor, and most people only need this preventive shot once in their lives.
 - Hepatitis B Shot: Part B covers this preventive service (3 shots) only for people at high or medium risk for Hepatitis B. A person's risk for Hepatitis B increases if the person has hemophilia, End-Stage Renal Disease (ESRD—permanent kidney failure requiring dialysis or a kidney transplant), or certain conditions that lower the person's resistance to infection. Other factors may increase a person's risk for Hepatitis B. People with Medicare should check with their doctor to see if they are at high or medium risk for Hepatitis B.
 - Other Shots: Part B covers some other vaccines (such as a tetanus shot) when they are related to the treatment of an injury or illness.

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Does Medicare cover drugs under Part B? (continued)

- Oral Anti-Nausea Drugs: Part B covers oral anti-nausea drugs used as part of an
 anti-cancer chemotherapeutic regimen. The drugs must be administered within 48 hours
 of the administration of the chemotherapy drug and must be used as a full therapeutic
 replacement for the intravenous anti-nausea drugs that would otherwise be given.
- Parenteral and Enteral Nutrition (Intravenous and Tube Feeding): Part B covers
 parenteral and enteral nutrients for people who can't absorb nutrition through their
 intestinal tracts.
- Intravenous Immune Globulin Provided in the Home: Part B covers intravenous
 immune globulin (IVIG) for people with a diagnosis of primary immune deficiency
 disease. A doctor must decide that it is medically appropriate for the IVIG to be given in
 the patient's home. Part B covers the IVIG itself, but doesn't pay for other items and
 services related to the patient getting the IVIG in their home.

What drugs are covered under Medicare Part D?

Medicare offers comprehensive prescription drug coverage to people with Medicare under Part D. A Part D-covered drug must meet all of these conditions:

- · The drug is available only by prescription.
- The drug is approved by the Food and Drug Administration (FDA).
- The drug is used and sold in the United States.
- . The drug is used for a medically-accepted indication, as defined under the Social Security Act.

Medicare drug plans cover generic and brand-name drugs. All Medicare drug plans must generally cover at least 2 drugs in each category of drugs; however, plans can choose which specific drugs are covered in each category. Medicare drug plans must also cover all drugs, with a few exceptions, in 6 categories: antidepressants, antispychotics, anticonvulsants (drugs to prevent seizures), antiretrovirals (drugs to treat HIV/AIDS), immunosuppressants, and antineoplastics (cancer drugs).

Does Part D cover shots (vaccinations)?

Yes. Generally, Part D will cover vaccines that aren't covered under Part B when the vaccine is needed to prevent illness. In 2007, a Medicare drug plan may not have a specific vaccine on their list of covered drugs (formulary). But, this doesn't mean the vaccine won't be covered. The plan member or the provider can contact the Medicare drug plan for more information about coverage and any additional information the plan may need. Starting in 2008, all Medicare drug plans must include all commercially available vaccines on their drug formularies (except vaccines, such as the flu or pneumococcal shot that would be covered under Part B).



Does Medicare cover drugs under Part B? (continued)

- Durable Medical Equipment (DME) Supply Drugs: Part B covers some drugs used in infusion pumps and nebulizers, if considered reasonable and necessary.
- Injectable Drugs: Part B covers most injectable drugs given by a licensed medical
 practitioner if the drug is considered reasonable and necessary for treatment and isn't usually
 self-administered.
- Osteoporosis Drugs: Part B covers an injectable drug for women with osteoporosis who
 meet the criteria for the Medicare home health benefit and have a bone fracture that a
 doctor certifies was related to post-menopausal osteoporosis. A doctor must certify that the
 woman is unable to learn or unable to give herself the drug by injection, and that family
 and/or caregivers are unable or unwilling to give the drug by injection.
- Some Antigens: Part B covers antigens if they are prepared by a doctor and given by a
 properly-instructed person (who could be the patient) under doctor supervision.
- Erythropoiesis-stimulating Agents (such as Epogen®, Epoetin alfa, or Aranesp®,
 Darbepoetin alfa): Part B covers erythropoietin by injection for people who have ESRD
 and need this drug to treat anemia. Part B also may cover the drug to treat anemia for some
 cancer patients under specific conditions.
- Blood Clotting Factors: Part B covers clotting factors for people with hemophilia who give themselves the drug by injection.
- Immunosuppressive Drugs: Part B covers immunosuppressive drug therapy for transplant
 patients if the transplant was paid for by Medicare (or by private insurance that paid as a
 primary payer to the patient's Part A coverage) in a Medicare-certified facility.
- Oral Cancer Drugs: Part B covers some cancer drugs taken by mouth if the same drug is available in injectable form. Currently, the oral cancer drugs that Part B covers include:
 - Capecitabine (brand name Xeloda®)
 - Cyclophosphamide (brand name Cytoxan®)
 - Methotrexate
- Temozolomide (brand name Temodar®)
- Busulfan (brand name Myleran®)
- Etoposide (brand name VePesid®)
- Melphalan (brand name Alkeran®)

As new cancer drugs become available, Part B may cover them.



Are there certain drugs that aren't covered under Part D?

Yes. By law, Part D can't pay for drugs when they would be covered under Part A or Part B for a person with Medicare. In addition, the following drugs can't be included in standard coverage:

- Benzodiazepines
- Barbiturates
- Drugs for weight loss or gain
- · Drugs for erectile dysfunction
- Drugs for relief of cough and colds
- Non-prescription drugs
- Drugs used for cosmetic purposes or hair growth
- Drugs used to promote fertility
- Prescription vitamins and minerals, except prenatal vitamins and fluoride preparation products

Some Medicare drug plans may choose to cover these drugs as part of the plan's supplemental benefits. However, any amount spent for these drugs isn't counted toward the person's share of the cost, such as the deductible or out-of-pocket limit.

Can people appeal a drug coverage decision made under Part A, Part B, or Part D?

Yes. People with Medicare have certain guaranteed rights. One of these is the right to a fair process to appeal decisions about health care payment of services. How people file an appeal will depend on the type of Medicare plan they have.

Where can people get more information or help?

- Visit www.medicare.gov on the web. Look for more information on appeals under "Medicare Appeals." Select "Appeals and Grievances." Or, under "Search Tools," select "Find a Medicare Publication" to look at or print one of the following:
 - "Medicare Prescription Drug Coverage: How to File a Complaint, Coverage Determination, or Appeal" (CMS Pub. No. 11112)
 - "Your Medicare Rights and Protections" (CMS Pub. No. 10112)
 - "Medicare & You" (CMS Pub. No. 10050)

Look for more information on Medicare drug coverage under "Search Tools." Select "Find Out What Medicare Covers" or "Compare Medicare Prescription Drug Plans."

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Contact their State Health Insurance Assistance Program (SHIP) to get free counseling and personalized help. To get their telephone number, visit www.medicare.gov on the web. Under "Search Tools," select "Find Helpful Phone Numbers and Websites." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What is Fibromyalgia?

By Brent Grider

Fibromyalgia refers to a chronic inflammation of the muscles and connective tissues that cushion the joints. It is a form of a chronic pain syndrome, like soft-tissue arthritis. In fact, fibromyalgia can occur in people with arthritis or conditions such as lupus. The condition is closely related to Chronic Fatigue Syndrome and the two conditions may share some of the same symptoms. Fibromyalgia affects about two percent of the U.S. population and occurs more often in women than men.

The exact cause of fibromvalgia is not known. The condition may have a number of causes. There are several theories in existence as to the reasons behind the pain and other symptoms. These theories include: brain imbalances; chronic candida yeast infection or other fungal infections; anemia; parasites; hypoglycemia; hypo-thyroidism; hepatitis; and heavy metal poisoning. Tests also show that people with fibromyalgia have abnormal levels of certain chemicals in their blood and spinal fluid that appear to intensify the pain signals to and from the brain. The main symptom of fibromyalgia is pain, particularly in the neck, lower back, shoulders, knees, elbows, and upper chest, among other areas. The pain has often been described as achy and burning. Other symptoms associated with the condition include: insomnia, headache, depression, brain fog, loss of coordination, digestive disorders, dizziness, panic attacks, and skin rashes. Many times the immune system of someone with fibromyalgia is hypersensitive, which can lead to allergies to a number of foods or environmental irritants. Many of these symptoms can be aggravated by other allergies, lack of sleep, infection, or other conditions.

Fibromyalgia is diagnosed through a process of elimination. Due to the fact that the symptoms of fibromyalgia can be general and mirror symptoms of other conditions, a number of evaluations may need to be performed on a patient before a positive diagnosis can be made. Each individual case may be different, so a professional evaluation is needed. The treatment for fibromyalgia will vary depending on the individual needs and circumstances of each patient and the severity of the condition. Treatment options include: medication to ease the pain; regular exercise and stretching; relaxation techniques to help reduce stress and anxiety; and a diet high in vegetables, fruits, and healthy fats like olive oil, fish oil, flax oil, and coconut oil. Trans fats, sugar, and refined carbohydrates should be avoided because they cause inflammation and will negatively affect fibromyalgia symptoms. Tests for food allergies may also provide valuable information as to other foods to avoid. Fibromyalgia sufferers are often deficient in a number of vitamins and minerals, such vitamin D, magnesium, calcium, and several B vitamins. Supplementation may be helpful in addressing these needs. Herbs and spices like cayenne pepper and Ginseng may also be beneficial. Talk with your medical professional before using these products. Hydrotherapy (alternating hot & cold in the shower) may help with the pain and a hot bath can improve circulation.

While an exact cause and cure of fibromyalgia is not available, there are a number of steps that can help to ease the symptoms. Call the Muckleshoot Tribal Health Program at (253) 939-6648 or your provider for more

*Information provided by the Arthritis Foundation & the Weston A. Price Founda-



WIC

"Starting October 3, 2007 Seattle King County Public Health, WIC" is adding another day per week at Muckleshoot"

Wednesday AND Thursday 1:00 – 5:00 pm

- A nutrition education program which includes checks you can use to buy healthy foods at your local grocery store.
- Serves low income pregnant, breast feeding women, their infants and children up to age 5 years
- Enrolled clients also get help with finding health insurance, doctors, and mental health counseling, vision, & dental care, services for children with special health needs.

Head Start Physicals



Can now be Scheduled at the Muckleshoot Health And Wellness Center

On September 19th, 2007 From 8am to 12:00pm

Please call the Health Clinic for more information at 253-939-6648



Wellness Center June 25th-29, Ages 5-7 July 9th-13th, Ages 8-10















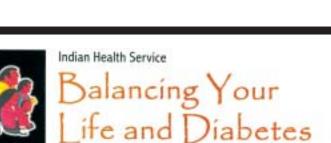




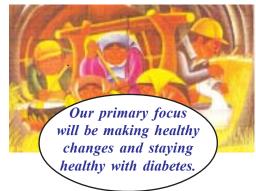








THE MUCKLESHOOT DIABETES PROGRAM IS PRESENTING DIABETES **EDUCATION CLASSES**



Monthly Topics Include:

- 1. Sept. 25, 07 Sick day management
- 2. Oct. 30, 07 Taking care of your feet ALL CLASSES HELD AT 2:00 PM.

For more information please feel free to contact the Muckleshoot Diabetes Program at 253-939-6648. Look for additional information in the MIT Monthly Newspaper each month.

Sandra Starr rejoins staff as **Scheduler for Health Clinic**



Hello, my name is Sandra Starr; I am the Scheduler for the Health Clinic. Yes, I am back as of August 27th. For those of you that do not know me, I used to be the Transporter then the Business Office Assistant Float. I am a Muckleshoot Tribal member and I have two sons that are 14 years old and 19 months old. I look forward to seeing everyone again.

Why did I received a denial in the mail from the Muckleshoot CHS Office for a medical bill?

By Lisa James, Health Division Director

There are several reasons why the CHS (Contract Health Service) Office would issue denials, below are the five main reasons:

- 1. You went to a scheduled non-emergent doctor's appointment without a PO number and the doctor's office billed the CHS office for the amount due by you.
- 2. You had an emergency room visit and did not call the CHS office for PO numbers within the 72 hour notification time frame. The hospital, emergency room doctor, x-ray department or ambulance sent the CHS office a bill for you.
- 3. You went to a doctor's appointment in town or had an emergency room visit and even though you called for a CHS PO number, you had primary private insurance coverage that requested information from you before they could pay their portion of the medical bill(s). They need to pay first.
- 4. You were referred by the CHS office to apply for an alternate resource to assist in your medical cost and you did not comply with the referral.
- 5. You went to a doctor's appointment in town for a medical problem when you could have been seen at the Tribal Medical/Dental Clinic.

Our CHS Program is funded by Indian Health Services (I.H.S) money and this requires that you follow specific notification requirements in order to be eligible for the CHS program. You must call or give notification to the CHS office before you receive any non-emergent medical services provided outside of the Tribal Programs and you must contact the CHS office of an emergency room visit within 72 hours (3 days) since the visit. The reason for these notification requirements is to determine if your request is within covered priorities, coordination of benefits with any other insurance you have, verify that you are CHS eligible and the most important reason, so that the CHS office can set aside the funds to pay for these services for you. Please be aware that the CHS staff did not make these rules, IHS did, and that the CHS staff is required to make sure that these rules are followed by everyone that is CHS eligible.

If the doctor's office/hospital sends the CHS office a bill for you, we are required to act on the bill by either paying for or denying the bill. When a CHS denial is issued, it is required to be sent by certified mail, the denial is sent to the address you have on file at the Clinic. The denial letter has instructions on how to appeal the denial, but this requires action on your part. So please make sure that we have current information available for you/your children. If you decide not acknowledge the CHS denial letter by not picking up the certified letter from the post office, the bill(s) will not go away. It is to your benefit to be aware of any unpaid bills you have, 99% of all unpaid bills will be turned over to a collection agency and this will show up on your personal credit history and could effect you ability to get a home, car, phone or any other kind of credit in the future. It will catch up to you sooner or later

You need a PO number for each individual separate doctor, emergency room or medical service you receive, so we can set aside the funds to pay each doctor/bill you have. If you get a PO number for a doctor's appointment and the doctor wants additional tests and x-rays done or refers you someplace else, YOU NEED TO CALL THE CHS OFFICE AND GET ANOTHER PO NUMBER. You can personally choose to go to the doctor without a CHS PO number or not get PO's after an emergency room visit, then you have also decided to pay for the bills on you own.

If you have an alternate resource available to you, you are required to use this as your first source of payment for your medical costs. If you don't use this as your first source of payment, your CHS eligibility is denied. If the CHS office just paid medical bills without billing your insurance, or if you were eligible for other medical coverage and chose not to apply for the alternate resource, and we paid bills without following these rules, the CHS money would be all used up very, very quickly. It is our job to make sure we stretch your CHS money as far as it will go and help as many Tribal and community members as possible.

If there is a medical service that is available to you at the Tribal Health Programs, you are required to get the service there. CHS will not pay for something to be done outside, when the health area is already paying someone to perform the same service here.

Please keep in mind that this is just a brief description or explanation for some of the rules and regulations for I.H.S. I hope that this information has been helpful in answering some of your questions on CHS office denials. If you have any questions, please give Maria May or Dee Williams a call in the CHS office 253-939-6648.

Preparing girls for puberty

Girls who are prepared for puberty are better able to accept the changes it brings. Experts suggest these steps for parents as their daughters transitions into puberty.

- Talk to your daughter about puberty, including menstruation, by age 8, or earlier if you see signs of breast development
- Think of it not as "the talk" but as a series of talks. Ask your daughter if she has concerns or questions about the changes in her body.
- Realize that your child may feel anxious about her body. For example, the idea of wearing a bra may make your daughter feel uncomfortable. Remind her that her body is changing. Don't tease.
- Empower your daughter with practical knowledge. Teach her how to use a sanitary napkin or tampon. Make sure she knows how to find one when she needs one.

Age puberty starts

Between ages 8 and 13 years.

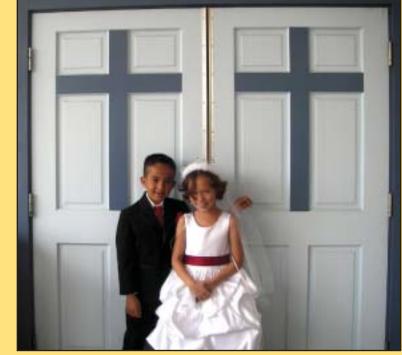
First evidence of puberty Generally, breast growth.

Age of first menstrual cycle Between the ages 9 and 16 years, about 2 years after breast development begins. In the U.S. the average age is 12 to 13 years.

Information taken from the Mayo Clinic Health Solutions- Apr. 07 Questions? Contact the Community Health Program at the H&WC. 253-939-6648.

Photos from Birdie & James' Wedding

SUBMITTED PHOTOS



Leetah & Donald Wedding Church Doors





Donnie and Donald in Tuxs



Donnie and Izzie at Wedding 08-11-07

Health Fair 2007

SUBMITTED PHOTOS





Some young men that attended the Health Fair



Hand sanitation is very important.



Checking blood pressure



The Day Care children attended the Health Fair too!



New Behavioral Health Manager, Truth Griffeth, volunteers for the Dunk Tank at the Health Fair.

TV & KIDS: Tips on Reducing TV Time

The American Academy of Pediatrics recommends that children two and under should not watch *any* TV and that older children should keep TV time (including movies and video games to less than two hours a day.

Why Reduce TV Time?

- Early childhood is an important time for learning and development—This is the time when small children develop the mental abilities necessary to grow up normal and healthy. Television may get in the way of the learning, exploring, and interacting with others that is crucial to proper development.
- Children need more exercise—Today's kids watch an average of three to four hours of TV a day! That's three to four hours a day taken away from the time they could be playing, riding a bike, participating in sports, or any number of other physical activities. Studies show an increase in childhood obesity in recent years and some of the conditions that may come with obesity such as diabetes. Kids who are physically active are less likely to be overweight, tend to do better in school, have better self-esteem, suffer less depression, sleep better, and get sick less often. Only one in four children now have daily physical education class, so being active outside of school is now more important than ever.
- Kids tend to eat unhealthy foods and snack when watching TV— Children often eat high sugar, high calorie, or high salt foods in front of the TV and as a result are less hungry for whole, nutritious foods at mealtime. TV has a major impact on kid's food choices. The average child sees more than 40,000 commercials each year! Many of these advertisements are promoting high sugar cereals, candy, or fast food and they are targeting kids. Kid's as young as 14 months will imitate what they see on TV. The more TV kids watch, the more they are influenced by what they see.

Strategies to Reduce Your Kids TV Time

- Set limits on viewing time for kids—two hours or less a day—Have your child pick out certain shows to watch at the beginning of the week and limit the TV to that amount. Make certain days or times of the week TV-free zones (i.e. No TV Wednesdays or no TV before 6:00 pm, etc.). Have children complete their chores or homework before they can watch any TV or ask that they play outside for an hour before they can watch TV. Replace statements like "You can't watch TV" with comments like "Let's turn of the TV so we can......(insert something positive)."
- Put the TV in a place where you have control over it—Do not allow a child to have their own TV in their bedroom. Their TV viewing habits will be difficult to monitor if they have one in their room. Also, move the TV from the main gathering area such as the family room, this will make it less of a temptation.
- Show kids how much fun life can be without TV—Don't use the TV as a baby sitter. Encourage them to be creative and lead by example.

Fun Activity Ideas without the TV

Indoor

- *Build a pillow fort
- *Act out a story or play
- *Play a card or board game *Play charades
- *Read a book or story
- *Put on music and dance
- *Color, sketch or paint
- *Work on a puzzle
 *Bake healthy cookies
- *Make a fruit smoothie
- *Play indoor basketball
- *Do a craft or model airplane
- *Play flashlight tag at night
- *Make an indoor obstacle course

Outdoor

- *Have a picnic
- *Jump rope
- *Take a walk with friends
- *Play Frisbee or fly a kite
- *Do a scavenger hunt
- *Play flag football or basketball
- *Do jumping jacks or push ups
- *Build an obstacle course *Go skateboarding
- *Play catch with friends
- *Play twister at the park
- *Play tag or follow the leader
- *Blow bubbles
- *Go for a bike ride

Let's look a couple of ideas in more detail—

Indoor basketball: What you need: a waste basket, lots of old paper (newspapers, etc.), and masking tape.

Directions: Use the masking tape to make lines on the floor which mark certain distances from the basket. Scrunch up the paper for little "basket-balls." Begin at the closest tape line and begin shooting baskets. Continue to work your way back until you are at the furthest line from the basket.

Walking Scavenger Hunt: The only items needed for this activity is an imagination. Take the kids out on a family walk around the block. On the way, have the kids look for certain items from a theme of your choice, i.e. color theme (red car, blue house, gray cat, etc.) or shape (round ball, square truck, rectangle roof, etc.).

*Information provided by King County Public Health & The American Academy of Pediatrics



What Is Pertussis or Whooping Cough?

Whooping cough (pertussis) is a highly contagious disease marked by severe coughing. It is named after the "whoop" sound children and adults sometimes make when they try to breathe in during or after a severe coughing spell.

What are the Symptoms?

Whooping cough usually starts with cold- or flu-like symptoms, such as runny nose, sneezing, fever, and a mild cough. These symptoms can last up to 2 weeks and are followed by increasingly severe coughing spells. Fever, if present, is usually mild.

During a classic coughing spell:

- signature "whoop" is heard as the patient struggles to breathe
- coughs usually produce a thick, productive mucus
- vomiting may occur
- lips and nails may turn blue due to lack of oxygen
- patient is left exhausted after the coughing spell

Mild pertussis disease is difficult to diagnose because its symptoms mimic those of a cold. Usually a prolonged cough is present, but without the "whoop." Milder symptoms usually affect all age groups, but are increasing among

school children.

The coughing attacks may last for many months in the "classic illness" or instantoness in the mild form of the diagram. The Chinaga refer to whom

just a few days in the mild form of the disease. The Chinese refer to whooping cough as the "cough of 100 days."

Symptoms appear between 6 to 21 days (average 7-10) after exposure to the bacteria.

What are Some Potential Complications?

Young infants are at highest risk for pertussis-related complications, including seizures, encephalopathy (swelling of the brain), otitis media (severe ear infection), anorexia (severe restriction of food intake) and dehydration.

Pneumonia is the most common complication and cause of infant pertussis-related deaths.

Whooping cough can be life-threatening for infants who are not fully

Whooping cough can be life-threatening for infants who are not fully vaccinated. In fact, over the last decade, 80 percent of whooping cough deaths occurred in infants under 6 months of age.

In adolescents and adults, whooping cough can cause severe coughing that can make it hard to breathe, eat, or sleep, and can result in cracked ribs, pneumonia, or hospitalization.

How is it Spread?

Whooping cough is caused by a bacteria that is found in the mouth, nose and throat of an infected person, and is spread through close contact when an infected person talks, sneezes, or coughs.

It is most contagious during the first 2 to 3 weeks of infection, often before the beginning of severe coughing spells.

Schools and day care centers are a common source of infection in children.

Studies indicate that, when the source of a case can be traced, mothers are responsible for nearly one-third of whooping cough cases in infants. Other family members, such as fathers and older siblings, also can transmit whooping cough to young infants.

How Do You Treat It?

Whooping cough is treated with antibiotics and patients are advised to take all prescribed medication and avoid contact with anyone, particularly small infants and children.

How Do You Prevent It?

While there is no lifelong protection against whooping cough, immunization is the best preventive measure. The vaccine to protect your child against whooping cough is the DTaP (diphtheria-tetanus-acellular pertussis) vaccine and should be administered in 5 doses: at 2, 4 and 6 months of age, with booster doses at 15-18 months and 4-6 years. It is very important that your child receives all 5 doses for maximum protection.

A new booster vaccine, called Tdap, is now available for adolescents and adults to extend protection against whooping cough. It is recommended that adolescents and adults get a Tdap vaccine in place of the previously recommended tetanus and diphtheria (Td) boosters, especially anyone in contact with infants under 12 months of age.

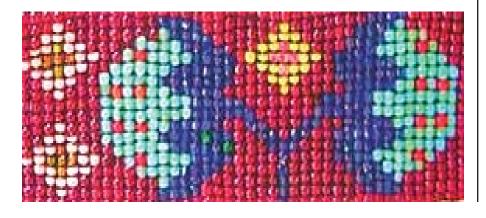
Consult your health care provider to be sure you and your family have been vaccinated.

Information taken from Pertussis.com.

Questions? Contact the Community Health Program at the H&WC. 253-939-6648.

EVENING WEIGHT MANAGEMENT CLASSES

Presented by the Muckleshoot
Diabetes Program
Call MHWC for more details
253-939-6648



Spot a stroke, save a life

If you think someone is having a stroke:

- 1) ask the person can smile.
- 2) ask him or her to raise both arms.
- 3) ask the person to repeat a simple sentence like, "it's sunny outside".

If he or she has any problems, the American Stroke Foundation says to think **FAST:**

Facial droop

Arm weakness

Speech problems

Time — don't wait for symptoms to pass.

Call 911 immediately!

Article taken from Franciscan health — Summer 2007

Questions? Contact the Community Health Program at the H&WC at 253-939-6648.

Keep your. brain healthy! You don't need a whole new set of guidelines to keep your brain fit. For the

most part, what's good for your heart is good for your head. Control your risk factors for cardiovascular disease, such as high blood pressure, smoking, diabetes, obesity, and high cholesterol, and a healthy brain will follow.

Article taken from Franciscan health — Summer 2007

Questions? Contact the Community Health Programat the H&WC at 253-939-6648.

New procedures that stop STROKE in its TRACKS

Stroke and aneurysm are dangerous conditions involving the brains blood vessels. The most common type of stroke (*ischemic*) occurs when a blood clot blocks a narrow artery in the brain and reduces blood flow, starving cells of a central oxygen and nutrients. A *hemorrhagic stroke* occurs when a vessel in the brain bursts, often from an *aneurysm*, or abnormal ballooning in the artery wall, which causes blood to leak into surrounding tissues.

The consequences of stroke can be devastating. Stroke is the third leading cause of death in the United States, killing about 160,000 Americans each year. Even if you survive a "brain attack," an estimated 1.9 million brain cells die every minute your brain is deprived of blood. The result is a loss of functions once taken for granted, such as talking, walking and swallowing.

Advanced Technology for strokes, includes:

Clot bursting technology. If a stroke is caused by a blood clot, a catheter can deliver anti-clotting stroke medications directly to the blockage. If needed, surgeons can safely remove the clot with a retrieval device.

Stents. A new thinner, more flexible stent than those used in heart artery's can now be placed in brain vessels. The stent, which is guided in to the narrow artery with a catheter, holds open the clogged area, allowing blood to flow freely.

Micro-coiling. A new system to treat cerebral aneurysms that are leaking, or in danger of bursting, uses soft platinum coils to fill the bulge in the blood vessel, reducing their risk of rupture.

With the amazing advancement and minimally invasive stroke treatment, patients can get the same or better results than previously achieved with open's skull surgery. Stroke patients now have a greater chance of recovery, with fewer complications, lower overall risk and shorter hospital stays.

Article taken from Franciscan health — Summer 2007

Questions? Contact the Community Health Program at the H&WC at 253-939-

EAT YOUR FRUITS AND VEGETABLES!!!



SEPTEMBER IS

"FRUITS AND VEGETABLES"

MONTH!!!!!



THIS IS A GREAT OPPORTUNITY TO REMIND OURSELVES OF HOW IMPORTANT IT IS TO GET PLENTY (5-9 SERVINGS) OF FRUITS AND VEGETABLES EVERYDAY. FRUITS AND VEGETABLES HELP PROTECT AGAINST HEART DISEASE, CANCER, DIABETES, AND MANY OTHER DISEASES. THEY ALSO TASTE GREAT!!!!



Washington State

Crime Prevention Association

1631 West Rose Street, Suite 615 * Walla Walla, Washington 99362 Phone: 509-525-3342 Fax: 509-522-9937 E-Mail: info@wspaonline.org

Crime Prevention Just some of the many services we provide:

- Operation I.D. worksheets & stickers
- Engravers available for check-out
- Neighborhood Watch programs

Residential Surveys

SALARY: \$50,656 Annually

- "Do It Yourself Handbooks"
- . **Actively recruiting Block Captains**

Career Opening: Emergency Preparedness Coordinator

The Muckleshoot Tribal Administration is searching for an Emergency Preparedness Coordinator to plan, organize, and direct the operations of Emergency Preparedness for the Muckleshoot

Indian Tribe. The position requires Graduation from an accredited

two-year college or university with a degree in business administra-

tion, psychology, communications or related field. Significant, veri-

fiable, experience working with Native American govern-

ments may substitute for all, or part, of the educational re-

quirements. The person hired for this position must be an en-

rolled Muckleshoot Tribal member with valid Enrollment card. Additionally, incumbent must live within the boundaries of the Muck-

leshoot Reservation, and have knowledge of the Tribal government.

All training required for position will be given as the incumbent is hired. Please visit our website at www.muckleshoot.nsn.us for more

Call us or stop in to take advantage of these services!

Deputy Ron Riehs King County Sheriff's Office 253-876-3246

Cindy Butler Muckleshoot Housing Authority 253-833-7616

JOBS! JOBS! JOBS!

Attention ALL Enrolled Tribal Members!

If you are energetic, willing to learn, and able to work flexible shift schedules, including weekends and holidays, then we want to talk to you! If you would like to work at the MUCKLESHOOT INDIAN CASINO please stop by our Human Resource office, Monday to Friday, 9am to 6pm to complete an application. Job openings are posted on our Job Opportunities Board outside our Human Resource office. Or for a list of open jobs call the Jobline at 800-804-4944 ext. 4990 or look us up on the Internet at http://www.muckleshootcasino.com.

We exercise Tribal Preference hiring for all tribal members. Pre-employment drug test required.

Come work for **Your** Tribe and make a difference!!!

The Muckleshoot Tribal Administration is looking to hire Tribal mem-

see our opening on-line

CASUAL LABOR APPLICANTS WANTED

- Casual Labor is a program designed for on-call/ temporary employment.
- Make sure the application is completely filled out to the best of your ability; incomplete applications will **not** be processed.
- Applicant information must be continuously updated in order for Human Resources to contact you for a Casual Labor position and for you to remain on the ACTIVE Casual Labor list. *If we don't have a number to reach you at, you may be removed from the ACTIVE list and placed at the bottom of the WAIT-*ING LIST.*
- We are in need of people with Driver's Licenses, Food Handler's Permits (w/experience as a cook/assistant cook), CDL, Barista experience, Certified Teachers.
- Must be willing to work odd hours and on weekends when necessary.

**For more information, please contact: Laverne Mathias at (253) 876-3201

Laverne.Mathias@muckleshoot.nsn.us

bers to fill its new openings. Please visit us in the Tribal Administration Human Resources Department to see if we have any new openings that you might be interested in

www.muckleshoot.nsn.us

MUCKLESHOOT TRIBAL

Any interested/eligible Muckleshoot parties seeking tribal enrollment please be advised that the following documentation is always needed for Muckleshoot tribal enrollment:

- 1. Enrollment application, filled out completely, front & back.
- Original certified birth certificate (NO EXCEPTIONS.) (Signatures of both parents, if both are on certified birth certificate and under age 18.)
- 3. Original Social Security card.
- Relinquishment must be completed, if enrolled in another
- 5. Name must match on all documents.

No copies are accepted. Until all documents are on file, no review process will begin.

Have you ever considered a career in

gaming regulation?

THE MUCKLESHOOT GAMING COMMISSION

regularly posts openings at the Casino, Tribal Headquarters, and the Commission office. Because resumes and/or applications are accepted for open positions only, check



often or call 253.735.2050 for current openings.

NATIVE OWNED CONTRACTOR

looking for framers and carpenters

Good pay for right person. Please contact: Matt Bennett Water's Edge Custom Finish, Inc.

(360) 490-5963

Leave message with contact information

CONSTRUCTION JOBS

Mortenson has been selected as General Contractor for the Tulalip Tribes to build the new Tulalip Tribes Hotel and Conference Center in Tulalip, WA. This exciting project which opens mid-2008 consists of a casino expansion, hotel tower, conference center, pool, spa, restaurant and retail spaces.

Please contact Nadine Williams or Pat Alden at 360-654-2262 to inquire about construction employment related opportunities or to learn about our bidding schedule for upcoming subcontracted work.

EVENTS CALENDAR

September 16

Muckleshoot Day at Emerald Downs, featuring the \$50,000 Muckleshoot Tribal Classic; free admission with tribal ID; races start at 2 PM.

September 21

Muckleshoot Wellness Center Pool Party - At the Muckleshoot Wellness Center from 4:00 -6:30pm. Contact Lauren McCuistion at (253) 333-3616 for more information.

September 28

Per Capita Distribution Deadline

October 6

Keta Creek Fall Classic - All ages fishing. For more information call Gail Larsen at (253) 876-3178

October 19

Diabetes Conference - At the Muckleshoot Health & Wellness Center. Call 253-939-6648 for more details.

October 20

Team-Works Saturday Academy - At the Muckleshoot Youth Services Facilities. Contact Rayna Penn at (253) 876-3278 for more information.

ONGOING:

Canoe Family Meetings Tuesday and Thursday at 5:30 p.m. - 8:30 p.m. at the Canoe Clubhouse.

Song and Dance Sessions Mondays at 5:30 p.m. - 8:30 p.m. at the Clubhouse

Do You Need A Will?

The Realty Department has staff who can help you draft your will, plan your estate, and answer questions about probate.

- Wills
- **Probate**
 - **Estate Planning**

Contact: Sarah Lawson Realty—Trust Services

sarah.lawson@muckleshoot.nsn.us 253-876-3160

Monday-Friday,

Philip Starr Building

Auburn, WA 98092

39015 172nd Ave SE

8am-5pm

IS NOW OFFERING A

\$1,000.00 REWARD

FOR INFORMATION LEADING TO THE CONVICTION OF MUCK-LESHOOT TRIBAL MEMBERS HUNTING IN VIOLATION OF TRIBAL REGULATIONS.

INFORMATION PROVIDED MUST BE VERIFIABLE, AND YOU MUST PROVIDE BOTH A WRITTEN STATEMENT AND TES-TIFY IN COURT. PAYMENT WILL NOT BE PROVIDED UNTILA CONVICTION FROM THE MUCKLESHOOT TRIBAL COURT OF JUSTICE.

PLEASE CONTACT ANY WILDLIFE PROGRAM STAFF IF YOU HAVE ANY INFORMATION OF ANY POACHING ACTIVITY.

SMOKE ALARM TESTING

Does your smoke alarm work properly? Would you like to have it tested to be sure? Do they need new batteries? Tribal Housing will test your smoke alarms and replace batteries for free.

Just call to set up an appointment: (253) 833-7616

NATIVE BIDDERS WANTED!

The Muckleshoot Housing Authority is currently soliciting a list of Native American owned Businesses interested in bidding on construction projects and supplying materials. Native American businesses must be owned and registered. To be listed please call 253-833-7616 or mail information to:

Muckleshoot Housing Authority 38037-158th Ave SE **Auburn, WA 98092**