



Life is Sacred | Keep it Sacred

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Inter-Tribal Council of Michigan



California Rural Indian Health Board



Great Plains Tribal Chairmen's Health Board



Southeast Alaska Regional Health Consortium

National Native Network Advances Efforts to Improve the Health of Native Americans



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Sacramento, CA - The National Native Network (NNN), under the brand Keep It Sacred, held their annual meeting in Sacramento, California on November 17-18, 2015. Representatives from American Indian and Alaska Native (AI/AN) organizations across the U.S. along with government agencies met to discuss collaborative efforts to reduce commercial tobacco use and cancer health disparities among AI/AN communities.

Attendees represented the Inter-Tribal Council of Michigan, Inc. (ITC); the California Rural Indian Health Board (CRIHB); the Great Plains Tribal Chairmen's Health Board (GPTCHB); SouthEast Alaska Regional Health Consortium (SEARHC); Native American Cancer Initiatives (NACI); American Indian Cancer Foundation (AICF); Michigan Public Health Institute (MPHI); and the Centers for Disease Control and Prevention (CDC).

National Native Network Principle Investigator Noel Pingatore (ITC) presented on the Network mission, objectives and progress made since the ITC received the five-year cooperative agreement from CDC in 2013. The group discussed and planned goals for the current and future years' work.

"This was a very productive meeting and we are grateful for the vast knowledge and expertise among our partner agencies," said Noel Pingatore. She continued "Linda Burhansstipanov, a member of our cancer advisory committee, provided excellent information that will keep the tools and resources developed by the network in line with the professional detail and quality that we are working toward. It was great to share the status of our progress toward objectives. The Network continues to gain momentum and is right on track to meet our deliverables which provide excellent tools and resources specific to tribes and tribal agencies working to address commercial tobacco and cancer prevention and control."

The National Native Network provides tools and resources to public health professionals working for and with tribes and tribal agencies across the U.S. Examples of resources include sample policies and toolkits designed to link clinic patients to community based health prevention programs and services, and guidance on working with State Cancer Registries to provide tribal leaders with tribal specific cancer profiles.

Edy Rodewald talked about SEARHC's strong presentations on behalf of the NNN at national and regional conferences and trainings, success in improving cancer screening rates, and increases in smoke free policies across Alaska Native Tribes and tribal clinics.

Richard Mousseau talked about GPTCHB's work with adapting screening and treatment guidelines for regional Tribes, the NNN collaborative poster presentation on colon cancer outreach at the Prevent Cancer Foundation 2015 Dialogue for Action and success in obtaining funding for a new Colon Cancer Screening Program.

Chris Cooper talked about significant progress in working with the State of California's Comprehensive Cancer Control Program made possible by CHRIB's role on the NNN and work with the support of CDC Project Officer Ena Wanliss.

Mike Willette (ITC) presented on NNN media outreach and platforms, ways to increase engagement across platforms. Josh Mayo presented on the upcoming NNN podcast series, which will be made available at www.KeepItSacred.com soon.

Cancer Advisory Committee member Linda Burhansstipanov, from Native American Cancer Initiatives, presented the latest research and information on tobacco related cancer screening and treatment options, including vaccines, as well as AI/AN public health program evaluation. The group discussed the Network's role in documenting and promoting evidence based, best, and promising practices. Fellow Committee member Kris Rhodes presented on the American Indian Cancer Foundation's work and resources for cancer prevention and control in Native communities.

All NNN Partners agreed on the need to continue promoting the work of Tribes and tribal organizations in commercial tobacco control and cancer prevention and control across Indian Country. The NNN looks to increase engagement in all regions of the United States, and specifically in the Southeast and the Southwest.

According to the Centers for Disease Control and Prevention, American Indians/Alaska Natives have a higher risk of experiencing tobacco-related disease and death due to high prevalence of cigarette smoking and other commercial use. American Indian/Alaska Native youth and adults have the highest prevalence of cigarette smoking among all racial/ethnic groups in the U.S. Quitting rates are relatively low among American Indians/Alaska Natives compared to other racial/ethnic groups according to the CDC.

More information is available at www.KeepItSacred.org. The NNN can also be liked at www.Facebook.com/KeepItSacred and can be followed on Twitter @KeepItSacred.

New Report Highlights Best and Promising Practices to Engage LGBT Communities throughout the Cancer Continuum

Ft. Lauderdale, FL - LGBT HealthLink and the National LGBT Cancer Network proudly announce the release of a new report, *LGBT Best and Promising Practices Throughout the Cancer Continuum*. The report is the result of an 18 month national process that engaged cancer survivors, caretakers, and health care providers in-person and online. Current research points to increased cancer risk factors in lesbian, gay, bisexual and transgender (LGBT) communities, coupled with lower screening rates and additional challenges in cancer survivorship. While more data are needed, there is adequate knowledge to improve cancer care from prevention through end of life for LGBT people. According to Liz Margolies, LCSW, Executive Director of the National LGBT Cancer Network and one of the report's editors, "This report represents another tool in the fight against cancer, especially in LGBT communities who experience higher behavioral and environmental cancer risk factors compared to the general population."

The report highlights five cross-cutting issues and lists 68 distinct best and promising practices across the cancer continuum. The main goal of the report is to encourage adoption of these practices across national and local health systems. LGBT cancer survivors and their support networks can use the report as a tool in advocating for better cancer care. In addition, the report provides 33 best and promising practices for use by public health departments.

Copies of this report will be distributed to all Centers for Disease Control funded comprehensive cancer control programs and to many cancer centers; highlights of the report have already been presented at several medical conferences. "We often find that public health leaders are interested in addressing LGBT disparities but don't know where to start. This report will give cancer policymakers a roadmap to ensure their programs are tailored and welcoming to LGBT people everywhere," said Dr. Scout, Director of LGBT HealthLink. The report outlines strategies that can be adopted by government health departments, LGBT Community Centers, national cancer organizations, professional cancer and medical associations, hospitals, clinics, healthcare facilities and anyone looking to improve the health of LGBT communities. Visit <http://www.lgbthealthlink.org> for an interactive online module that allows you to filter best practice by cross-cutting issue or phases of the cancer continuum, and to download the full report.



NNN Technical Assistance Webinars

National Native Network technical assistance webinars are hosted on the last Tuesday of every other month from 3-4 PM Eastern time. The next webinar will be January 26th.

We are happy to continue working with the Indian Health Service Clinical Support Center to offer continuing education units for select upcoming technical assistance webinars.

For more information or to register for a webinar, visit us on Facebook, Linked-In, and www.keepitsacred.org.

Podcasts

We are adding podcasts to our resource line-up. Inter-Tribal Council of Michigan staff Josh Mayo is interviewing tribal experts in the field of public health and will release podcasts in the new year. Featured experts include Dr. Donald Warne from North Dakota State University, Dr. Linda Burhansstipanov from Native American Cancer Research, and the NNN Board of Directors.

U.S. Housing and Urban Development (HUD) opens Proposed Rule on Smoke-Free Housing for 60 Days

Washington - U.S. Housing and Urban Development (HUD) Secretary Julian Castro joined Surgeon General Dr. Vivek Murthy in Alexandria, VA to announce a proposed rule to make the nation's public housing properties entirely smoke-free. HUD's proposed rule would require more than 3,100 public housing agencies (PHAs) across the country to implement smoke-free policies in their developments within 18 months of the final rule.

Under HUD's proposed rule, PHAs must implement a policy prohibiting lit tobacco products (cigarettes, cigars or pipes) in all living units, indoor common areas, administrative offices and all outdoor areas within 25 feet of housing and administrative office buildings. HUD is seeking public comment on this proposed rule for the next 60 days.

"We have a responsibility to protect public housing residents from the harmful effects of secondhand smoke, especially the elderly and children who suffer from asthma and other respiratory diseases," said HUD Secretary Julian Castro. "This proposed rule will help improve health of more than 760,000 children and help public housing agencies save \$153 million every year in healthcare, repairs, and preventable fires."

According to the Center for Disease Control and Prevention (CDC), cigarette smoking kills 480,000 Americans each year, making it the leading preventable cause of death in the United States. By reducing the public health risks associated with tobacco use and exposure to second hand smoke, the proposed smoke-free rule will enhance the effectiveness of HUD's efforts to provide increased public health protection for residents of public housing. The rule will impact the more than 940,000 units that are currently smoke-free, including more than 500,000 units inhabited by elderly households.

"Everyone - no matter where they live - deserves a chance to grow up in a healthy, smoke-free home," said U.S. Surgeon General Vivek H. Murthy. "There is no safe level of secondhand smoke. So, when 58 million Americans - including 15 million children - are exposed to secondhand smoke, we have an obligation to act. That is what Secretary Castro is doing with this proposal."

Since 2009, HUD strongly encouraged Public Housing Agencies (PHAs) to adopt smoke-free policies in their buildings and common areas. During this time, more than 600 PHAs and tribally designated housing entities adopted smoke-free policies. Currently, there are nearly 1.2

million public housing units across the country. Through HUD's voluntary policy and local initiatives, more than 228,000 public housing units are already smoke-free. If finalized, the proposed smoke-free rule announced would expand the impact to more than 940,000 public housing units.

HUD's proposed smoke-free rule will also help reduce damage and maintenance costs associated with smoking. It is estimated that smoking causes over 100,000 fires each year, resulting in more than 500 death and close to half a billion dollars in direct property damage; additionally, smoking is the lead cause of fire related deaths in multifamily buildings. A 2014 CDC study estimated that prohibiting smoking in public housing would yield an annual cost savings of \$153 million, including \$94 million in secondhand smoke-related health care, \$43 million in renovation of smoking-permitted units, and \$16 million in smoking-related fire losses.

The proposed rule will be open for public comment over 60 days. Interested persons may submit comments electronically at www.regulations.gov. Comments may also be submitted by mail to the Regulations Divisions, Office of General Counsel, Department of Housing and Urban Development, 451 7th Street SW, Room 10276, Washington, DC 20410.

For information on Sault Ste. Marie Tribe of Chippewa Indians' Housing smoke free policy, [click here](#).

American Indian Imagery and Cigarette Branding

Chris Cooper

Board Member, National Native Network

Sacramento, CA - As I rode home on the train today, I observed one person bumming a cigarette off of another person. As the man pulled the pack of cigarettes out of his pocket, I saw the familiar silhouette of an American Indian man wearing a head dress and a sacred pipe. And as he pulled out the cigarette, the eagle was affixed on the side of the cigarette. The other man grabbing the cigarette asked, "What brand is this?"



The man with the pack of cigarettes answered, "They are Natural American Spirit Cigarettes. They are safe, because they are organic and no additives. They are made by Indians, so it is their traditional tobacco, completely safe, because you know they wouldn't smoke anything that is bad for them. They are really good, and like I said they are made by Indians, so they are safe."

Upon hearing this, I began to burn with a righteous anger. There were so many things that I wanted to say, that I did not even know where to start. Fortunately for them, they got off the train right then, before I gave them a piece of my mind. First off, despite the imagery on the pack of Natural American Spirits, they are not made by American Indians or Alaskan Natives. The cigarettes are made by the Santa Fe Natural Tobacco which is a wholly owned independent subsidiary of American Reynolds, the second largest maker of cigarettes that also includes Camel and Kool brands. In the past American Spirit has said, they "were created based on our belief of the Traditional American Indian usage of tobacco- in moderation and it's natural state. Our brand name was chosen as a symbol of respect for this tradition."¹ Currently, the Santa Fe Natural Tobacco Company website says, they "have a special commitment to American Indians, whose traditions serve as the inspiration for our products."²

It is funny, but I don't ever remember cigarettes as being traditional. Traditional use is to sprinkle tobacco on the sacred fire as an offering for your prayers, it is to take a puff and release the smoke to carry your prayers, it is to give back to the Earth as an offering, and to use for medicinal purposes. Even to place in a sacred pipe and seal an accord by each member taking a puff. It was not used in moderation, it is used sparingly as a sacred gift.

In my former life, as a smoker, never once did I smoke a cigarette and say a prayer with it, or place it on the ground as an offering. I never thought anything sacred or traditional about the cigarette, the only thing I thought, was wow, I sure could use a smoke. Cigarettes are about addiction and making profit, nothing about tradition.

People also mistake the fact that Natural American Spirits are safe for them. The cigarettes are advertised as 100% organic and additive free. However, American Spirits have the highest amount of nicotine of any cigarette. And although the tobacco may be additive free, everything else about the cigarette has the additives. The company still has to post the warning on each pack of cigarettes, and in advertisements, they still have to say organic and additive free does not mean healthier. The Food and Drug Administration recently sent a warning letter to the company over the use of natural and additive free in the advertising of the cigarettes.

The Santa Fe Natural Tobacco Company may say that traditional American Indian use of tobacco influences their products, but there is nothing traditional about giving cancer, lung disease, heart disease, and even death to people. It is time for Natural American Cigarettes and the Santa Fe Natural Tobacco Company to stop using American Indian imagery and respect for tradition as a way to sell their dangerous products. There is nothing traditional about them.

Written by Chris Cooper, California Rural Indian Health Board (CRIHB) - Board Member of National Native Network

1. AKST, D, (2000, August 6). On the Contrary: Who cares as long as it's natural. The New York Times. Retrieved from <http://www.newyorktimes.com/>
2. Santa Fe Natural Tobacco Company Website. Retrieved from <https://www.sfntc.com/site/ourStory/sfntc-guiding-principles/>

Study Links Increasing Cigarette Prices to Lower Infant Mortality Rates — American Academy of Pediatrics

A new study to be published in January 2016 issue of Pediatrics (published online Dec. 1) suggests that making cigarettes more expensive is an effective way to reduce the number of babies who die during their first year of life. Smoking tobacco during pregnancy is linked with infants' medical problems that include low birthweight, premature birth, birth defects and Sudden infant Death Syndrome - the leading causes of infant mortality. For the study, "Cigarette Tax Increase and Infant Mortality," researchers looked at cigarette tax rates for each state and the District of Columbia and combined them with rate to determine the total cigarette tax in each state from 1999 through 2010. They determined that the inflation-adjusted state cigarette taxes rose from \$0.84 to \$2.37. During that same time period, the average state infant mortality rate decreased from 7.3 to 6.2 per 1,000 live births. African American infants, who had a mortality rate more than twice as high as for white babies throughout the study period, saw rates drop from 14.3 to 11.3 per 1,000 births. After adjusting for factors such as education and income levels, researchers estimate that a \$1 per pack increase in cigarette tax would result in a more than 3 percent drop in the U.S. infant mortality rate. This would translate into roughly 750 fewer infant deaths per year, or more than 2 per day.

[Click here for original article and details.](#)

Chris Cooper Appears on Native America Calling

The National Native Network's Chris Cooper appeared on Native America Calling on Wednesday, December 9, 2015 to discuss commercial tobacco use among the American Indian/Alaska Native population.

To listen to the podcast, [click here](#).

New Articles, Reports and Publications

- ♦ **Found Too Late: Cancer Preys on Rural Americans**, Rural Americans and those Natives that live in rural America struggle to have access to health care.
- ♦ **Tribal Youth Flash Mob!**, Michigan tribal youth organized a flash mob for tobacco education and awareness at the 2015 Michigan Indian Family Olympics. There were over 1,015 in attendance.

Opportunities

FUNDING OPPORTUNITY: The Robert Wood Johnson Foundation Culture of Health Prize is currently accepting applications to honor communities that have shown that they place a priority on health and have made commitments to make changes in their communities for healthier living. The 10 chosen communities will be awarded with \$25,000 cash prize. Tribes are eligible to apply. For more information [click here](#).

TRAINING OPPORTUNITY: Interested in gaining hands-on, year-long training in Community-Based Participatory Research (CBPR) – with all expenses paid for the opportunity? If so, then check out the Detroit Urban Research Center's CBPR Partnership Academy. This collaborative, year-long program is designed for community members and academic researchers with limited CBPR experience who are interested in using this approach to eliminate health inequities in their communities. Those selected for the Academy work in pairs: with one community member and one academic researcher who are engaged in a new or early-stage partnership. Deadline to apply is February 15, 2016. To apply and for more information, [click here](#).

EXTERNSHIP PROGRAM OPPORTUNITY: Do you know a student that would like to receive practical experience with IHS Extern Program opportunities? The IHS Extern Program application cycle opened December 1, 2015 and the deadline for applications is Friday, January 15, 2016. For more information and complete details, [click here](#).

EMPLOYMENT OPPORTUNITY: The Inter-Tribal Council of Michigan, Inc. is seeking a Public Health Specialist. The ideal candidate will be required to have a bachelor's degree in one of the following health fields: nursing, exercise science, health education, or health promotion. A master's degree is preferred. For the full job description, [click here](#).

Commercial Tobacco Disparities among American Indian / Alaska Natives in California

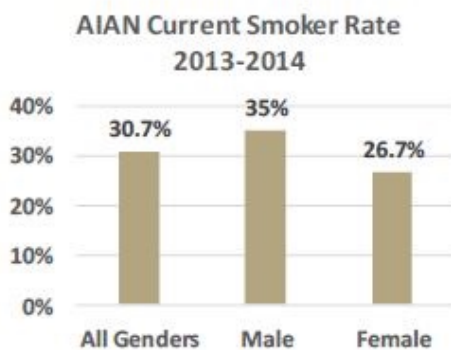


A fact sheet by the CRIHB Research & Public Health Department

December 2015

Traditional tobacco has been used by many American Indian nations since the beginning of time. Many tribes have stories of how tobacco was given to them as a gift from the Creator. Traditional tobacco (*nicotiana rustica*) is grown and gathered or harvested by American Indians for ceremonial, spiritual, and medicinal purposes. Tobacco was not traditional to Alaskan Natives. Although tobacco has the power to heal in its traditional form, it has the power to harm and bring death when abused commercially.

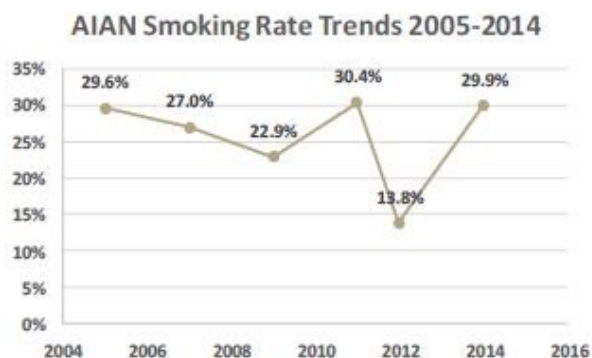
Commercial tobacco has been engineered, grown, and sold for profit by companies to be used recreationally and habitually. It is often in the form of cigarettes, chew, snuff, cigar, hookah, pipes, and other commercially sold products. The nicotine in commercial tobacco is highly addictive. Commercial tobacco use has been linked to several types of cancer, pulmonary and cardiovascular disease, as well as diabetes, and is a leading health risk factor for American Indians and Alaska Natives (AIAN).



Current smoker rate is defined as having smoked at least 100 cigarettes during a lifetime and currently smoking everyday or some days. This rate includes adults and teens. The smoking rate for adults and teens in 2013-2014 was 30.7% for AIAN in California. For females, the current smoking rate of 26.7% was significantly less than the rate for males, 35%. AIAN have the highest smoker rate of all ethnicities in California.

In comparison, the smoking rate for White Non Latino (WNL) adults and teens in California in 2013-2014 was 12.5%, with a rate of 12.8% for females and 13.9% of males.

The smoking rate for AIAN in California declined from 2005-2009. During this time, there was a strong emphasis on commercial tobacco prevention in California Indian country. The strong emphasis ended in 2010, and since then, the smoking rate greatly increased, before a sharp decline in 2012. In 2014, the smoking rate increased to 29.9%. The current smoking rate exceeds 2005 levels.



Commercial Tobacco Disparities among American Indian / Alaska Natives in California



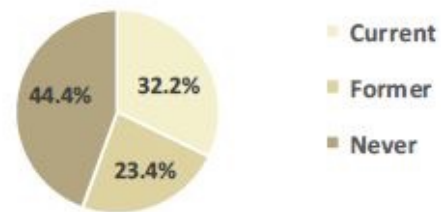
A fact sheet by the CRIHB Research & Public Health Department December 2015



Current smoker status is defined as currently smoking cigarettes everyday or someday. In California, 32.2% of AIAN are currently smoking, and 23.4% are former smokers. Overall, 55.6% of AIAN have a history of smoking, compared to 44.4% that have never smoked.

In comparison, WNL have a current smoker status of 13.9%, and a former smoker status of 29.5%. Overall, 43.4% of WNL have a history of smoking compared to 56.6% that have never smoked. WNL have a significantly higher rate that have never smoked than AIAN.

**AIAN Current Smoker Status
2013-2014**



**Stopped Smoking for 1 or More Days
to Quit
2013-2014**



For current AIAN smokers, 61.9% stopped smoking for one or more days in an attempt to quit smoking. In comparison, only 54.8% of WNL made an attempt to quit smoking. AIAN are more likely to make an attempt to quit smoking than WNL.

Notes

All data was taken from the California Health Interview Survey. It was accessed from <http://ask.chis.ucla.edu> on 8/25/15. The California OMB/Department of Finance definition of race was used for all queries. The State of California has changed its reporting from Non Hispanic White to White Non Latino. Data from 2013 and 2014 was pooled together for AIAN only and WNL to give a larger sample size for AIAN

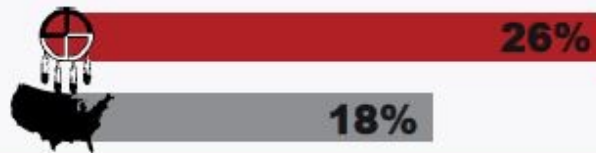


COMMERCIAL TOBACCO USE



More than
1 in 4
AI/AN adults
smoke cigarettes.

At **26%**, that's
1.5 times
greater than the US smoking rate.



Out of the 10 leading
causes of death
among AI/AN, 6 of them
have been
linked to smoking.



Smoking commercial tobacco can damage every part of your body. Poisons in cigarette smoke weakens the body's immune system.



Smoking commercial tobacco causes cancer, heart disease, stroke, lung diseases, diabetes, and many other life-threatening diseases.



People who stop smoking commercial tobacco greatly reduce their risk for cancer, heart disease, lung disease, and early death.

There are health benefits from quitting smoking at any age.

WHAT YOU CAN DO



Tobacco users

- Call the quitline today (1-800-QUIT-NOW) for information, advice, support, and referrals to help you quit. The sooner you quit, the sooner your body can begin to heal, and the less likely you are to get sick from commercial tobacco use.
- Never smoke commercial tobacco in your home, vehicles, or around nonsmokers, especially children, pregnant women, and persons with heart disease or respiratory conditions.
- Ask a health provider or traditional healer for help quitting.



Community members

- Make your home and vehicles 100% smoke-free 24/7 from commercial tobacco smoke.
- Don't start, if you aren't already using commercial tobacco.
- Tell your community leaders you support commercial tobacco control programs and smoke-free policies in all indoor air environments.
- Teach children about the health risks of smoking commercial tobacco and secondhand smoke.
- Encourage friends, family, and coworkers to quit. Support them in their efforts.



Health care providers

- Ask your patients if they use commercial tobacco; if they do, help them quit.
- Advise all patients to make their homes and vehicles 100% smoke-free 24/7 from commercial tobacco smoke.
- Make quitting commercial tobacco part of an overall approach to health and wellness.
- Advise nonsmokers to avoid secondhand smoke exposure, especially if they are pregnant or have heart disease or respiratory conditions.
- Refer patients to recommended resources and support groups.



Community leaders

- Fund comprehensive commercial tobacco control programs.
- Designate all indoor air environments 100% smoke-free from commercial tobacco smoke.
- Increase the price of all commercial tobacco products.
- Implement hard-hitting media campaigns that raise public awareness of the danger from commercial tobacco use and secondhand smoke exposure.
- Reduce commercial tobacco use by making these products less accessible, affordable, and desirable.

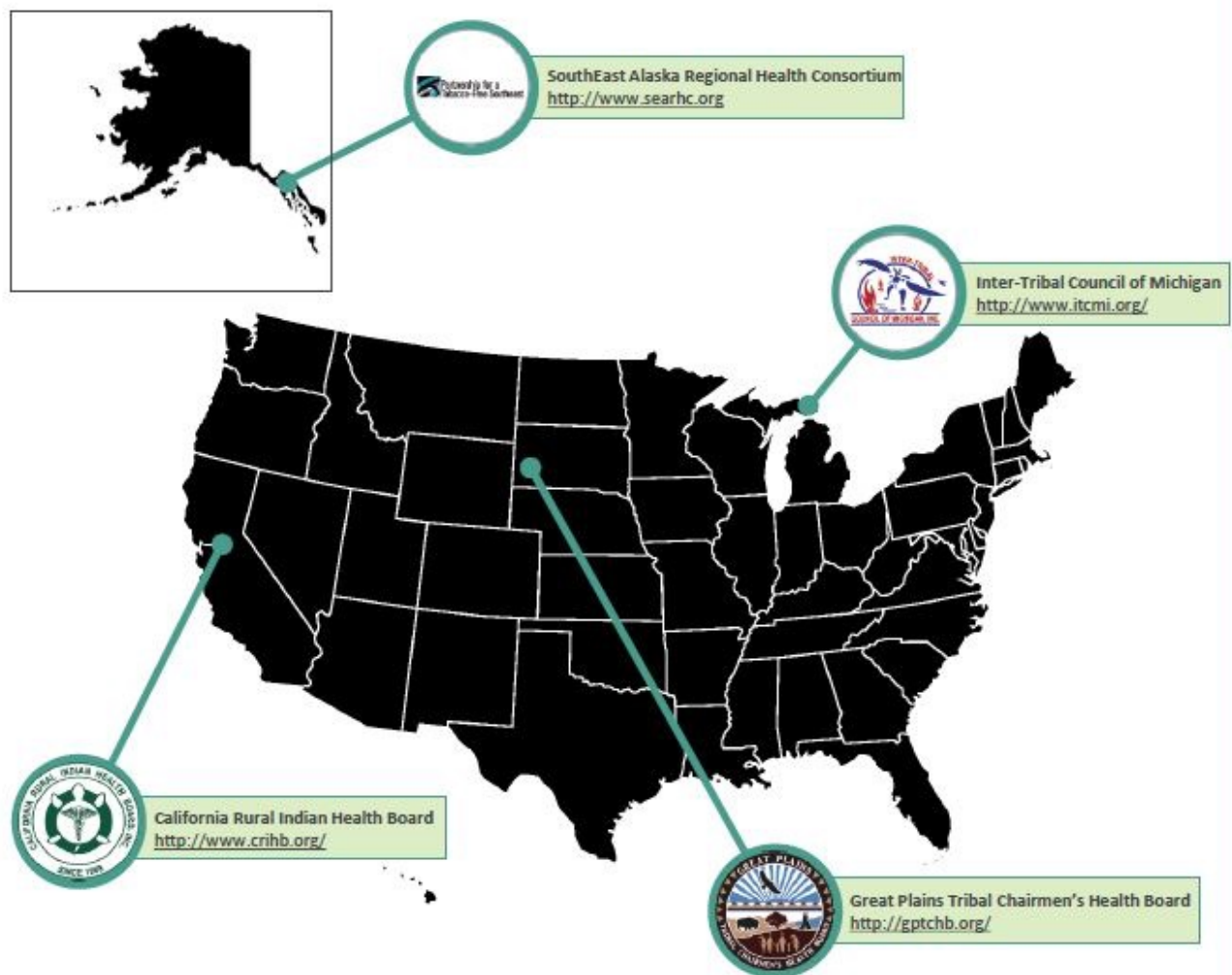


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RESOURCES

The National Native Network is a national network of Tribes, tribal organizations and health programs working to decrease commercial tobacco use and cancer health disparities among American Indians and Alaska Natives across the United States. We offer technical assistance, culturally relevant resources, and a place to share up-to-date information and lessons learned, as part of a community of tribal and tribal-serving public health programs.

The strength of our Network lays in partnerships between Tribes and tribal, national, state, and local organizations across Indian Country. The National Native Network is jointly funded by the Office on Smoking and Health (OSH) and Division of Cancer Prevention and Control (DCPC). The Network is administered by the Inter-Tribal Council of Michigan and directed by a board composed of three partner tribal organizations. For more information, please visit the websites of the Network's partner tribal organizations listed below.



For resources and tools, please visit www.keepitsacred.org or email NNN@itcmi.org

Events

December 17, 2015 American Public Health Association and the Agency for Toxic Substances and Disease Registry of the Centers for Disease Control and Prevention Webinar Series; 1:30 pm EST - info link available at KeepItSacred.org/events/

January 18, 2016 Leadership and Sustainability School The CDC office on Smoking and Health is offering a second opportunity for new and emerging tobacco control leaders from around the country to compete for inclusion in the highly successful Leadership and Sustainability School. More information and registration available at KeepItSacred.org/events/ebinar_Health_Education_Today:_Partnering_for_Success; 2-3pm EST

April 5-7, 2016 Good Health and Wellness in Indian Country: California Klamath, California - Conference topics includes: Creating Healthy Work Environments; Supporting Healthier Communities; Community Gardening; Promoting Healthy Policies - Tobacco, Physical Activity, and Food. For more information and registration at KeepItSacred.com/events/

April 26-28, 2016 Cancer Summit: Looking Back and Looking Ahead: The State of Cancer Control in American Indian and Alaska Native Communities Traverse City, Michigan - Details will be coming soon at KeepItSacred.com/events/

If you have an event or opportunity to share in the next NNN Newsletter, please call or email the National Native Network team at 906-632-6896 x108 or nnn@itcmi.org

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