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FOR IMMEDIATE RELEASE

Date: May 23, 2012

Contact: Ed Naranjo 435-841-1050 or Paul Echohawk 208-478-1624

RECORD NUMBER OF TRIBES GATHER TO OPPOSE NEVADA PIPELINE

-- Tribes issue joint statement opposing groundwater pumping to Las Vegas, ask for required government-to-government consultation [A]

LAS VEGAS, NV [A] Over 30 Tribal Leaders met in Las Vegas, Nevada today to issue a joint statement opposing the controversial Las Vegas groundwater pumping pipeline.

At the heart of the statement is the lack of required government-to-government consultation required by the federal government by Executive Order 13175 issued in 2000.

[A]The federal government has not, and is not authentically involving the Tribes[A], said Ed Naranjo, Chairman of the Confederated Tribes of the Goshute Reservation (CTGR). [A]One meeting just weeks before the final EIS does not constitute a government-to-government consultation, not even close. We are being ignored and we are tired of it. I know this is an old story [A] the Indians are being told what[A]s best for them [A] but this time it[A]s different.[A]

The Tribes held nothing back in their criticism of both the Bureau of Indian Affairs (BIA) and the Bureau of Land Management (BLM). [A]The BLM and BIA are going to destroy us,[A] stated Rupert Steele, former Chairman of the CTGR. [A]We are talking about water here [A] all life needs water [A] even Indians. If the SNWA is allowed to build this pipeline and pump water from our lands it will destroy us.[A]

Along with the Tribes, numerous individuals, groups and municipalities have also opposed the ill-proposed pipeline, including the Church of Jesus Christ of Latter-day Saints, Salt Lake, Millard, Juab, and Tooele Counties in Utah, Great Basin Water Network, and several individual ranchers and farmers.

The statement issues a clear call to action to the BLM and BIA from the Tribes, . . . [A]the federal government should not issue a final environmental impact statement until true

government-to-government consultation occurs with policy-level federal decision-makers and Tribal leaders [A].

JOINT TRIBAL STATEMENT

DATE: May 23, 2012

Re: Southern Nevada Water Authority (SNWA) groundwater pipeline project

As leaders of federally-recognized tribes impacted by the proposed SNWA groundwater pipeline project, we met on May 22, 2012 with representatives from a number of regional tribes to discuss the SNWA project. A central principle of Federal Indian law is that the United States government has a trust responsibility to protect the interests of Indian tribes. It is also longstanding federal policy that decision-makers of the United States government must consult with Indian tribes on a government-to-government basis whenever federal actions impact tribal interests. In handling the proposed SNWA pipeline project, the Bureau of Land Management (BLM) and the Bureau of Indian Affairs (BIA) have failed to uphold their trust responsibility to affected tribes, and have failed to meet their tribal consultation obligation.

The Nevada State Engineer recently approved SNWA [A]'s application to pump over 83,000 Acre Feet per year from Spring Valley and surrounding basins, which is within tribal aboriginal territory and the site of a number of sacred sites, including the Swamp Cedars Massacre Site where over 300 Indian men, women, and children were massacred by the United States Calvary. Tribal elders maintain that a Swamp Cedar tree grew where each one of the Indians was massacred at that site. It is undisputed that the Swamp Cedar trees at that site will die if SNWA groundwater pumping in Spring Valley occurs. This will desecrate and destroy a tribal sacred site. When this information was presented at the Nevada State Engineer [A]'s hearing, an SNWA attorney compared tribal religious beliefs about the Swamp Cedars to a child [A]'s belief in the [A]boogey man. [A] We were deeply disappointed that the federal agencies did not participate or even appear in the State Engineer [A]'s hearing in what SNWA [A]'s attorney called [A]the biggest water case in Nevada history. [A] This is because the federal agencies had earlier made an agreement with SNWA to withdraw federal protests to SNWA [A]'s groundwater applications without even consulting a single tribe. The agreement established a so-called [A]mitigation and monitoring [A] program that looks at damage after it occurs, involves no tribal representatives, and does not provide any mechanism to stop pumping if and when damage to resources occurs. These actions of the federal government violated the government [A]'s trust responsibility and tribal consultation obligation.

The right of way for the proposed pipeline is over 300 miles long, over 6 feet in diameter, and will involve unprecedented digging within Indian ancestral lands to bury the pipeline underground in areas where countless Indian remains and artifacts are located. The extent of destruction to Indian remains and cultural sites remains unknown because the BLM has failed to share cultural resource information with the tribes and has failed to properly consult with affected tribal leaders and cultural resource staff in accordance with federal guidelines and tribal consultation policies. Tribes have not had a meaningful role in the decision making process, and have not had an opportunity to meet and consult with policy-makers for the BLM and BIA. The draft [A]programmatic agreement [A] offered to the tribes by the BLM in the ongoing NEPA process does not give tribes decision-making authority to identify cultural sites, nor a say in how

tribal remains and cultural resources should be treated when they are disturbed by the pipeline construction. To date, not a single tribe has signed the programmatic agreement and we will not sign it.

We oppose the SNWA pipeline project because it will cause permanent environmental damage to tribal aboriginal lands and will destroy tribal sacred sites including the Swamp Cedars Massacre site. The depletion of water resources in Spring Valley by SNWA should not occur before the adjudication of the affected tribes' federal reserved water rights. At this time, the full impacts to tribal cultural resources and sacred sites in the proposed pipeline right of way are unknown and the BLM has refused to properly involve the tribes in a meaningful cultural resource protection process. The federal government should not issue a final environmental impact statement until true government-to-government consultation occurs with policy-level federal decision-makers.

Current signors:

Chemehuevi Indian Tribe of the Chemehuevi Reservation, California
Confederated Tribes of the Goshute Reservation, Nevada and Utah
Ely Shoshone Tribe of Nevada
Moapa Band of Paiute Indians of the Moapa River Indian Reservation, Nevada
Paiute Indian Tribe of Utah (consisting of Cedar Band of Paiutes, Kanosh Band of Paiutes, the Koosharem Band of Paiutes, Indian Peak Band of Paiutes, and Shivwits Band of Paiutes)
Yomba Shoshone Tribe of the Yomba Reservation, Nevada
Pahrump Paiute Tribe
Skull Valley Band of Goshute Indians

Other tribes are expected to sign the statement.

Dear Indian Country,

Today, we are pleased to announce that the United States Court of Appeals for the D.C. Circuit unanimously affirmed the district court's order granting final approval of the *Cobell* settlement. As you know, following the U.S. District Court's order granting final approval, four class members (Kimberly Craven, Carol Goodbear, Charles Colombe and Mary Johns) filed appeals. The Goodbear, Colombe and Johns appeals were consolidated by the D.C. Circuit. The US Court of Appeal decisions can be found on the settlement website: www.IndianTrust.com in the "Court Documents" section.

In the 24-page decision, a three-judge panel rejected the arguments of Kimberly Craven, a landowner who had challenged the settlement as unfair.

The D.C. District Court also summarily rejected the arguments in the appeal of Goodbear, Charles and Mary Johns, holding that two of their four arguments were disposed of by the Craven decision and that their remaining two arguments were without merit.

Please note that Craven, Goodbear, Colombe and Johns may seek further review *en banc* from the full Circuit, a rehearing from the respective appellate panel, or review by the Supreme Court. They have 90 days to petition the Supreme Court. Should one or all of the appellants seek

Supreme Court review, payments will be delayed further, *i.e.*, through the Fall or Winter of 2012 or the Spring of 2013, at the earliest.

Prior *Ask Elouise* letters can be found at: http://cobellsettlement.com/class/ask_elouise.php. There is also a "Frequently Asked Questions" section to answer the most common questions received: <http://cobellsettlement.com/press/faq.php>.

Kind Regards, Dennis Gingold, Lead Counsel, *Cobell* Plaintiffs

Innovation Grants: Adding Resources To Ideas To Improve Health Care Delivery

By [Christian Torres](#) KHN Staff Writer May 17, 2012

To save on health care, you have to invest in it.

At least that's the thinking of the Centers for Medicare & Medicaid Services. Last week, the CMS innovation center awarded [26 grants](#) – worth a total of \$122.6 million – to a variety of [health care organizations](#). If these plans for better patient care pan out, the programs estimate they could reap about \$254 million in savings over three years.

The innovation center is scheduled to announce several more awards in June.

That month, however, is also when the Supreme Court is expected to rule on the constitutionality of the health law, which established the innovation center, and that decision could threaten the center's programs. But supporters maintain that this sort of front-end [investment](#) is imperative to introduce new efficiencies and better quality care into the system.

John Schnelle, who will oversee Vanderbilt Medical Center's effort to reduce hospital readmissions in Tennessee, said that without the grant "the organization would probably still do [the project] but, one, not as fast, and two, not as well." Meanwhile, in Colorado, the Upper San Juan Health Service District might abandon entirely its plans to deploy mobile telemedicine for stroke and other emergencies among a rural population. "We have a \$47,000 bottom line as a health district this year," said CEO Brad Cochennet. "That \$47,000 pales in the face of the costs that it takes to ramp up this program."

Kaiser Health News recently spoke with representatives of four projects that will receive innovation grants. They reflect the diversity of the programs being funded, ranging from efforts to provide primary care to inner-city homeless populations to offering dental treatment on South Dakota's Native American reservations. All cited the importance of CMS support, but they also agreed that their ideas to improve care are inevitable changes to the health care system: expanded access, better coordination and a renewed focus on prevention. Here are some of their thoughts:

Addressing The Needs Of The Homeless

The Center for Health Care Services in San Antonio is receiving a total of \$4.6 million from CMS in an effort to integrate primary care with a program for mental health among the homeless, which represents a sizeable Medicaid population. The grant will allow the center to build staff

and infrastructure more quickly, and reduce the pressure to secure funding from the state government and other sources.

Bren Manaugh

Ultimately, the project is expected to result in \$5 million in savings over three years by reducing the number of costly emergency room visits. Homeless individuals often go to the ER because they delayed treatment that could have been handled in a primary care setting.

"We're not trying to take these people and put them into a box that already exists," said Bren Manaugh, the center's director of business development, compliance and quality assurance. "We're really wrapping the services around them – what's unique about them and their needs and their barriers. It's a very patient-centered approach."

What makes the project unique is that the center will train former patients – now rehabilitated and healthy – to help current patients access services and coordinate care.

Reducing Readmissions Among The Elderly

Vanderbilt University Medical Center's \$2.4 million grant seeks to improve the systems of post-acute care among Medicare beneficiaries and people dually eligible for Medicare and Medicaid in 10 Tennessee counties. Funds will go toward training hospital staff on how best to discharge patients and how best to communicate with the nursing facilities that provide follow-up care.

John Schnelle

"What's innovative is that these interventions have never been all integrated into one system - in other words, hospital discharge planning integrated with the training and quality improvement in the post-acute care setting," said Schnelle, who directs Vanderbilt's Center for Quality Aging. "We're putting the whole thing together."

An estimated \$8.7 million will be saved over the life of the grant by reducing hospital readmissions. According to Schnelle, the Medicare population averages about \$10,000 to \$11,000 per readmission episode, and returning to the hospital can lead to further complications.

"There's increased risk of infections, and increased risk of falls, which has other health consequences," he said. "If you could reduce [the number of hospitalizations] by even a fairly small amount, based on our projections - even a 10 percent reduction – you would save a substantial amount of money."

Providing Dental Care To Native Americans

Delta Dental in South Dakota is receiving \$3.4 million to improve access to oral health care among Native American mothers, young children and diabetics.

Connie Halverson

The Indian Health Service is in charge of Native American care, but it's often overwhelmed by the population and can't put an emphasis on prevention, said Connie Halverson, Delta Dental South Dakota's vice president for public benefit. "We probably wouldn't be able to take it statewide like we're proposing with the project now," without the CMS grant, Halverson added.

Many Native Americans end up going to dental surgical centers because they aren't treated early enough.

By avoiding emergency visits, Delta Dental estimates that health spending could be reduced by \$6.2 million over three years.

"Preventing the disease is so much less expensive than repairing," Halverson said. "For example, in a surgical center case, you're paying for anesthesia, you're paying for the rent of the surgical center, you're paying for the dentist. That's a pretty big cost for something you can prevent with fluoride varnish and education and dental sealants - things that are pennies on the dollar compared to what it takes to go into a surgery center."

Delta Dental will train community health workers from the Native American population itself, as well as bring dental hygiene services to reservations.

Bringing Telemedicine To Mountain Dwellers

Colorado's Upper San Juan Health District has a large, rural population, with many living in remote areas of the Rocky Mountains. The \$1.7 million CMS grant will help expand a just-started telemedicine program for cardiac care.

Brad Cochennet

Emergency medical service teams will be deployed to check in on patients at risk for stroke and other conditions. Using mobile technology, clinicians will be able to monitor and diagnose patients from afar, rather than having to bring them to the nearest hospital for evaluation.

"Just in transportation alone" there are savings, Cochennet said. "We've probably had five people evaluated with telemedicine equipment in the first few months [of our pilot project] that did not have to go on a helicopter ride to Denver to be evaluated." A helicopter ride could cost \$30,000 to \$40,000, Cochennet added.

Clinicians and EMS personnel will also educate patients on heart-healthy habits so they can manage symptoms and avoid cardiac events entirely. Total savings are expected to reach \$8.1 million over three years.

<http://www.kaiserhealthnews.org/Stories/2012/May/17/innovation-grant-projects.aspx>

Alaska Targets An Old Foe: Tuberculosis

By Annie Feidt, Alaska Public Radio Network

May 17, 2012

This story is part of a reporting partnership that includes [Alaska Public Radio Network](#), and [Kaiser Health News](#).

Dr. Michael Cooper cringes when he thinks about the time he was a family practice doctor working in Kotzebue, Alaska.

Kotzebue, Alaska, is a remote arctic community of some 3,000 people. Alaska public health official Dr. Michael Cooper says that when he worked here three years ago, he occasionally saw

patients with classic symptoms of tuberculosis — but he failed to make the connection (Photo by J. Stephen Conn via Flickr).

Three years ago, he worked in this remote arctic community, which is home to 3,000 people, mostly Inupiat Eskimos. Cooper occasionally saw patients complaining of a persistent cough. They may also have been experiencing night sweats or weight loss — classic signs of tuberculosis. But, he says, "TB was rarely on my list of diagnoses when I would see a patient. I hate to admit that. And as I look back now, I go through these patients some nights and I think, that patient could have had TB, and why didn't I at least do this? Why wasn't I even aware of it?"

Last July, Cooper came to Anchorage for a position with Alaska's Health Department. His new job: to lower the state's [high rate of tuberculosis](#) — in 2011, the highest rate in the United States.

Cooper is learning from his mistakes. He's focusing part of his efforts on educating other doctors and nurses in Alaska about tuberculosis. That starts with explaining why the TB rate is so high.

On The Radio

Listen to the story on [NPR.org](#).

"We experienced probably the highest rates of TB back in the early 20th century found anywhere in the world at the time," he says. Many Alaska Natives were living in crowded conditions that allowed TB to spread easily.

"Imagine a nice cold winter and a packed house full of people. And one person having picked up this brand new disease that they have no immunity against. And then spreading it. It just can spread like wildfire."

Until 1950, TB was the No. 1 cause of death in Alaska. That legacy means that a large number of Alaskans still carry the bacteria that can cause the disease. They have no symptoms, and they aren't contagious, but full-blown TB can flare up at anytime and then spread.

One of the nurses Cooper works with is Karen Martinek. She's part of a team that responds quickly when a new case pops up.

"If we see a small, isolated village — usually, they are accessible only by air or snow machine in the winter — and we have a case or two of active tuberculosis identified in that village, we can be quite confident that there's transmission going on," she says.

The treatment for active TB is a long course of powerful drugs. For people with inactive TB, there is a [new, relatively short regimen](#) of drugs that is much less complicated and eliminates TB. Cooper hopes that will encourage more people with latent disease to complete the treatment, which would eventually help bring down the high rate of active TB in Alaska. Until then, Cooper worries about the potential for epidemics in the state.

Cooper and others are also worried about strains of TB that are resistant to many of the available drugs. But so far, so-called multidrug-resistant TB is not widespread here. And the overall rate of TB in Alaska over the past 20 years has been on a [slow decline](#).

Cooper hopes he can keep that trend going. With a sheepish smile, he says that will involve making sure more doctors in Alaska think about the possibility of TB when each new patient walks through their clinic door.

This story is part of a project with the Alaska Public Radio Network, NPR and Kaiser Health News.

We want to hear from you: [Contact Kaiser Health News](#)

[Arizona Navajo, Hopi water deal revision stirs controversy](#) www.azcentral.com

Arizona Navajo, Hopi water deal revision stirs controversy, In the three months since Sen. Kyl introduced the measure, opposition to it has swelled. | Photos

More from HUNAP - **Conference Announcements**

Title: "Serving our People, Serving our Nations: Native Visions for Future Generations"

Conference: Ninth Annual National Training Program Youth Program

Organizers: Society of American Indian Government Employees **Dates:** June 3-8, 2012

Location: Denver, Colorado, at the Omni Interlocken Hotel

Contact: JoAnn Brant, Program Coordinator (Brant.joann@epa.gov)

Website: <http://www.saige.org>

Title: "Summer Symposium: Religion and Environment Stewardship" -Environmental Education for Clergy, Lay Leaders, and Seminary Faculty Bringing together science, theology, and ethics

Date: June 5-7, 2012

Location: Yale Divinity School

Registration: Cost for participants in symposium will be \$100. Students can attend for free!

Website: <http://summerstudy.yale.edu/environmental-symposium>

Contact: joanne.vanvlack@yale.edu

Title: International Indigenous Development Research Conference 2012 **Date:** June 27-30, 2012

Location: Auckland, New Zealand **Website:** <http://www.indigenousdevelopment2012.ac.nz>

Contact: enquiries@indigenousdevelopment2012.ac.nz

Registrations are open for the 5th Biennial Ngā Pae o te Māramatanga conference. The conference will highlight indigeneity and the multidisciplinary approach used for indigenous development. Presentations will address all aspects of the following themes central to the realisation of indigenous development:

-Optimising Indigenous Economic Wellbeing – addressing issues, needs and opportunities arising in Maori and indigenous communities leading to increased economic independence and self-determination

-Healthy and Thriving Indigenous Families – addressing issues, needs, and opportunities arising in indigenous families leading to health, successful and thriving indigenous families.

-Enhancing Indigenous Distinctiveness – understanding the distinctive contributions the indigenous communities – people, knowledge, assets, resources – do and may yet make to the world at large. Yielding opportunities for development that may not be sourced from any other community or population.

Keynote speakers include:

Dr. Keawe'aimoku Kaholokula, the University of Hawai'i

Dr. Jelena Porsanger, Sami University College, Norway

Aroha Mead, Victoria University of Wellington

Professor Charles Royal, Director of Nga Pae o te Maramantanga and Professor Indigenous Development in the Faculty of Arts, University of Auckland

**Early-bird registration rates close this month, so register today!*

Title: 24th Annual Native Health Research Conference, "Asking Permission to Come Ashore: Journeys to Indigenous Health and Health Research" **Date:** July 16-19, 2012

Location: Seattle, WA **Cost:** \$150 (Professional), \$50 (Student)

Website: <http://nativeresearchnetwork.org/images/NHRCCallforAbstracts2012-1.pdf>

Conference Flyer: <http://nativeresearchnetwork.org/>

This conference brings together stakeholders involved in the conception, production, translation, and use of health research in Indigenous communities from across the continent and world. Conference participants include many professions and community members. The conference enhances our collective ability to advance biomedical, behavioral, and health services research for the benefit of Indigenous communities, as well as to showcase recent health research projects and efforts undertaken in native communities. There is opportunity in the scientific breakout conference program for pre-coordinated panel presentations, oral presentations, and poster presentations.

Website: <http://www.regonline.com/Register/Checkin.aspx?EventID=1097256>

Title: For All My Relations 12th Annual Conference for Indian Families **Date:** August 2-4, 2012

Location: Hilton Los Angeles/Universal City Hotel (University City, CA)

Registration: Standard (+12 years of age) \$360; Child (11 years and under) \$185

Deadline: July 1, 2012 **Website:** www.nijc.org/conferences.html

Conference Brochure: http://gallery.mailchimp.com/fcf27858b524c94e746bc5dcf/files/2012_Brochure_Final.3.pdf

The goal of this conference is to create strong foundations for Native American families and tribal governments. Collectively, we must be ready and willing to face the challenges that can result in a stronger future for Indian country. The cultural, social and political integrity of tribal communities will become healthy and stable if we commit collectively to care for and support Native families. It is our duty to increase our knowledge and awareness about issues that threaten the health, safety and welfare of Native families.

Title: Newberry Colloquium: “Why You Can’t Teach U.S. History without American Indians”
Date: March 29-30, 2013 **Location:** Chicago, IL **Deadline:** July 15, 2012
Contact: Jade Cabagnet, cabagnetj@newberry.org

In March of 2013, the Newberry Consortium in American Indian Studies invites scholars to attend a seminar at the Newberry Library in Chicago to present papers that suggest how Indians can be better integrated into the way we teach and study US history. We encourage abstracts that address a broad range of topics and that address how certain events in United States history lend themselves to counter-interpretations that include Indians.

Please submit a 200-300 word abstract of your proposal by July 15, 2012. We will notify all potential recipients of their acceptance by August 15th. Papers of 7,000 to 10,000 words in length will be mailed to the Newberry Library, Chicago, Illinois by March 1, 2013 and will be distributed to participants in advance of the seminar. They will be presented at a scholarly colloquium on March 29th and 30th, 2013. Following public presentation, papers will be revised and resubmitted for publication review on June 1, 2013.

Title: Indigenous Studies - Midwest Popular Culture Association/American Culture Association
Date: October 12-14, 2012
Location: Columbus, OH (Renaissance Columbus Downtown Hotel)
Website: www.mpsaca.org/conference
Contact: Area Chair, Anthony Adah (adahan@mnstate.edu)

Title: Society of Government Economists (SGE) Annual Conference **Date:** November 5-6, 2012
Location: Washington, D.C.

Title: Third American Indian Teacher Education Conference
Conference Dates: July 13-14, 2012
Location: Northern Arizona University, College of Education, Flagstaff, AZ
Website: <http://jan.ucc.nau.edu/~jar/AIE/conf.html>
Contact: Joe Martin (Joseph.Martin@nau.edu)

This conference is for community, preschool, K-12, college, and university indigenous educators and activists through panels, workshops, and papers to share ideas for improving American Indian education with a focus on the type of preparation Indian Nations want for teachers in their schools.

-To bring together educators, administrators, board members, tribal officials, and parents to share ideas and experiences on how to better prepare teachers of American Indian students.

-To examine teacher education programs in order to determine how they can better prepare teachers of American Indian students.

-To provide a forum for exchange of scholarly research on teaching American Indian students.

-To disseminate through a monograph and an American Indian Education web site recent research and thinking on American Indian education best practices.

Title: TribalNet 13 **Date:** November 5-8, 2012

Location: Town & Country Resort; San Diego, CA

Registration: <http://www.tribalnetonline.com/2012attmain.php>

This is well worth taking the time to watch in a peaceful quiet moment, especially with friends and family. I took a relaxed deep breath at the end. Marcia

http://www.youtube.com/watch_popup?v=gXDMoiEkyu0&vq=medium

STEWART INDIAN SCHOOL CEMETERY

The Stewart Indian School Cemetery is located on Snyder Avenue and is the final resting place of students, family members, teachers, and others associated with the Stewart Indian School. The headstones are white marble, simply inscribed.

Burton Wungnema is buried here. Burton with help from his father, Earnest, built the Wungnema House (stone house) located in Mills Park. Burton's wife, Pearl, raised eight children in the home. Burton is from the water clan of the Hopi Nation. The front and reverse sides of Burton's marker are shown here. The reverse side shows an etching of the water clan symbol, this same symbol is displayed in stone on the fireplace in the living room of the [Wungnema House](#).

HISTORIC STEWART INDIAN SCHOOL CEMETERY

Final resting place of famous basket weaver [Dot so la lee](#) (Louisa Keyser), the Historic Stewart Indian School Cemetery is located off Snyder Avenue, behind Corpus Christi Catholic Church, and across from the Stewart Indian School complex.

The inscription on the monument to Dat so la lee (shown above) reads: "Myriads of stars shine over the graves of our ancestors.' Dat so la lee had seen some 96 winters, mostly in Carson Valley, when death came in 1925. She was the last of those Washoe weavers whose ancient art had been practiced by countless generations. Gathering willow, fern, and birch with the aid of her husband, she wove into her masterpieces the legends of her people and their love of nature. Her baskets are unsurpassed for artistic conception and symbolic importance. She is buried in the adjoining cemetery, yet her memories and her visions are so woven into her baskets that she will live on to remind us of the history and unique tribal artistry of her people." Dat so la lee's grave site and marker are shown below.

<http://www.carson.org/Index.aspx?page=1229>

Data Update - State Health Facts has posted new data! Highlights include:

- [Teen birth rates](#) fell 17% between 2007 and 2010; Arizona experienced the largest drop at 29%.
- In FY 2009, [Medicaid payments per disabled enrollee](#) averaged \$15,453, compared to \$2,313 per child. Payments per disabled enrollee exceeded \$20,000 in 9 states.

- Nationally, non-profit hospitals average 291 [emergency room visits per 1,000 population](#), while for-profit hospitals average 55 emergency room visits per 1,000.
- Under the Affordable Care Act, 215 insurance plans in the individual market will be required to pay [Medical Loss Ratio \(MLR\) rebates](#), with estimated rebates totaling \$426 million.

Many more updates have been added and include information on [Health Reform](#), [Demographics & the Economy](#), [Health Status](#), [Medicaid & CHIP](#), [Medicare](#), [Health Costs & Budgets](#), [Providers & Service Use](#), [HIV/AIDS](#), and [Minority Health](#). A full list of [recent updates](#) is also available.

[Statehealthfacts.org](#) is a Kaiser Family Foundation website.

Ghost Dance- WE SHALL LIVE AGAIN

www.youtube.com

Teen Diabetes Soars -- A Sign Of The Obesity Epidemic

[NPR](#): A Dire Sign Of The Obesity Epidemic: Teen Diabetes Soaring, Study Finds
 Karlton Hill was only 12 years old when when he found out he had diabetes. Even though he was only in seventh grade, Karlton knew what diabetes was; he had watched the disease destroy his great-grandmother's life (Stein, 5/21).

<http://www.history.com/shows/america-the-story-of-us/videos/the-last-of-the-sioux#the-last-of-the-sioux>

Subject: FW: ITCC Training - **Domestic Violence Circle**

Attachments: [DV CIRCLE 2012 - REGISTRATION FORM.docx](#) [STD Tribal Domestic Violence Circle 2012 FINAL.docx](#)