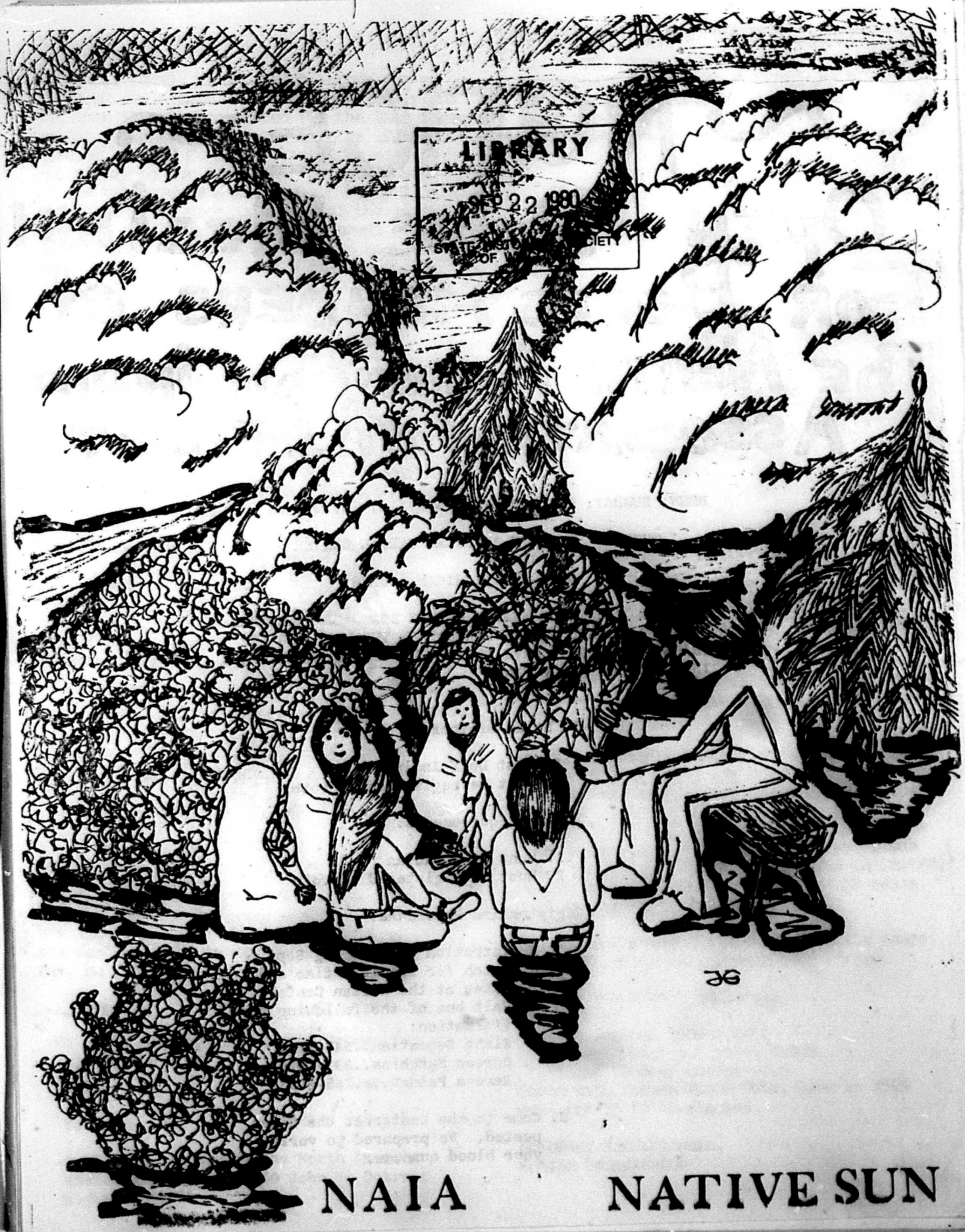


NAIA NATIVE SUN

~ NOTICE ~

OPEN PUBIC ELECTION FOR BOARD MEMBERS OF THE NORTH AMERICAN INDIAN ASSOCIATION of DETROIT

WHEN: SUNDAY, OCTOBER 5TH, 1980 AT 6:00 p.m.

WHERE: DETROIT AMERICAN INDIAN CENTER
360 JOHN R
DETROIT, MICHIGAN 48226

THIS ELECTION WILL SEAT 5 OF THE BOARD OF DIRECTORS OF THE NAIA AND INDIAN CENTER FOR THE NEXT TWO (2) YEARS. YOU DON'T HAVE TO BE A MEMBER TO PARTICIPATE IN ELECTIONS AND VOTING.

To Be An Officer:

1. Must be ¼ Indian
2. Must be registered to vote

Voting Requirements:

1. Must be ¼ Indian
2. Must be registered to vote

Registration Procedure:

1. Registration open during Sept.
   a. Watch for specific time and dates at the Indian Center.
   b. Call one of the following for iformation:
      Elmer Sebastian..547-9266
      Doreen Hutchins..891-1979
      Revena Paine.....755-8033

2. Come to the Center at the times posted. Be prepared to verify your blood quantum.

PRESIDENT'S REPORT.....

A special thanks to Mr. Ralph Antone who arrived at our picnic at 3 a.m. We finally got the spot that we had wanted for the last three years. I arrived at 4 a.m. then we (Ralph Antone, Richard Kennedy) started to move picnic tables to our location. It seemed some of the tables were a mile away. Nancy Alchin and Carol White were in charge of the games. They had a lot of help from different people. Thank you who ever had anything to do with the games. I would still like a private picnic area next year because one has to spend some time by themselves. Do you know of any?

Elections of Officers on Sunday, Oct. 5th, 1980 Meeting to start at 5 p.m. If its possible I would like to have over fifty (50) members present. We need a President, 1st and 2nd Vice president, secretary and treasurer. If you run just to have your name up in lights please don't. We need hard working people who will attend every Board and business meeting. There are a lot of people out there who would make good Officers.

Maynard Kennedy

EDITOR.....
Theresa Wix

HELPER.....
Laura Doxtator

The deadline for the Native Sun has been set for the 15th of every month. Should the 15th fall on a weekend or a holiday the deadline will be the following work day, no later than 5 p.m. that day.

We say a big Megwetch to Joe George for this months cover.

VOLUME 10 NUMBER 10

Published monthly by the North American Indian Association, 360 John Detroit Michigan 48226

IF YOU HAVE MOVED AND WISH TO CONTINUE TO GET THE NEWSLETTER PLEASE SEND US YOUR NEW ADDRESS AS SOON AS POSSIBLE TO INSURE YOUR CONTINOUS RECIEVING OF THE NATIVE SUN. THANK YOU!

INDIANS

JOIN us at our Food and Friendship Program daily 10:30 - 1:30 Free Lunch Lectures - Outings and more!!!!!!!

If you need transportation call Ben Bearskin at 963-0308

SENIOR'S CORNER.....

Horseback riding, fishing, square dancing were just a few of the activities some of our Seniors enjoyed while at Camp Wathana, near Holly MI (Aug. 12 - 16th)

Sonny Alcala may not have caught the great white shark, but to her it was juct as exciting 4 blue gills.

Eva Elm and Agnes Kennedy did some mean dance steps, showing the young camp counselors a thing or two at the last dance party of the season.

I think everyone who went will agree it was fun - fun - fun. Activities seemed unlimited, people were warm and friendly and the meals just as good as home cooked.

For those who were so pleased with the camps casserole which was served, that recipe follows:

North West Casserole
(In layers)
1lb. cooked ground beef
1 can French cut green beans
1 can Cheddar chesse soup
Cover with frozen Tator Tots, Bake in 350% oven for 35 to 40 minutes.

Rosemary VanDerlinden,
Senior Coordinator

Vocational Rehabilitaiton for the Blind

The office of services for the blind is an office of the Dept. of Social Services. The primary services of the office are those of vocational rehabilitation of blind adults.

In addition to providing rehabilitation service Services for the blind controls vending stands operated by blind persons in federal and state buildings, and is designed as the state licensing agency for such stands under federal laws and regulations.

Detailed information regarding services are available from your Services for the blind representative at the county department of Social Services , or write the Dept. of S.S. Services for the Blind, Lansing.

What Services are Provided?

Brefly, the following services are provided throughout the state:

1. Medical and eye examiniations in every case to determine the extent of disability, to discover possible hidden, or "secondary" disabilities, to determine work capacity and to help determine eligibility--at no cost to the individual.

2. Individual counsel and guidance in every case to help the blind person to select and attain the right job objectives--at no cost to the individual.

3. Medical, surgical, psychiatric, and hospital care, as needed, to remove or reduce the disability--public funds may be used to meet these costs to the extent that the blind person is unable to pay for them from his own funds.

4. Artificial appliances such as limbs, hearing aids, trusses, braces, eyeglasses, and the like to increase work ability--these also may be paid for from public funds to the degree that the individual cannot meet the cost.

5. Training for the right job in schools, colleges or universities, on-the-job, in-the-plant, by tutor, through correspondence courses, or otherwise to enable the individual to do the job well--at no cost to the blind person.

6. Maintenance and transportation for the blind person, if necessarym while he or she is undergoing treatment or training--these expenses may be met form public funds, depending on the perosn's financial circumstances.

7. Occupational tools, equipment, and licenses, as necessary, to give the blind person a fair start--these may be paid for from public funds to the extent that the person is unable to do so.

8. Placement in the right occupation, one with in the blind person's physical of mental capacities, and one for which he has been thoroughly prepared--at no cost to the individual.

9. Follow-up after placement to make sure the rehabilitated worker and his employer are satisfied with one another--at no cost to either party.

Who is Eligible for Services?

Vision--

Any person is eligible for onsideration whose eyesight seriously handicaps him in carrying out daily activities for which good eyesight is generally required.

Residence--

Any person in Michigan is eligible to apply.

To be eligible for the vocational rehabilitation services, a man or woman must--

1. Be blind according to the Department's definition.
2. Have a substantial job handicap because of disability.
3. Have a reasonably good chance of becoming gainfully employed when provided with rehabilitation services.

If you think you may be eligible, or if you know someone who may be eligible, contact your local county Department of Social Services, or write the Department of Social Services, Lansing.

The following articles are being printed in their entirety over a four month period beginning with this one. They are from the August issue of OIO Journal.

Alcoholism and Recovery: The Disease and Its Treatment

By William Carmack

Alcoholism No Longer the Unspoken

We live in a time of increasing national concern for improved health care and treatment for all of our people. With drives on every hand to raise needed funds for the treatment of various diseases it is strange that until very recent years the third largest killer in the Nation was largely ignored — alcoholism. Luckily for us, we are living in a time in which this often fatal disease has come to the forefront of public attention. Although there is still much to learn about alcoholism and its treatment, much work is now underway. The disease of alcoholism is so prevalent and affects so many lives and families that it is no longer the illness that no one talks about. Instead in the last few years a national wave of interest has called attention to this problem and to the fact that it is treatable. OIO is now conducting and developing new programs aimed at helping families affected by alcoholism.

The largest single organization working in the field of alcoholism, AA (Alcoholics Anonymous) was formed in 1935. AA is now world-wide and has groups in every American community of any size. Membership in AA is difficult to determine, but conservative estimates conclude that there are at least one million members. After several years of pioneering work by AA, the American Medical Association officially recognized alcoholism as a disease in the mid 1950's. This meant that the best informed doctors believed that alcoholism, like other diseases, had a predictable pattern of development, symptoms that could be identified by trained persons, and a treatment procedure that could improve the chances of recovery. No longer do alcoholics need to feel helpless and trapped. There is something that specialists can do for the alcoholic, something that the alcoholic can do for himself, and something that friends and family members can do about this problem.

The purpose of this article is to explore the extent to which this disease is prevalent, its nature and symptoms, some of its effects on alcoholics and those around them. Even more important than that, we will look at treatment approaches, things that we can do to give alcoholics a chance for recovery and a normal life. Finally, we will talk about practical things that we can do as groups and as individuals to combat this illness.

The Extent of Alcoholism

It might be worth while to begin with a few facts and figures about alcoholism. Facts and figures can be cold and impersonal, but we should remember that behind every statistic is a person sick and suffering and a circle of friends and family who are themselves made sick and less functional by the disease of the alcoholic. We are a nation of consumers of alcohol. Most estimates agree that at least 75% of Americans beyond the

high school years consume alcohol. Fortunately for all of us, they are not all alcoholic. However, between 10% and 12% of the drinking population does have a serious problem with alcohol or is alcoholic. This means that there are about 15 million alcoholics in America today. When many of us think of an alcoholic, we think of a down-and-out person on some skid row drinking cheap wine. Facts indicate that only 4% of the alcoholics in America fit this pattern. The remaining 96% are people of all ages from all walks of life, all races and all religions. Alcoholism has been called a highly democratic disease in that none of us are too wealthy, too powerful, or too educated to be its victim. As a matter of fact, the occurrence of alcoholism is twice as high among professional groups such as medical doctors, attorneys, professors and the like, as it is among the general population.

The disease is so prevalent throughout society, that I suspect that anyone reading this article has a close friend or family member who suffers from this illness. Because of the ignorance of the availability of help some alcoholics never get appropriate treatment. Some do, but only when the disease has taken such control of their lives that they can no longer function in the outside world. This situation is not necessary.

The Nature of Alcoholism

There is not much point in speculating to the causes of alcoholism. Experts do not agree. Some feel that the disease may be physiological, stemming from some sort of chemical imbalance that separates alcoholics from nondrinkers and normal social drinkers. Others feel that the disease may have social causes stemming primarily from the kind of environment in which the alcoholic finds himself. Still others look to psychology and aspects of the human personality for causes of alcoholism. Most feel that all three of these areas play a part.

Rather than speculate as to the causes of alcoholism, it is more beneficial to look at some of the aspects of the disease. First, alcoholism is a **primary** disease. That means that it is not simply a symptom of some other disease, but is itself a basic problem. Most medical doctors do not know this. They tend to treat alcoholics for depression, anxieties, systemic disorders and the like, and all too often miss the fact that these illnesses are nothing more than symptoms brought on by the real problem — alcoholism.

The disease is not only primary, but it is progressive. Basically, this means that it gets worse with time. The typical victim often goes from occasional "social" drinking to more and more consumption until finally alcohol becomes the most important factor in his life. The intake of alcohol usually increses until the sufferer may drink constantly and daily. It seems as though he cannot get enough. Sometimes at this point the capacity of the alcoholic's body to process the chemical drops sharply and after only one or two drinks he begins to show a mood change and outward effects of intoxication. The amount of alcohol consumed is not a reliable index of the presence of the disease.

An interesting aspect of alcoholism is that even if the alcoholic gives up alcohol altogether, his disease will remain as great as it was if he resumes drinking again in the future. Alcoholics have been known to stay dry for ten years only to begin drinking again with the same amounts and behaviors as when they had quit. In other words, if it takes an individual drinker ten or fifteen years to develop severe alcoholism, and he then quits for a period of time only to start again, he will not begin where he was when he first started to drink and drink modestly for a period of time, but he will begin where he left off before he quit when his disease was at its worst.

Dr. Joseph Pursch, until recently, Director of the U.S. Naval Treatment Center in Long Beach, California has a simple and practical definition for alcoholism. He contends that any person whose drinking affects any phase of his life negatively but who continues to drink in spite of that is alcoholic. This means that if drinking harms an individual physically, psychologically, socially, professionally or spiritually and he drinks anyway, he is not drinking normally and socially, but alcoholicly.

My own definition of alcoholism is that the disease is present any time a person is preoccupied with alcohol. That is short and simple, but it has far reaching implications. Normal drinkers approach alcohol as a part of life no more important than anything else they do. If an occasion to drink presents itself, they may drink and enjoy drinking. If there is no occasion to drink, they are not disturbed. In other words, alcohol is not first and foremost on their minds. A person is preoccupied with alcohol when it becomes a constant concern with him.

If a normal drinker is invited to a home or a party in the evening, he will go and give very little thought to whether or not alcohol will be available. On the other hand, an alcoholic is likely to be preoccupied

with that problem when faced with such an invitation. If he feels that alcohol may not be available, he will probably manage to drink at home or in a bar before he goes to what may be a dry and, therefore for him, a boring evening. He may worry throughout the evening about his next drink. He may have bottles hidden in his car so that when he needs a drink he can always find one.

Another form of preoccupation is worrying about ones supply of alcohol. To a normal person, running out of liquor poses no particular problem. If it happens to occur on a holiday when stores are closed he simply waits until it is convenient again to obtain alcohol. Not so with the alcoholic. One of his dreads is his supply. He prepares himself for days when liquor stores will be closed, he constantly checks his reserve at home, and in various ways shows this preoccupation with alcohol.

This concern with supply is a very late symptom. Luckily the progression of the disease may be caught long before it becomes this dominant in one's thinking and in one's life. Many people have developed self-test which can be taken to assess the probability of being problem drinker or alcoholic.

Are you an alcoholic?

The following twenty questions are used by John Hopkins University Hospital in Baltimore, Maryland in helping patients decide whether or not they are alcoholic. These questions are available in pamphlet form from the CAREUNIT's at South Community or St. Anthony Hospitals in Oklahoma City.

Some experts may have other ways to diagnose the disease, but this simple, straight-forward approach can be helpful.

Ask yourself the following questions and answer them as honestly as you can.

	Yes	No
1. Do you lose time from work due to drinking?	☐	☐
2. Is drinking making your home life unhappy?	☐	☐
3. Do you drink because you are shy with other people?	☐	☐
4. Is drinking affecting your reputation?	☐	☐
5. Have you ever felt remorse after drinking?	☐	☐
6. Have you gotten into financial difficulties as a result of drinking?	☐	☐
7. Do you turn to lower companions and an inferior environment when drinking?	☐	☐
8. Does your drinking make you careless of your family's welfare?	☐	☐
9. Has your ambition decreased since drinking?	☐	☐
10. Do you crave a drink at a definite time daily?	☐	☐
11. Do you want a drink the next morning?	☐	☐
12. Does drinking cause you to have difficulty in sleeping?	☐	☐
13. Has your efficiency decreased since drinking?	☐	☐
14. Is drinking jeopardizing your job or business?	☐	☐
15. Do you drink to escape from worries or trouble?	☐	☐
16. Do you drink alone?	☐	☐
17. Have you ever had a complete loss of memory as a result of drinking?	☐	☐
18. Has your physician ever treated you for drinking?	☐	☐
19. Do you drink to build up your self-confidence?	☐	☐
20. Have you ever been to a hospital or institution on account of drinking?	☐	☐

If you have answered YES to any one of the questions, there is a definite warning that you may be alcoholic.

If you have answered YES to any two, the chances are that you are an alcoholic.

If you have answered YES to three or more, you are definitely alcoholic.

This ends our first installment of the Alcoholic Awareness articles. The second portion will be in Novembers Native Sun.

Welcome to our fall feast. Each year the D.A.I.C., staff, the senior citizens and the N.A.I.A., combine to serve a meal to the Indian people in Detroit and surrounding area. We expect over 200 people to share a meal with us on September 25th and all Indian people and their spouses are most welcome.

Because of space limitation at the Indian Center we are trying to get another location. We have reserved a room at the Holy Trinity Church on the corner of 6th and Labrosse, near Tiger Stadium, just off Michigan Avenue.

We will have an Indian pipe ceremony, prayer, singing and drumming and announcements of community and general interest.

We will have a 50-50 drawing for our emergency fund and will give instructions to people concerning the elections and voter registration. Forms for voter registration will be available at the feast.

We look forward to seeing you at the fall feast.

****

DETROIT INDIAN EDUCATION AND CULTURAL CENTER (DIECC)

DIECC have moved their offices from Burton school to George School on Alexandrine and Russell on the near east side. Saturday school for the children plans to start Oct. 25th. The staff is planning an open house for their new offices around the end of October. Hope to see everyone there.

****

ATTENTION

The emergency food department needs grocery bags for their Gleanors food project. If you have any to spare please drop them off at the Center. Megwetch.

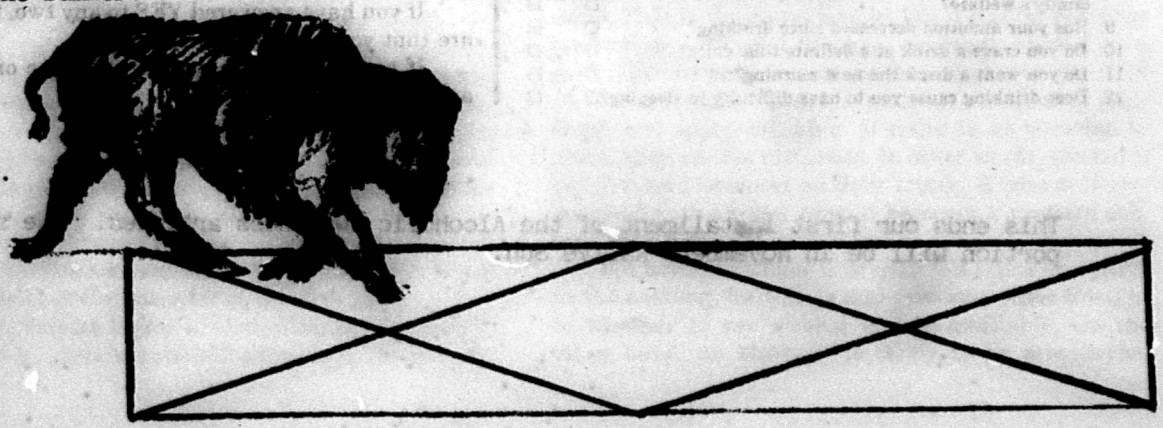
****

We have to aknowledge the fact that there was at least on American Indian in last months State fair parade. Mary J. Silvey, was playing the clarinet with the Romulus school district band. I must certainly congradulate her on her energy and stamina. As the parade was on one of the muggiest/ hot days of the summer.

We have to say Congradulations to the following people who have completed and received their GED through the classes here at the Center:

Francis Wilson
Shirley Lewis
Georgianna Tucker
Urla Altiman

Muriel Youngblood tells me that there have been 43 GED graduates to date and 12 graduates of the Ross Learning Clerical Class. Only 1 of the 12 was a man so far. Carman has told me that there are 2 more men soon to be finishing the clerical classes. So Congradulations to all graduates of both classes.

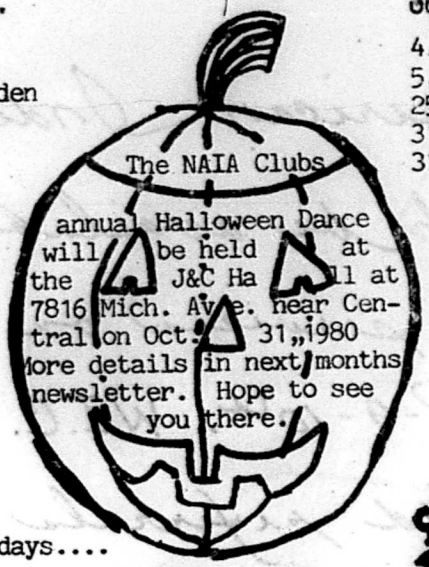


OCTOBER Birthdays.....

1...George Shealfeau
4...Rosemary Van Derlinden
4...Tommy Seneca
4...Chuck Gould
8...Irene Lowry
8...Washington Doxtator
11..LaAnn Lazore
13..Gerald T. Ramage
15..Diane Rogers
23..Audrianne Smith
23..Samantha Swwigert
28..Danny Walker
28..Jimmie Rodriquez
30..Bill Peters
30..Jim R. Hillman
31..Darrell Norton

Belated September Birthdays....

3...Judy Wickland
5...Donna Wickland
5...Diane Pierzynowski
8...Resha Contreras
10..Jose Contreras
23..Celeste Contreras
27..Denver Doxtator



October 1980

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

OCTOBER dates to remember!

4...Board Meeting - 10:00 a.m.
5...Assocation meeting, election of officers
25..Children's Halloween Party - 2:00 p.m.
31..Senior's Halloween Party
31..Halloween Dance

HAPPY 35th ANNIVERSARY goes out to:
Mr. & Mrs. M. Lewis of Holly MI

Indian Healings
Spiritual Readings
Herb Diets & Nutrition
Herbal Oils & Incense
Juanita D.D.D.H.
313-852-9614

Condolences go out to the family of Sandy Bonga who passed into the Spirit world the weekend of Sept. 7th, 1980

Reincarnation of Chief Crazy Horse He is back with us. I have been speaking with him as often as possible. He brings many messages from Spirit. He resides in California.
Cherokee Indian Juanita

Membership fees are as follows:

Regular Member:	$5.00
Senior Citizen:	$1.00
Student:	$2.50

Checks may be make payable to:

THE NORTH AMERICAN INDIAN CENTER

Mailed to; Mrs. Doreen Hutchens
20314 Bufflo
Detroit, MI 48234

Membership not required to vote.

MEMBERSHIP QUALIFICATIONS are as follows:

1. Canidate must be a least ¼ Indian blood and be able to substantiate it and/or hold a tribal membership card.
2. Be sixteen of older.
3. Pay a membership fee.
4. Be accepted by the membership committee.

NORTH AMERICAN INDIAN ASSOCIATION ENROLLMENT CARD

Date Joined _____

Miss
Mrs.
Mr. _____ **Soc. Sec. #** _____
Home Phone _____
Address _____ **City** _____ **Zip** _____
Occupation _____ **Firm** _____
Religious Preference: Catholic ____ **Protestant** ____ **Jewish** ____ **Other** _____
Tribe _____ **Degree of Blood** _____
Birthplace _____ **Date of Birth** _____
Father's Name _____ **Mother's Name** _____
Nearest Relative _____
Address _____ **Phone** _____

ANNUAL DUES: Under 17 or in School - $ ____ **17 & over $** ____

The Detroit American Indian Health Center will not be available for transportation or services on these dates October 8-9-10th. W.I.C. services and health related referrals will continue. Transportation service will only be available until noon for. October 8th

Thank You - Health Dept.

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N.A.I.A. OF DETROIT, INC.
DETROIT INDIAN CENTER
360 JOHN R
DETROIT, MICHIGAN 48226

NAIA, Inc.

NATIVE SUN

October 80'