

Editorial and Opinion Page

Much could be accomplished for Lumbee with strong leadership and unity

Dear Brothers and Sisters, It's me again shooting from the hip. I want everyone that did not attend the National Congress of American Indian annual convention (NCAI), which was held from October 18-23 in Myrtle Beach, to know what a treat they missed. Ray Littleturtle and Karl Hunt did a fine job showcasing our tremendous Lumbee talent at the Powwow. Thousands of Native Americans from all over the country were there. I met a man from Tacoma, Washington representing the Puyallup tribe along with people from New Mexico, South Dakota, Oklahoma, and Arizona. It was so beautiful to watch members of the Tlingit (Klinkit) tribe from Alaska dance. Each danced with a black blanket with their clan symbol outlined in red.

I am however mad as fire at LRDA for hoarding the publicity/information about NCAI like a child hoards candy (among other things.) I'm sure the conference/powwow would have been much better attended if publicity/prior notice been given to us, one of the main host tribes for this conference. Again, Ray Littleturtle and Karl Hunt did a fine job bailing out LRDA's backside covering up their poor planning and incompetence at the conference and powwow. Everyone I spoke with that attended the free powwow had a great time, and ask Rhonda Jorges about how Wind in his Hair (from dances with wolves) was there chatting with everyone. By the way, our new tribal chair, Rev. Jerry McNeill, who I am very impressed with, and the entire Lumbee Tribal Council was not made aware of this conference until a flyer about NCAI that I had copied 1 1/2 weeks before the event. Unlike LRDA, the Lumbee Tribal Council does not

have the tens of millions of dollars to jet set around/work with that LRDA gets every year, or thousands, or hundreds. Brothers and Sisters, the tribal Council does all that they do with little or no outside money coming in. The tribal council voted to send Brother McNeill to NCAI using their own pockets as well as Rev. McNeill furnishing his own way to make contacts with leaders from other tribes. Don't you wonder where these tens of millions of dollars (perhaps near 100 million) coming into LRDA is going? No wonder the non-elected leaders of LRDA will not compromise with the tribal council. Do the words power, money hungry, and corruption sound familiar? Case and Point, LRDA wanted the millions of dollars, given to the tribe for housing, to build a building, thinly disguised as a family center, when in reality it was to become plush new office space for the life time appointees of LRDA. These plush new offices were built upon privately owned/not tribally owned land which means the rent could be raised and lowered at will, and would belong to individuals and not the tribe among other things. I guess the owners of this land could name the LRDA new plush office center the JOE BLOW Center or anything they wanted to. The Tribal Council were made out to be big bad boogey men for blocking the millions of dollars in housing funds that could be used to help Lumbee people in need when in fact they were trying to make sure this money would be used for the purpose for which it was intended. I'm extremely happy that this money was held intact, but in the process our people were made to look like immature buffoons that can't handle our own business. We willingly gave away

a piece of self-determination and tribal sovereignty to the Fayetteville Housing Authority so that feathers would not get ruffled or someone's pride hurt.

I'll give LRDA this, they do have a great amount of experience writing grants, overseeing the running of the tribe, and petitioning the federal government and other agencies for monies. They are also very effective at finding scholarship money for immediate family members to attend college. At any rate, the dispute between LRDA and the Tribal Council will finally come to a jury trial on Monday, November 9 after 7 years of delay. This trial my friends could have additional serious repercussions on future tribal sovereignty. This trial could be construed as giving non-tribal members the right to write, change, and oversee our constitution and the running of our tribe. In other words, it would give outsiders the license to poke their nose in where it doesn't belong. It is akin to the United States asking China to come in and take over Congress, the Office of the President and the Supreme Court, because there are disagreements and change the United States government to its liking. During the most recent baseball strike, someone whimsically suggested that both negotiating parties should be locked in a room in the middle of summer with the windows painted shut and fed nothing but pinto beans, raw broccoli, nacho chips with beef and bean chili with real stinky cheese on top. Under those conditions (hold your nose), I bet those parties would have arrived at an agreement a whole lot sooner. I don't think that is an option her now, unless we pretended it was in the middle of a hot summer, locked LRDA and the tribal council in

a room, and turned up the heat real high. I'm being facetious, but airing our problems before a bunch of complete strangers makes a whole lot less sense than just about anything. However, sitting down and talking would be a very wise option or having the NC Commission of Indian Affairs pull our non-partisan members of other NC tribes to mediate the dispute and both parties sign an affidavit that they would go along with the results would make a lot of sense. You don't invite company over when your house is a mess, and this may sound funny, but I don't want people looking at us for federal recognition until we do get our tribal house in order.

Finally, I may sound like an LRDA basher. I'm not. As in baseball, I just call 'em as I see 'em. As I said before, bringing this to trial in front of people who know nothing about us and will never have an inkling even after a trial of what we are about. I plead with our leaders as do many other tribal members to put aside your own pride and negotiate with each other to keep this out of the court room or both parties withdraw their cases. I know that if this matter is decided in a public court of law that no matter who wins, we will all lose. It is too much for me to wish, no matter what happens if the trial on Tuesday November 9 between LRDA and the Lumbee Tribal Council goes ahead, for at the very least free elections with tribal members involved only and a tie of transition in which a new staff can learn how to run a tribal agency from the current staff. The Tribal Council or LRDA can give me my Christmas present early and grant me this wish. One final note, the National Indian Education Annual Convention will be held in Greensboro in 2--3 thanks to our strong Lumbee

educational leaders. See what we can do with unity and strong leadership. Thank you for listening.
Arvis Boughman
Pembroke

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Pediatric Pointers

By: Joseph T. Bell

Well, it looks like North Carolina cold season is finally here to stay. In our area the wind, which is always blowing in, seems to be coming mostly out of the North these days. And with the cold season comes that age old illness we all know as the croup.

The croup is a common illness, especially in children less than 3 years of age. It usually lasts from several days to a week, and most often develops in fall or early winter. It is caused by a virus of the upper part of the respiratory tract (or windpipe). The illness is mildly contagious, and there is no way to prevent it.

This infection usually starts as a runny nose with low grade fever. Sometimes it causes the windpipe to narrow, and then the patient may have some difficulty breathing and develop a cough that sounds like a barking seal. This is the classic "croupy" cough. Croup always seems to be worse at night and may awaken the child up from their sleep.

The best initial treatment for simple croup is to hold the child in the bathroom while running the shower on

"hot". Fifteen minutes of breathing in the steamy air will probably make breathing easier. Another good treatment is to take the child outside for about 10-15 minutes. The cool night air often relieves the problem by reducing the swelling inside the windpipe. Offer lots of fluids to drink and use tylenol for significant fever. Having a cold-water vaporizer or humidifier to use in the child's bedroom may be helpful, also.

Most simple cases of croup respond to these basic treatments. There are some cases of croup respond and need more medical attention. You may want to check with your doctor if the following things are not happening: 1) The home therapy is not working. 2) Your child looks very pale, seems unusually worn out, or isn't eating or sleeping. 3) Your child seems to have difficulty catching their breath, especially if this is happening in the day, when croup usually improves. 4) You can see your child's chest wall draw in with every breath.

That's all on croup. I hope everyone is having a great holiday. Take care and we'll talk again



"GOOD THINGS COME IN SMALL PACKAGES." The smallest bird of prey is the white-fronted falconet, which is the size of a sparrow.



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How to fight stress and burn out

When I was in nursing school, my instructors talked about the high stress level and burnout in the health profession. Since then, the explosion of new drugs, medical and surgical procedures, and expanding roles of nurses are just some of the changes in healthcare. Nurses need to be flexible to survive these changes, and along with flexibility, each nurse needs to find a way to avoid or survive burnout.

As I look back on my career I realize that I have used change as a way to avoid burnout in my career. While some nurses may find change itself to be stressful, I have found that change also provides an opportunity to learn new skills, meet new people, and even change my practice setting.

My career began as an LPN on a high risk maternity unit. When things were slow, or pick up extra time, I would float out of my unit onto medical or surgical units. The changes were frightening but very exciting. Eventually this led me to go back to nursing school and change my LPN status for an RN license.

After a couple of years I switched to a 31-bed medical unit. This was my first full-time charge nurse position. I rapidly expanded my knowledge of IV therapy and much more. Over half of our patient population were elderly and fun to work with. Geriatrics be-

came a new frontier and continuing my education became a requirement in my new role.

As I continued my education I became increasingly involved with projects. I spent a summer doing neurochemical research, learned to write science papers, and observed as scientist worked to accomplish their dreams for patients with neurological problems. Another summer I went to the National Institutes of Health in Bethesda, MD, and worked with scientist and healthcare professionals as past dreams became reality, present dreams became a possibility, and future dreams took root in the minds of men and women.

With each new experience my focus changed with the diversity of the patients, and I changed and grew as a nurse and a person. Later I worked at a large city hospital and learned a great deal about inner city healthcare and its associated problems such as trauma, poverty, drug abuse, and the homeless.

For the past six years I have been working in a small community hospital that is expanding its services in outpatient and community education. Her I have been asked to work in oncology, telemetry, orthopedic pathways, urology, patient controlled analgesia, epidural pain control, utili-

zation of computer systems in healthcare, quality assurance, staff education, and training new staff.

When I sum up my career I especially note the changes I've made in response to diverse work experiences. Because of all these experiences I have grown as a professional nurse and as a changed person. I continue to experience some of that excitement and awe that I first felt as a student nurse. Nursing continues to open new frontiers for me to explore. Change is a permanent part of nursing and it is frightening and it can be wonderful.

I deal with burnout and stress by changing. As a result, my patients have a nurse who is continually learning with diverse skills. My employers have a nurse who is willing to accept change and is continually working to improve skills and increase her education foundation.

The negative side to my choice is that I did not retain longevity with any one particular employer. Because of this, I must prepare for my retirement independently. My patients continue to be my best teachers. As my patient population changes I must change in order to keep pace. Change can be positive!

My name is Catherine G. Fischbach, RN, BS. I am the daughter of Rev. James Dial and Inez Dial.

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