

1972-2012





Front Row: *Katie Johnson, Colbie Caughlan (w/Baby Sydney), Stephanie Craig Rushing, Ronda Metcalf, Ticey Casey, Rachel Ford, Debi Creech, Suzanne Zane, Victoria Warren-Mears, Megan Hoopes, Jacqueline Left Hand Bull, Eugene Mostofi*

Back Row: *Carol Grimes, Carrie Sampson (w/Baby Fallyn), Sarah Hull, Bobbi Puffin, Tanya Firemoon, Tom Weiser, Birdie Wermey, Jenine Dankovchik, Tam Lutz, Jim Fry, Joe Finkbonner, Elaine Dado, Don Head, Lisa Griggs, Eric Vinson, Amanda Gaston, Elizabeth Viles, Monika Damron, Devonte Casey, Bridget Canniff*

Not Pictured: *Jim Roberts, Mike Feroglia, Candice BringsPlenty, Jessica Leston, David Stephens, Wendee Gardner, Luella Azule, Chris Sanford, Tom Becker, Clarice Charging, Erik Kakuska, Kerri Lopez, Nicole Smith*

Prepared by: Northwest Portland Area Indian Health Board
For more information about the Northwest Portland Area Indian Health Board or
the 43 Federally recognized Tribes of Idaho, Oregon and Washington please visit :

www.npaihb.org.

2121 SW Broadway, Suite 300, Portland, Or. 97201 503.228.4185

Thank you to Rob Wehrley and Staff at
Columbia Printing



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VISION FROM THE PAST





Ruby Beach, Quinalt, Wa.

MISSION STATEMENT

Our Mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare.

ACKNOWLEDGMENTS

We would like to express our greatest gratitude to the people who have helped & supported us throughout the development of the Board history. We are grateful to the leaders from the forty three Northwest Tribes who have supported the Board, from initial advice in the early years of conceptual inception and through ongoing guidance and encouragement to this day.

Thank you to our Delegates from each of the forty three Northwest Tribes for providing us with continued direction and continued input on the urgency of our work.

A special thanks goes to my colleagues, Erik Kakuska (Zuni), Elaine Dado (Rosebud Sioux), Jim Roberts (Hopi, Sioux) and Victoria Warren-Mears, who helped in completing the project

*“Humankind has not woven the web of life. We are but one thread within it.
Whatever we do to the web, we do to ourselves. All things are bound together.*

All things connect.”

~ Chief Seattle

PHOTO CREDITS

All the black and white and color photography for this book was kindly provided by the Northwest Portland Area Indian Health Board except where individually credited



EXECUTIVE SUMMARY / INTRODUCTION



*Joe Finkbonner (Lummi)
2005 - Present*

I am both honored and flattered to have been asked to be the Executive Director for the Northwest Portland Area Indian Health Board (NPAIHB). The NPAIHB is known nationally for the quality of work that it produces on behalf of ALL tribes, even though our focus is the improvement in the health status of our member tribes and their communities.

I congratulate each of you for your contributions toward the NPAIHB's success, it is because of the leadership that our Northwest tribes have that leads to the high expectations for the organization. It is also the joining of 43 tribes of diverse geography, diverse languages and cultural practices, and more contemporarily diverse choices in operation of health systems that has made our individual efforts symbiotic and often a catalyst for national movements.

Your achievements in the realms of Indian Health are a model for all tribes and other Area Health Boards. The NW is a leader in progressive thinking that has put our tribes in the first tier of; tribal self determination, tribally operated epidemiology center, model tribal-state relations, national diabetes programs, NW leaders in officer positions on National Indian Organizations.

A time such as this should also give us pause to think about the leaders who are no longer with us, but are a vital part of who we are today. Leaders such as Joe DeLaCruz, Violet Hillaire, Corrine Hicks, Rod Smith, Susan Wilbur, and the losses of family members who are the support network for our tribal leaders. I take this time and honor their contributions and the foundation they have provided for our organization...our families.



Dave Lambert
1973 - 1976



Felicia Schanche Hodge,
(Wailaki)
1976 - 1983

My experience as the Executive Director of the NPAIHB grounded me with an education and experience that guided me throughout my personal and professional career. During my tenure, I testified before Congress, developed strategic plans, developed the Board training manual, and obtained developmental funds to support the training of CHRs, tribal personnel and clinic staff. Because of their vision and dedication to the tri-state tribal groups, the Board directed me to establish a strong, fiscally secure agency. I incorporated the Board, developed a powerful accounting system, and secured funds from the IHS, Federal NIH and other sources.

The NPAIHB is to be commended during this 40-year celebration for its history as a visionary and advocacy agency. The tribe's collective vision 40 years ago was on target –advocating for American Indian health, social welfare, and tribal sovereignty – establishing a strong agency, representing all in the Northwest– and taking on the leadership for supporting legislation and securing patient rights in a culturally competent manner is witness to their success. The Northwest leaders of today continue in the path set by

past leaders to secure an agency that can make a difference in education, healthcare, and wellness. A plan for financial integrity, a goal of well-trained leaders and staff, and a strong collaboration with NW tribes set the framework for a stable organization that stood the test of time.

Looking back over the years, I am grateful for the kindness of the elders who often “had a talk” with me, the CHRs who had bake sales to travel with me to Washington DC to support our testimony, and the Chairman of the NPAIHB, Mel Sampson (Yakima) who I looked to for his wisdom and his leadership. Those who sat on the Board – Delbert Frank (Warm Springs), Christine SiJohn (Spokane), Andrew Joseph (Colville), Joe DeLaCruz (Quinault), among others, will always be in my memory – for those were my heroes and my teachers who walked with me during my tenure on the NPAIHB. I often think of the words of wisdom I received from many tribal council men and women who accompanied me to Washington, DC, standing up to present our testimony – requesting funding, clinic facilities, manpower, etc. The NPAIHB continues to be recognized as the strongest, most stable Indian organization in the nation. Congratulations to all of you – you have provided our people with advocacy, support and increased health care – thus ensuring the health and wellbeing our children and their children into the future.

~ Felicia Schanche Hodge ~



NPAIHB EXECUTIVE DIRECTORS



Sheila Weinmann
1983 - 1986

Greetings! My congratulations to the NPAIHB on 40 years of exemplary service to the Indian communities of the Pacific Northwest. The six years I worked at the health board were some of the most rewarding of my life. It was a great privilege to get to know so many wonderful people and to learn more about Northwest Indian culture and traditions. Those days seem so immediate to me that it's hard to believe they were 25 years ago. I still miss you all, and I am very proud of all the Board and staff have accomplished since that time.

~ *Sheila Weinmann* ~



The late Tom Jones
(Grand Ronde)
1986 - 1988



Doni Wilder
(Rosebud Sioux)
1989 - 1998

When I came to the Northwest Indian Health Board, I was lucky to find work I could be passionate about - work that might allow me to make a difference. During my early days at the Board, I learned that Indian health programs often were assumed by funding sources and agencies to be second rate-and, unfortunately, some of them were. Skeptics believed Indian organizations would be fortunate to meet the minimum requirements of their basic funding grants, let alone take on complex, substantive work such as research. I refused to buy into that for our organization and, fortunately, others shared my commitment. We set higher goals and standards and refused to let preexisting bias deter our efforts to expand the scope of our work or to improve its quality. I think the results speak for themselves. With an active tribal Board that supported us and a committed staff, the organization not only met the goals and objectives of its basic mission but branched into a variety of activities that made it, and still allow it to be, a model of effective administration and a leader in positive change in the field of Indian health. So, if I made any lasting contribution, my hope is that it was to help set a higher standard for achievement, to instill greater pride in quality work and to help gain a new respect for our accomplishments from those outside the organization. I was fortunate to have tribal members on our Board who recognized the importance of these efforts and a staff that could make it happen. I believe we established a new and better model for tribal programs. I am proud and thankful to say that the time I spent at the Board was as rewarding as anything I have ever done.

Continues on page 8



Continued from page 7

I will always be grateful to the Northwest Tribes for allowing me to work at the organization for twelve years and to be its Executive Director

I am also very proud of two specific achievements during my tenure as Executive Director. First, NPAIHB gathered the required resolutions from all Federally-recognized tribes in the Portland Area to gain status as a tribal organization under PL 93-638. Second, NPAIHB successfully lobbied for, first the authority, and then appropriations for Tribal Epidemiology Centers. NPAIHB was among the first tribal organizations to receive Epidemiology Center funds.

~ Doni Wilder~



Cheryl Kennedy
(Grand Ronde)
1998 - 2000

Congratulations to the Northwest Portland Area Indian Health Board on 40 grand years of services to the tribes of the northwest. I am pleased to have served the NW Tribes as the NPAIHB's Executive Director and to have worked with great leaders. As a non-profit organization the bread and butter of success is to secure and maintain grant funding so that NW tribal health priorities are addressed. My focus was aimed at continued funding, improving systems within the organization, and become as efficient as possible so that the NPAIHB's purpose and goals were achieved.

With my guidance I was delighted that the organization increased its grant funding base with many grants extending to five years, improved the organization through structuring of the EPI Center, implemented a fund accounting system and set up an automated personnel and project accountability tracking system. The NPAIHB staff were professional caring employees who carried out their responsibilities admirably. The executive Board worked tirelessly to insure that contribution and participation was made on numerous issues. A hallmark during my leadership was the Diabetes Program as new funds were earmarked to combat diabetes among Native Americans. Formulas for funding and projects were developed resulting in the NW tribes receiving more funds than prescribed. Other significant accomplishments centered around Tribal data systems. Targeted data trainings were developed and taught by NPAIHB staff that resolved data integrity issues and expanded tribal data capacity.

I am appreciative to have served NW Tribes in the arena of improving the health status of Native Americans through health education and training, research and advocacy. I am confident that the great Northwest Portland Area Indian Health Board will continue to be a soaring eagle that can see what is looming from a distance and prepare a position to continue elevating the health status of Native Americans.

~Cheryl Kennedy~



Edward Fox
2000 - 2005

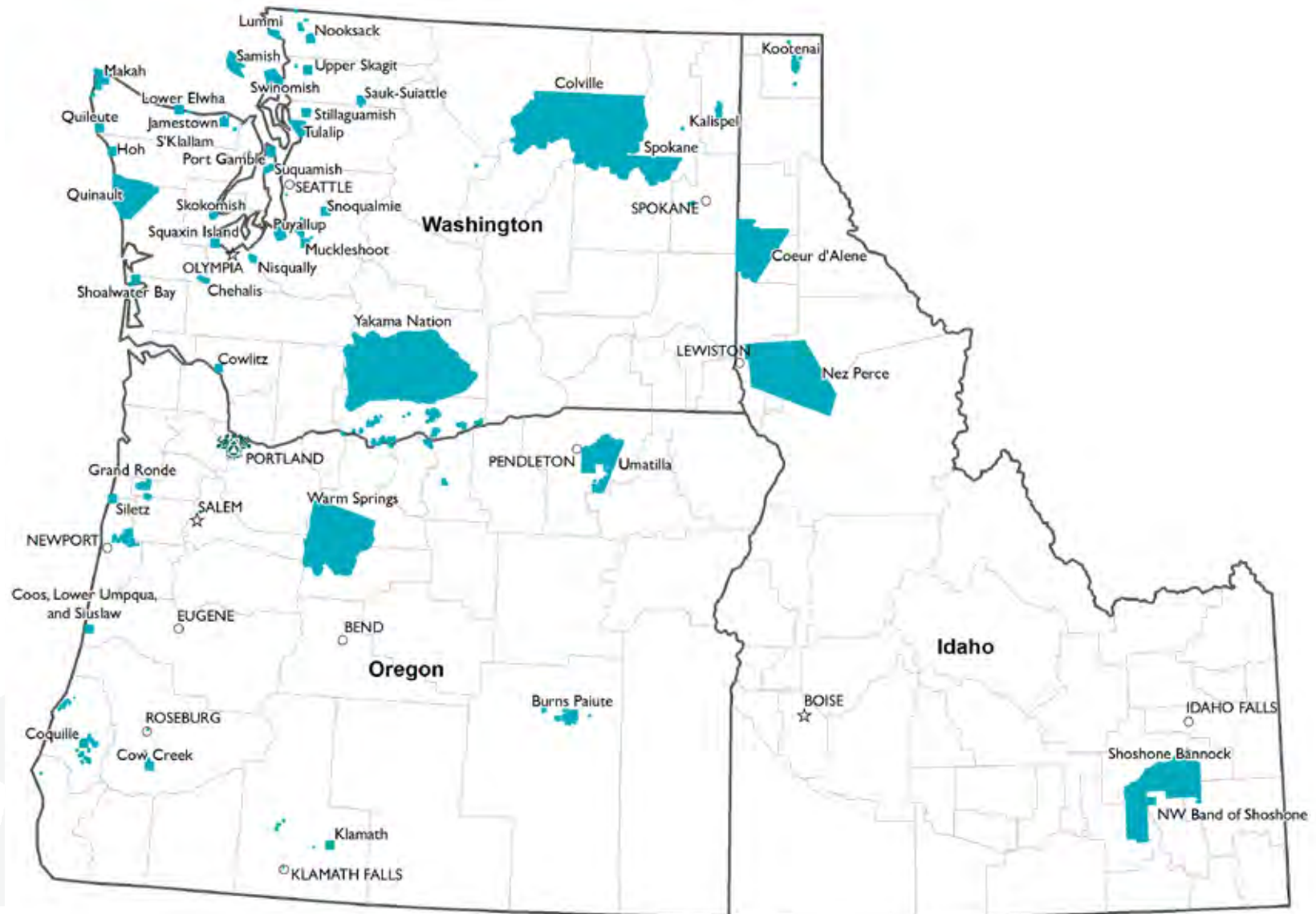
Id call my Executive Director era the “challenges of success” period in the Board’s history. When I came to the Board we were loaded for Bear. Sterling audits, well developed policies and procedures, and a solid financial position allowed us to go hunting for whatever priorities our Tribes gave us. I remember how vital our support from Tribal Councils was through the appointments to the Board, support for our research and health promotion / disease prevention projects, and their strong advocacy at ATNI and NCAI for our policy positions. Of course it was fun to be active, to be influential and to make a difference for Indian health. We had growth pains in those years that few noticed, but were very real and sometimes surprising. My greatest fear of those years of growth was we were making it look too easy, or worse, that we were making it look like we did not need the Tribal support that was our lifeblood.

The Board grew substantially with programs started before my tenure began. The EpiCenter was off to a good start and became the home for vastly expanded research and related programs. Our support for analysis and advocacy for the Indian health service budget continued its established place as the preeminent document for tribes nationwide. Granting agencies were impressed by our health projects and expanded them beyond the Board to Tribes. Our relationships with State bureaus, universities and other tribal organizations and the Indian Health Service strengthened and bore positive results for our Tribes.

How much I loved meeting and working with Indian leaders like Ron Allen, Brian Cladoosby, Mel Tonasket, Garland Bruno, Antone Minthorn, Dee Pigsley, Pearl Capoeman-Baller, Cheryle Kennedy, Julia Davis, Ernie Stensgar (and my former student Chief Allan the current Couer d’Alene Chair). My first day on the job included standing in the back of the room and outside the Portland Red Lion while Joe DeLaCruz blew smoke around me and told me why he was glad they hired me to work state issues. What I remember more also was how he insisted that Tribes through the Board, not Universities or states, needed to produce and utilize their own data. I took that direction very seriously. I relished the influence of Tribes working together with such energetic and powerful leaders. Although many of us only heard the part where these leaders made demands on state and federal governments, I also remember the demands they made of tribes. Joe captured it in a slight paraphrase of perhaps his most famous aphorism, “Tribes need to act like Sovereigns,” and when he said that I’d sit back and listened carefully as he’d run off his current list of things that followed his favorite line of “Tribes need to...” As the executive director I thought a lot more about what the tribes could do than I did about what the state or federal government should do.

The Board evolves but maintains through all of us its commitment to Indian health, its Indian leadership, and its high professional standards. I join all of you in sharing in the pride it generates in all who support the work it does on our behalf. Thanks.

~ Edward Fox ~





NW TRIBAL MAPS



Idaho Tribes

- Coeur d'Alene
- Kootenai Tribe
- Nez Perce Tribe
- Northwest Band of Shoshone Tribe
- Shoshone Bannock Tribes



Oregon Tribes

- | | |
|---|--|
| <ul style="list-style-type: none"> Burns-Paiute Tribe Coos, Siuslaw & Lower Umpqua Tribes Coquille Tribe Cow Creek Tribe Grand Ronde Tribe | <ul style="list-style-type: none"> Klamath Tribes Siletz Tribe Umatilla Tribes Warm Springs Tribes |
|---|--|



Washington Tribes

- | | | |
|----------------------------|-----------------------|----------------------|
| Chehalis Tribe | Nisqually Tribe | Snoqualmie Tribe |
| Colville Tribes | Nooksack Tribe | Suquamish Tribe |
| Cowlitz Tribe | Port Gamble S'Klallam | Swinomish Tribe |
| Hoh Tribe | Puyallup Tribe | Spokane Tribe |
| Jamestown S'Klallam Tribes | Quileute Tribe | Squaxin Island Tribe |
| Kalispel Tribe | Quinault Nation | Stillaguamish Tribe |
| Lower Elwha Tribe | Samish Nation | Tulalip Tribe |
| Lummi Nation | Sauk-Suiattle Tribe | Upper Skagit Tribe |
| Makah Tribe | Shoalwater Bay Tribe | Yakama Indian Nation |
| Muckleshoot Tribe | Skokomish Tribe | |



IDAHO RESOLUTIONS



RESOLUTIONS



Jamestown S'Klallam,
TCAC August 2011

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
P. L. 93-638 Tribal Resolutions

| TRIBE | RESOLUTION NO. | DATE PASSED |
|--------------------------------|----------------|---------------|
| WARDEN TRIBES | | |
| 1. Burns Paiute | 93-20 | 07-18-92 |
| 2. Doss, Lower Wappan & Quilew | 92-204 | 11-10-91 |
| 3. Cowlitz | 079348 | 08-22-92 |
| 4. Cuv Creek Wappan | 92-84 | 11-17-91 |
| 5. Grand Ronde | 92-144 | 12-14-91 |
| 6. Klaskanine | 92-217 | 04-10-92 |
| 7. Tillamook | 92-148 | 07-18-92 |
| 8. Umatilla | 92-71 | 12-02-91 |
| 9. Warm Springs | 9258 | 01-13-92 |
| IDAHO TRIBES | | |
| 1. Coeur d'Alene | 117 (92) | 03-30-92 |
| 2. Kootenai | 92-29 | 07-22-92 |
| 3. Nez Perce | 92-283 | 04-14/15-92 |
| 4. NW Shoshone | 92-271 | 08-08-92 |
| 5. Shoshone-Bannock | 94-032 | Sept 16, 1994 |

P. L. 93-638 Tribal Resolutions

| TRIBE | RESOLUTION | DATE PASSED |
|----------------------------|------------|-------------|
| WASHINGTON TRIBES | | |
| 1. Colville | 1992-383 | 09-03-92 |
| 2. Kalispel | 1992-40 | 05-20-92 |
| 3. Lower Elwha | 73-92 | 09-01-92 |
| 4. Makah | 40-93 | 03-08-93 |
| 5. Nuckleshoot | 92-441 | 11-20-92 |
| 6. Nooksack | 93-16 | 03-02-93 |
| 7. Puyallup | 041091A | 10-04-91 |
| 8. Quinalt | 93-01-70 | 01-11-93 |
| 9. Sauk-Suiattle | 05-04-93 | 05-07-93 |
| 10. S'Klallam, Jamestown | 10-92 | 04-26-92 |
| 11. S'Klallam, Port Gamble | 92-A-001 | 02-11-92 |
| 12. Skokomish | 93-43 | 05-26-93 |
| 13. Spokane | 1993-061 | 01-25-93 |
| 14. Squaxin Island | FY 93-03 | 10-29-92 |
| 15. Suquamish | 93-052 | 06-01-93 |
| 16. Swinomish | 92-08-67 | 08-04-93 |
| 17. Tulalip | 92-0144 | 09-12-92 |
| 18. Upper Skagit | 93-21 | 03-04-93 |
| 19. Yakima | T-95-92 | 04-16-92 |

P. L. 93-638 Tribal Resolutions

** TRIBES THAT HAVE NOT PROVIDED RESOLUTIONS

| | | |
|---------------------|----------------|---------------|
| 1. Chehalis | ** 93-18 | Jan 17, 94 |
| 2. Hoh | ** 10-13-94-01 | Oct. 13, 94 |
| 3. Lummi | ** 93-177 | Nov 17, 93 |
| 4. Nisqually | ** 95-1994 | Oct 20, 1994 |
| 5. Quileute | ** 94-A-10 | Jan 26, 94 |
| 6. Shoalwater Bay | NO !! | |
| 7. Shoshone-Bannock | ** 94-032 | Sept 16, 1994 |
| 8. Stillaguamish | ** | |

11-24-93/AR



BURNS PRINTE HEALTH PROGRAM
BURNS PAIUTE RESERVATION
 PORTLAND, OREGON 97201

3001 Wilder, Northwest
 Portland, Oregon 97201
 Telephone (503) 783-2219
 FAX (503) 783-2029

CONFEDERATED TRIBES OF
COOS, LOWER UMPQUA & SILECWAU INDIANS
 307 S. 10th • P.O. Box 5417 • Coos Bay, OR 97423 • FAX (503) 338-2171

RESOLUTION NO. 81-05
 Date of Passage / Revision:
 Subject (Title) / Support / Action

WHEREAS: This Council is Coos, Lower Umpqua & Silecwau Indians.

WHEREAS: This governing body.

WHEREAS: The Northwest Portland Area Indian Health Board (NPAIHB) was organized in 1972 and under its constitution is to represent the interests of the Coos, Lower Umpqua & Silecwau Tribes in the Northwest Portland Area.

WHEREAS: The Board has operated under its constitution and by-laws since its formation in 1972 and has been successful in its efforts to provide health services to the Tribes.

WHEREAS: The Board has been successful in its efforts to provide health services to the Tribes.

WHEREAS: The Board has been successful in its efforts to provide health services to the Tribes.

COQUILLE INDIAN TRIBE
 307 S. 10th • P.O. Box 5417 • Coos Bay, OR 97423
 Telephone (503) 338-2171 • FAX (503) 338-2171

RESOLUTION
 CYS3AS

HEALTH: Support of the Northwest Portland Area Indian Health Board (NPAIHB) to convert a "Buy Indian" contract to a "Buy Indian Act" contract.

WHEREAS, the Coquille Indian Tribe is a member of the Northwest Portland Area Indian Health Board (NPAIHB) pursuant to the Tribal Constitution approved November 30, 1984 by the Tribal Council on August 27, 1984 and September 9, 1984.

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB) was organized in 1972 and under its constitution is to represent the interests of the Tribes in the Northwest Portland Area.

WHEREAS, the Board has operated under its constitution and by-laws since its formation in 1972 and has been successful in its efforts to provide health services to the Tribes.

Cow Creek Band of Umpqua Tribe of Indians
TRIBAL HEALTH PROGRAM

RESOLUTION
 CYS3AS

WHEREAS, the Cow Creek Band of Umpqua Tribe of Indians is a member of the Northwest Portland Area Indian Health Board (NPAIHB) pursuant to the Tribal Constitution approved November 30, 1984 by the Tribal Council on August 27, 1984 and September 9, 1984.

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB) was organized in 1972 and under its constitution is to represent the interests of the Tribes in the Northwest Portland Area.

WHEREAS, the Board has operated under its constitution and by-laws since its formation in 1972 and has been successful in its efforts to provide health services to the Tribes.

THE CONFEDERATED TRIBES OF THE GRAND RONDE COMMUNITY OF OREGON

Resolution #: 080-94

WHEREAS, the Grand Ronde Tribal Council, pursuant to Article III, Section I of the Tribal Constitution approved November 30, 1984 by the Acting Deputy Assistant Secretary on Indian Affairs, is empowered to exercise all legislative and executive authority not specifically vested in the General Council of the Confederated Tribes of the Grand Ronde Community of Oregon; and

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB) was organized in 1972 and under its constitution, is to secure for Northwest Tribes "an organized voice and participation in decisions relating to the development and implementation of Indian Health Service (IHS) regulations, policies and programs;" and

WHEREAS, throughout its history NPAIHB has established itself as a respected advocate for all Tribes of the Northwest and its experience and expertise are vital to the Tribes' future working relationships with IHS and other federal, state and private programs with a role or interest in Indian health issues; and

WHEREAS, NPAIHB operates under a contract with IHS approved pursuant to the Act of June 25, 1910, 25 U.S.C. §47, referred to as the "Buy Indian Act", which has several inherent limitations that reduce NPAIHB's ability to serve the Tribes. These limitations include, but are not limited to, the following:

1. The Act does not prevent IHS from unilaterally seeking services provided by NPAIHB from other programs without consultation with, or permission from, the Tribes;
2. It imposes complex, burdensome and often limiting Federal Acquisition Regulations on NPAIHB's activities;
3. It does not protect the base budget of NPAIHB, which can be unilaterally altered by IHS to the detriment of the services NPAIHB is able to provide; and

EMPOUA
 MOLLALA
 ROGUE RIVER
 KALAPUYA
 CHASTA
 9415 GRAND RONDE RD.
 GRAND RONDE, OREGON 97147
 (503) 879-2101

DEC-02-1992_131-69 FROM UMATILLA TRIBAL HEALTH RD TO 12200162 P.02

Revised No. 92-71

The undersigned, Edward J. Chairman and Secretary, respective Umatilla Indian Reservation of Oregon Conference Room of the Ninth-Ten day of December, 1992, a quorum regularly moved, seconded and adopted the following resolution:

WHEREAS, The Board of Trustees of the Umatilla Indian Reservation of Oregon is authorized to enter into a contract with the Northwest Portland Area Indian Health Board (NPAIHB) for the provision of health services to the Umatilla Indian Reservation of Oregon;

WHEREAS, The Northwest Portland Area Indian Health Board (NPAIHB) was organized in 1972 and under its constitution is to represent the interests of the Tribes in the Northwest Portland Area;

WHEREAS, Throughout its history NPAIHB has established itself as a respected advocate for all Tribes of the Northwest and its experience and expertise are vital to the Tribes' future working relationships with IHS and other federal, state and private programs with a role or interest in Indian health issues; and

WHEREAS, The Board operates under a contract with IHS approved pursuant to the Act of June 25, 1910, 25 U.S.C. §47, referred to as the "Buy Indian Act", which has several inherent limitations that reduce NPAIHB's ability to serve the Tribes. These limitations include, but are not limited to, the following:

1. The Act does not prevent IHS from unilaterally seeking services provided by NPAIHB from other programs without consultation with, or permission from, the Tribes;
2. It imposes complex, burdensome and often limiting Federal Acquisition Regulations on NPAIHB's activities;
3. It does not protect the base budget of NPAIHB, which can be unilaterally altered by IHS to the detriment of the services NPAIHB is able to provide; and
4. It limits the Board's activities as performed by the IHS, other, or

MEMORANDUM

TO: Health & Welfare Committee Tribal Council

FROM: Sai Sakima, Human Services General Manager

DATE: Tuesday, December 24, 1991

RE: EXISTING NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB) CONTRACT (OPERATIONS) CONVERSION TO A P.L. 93-618 CONTRACT

After meeting with the Health & Welfare committee (12/20/91), I reviewed the information from Don Wilder. The NPAIHB staff, in behalf of the board, is asking for support from each member Tribe. The board would like to change from a "Buy Indian" contract to a "Buy Indian Act" contract.

I looked at Don's handout (Attachment 1) presented to the Tribal Council and found the rationale thorough and had made some sense. Her reasoning is consistent with the board's constitution and by-laws and what I recall as their role as a community health and advocate in behalf of members of the Tribes.

The Klamath Tribe
 P.O. Box 436
 Chiloquin, Oregon 97624
 Telephone (503) 783-2219
 FAX (503) 783-2029

EXECUTIVE COMMITTEE
 PORTLAND AREA

WHEREAS, The Klamath Tribe is a member of the Northwest Portland Area Indian Health Board (NPAIHB) pursuant to the Tribal Constitution approved November 30, 1984 by the Tribal Council on August 27, 1984 and September 9, 1984.

WHEREAS, The Northwest Portland Area Indian Health Board (NPAIHB) was organized in 1972 and under its constitution is to represent the interests of the Tribes in the Northwest Portland Area.

WHEREAS, Throughout its history NPAIHB has established itself as a respected advocate for all Tribes of the Northwest and its experience and expertise are vital to the Tribes' future working relationships with IHS and other federal, state and private programs with a role or interest in Indian health issues; and

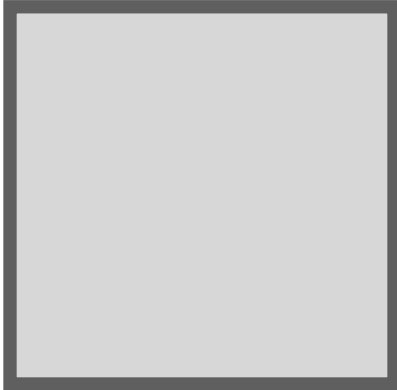
WHEREAS, NPAIHB operates under a contract with IHS approved pursuant to the Act of June 25, 1910, 25 U.S.C. §47, referred to as the "Buy Indian Act", which has several inherent limitations that reduce NPAIHB's ability to serve the Tribes. These limitations include, but are not limited to, the following:

1. The Act does not prevent IHS from unilaterally seeking services provided by NPAIHB from other programs without consultation with, or permission from, the Tribes;
2. It imposes complex, burdensome and often limiting Federal Acquisition Regulations on NPAIHB's activities;
3. It does not protect the base budget of NPAIHB, which can be unilaterally altered by IHS to the detriment of the services NPAIHB is able to provide; and
4. It limits the Board's activities as performed by the IHS, other, or

OREGON RESOLUTIONS



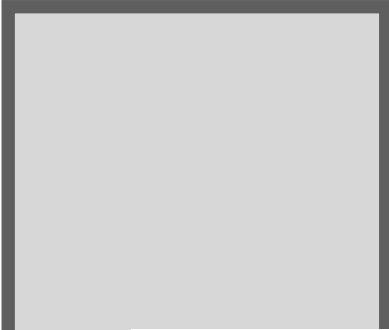
Cheryle Kennedy w/ family



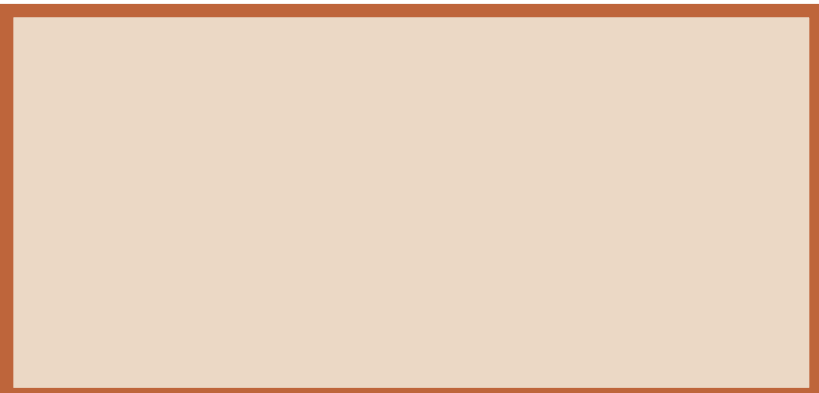
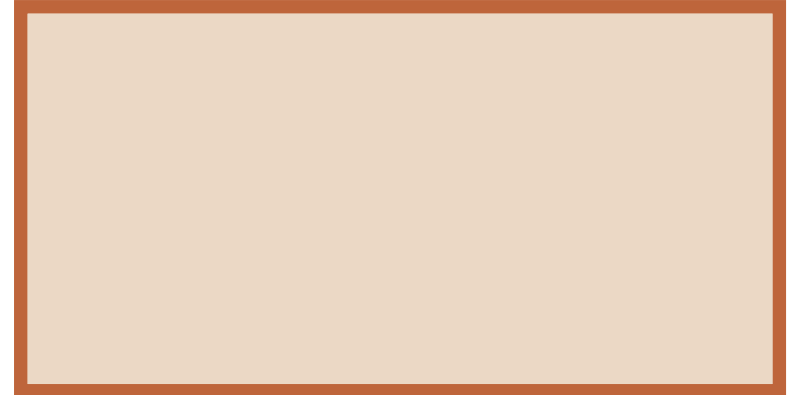
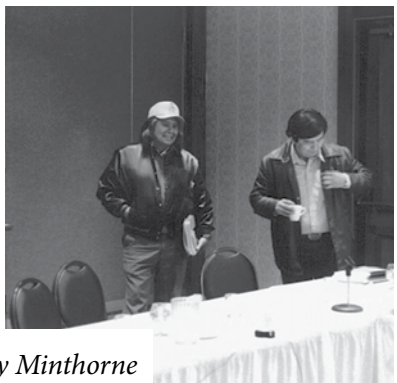
Race for the Cure '10



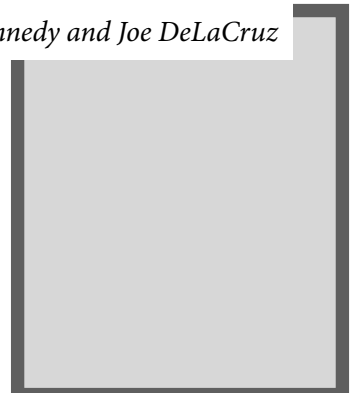
Charlotte Hershank



Carl Sampson and Larry Minthorne



Cheryle Kennedy and Joe DeLaCruz



Quarterly Board Meeting



Ten Right Fielders

Karen Fryberg





COMMUNITY



Northwest tribes have a long, shared value of improving health. From this value, they have created a unified approach to address health issues affecting their communities. It is this unity that has become strength of the Northwest Portland Area Indian Health Board. Northwest tribes, having created and supported NPAIHB, are truly visionary.

Serving tribes in Oregon, Washington, and Idaho, the Northwest Portland Area Indian Health Board (NPAIHB) was created in 1972 to increase tribes' ability to exercise control over the design and development of tribal health care delivery systems. Governed by tribal government delegates, NPAIHB facilitates intertribal coordination and promotes intergovernmental consultation.

In 1972, a group of tribal leaders from Idaho, Oregon, and Washington came together to discuss their nations' health problems and to contemplate how they might work together to address them. Recognizing the need to generate tribe-specific data and the desirability of sharing information and resources, they decided to create an intertribal organization that would serve each of the federally recognized tribes in the Northwest region. As a result of their vision, the Northwest Portland Area Indian Health Board (NPAIHB) was born.

Since 1972, NPAIHB has focused on specific responsibilities at the request of its member tribes. First, the organization invested in its capacity to collect, analyze, and manage data, on behalf of all of the Northwest tribes. NPAIHB trained its member tribes in data management and, under the direction of member tribes, also designed health promotion and disease programs that addressed the most pressing health concerns. Finally, it worked closely with tribal leaders and health care professionals to develop a shared policy agenda so that NPAIHB could advocate for and implement health care policy on tribes' behalf at both the regional and national level.

A strong organizational structure enables the NPAIHB to undertake these important jobs. NPAIHB is governed by a forty-three-member board of directors that is comprised of representatives from each of the tribes it serves. Although NPAIHB's member tribes are all different sizes, their populations range from less than one hundred to greater than ten thousand individuals, each tribe enjoys equal representation on the board of directors. This structure

Opposite Page: Ten Right Fielders

Back Row: Jim Mears, Damon Hilliard, Lisa Griggs, Erik Kakuska, Eugene Mostofi, Amanda Gaston, Delilah DeWilde

Bottom Row: Michael Feroglia, Don Head, Nicole Smith

Not pictured: Joe Finkbonner, Elaine Dado, Eric Joseph, David Stephens, Katie Johnson



keeps the organization focused on concerns and problems that are broadly shared among its membership. NPAIHB also benefits from clear decision-making processes. The organization holds an annual planning meeting that allows its membership to come to consensus on institutional priorities. It maintains a five-year strategic planning cycle to address institutional priorities. Additionally, NPAIHB's board meets quarterly to review policies and procedures, resolve pressing issues, learn from tribal programs, and discuss pending health legislation.

Since its creation, the Northwest Portland Area Indian Health Board has played a crucial role in improving the health status of its member tribes as well as tribes throughout Indian Country. Through the direction of tribal leaders, our successes are the direct result of NPAIHB's steady and effective execution of its responsibilities. NPAIHB has been a key player in the development of tribal epidemiology centers. In 1997, NPAIHB established the Northwest Tribal Epidemiology Center, or EpiCenter, to facilitate data collection, analysis, and management. In turn, NPAIHB has relied on its increased and improved data to work with tribes in the design and implementation of effective health promotion and disease prevention programs.

The Northwest Portland Area Indian Health Board's remarkable successes confirm that, in health services management, information is power. NPAIHB's Northwest Tribal Epidemiology Center is the first and still the largest tribal epidemiology center in the nation. Through the EpiCenter, NPAIHB trains



Quileute QBM 10-20-09

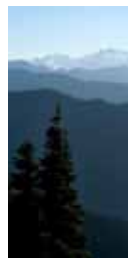


member tribes in appropriate data collection, the proper use of relevant statistical analysis software, and data management. The EpiCenter regularly implements innovative information programs that enable tribes to work increasingly independently. Now, member tribes' ability to cite sound statistical evidence regarding disparities in health status between their own people and surrounding populations allows them to garner needed funding and implement effective health services.

While information is power in the hands of tribes, it is NPAIHB's organization as an intertribal entity that ensures its members' continuing access to information. Member tribes can tap into NPAIHB's expertise not only in data collection and management, but also in a host of health-related services including health promotion and disease prevention program operation, billing, the administration of Medicare and Medicaid, and third party reimbursements. Through NPAIHB, individual tribes hold influence that they could not wield alone: NPAIHB keeps abreast of developing trends in health care so that its members have a voice in shaping those trends. NPAIHB facilitates consultation between its member tribes, the Indian Health Service, and state and federal agencies. Without question, the ability of NPAIHB's member tribes to defend their sovereignty is strengthened because of their participation in such a powerful alliance.



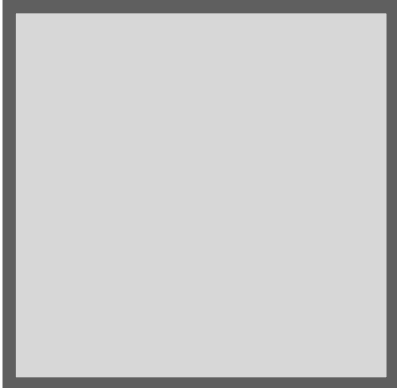
Due to the foresight of our tribal leadership, NPAIHB has wielded its expertise on behalf of Indian Country broadly. NPAIHB's efforts to reach beyond its member tribes have been a core part of its health promotion and disease prevention agenda. It works with tribes across the nation to disseminate its effective health programs and policies. Moreover, it is able to influence health policy legislation at state and national levels. All tribes have benefited from NPAIHB's involvement in policy debates surrounding Medicaid, welfare reform, health care reform and the Indian Health Service.



The Northwest Portland Area Indian Health Board is the result of forty-three individual tribes' determination to assert their sovereignty over tribal health. For forty years, it has been an excellent example of how tribes with shared concerns can come together to create an organization that serves its constituents with greater effectiveness than would be possible if the tribes acted independently.



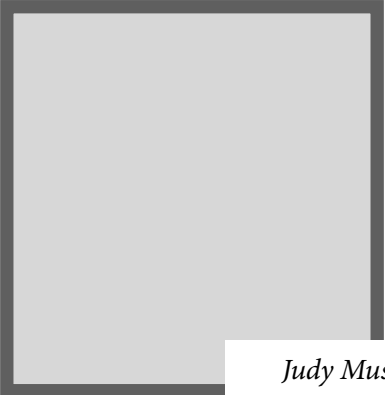
Dr. Trujillo and Corrine Hicks



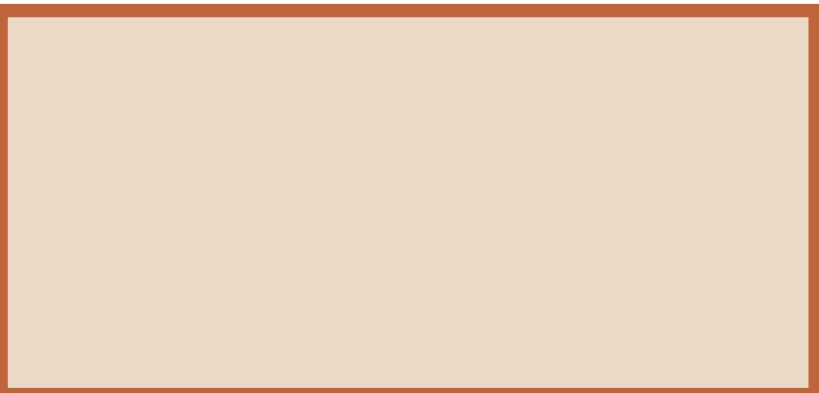
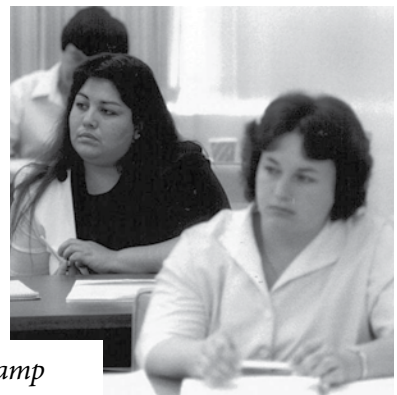
Elaine and Shawna resolving a dispute



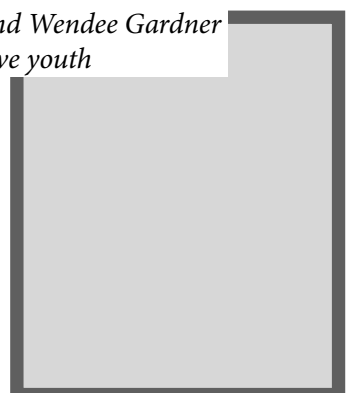
*Linda Holt
Pine Ridge 2008*



Judy Muschamp



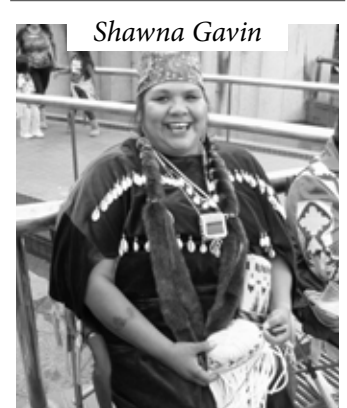
*Amanda Gaston and Wendee Gardner
w/ Thrive youth*



Joe Finkbonner and Bill Riley



Norma Peone & Janice Clements



Shawna Gavin



PEOPLE



Clarice Charging, Lisa Griggs, Michael Feroglia, Chris Sanford
& Kim Zillyett-Harris

Many have served the Northwest Portland Area Indian Health Board over the past 40 years. We remain grateful for each individual who has provided valuable hours of service, whether in a leadership role, staff role or supportive role. We pause to honor all of you.

I believe much trouble would be saved if we opened our hearts more.
~ Chief Joseph

In our earliest recorded minutes, July 1973, there were nine members present at the meeting. These included; Frank Wright, Chairman (Western Washington), Chris Sijohn (Spokane), Delphine Wood (Umatilla), Irene Siddle (Lummi), Marcelene Kevis (Northern Idaho), Elizabeth Cole (Taholah), Francis Navo (Fort Hall), Hank Wachendorf (Makah), and Prosana Williams (Warm Springs). At this meeting Elizabeth Cole, who served as Chair of the Personnel Committee introduced David Lambert, who had been recently hired as Executive Director. In addition, in January 1974, Melvin Sampson (Yakama) is noted to be Secretary-Treasurer of the Board.

The Board election of January 30, 1975 saw the election of Melvin Sampson as Chair, Belma Colter as Vice Chairman, Frank Wright as Secretary/Treasurer, and Janie Pond as Sargent At Arms. It is to these earliest leaders we owe much of our vision and direction.

In 1992 Dr. Jonathan Sugarman was hired by the Portland area office of Indian health services as the Portland area epidemiologist. A proposal directing improved health data in Northwest American Indians, received 29 letters of support.

At the July 17-19, 1997 quarterly board meeting, Dr. Dee Robertson proposed five health status objectives for the NW. Tribal Research Center. “in the Indian health care improvement act there are a total of 61 objectives listed for needed improvement in the health status of Indian people including all five of the health status objectives we have chosen:



- reduce cigarette smoking to a prevalence of not more than 20%
- reduce cases of vaccine preventable disease in the following: area, tetanus, measles, rubella, congenital rubella syndrome, mumps, and pertussis
- reduce infant mortality to no more than 8.5 per 1000 live births
- reduce the deaths from cancer of the uterine cervix to no more than 1.3 per 100,000
- increase to at least 65% the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay”

Priorities were chosen with key issues in mind first of all they should be important health issues for Northwest tribes and second they should be feasible to implement and achieve in Northwest tribes.

At the January 21 - 28 meeting in 1998 of the quarterly Board, Ed Fox the then policy analyst reported, “ we are asking Congress to provide permanent funding for the Epicenters.”

The April 1998 meeting was held at Ka-Nee-Ta resort, Dee Robertson presented on the Epi Center Priorities.

- Assist Northwest tribes in implementation of the clinical performance objectives to meet the five recommended health status objectives.
- Develop a register of Northwest American Indians and Alaska natives to be used for reporting to the tribes accurate health status information.
- Complete agreements with each state to obtain health status data relevant to Northwest American Indians and Alaska natives.
- Complete a detailed analysis of recent trends in infant mortality in the Northwest American Indian and Alaska natives.
- Complete and distribute a model BRFSS to be used by Northwest American Indian tribes.
- Develop the format or a yearly “health report card” which the epicenter can report tribal health trends back to the tribe on. For the children’s health report card we will report medical (children who are protected from all vaccine preventable diseases); dental (percent of 3 to 4-year-old children who



*Team Jacob:
Stella Washines, Pearl Capoeman-Baller, Cheryle Kennedy, Marilyn Scott, Julia Davis-Wheeler*



have no tooth decay); educational (percent of children who enter the first grade with good language skills); social (percent of children who live with both natural parents). For the adult health report card we will report medical (average age of death, rate of use of tobacco, new cases of diabetes).

“In conclusion, 1998 is a real different era of healthcare for the Northwest Indians. The tribes are taking over fault management of the Indian health services Indian cases. Per the federal side down I think you can be guaranteed, you’ll see it on all sides, programs are

being asked to report health status outcomes. I think right now that there somewhere in all the different systems that I mentioned there is adequate data to describe the health status of your communities, but right now there’s no way of putting it all together and that’s what we picture in doing for you. I think this is a major step in fulfilling our basic mission; putting this together, having access to data, and providing the information back to you.” - Dee Robertson



*Pearl Capoeman-Baller & Andy Joseph Jr.
leaving capitol*

throughout the Northwest. NPAIHB helps identify and rank unmet health needs, then works with tribal leaders and IHS to plan on how to meet those needs. Board Delegates are progressive and participatory in setting the national agenda for American Indian health care and are nationally renowned for their knowledge and advocacy work on Indian health issues. Specifically, some of our delegates have served as Chair of National Congress of American Indian, Chair of the National Indian Health Board, director of the Native American Research Center, and many as Tribal Council Chairs for their tribes.

In October of 1998 there was a change in the executive director of the Northwest Portland area Indian health Board. Ms. Donnie Wilder went to the Portland Area Office of Indian Health Service to serve as director. In November of 1998, Ms. Cheryl Kennedy assumed the role of Executive Director. This appointment followed Ms. Karen Harvey acting as the Executive Director for two months from September 1998 to November 1998.

In partnership with IHS, NPAIHB works to strengthen and improve the delivery of health services to Indian communities



Honoring Jim Fry



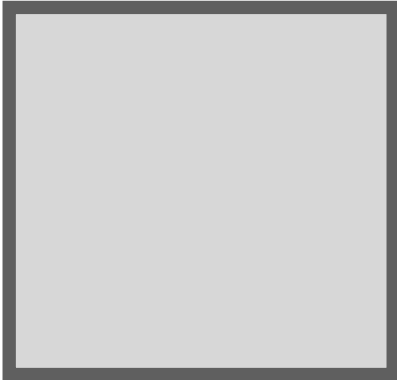
*Verne Boerner
& Doni Wilder*



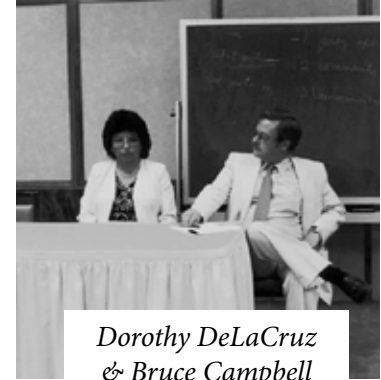
*Stella Washines
& Pat Ike in regalia*



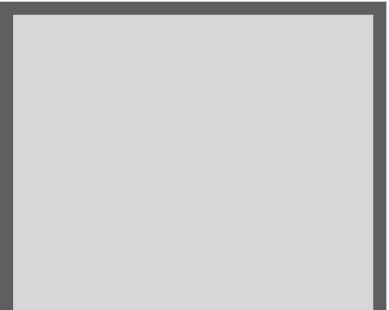
Mel Sampson



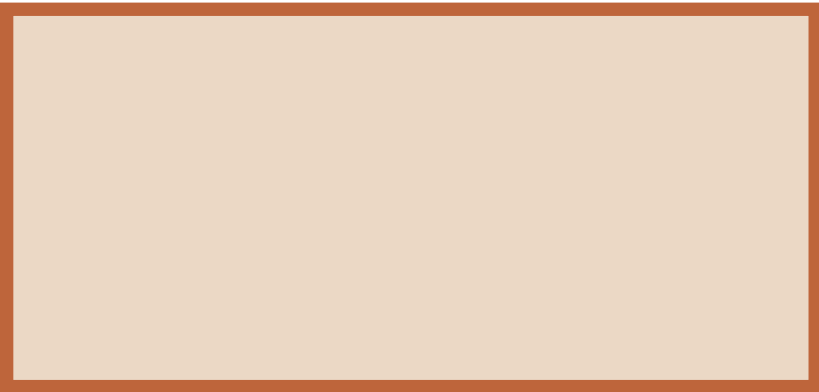
Rod Smith & Stella Washines



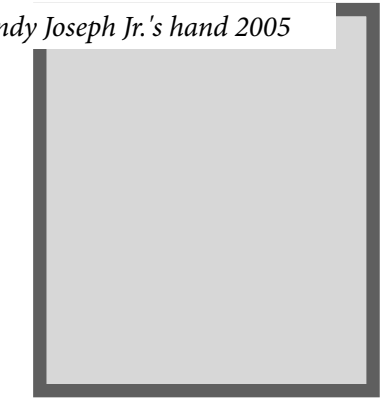
Dorothy DeLaCruz & Bruce Campbell



Senator McCain shaking Cheryle Kennedy's hand 2005
w/ Dave Tovey



Senator McCain shaking Andy Joseph Jr.'s hand 2005



Felicia Hodge & Violet Hillaire



Runway models Birdie & Tanya strut through "Kiki" the
colon. Cancer Coalition Conference, '11



Marilyn Scott



WORK



In partnership with IHS, NPAIHB works to strengthen and improve the delivery of health services to Indian communities throughout the Northwest. NPAIHB helps identify and rank unmet health needs, then works with tribal leaders and IHS to plan on how to meet those needs.

Board Delegates are progressive and participatory in setting the national agenda for American Indian health care and are nationally renowned for their knowledge and advocacy work on Indian health issues.

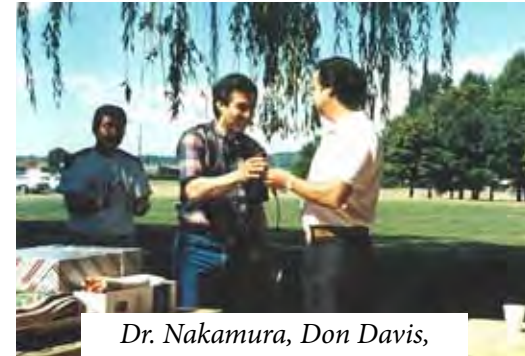
NPAIHB has grown from four original contracts to an annual operational budget of approximately seven million dollars. While our core funding comes from the Indian Health Service PL 93-638 contract, NPAIHB seeks funds from federal and state agencies, as well as private foundations. NPAIHB currently utilizes funds from many sources, each approved via resolution from our Delegates. A current sampling of our funders include: the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), National Cancer Institute (NCI), the Substance Abuse and Mental Health Services Administration (SAMHSA), Indian Health Services grants, the Northwest Health Foundation, and several states.

Our work covers a variety of public health, chronic health and advocacy issues. Current projects of the Board include the following:

- Injury Prevention Program
- Improving Data and Enhancing Access – Northwest (IDEA-NW)
- Western Tribal Diabetes Project
- National Tribal Diabetes Project
- Tribal EpiCenter Consortium
- Tribal Health: Reaching out Involves Everyone (THRIVE)
- NPAIHB Immunization Surveillance Program
- NPAIHB Maternal Child Health Initiative
- The Native Children Always Ride Safe Study (Native CARS)
- The Dental Support Center
- Project Red Talon, including We R Native
- Northwest Native American Research Center for Health (NW NARCH)
- Monitoring the Abuse of Drug Project



Health Reform round table mtg 2009



*Dr. Nakamura, Don Davis,
& Mel Tonasket*



**HEALTH
THE INDIAN PERSPECTIVE**

Health is not a matter of wealth. It belongs to no specific being. God did not give it expressly to the European; Allah did not provide it only for the people of the desert; and the American Indian knows that the Great Spirit has blessed it upon all peoples as a priceless gift.

It is so bountiful for some of us, yet so precious to others. But unlike gold, its bounty only increases its value. In today's society, it is totally precious and therefore expensive when in any degree, it should diminish.

The Great spirit has given to man the knowledge and skills to render unto health, a helping hand. It is a gift so select, yet often taken for granted. And like the treasures of old, this gift must have a place to increase.

To the American Indian, whose free gift is health, the health service unit is his symbol of wealth.

*Violet Hillaire
Lummi*



Past & Current Executive Directors



Rose Purser & Jim SiJohn



- Comprehensive Cancer Tribal BRFSS
- Northwest Tribal Fetal Alcohol Spectrum Disorder
- NW Tribal Cancer Control Project
- Sexual Assault Prevention Project
- National Public Health Improvement Initiative
- Electronic Health Record (EHR) and Meaningful Use Support Center



*Joe Finkbonner, Linda Holt, & Jim Roberts
NPAIHB Powwow 2008*

NPAIHB facilitates consultation between Northwest tribes, IHS, and state and federal agencies; provides information and political advocacy to tribes on health related legislation, regulations, and policy; and contributes to the Indian Health Service budget analysis. We have successfully educated state and federal governments on tribal sovereignty and its benefits in the areas of Medicaid, welfare reform, and health programs. This is particularly meaningful to us as national, state and local governments as well as federal agencies have been reluctant or slow to recognize tribal sovereignty. In many cases, counties and tribal governments have often had adversarial relationships; however, we are proud of our collaborative relationships with the states of Oregon, Washington, and Idaho, and many of our Federal partners. Each state and their respective tribes meet regularly to discuss

upcoming legislation, concerns, and plans for improving health services to Indian communities. More and more, state and federal agencies are recognizing tribes as experts in identifying their own community needs and providing solutions that work for them. A large portion of this recognition has come through the tribal consultation format that the majority of government agencies have undertaken, as a part of their responsibility for government to government negotiations.

In our role as advocate and analyst, our tribes have made great strides in the administration of Medicare and Medicaid. NPAIHB was a major author of PL 93-638 Indian Self-Determination Act 1992 amendments. We participated in the drafting of PL 94-437 Indian Health Care Improvement Act (IHCIA) and remained integrally involved in the efforts



*Honoring Kerri Lopez
10 years*



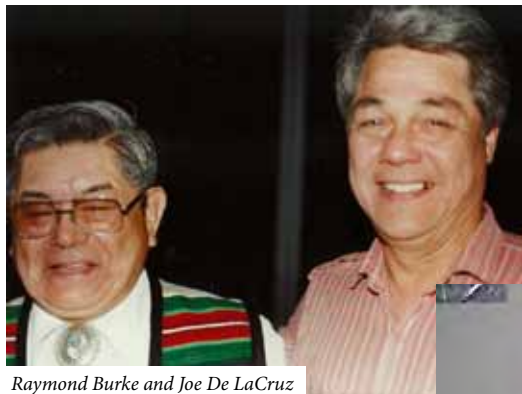
*Jim Roberts, Dr. Roubideaux,
& Julia Davis-Wheeler*



Debi and daughter Brianna



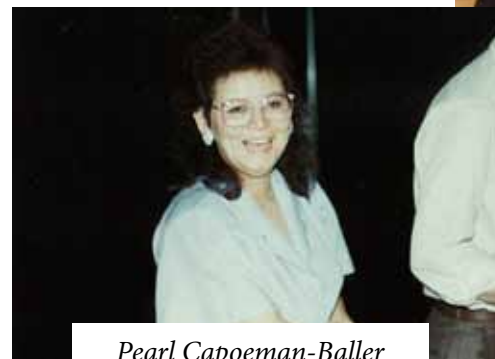
*Epi Emergency Preparedness
conference 2006*



Raymond Burke and Joe De LaCruz



*Rod Smith & Verne Boerner
2001*



Pearl Capoeman-Baller



*Kerri Lopez, Stephanie Craig, Luella Azule, Jennifer Kovarik, & Tam Lutz
Oct. '07*



Nike Fitness Days '12



to reauthorize the IHCA. Additionally, in our advocacy role, the Indian Health Care Improvement Act was added as an amendment to the Patient Protection and Affordable Care Act (PPACA) of 2010. This allows for permanent authorization of Indian Health Care in the United States.

Great strides have been made in the work in the Northwest over the past 40 years. We look forward to the future with great hope and optimism as we work to bring about health equity.



Thrive conference participants '12

5 years or more

Bridget Canniff
Ticey Casey
Clarice Charging
Debi Creech

Micheal Feroglia
Linda Frizzell
Lisa Griggs
Don Head

Jim Roberts
Christopher Sanford
Victoria Warren-Mears
Birdie Wermey

Just as many of our tribal delegates have directed the Board for a number of years, many of our staff have served the Board for extended periods of time. Current staff, at varying service levels, are listed below:

15 years or more

Jim Fry

10 years or more

Thomas Becker
Stephanie Craig-Rushing
Elaine Dado
Joe Finkbonner
Kerri Lopez
Tam Lutz
Nicole Smith
Eric Vinson



Wellness Walk in La Push, Wa. QBM 2009



Dynamic Duo: Jim Fry & Chris Sanford



Julie Johnson & Jim Thomas



Norm Dicks, Jim Roberts, & John Stevens



Wishham (i.e., Wishram) fishing platform
 Courtesy of Repository: Library of Congress Prints and Photographs Division
 Digital ID: cph 3a47168 Source: b&w film copy neg.
 Reproduction Number: LC-USZ62-47007 (b&w film copy neg.)



Top Row From Left: Umatilla Tipi; Cayuse Chinook Woman;
Bottom Row From Left: Umatilla Women Pose In Woods; Nez Perce Men on Horseback



Yakama Chief Thompson & family 1956



Top Row From Left: Umatilla Indian Reservation;
Nez Perce Women on Horse
Bottom: Umatilla Men on Horseback 1910

Warm Springs Reservation, Oregon
 Courtesy of Repository: Library of Congress Prints and Photographs Division
 Digital ID: cph 3c19345 Source: b&w film copy neg.
 Reproduction Number: LC-USZ62-119345



VISIONS FROM THE PAST



Yakama Warriors
Courtesy of the Washing State Historical Society
Accession ID number: 1921.220.2
Date: 1911
Rights: Property of the Washington State Historical Society



Fishing Camp at Skokomish
Courtesy of Repository: Library of Congress Prints and Photographs Division
Digital ID: cph 3b00172 Source: b&w film copy neg.
Reproduction Number: LC-USZ62-52188 (b&w film copy neg.)

“Our fathers gave us many laws which they had learned from their fathers. They told us to treat all men as they treated us. That we should never be the first to break a bargain. That it was a disgrace to tell a lie. That we should speak only the truth. We were taught to believe that the Great Spirit sees and hears everything and that he never forgets. This I believe and all my people believe the same.” - **Chief Joseph**

Our earliest resolutions and meeting minutes help us to understand the vision of those who served in the past 40 years. Some of the foundational principles and issues remain unchanged since the earliest recorded history of the Board. Key among those are the governments obligation to provide health care, as a basic part of the majority of treaties signed with Northwest tribes; the persistence of health disparities despite this obligation; and an assortment of actions needed to enhance the health of American Indians and Alaska Natives living in the Northwest.

“Working with health problems of any specific tribe in time consuming and needs constant attention. The person selected (for Board service) should see that their Tribal Government is fully aware of their actions in order to give full support.” - **uncredited 1973 meeting minutes**

In 1974 the by-laws of the organization were revised to include dissolution and evaluation. In 1978 the NPAIHB was incorporated. “This organization was formed as a result of the President’s desire to promote self-determination of Indian people. Its purpose is to advise the Indian Health Service in the development and implementation of health care and delivery to Indians in the tri-state area of Washington, Oregon and Idaho. It provides resource help and training to Indian Community Health Representatives, health education designed to promote Indian community development and conducts research activities designed to evaluate current government programs and to suggest areas of improvement in current programs of



1972

Northwest Portland Area
Indian Health Board
Formed

1973

Vietnam War Ends
Wounded Knee
Occupation

1975

PL-93638 Passes
Indian Self Determination
Education Assistance Act (ISDEAA)

1976

USA Celebrates
Bicentennial

1978

Indian Child Welfare Act
American Indian Religious
Freedom Act

1979

Shah leaves Iran
Ayatollah Khomeini takes over
US Embassy takeover in Tehran

1982

Indian reservations as well as the development of new programs. We are currently providing a monthly Health Newsletter designed to foster inter-tribal communications between the tribes in the Northwest. Ongoing training is developed in health related areas. Research at the present involves the evaluation of the Indian Health Service Contract Health Service System. We also carry out a counseling and recruitment program for Indian students preparing for health related careers.”

Signed by:

- Delbert Frank Jr.
- Violet Hillaire
- Melvin Sampson

The current constitution and by-laws were adopted in 1996 and revised in 1999.

The NPAIHB Chair is the primary representative of the Northwest Portland Area Indian Health Board to the public. The Chair has the authority to select, and/or approve, other delegates or staff to serve as a representative for the Board on committees and at meetings, conferences, or other public activities.

The Mission Statement of the Northwest Portland Area Indian Health Board April 1999

The mission of the NPAIHB is to assist member tribes in their delivery of culturally competent health services, to improve health status and quality of life.

The Mission Statement of the Northwest Portland Area Indian Health Board 2010

Our mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high-quality healthcare.

NPAIHB Chairs

| | |
|---|----------------|
| Frank Wright (Western Washington Service Unit) | 1973 - 1975 |
| Melvin Sampson (Yakama) | 1975 - 1989 |
| Julia Davis - Wheeler (Nez Perce) | 1990 - 2003 |
| Pearl Capoeman-Baller (Quinalt) | 2003 - 2006 |
| Linda Holt (Suquamish) | 2006 - 2009 |
| Andy Joseph Jr. (Colville) | 2009 - present |



1994

Bombing of Federal Office
Building in Oklahoma City

1995

1996

National American Indian
Heritage Month Declared
Each November

2001

Terrorist Attack on
Worl Trade Center, Pentagon and
in rural Pennsylvania

2003

Space Shuttle Columbia ecplodes
upon reentry into Earth's
Atmosphere

2004

Hurricane Katrina



1983

Death of Senator Henry M. Jackson

1986

Space Shuttle Challenger explodes 73 seconds after liftoff.

1990

Native American Language Act
Native American Grave Protection and Repatriation Act

1991

Persian Gulf War
"Operation Desert Storm"

1993

Religious Freedom Restoratoin Act (RFRA)

Over the years, our mission and vision have remained largely unchanged. Our mission statement has guided the actions of the NPAIHB, provided a clear signpost of our overall goal directing us on the proper path, and serving as a guide for all decision-making.

Our organizational values remain true to the highest ideals proposed by our earliest leaders and espoused in each leader who has served in the past 40 years.

The Northwest Portland Area Indian Health Board:

1. Is a tribally driven health organization which respects tribal leadership, recognizes the diverse needs of tribes, is inclusive and equitable, and seeks to promote the unity of Northwest tribes.
2. Acknowledges, respects and values the wisdom of our tribal elders with guiding hope for our future generations in the fulfillment of health and welfare of our people.
3. The Board values consensus decision making and strives to preserve and enhance the health and quality of life equitably for all Northwest tribes.

4. Has dedicated and committed leadership which strongly advocates tribal sovereignty through government-to-government relations.
5. Empowers Indian communities to be physically, mentally, emotionally and spiritually healthy.
6. Is a health service organization providing Northwest tribes with influential and effective advocacy acting as a credible resource for health related training and technical assistance, education, information and coordination, and information technology.

Our appreciation for our tribes and tribal sovereignty is at the foundation of the work we do and the advocacy we provide in the area of Indian health. Exemplary and dedicated staff afford NPAIHB the opportunity to develop and implement award winning health projects and research.

Without the support and guidance of our tribal leadership, we simply would not have accomplished what we have to date, and we would not look forward to a better, more equitable future.



2005

2009

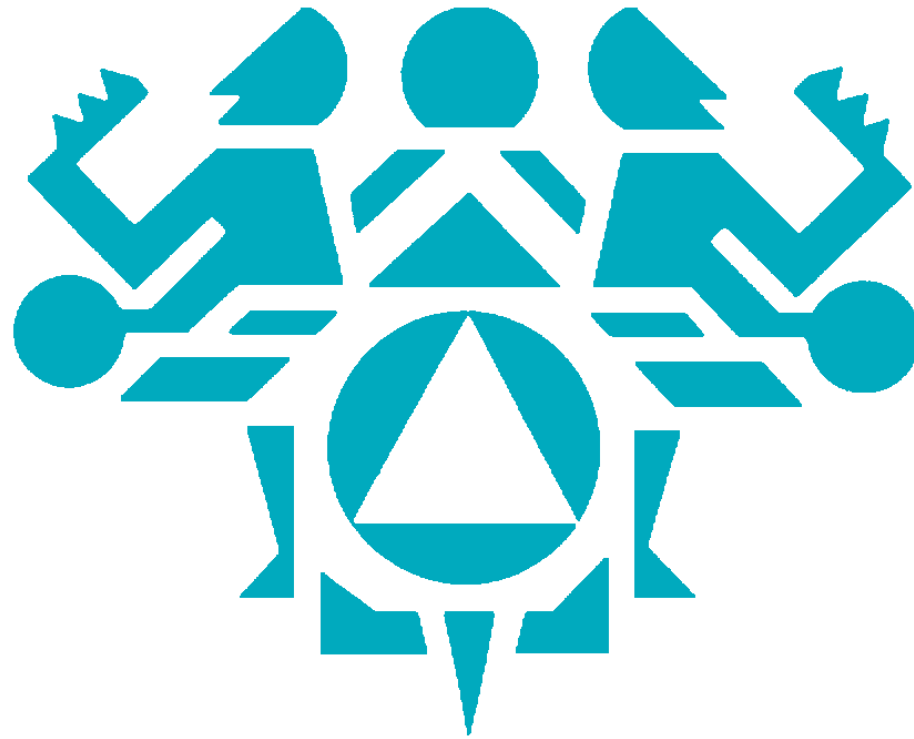
Michael Jackson Dies

2010

Indian Health Care Improvement Act Permanent as part of the Affordable Care Act

2012

NPAIHB 40th Anniversary



Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health