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YOUTH SUICIDE PREVENTION

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED NINTH CONGRESS

FIRST SESSION

ON

FIELD HEARING ON THE CONCERNS OF TEEN SUICIDE AMONG AMERICAN INDIAN YOUTH

MAY 2, 2005
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FIELD HEARING ON YOUTH SUICIDE PREVENTION

MONDAY, MAY 2, 2005

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Washington, DC.

The committee met pursuant to notice, at the Brynhild Haugland Room, North Dakota State Capitol Building, Hon. Byron Dorgan (vice chairman of the committee) presiding.

Present: Senator Dorgan and Representative Pomeroy

STATEMENT OF HON. BYRON L. DORGAN, U.S. SENATOR FROM NORTH DAKOTA, VICE CHAIRMAN, COMMITTEE ON INDIAN AFFAIRS

Senator DORGAN. The hearing will come to order.

Ladies and gentlemen, thank you very much for being here. This is a hearing of the U.S. Senate Committee on Indian Affairs, it is an official hearing of the committee. My name is Byron Dorgan, I am vice chairman of the committee. The chairman is Senator John McCain from the State of Arizona. We are conducting this hearing with the consent of Senator McCain and the rest of the committee.

I am joined today by the Chief of Staff of Senator McCain on the Committee on Indian Affairs, Jeanne Bumpus, right over here, and the Chief of Staff on the minority side is Sara Garland. I am also joined by my colleague, Congressman Earl Pomeroy, who, although not a member of the Committee on Indian Affairs, by consent of the committee is going to sit in today and be a part of this. I am very pleased that Congressman Pomeroy could join us, because he too is concerned about this important issue.

I do want to make a couple of opening comments, and then we have three panels of witnesses who will testify today. If there is time following that, I would like to open it up for some additional comments.

First, let me say that the topic of this hearing is teen suicide on reservations. It is a difficult and very sensitive issue and frankly, not easy to talk about. I suspect everyone in this room would prefer that we not have to talk about it. But we find ourselves in the midst of very serious problems that are not going to go away, and I think we do a disservice by not confronting this, looking it in the eye and trying to determine what can we do about it.

I am shocked by some of the statistics that one reads. Teen suicides on Indian reservations are double those in the rest of our country. In the northern Great Plains, they are 10 times that of the

rest of the country. It is a very serious problem. And I think everyone who is in this room gathered for this hearing understands the wrenching heartbreak and the senseless loss of these young boys and girls who have their entire lives before them, but then decide to take their lives.

I will make every effort at this hearing to be sensitive and responsible in how this information is conveyed to the public. I know you will as well. But I must tell you, I am no longer comfortable on a range of very sensitive and serious issues to be quiet and just say, well, what's happening is happening and we're a little worried about talking about it publicly. I am worried about not doing enough to save the lives of these young boys and girls. I am worried that we do not devote the resources, we do not have the strategies that are necessary to save the lives of these young boys and girls.

With the consent of the family, last year I spoke on the floor of the Senate about a young girl named Avis Little Wind who took her life. She was 14 years old. She lived on a reservation here in North Dakota. I not only spoke about that on the floor of the Senate with their consent, I also went to that reservation and met with school officials, this little girl's classmates, people involved in mental health, people from the tribal authorities, to try to understand what causes this sort of thing.

I discovered from that that there is a lot we don't know. I also discovered that some of the basic resources that need to be available to reach out to help these young people are not available. We need to fix that. There is nothing more precious in this country than our children.

So I am holding this hearing, we have a group of witnesses that is pretty diverse, from a 15-year old high school student to the head of the Indian Health Service in Washington, DC. And we hope to receive guidance, expert advice, insight and from that try to develop some strategies that we think will work to save lives.

Let me now call upon my colleague, Congressman Pomeroy, and again, thank him for being with us today.

STATEMENT OF HON. EARL POMEROY, U.S. REPRESENTATIVE FROM NORTH DAKOTA

Mr. POMEROY. Thank you, Mr. Chairman.

I am very pleased that you are having this Indian Affairs hearing here in Bismarck, to elicit direct testimony on this extremely troubling issue of teen suicides on our reservations. I could not agree with you more strongly that although it is difficult to talk about, we need to have a better understanding of what is happening, so that we can respond to it.

I believe that we need to look carefully at the funding of mental health resources available to young people on our reservations, possibly there is some Federal culpability in this problem. We have to understand it before we can figure out how to appropriately address it. That's why this hearing is so important. I appreciate your letting me participate this morning. I was able to rearrange my schedule upon hearing that you would be here. I just think there is nothing more important before us than the topic you have advanced today, and I look forward to the testimony.

Senator DORGAN. Congressman Pomeroy, thank you very much.

Prior to the first panel coming forward, I am going to ask Cecelia Myreon with the Turtle Mountain Chippewa Tribe to offer the opening prayer.

Ms. MYREON. I am going to be praying in Chippewa. The Creator knows all languages, so you can just pray with me.

[Prayer offered in native tongue.]

Ms. MYREON. Megwich. Thank you.

Senator DORGAN. Cecelia, thank you very much.

Now we will ask the Two Nation Drummers to come forward.

[Drumming presentation.]

Senator DORGAN. That was Dave Ripley and Dennis Bursey.

Thank you very much.

Let me call panel 1 to the table, if I might. Charles Grim, director, Indian Health Service. He is accompanied by Jon Perez, director, Behavioral Health, Indian Health Service. We also have Ulonda Shamwell, division director, Office of Policy Planning and Budget and Substance Abuse and Mental Health Services Administration, accompanied by Dr. Denise Middelbrook, public health analyst in the same Substance Abuse and Mental Health Services Administration.

Let me thank all of you for coming to Bismarck, ND today, and let me call first on Dr. Grim, the head of the Indian Health Service. Dr. Grim, you may proceed.

STATEMENT OF CHARLES GRIM, DIRECTOR, INDIAN HEALTH SERVICE; ACCOMPANIED BY JON PEREZ, DIRECTOR, DIVISION OF BEHAVIORAL HEALTH SERVICES

Mr. GRIM. Thank you, Senator Dorgan. Good morning. I am Charles Grim, director, Indian Health Service. Today I am accompanied by Jon Perez, our director for the Division of Behavioral Health Services.

We thank you for giving us this opportunity to testify on teen suicide among American Indian youth, and I do agree with you that it is time that we began discussing this issue with all our communities and children become more aware about it and what we can do to treat it.

I would ask that you enter my written statement for the record.

Senator DORGAN. Without objection.

Mr. GRIM. Suicide in Indian country, in contrast to most of the rest of the U.S. population, is characterized by higher rates, and from younger people, very often affecting entire communities as a result of suicide clustering. We would also like to share with you our concerns and efforts related to the recent tragic events at Red Lake. Earlier last month, I visited the Red Lake Chippewa Reservation in Minnesota and witnessed first-hand the results of the devastation brought about by the shootings at the Red Lake High School.

I also saw the community uniting and drawing strength from the support of mental health professionals and tribal spiritual leaders. In the midst of the trauma and upheaval that was caused by the shootings, there is still a sense of hope an a spirit of collaboration among the community, the tribal leaders, and State and Federal programs.

The IHS is working closely with the Substance Abuse and Mental Health Services Administration, the Administration for Children and Families, the Administration for Native Americans and the Office of Minority Health to bring the resources of the Department to bear on that tribe and the tragedy that just recently occurred. The question that we need to ask is how do we prevent such incidents from occurring in the first place. First, the Indian Health Service is focusing on screening and primary prevention in our mental health programs, especially for depression, which manifests itself in suicide, domestic violence and addictions.

Second, we focus on the effective utilization of treatment modalities that are available, and we are seeking to improve the documentation of mental health problems. IHS is currently utilizing effective tools for documentation to the behavioral health software package. We work with communities who are focusing more on these mental health needs. With about 80 percent of the mental health budget and about 97 percent of our alcohol and substance abuse budget from the Indian Health Service going directly to tribes operating their own programs, now the tribes and communities themselves are taking responsibility for their own healing.

Suicide is not a single problem, but rather is a single response to multiple problems. Neither is it strictly a clinical nor an individual problem, but one that affects and is affected by entire communities. Quoting from the Institute of Medicine's landmark 2002 publication, Reducing Suicide:

> Suicide may have a basis in depression or substance abuse, but it simultaneously may relate to social factors like community breakdown, loss of key social relations, economic depression or political violence.

This is particularly true in Indian country. To address it appropriately requires public health and community interventions as much as direct clinical ones.

In late September 2003, I announced the IHS National Suicide Prevention Initiative. It is designed to directly support the Indian Health Service Tribal and Urban programs in three major areas associated with suicide in our communities. First, to mobilize tribes and tribal programs to address suicide in a systematic, evidence-based manner; second, to expand and enrich research and program bases; and third, to support and promote programmatic collaborations on suicide prevention.

Over the last 1½ years, a substantial progress has been made to developing plans and programs, but it is only the beginning of what must be a long-term, concerted and coordinated effort among Federal, tribal, State, and local community agencies to address the crisis. The initiative addresses all 11 goals of the National Strategy for Suicide Prevention. It also extends or enhances work between tribal communities, local, State, and Federal agencies and now even includes the greater tribal indigenous populations of North American through our ongoing partnerships with Health Canada and First Nations Inuit Health Branch.

Let me summarize briefly some of the efforts we have taken in each of the three major areas. As over 80 percent of the IHS mental health budget goes directly to tribes, it is clear that tribes, not IHS, are now primarily providing services to their communities. IHS now seeks to support those direct services with programs and

program collaborations to bring resources and methodologies to the communities themselves.

The IHS National Suicide Prevention Committee was empaneled in February 2004 to help guide the overall IHS tribal effort. Composed of primarily tribal behavioral health professionals from across the country, it served not only to assist in providing direction for efforts, but also to provide representative membership in some of the specific programs that have been developed. IHS is currently working with our areas, our tribal communities and States to establish area-wide suicide surveillance and prevention systems, in collaboration with the BIA and States to collect information from law enforcement and medical examiner data bases. This will supplement our IHS behavioral health management software, to be able to gather information from tribal and IHS communities.

We are strengthening the partnerships between State and Federal representatives in the area of suicide prevention. We have IHS representatives who are now members of State suicide prevention teams and coalitions in many States throughout the country to ensure that American Indian and Alaska Natives are providing access to State services. We have participated in work groups to improve suicide prevention and intervention activities and provided outreach to attempters, families, and communities.

We have also begun to train laypersons from the community in a program called QPR, Question, Persuade and Refer, to act as gatekeepers. We have involved American Indian and Alaska Native youth in suicide prevention efforts, primarily through school programs and curriculums and Boys and Girls Clubs. We have provided workshops and forums on suicide prevention and one IHS area, the Aberdeen area, has a QPR initiative to assure competency for non-mental health providers to identify and respond appropriately to suicidal behaviors.

Research into suicide in Indian country is limited, and what research is available suggests that suicide in our communities differs in substantial ways from other racial and ethnic groups, suggesting younger and more impulsive suicide attempts than other populations. To that end, IHS is collaborating with the National Institute of Mental Health, Health Canada, and the Canadian Institute for Health Research on a multi-year effort to better understand suicide in Indian country and to develop evidence-based interventions for prevention. Staff from those agencies have been working for over 1 year to develop this initiative, and its first international meeting will be held this September in Albuquerque, NM. The purpose is to bring together researchers, clinicians, program personnel, wisdom keepers, and governmental representatives from North America to begin a 5-year interagency, and indeed, international effort, to develop a concrete research agenda and to develop specific programs for our indigenous populations.

Finally, SAMHSA and Indian Health Service have created a national suicide prevention intervention team for Indian country. Composed of one person from each IHS Area, these personnel are currently being trained in community suicide prevention and mobilization. Once trained, they will be able to, in turn, train personnel in tribal communities to provide suicide prevention programming, including materials, techniques, and protocols. Training should be

completed by summer and the team members will be ready to begin supporting communities at that time. This will also be a multi-year collaboration which we hope to expand as resources allow.

In summary, I think we are engaged in a battle for hope. For those young people who see only poverty, social and physical isolation, lack of opportunity, or familial dissolution, hope can be lost and self destructive behavior becomes a natural consequence. The initiative and programs I have described are some of the methods and means to restore that hope and engage youth and their communities to sustain and nurture. While they might not be sufficient change many peoples' living conditions, we can by working together, among Federal agencies, branches of government, tribes, States, and the local communities, turn the tide to restore hope to our youth. To that end, I commit to work with you and the committee, as well as others, to bring services and resources to that effort.

Mr. Chairman, this concludes my statement. Thank you for this opportunity to discuss what the IHS and tribal programs are doing to help the impact of suicide in our communities.

Senator DORGAN. Dr. Grim, thank you very much for your testimony.

Next we will hear from Ulonda Shamwell, of the Substance Abuse and Mental Health Services Administration. Ulonda, why don't you proceed.

STATEMENT OF ULONDA SHAMWELL, M.S.W., DIVISION DIRECTOR, OFFICE OF POLICY, PLANNING AND BUDGET, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION; ACCOMPANIED BY DENISE MIDDLEBROOK, PUBLIC HEALTH ANALYST

Ms. SHAMWELL. Good morning, Mr. Chairman and members of the committee. I am Ulonda Shamwell, from the Office of Policy, Planning and Budget at the Substance Abuse and Mental Health Services Administration, within the Department of Health and Human Services. I am pleased to offer testimony this morning on behalf of A. Katharine Power, Director of SAMHSA's Center for Mental Health Services, CMHS. Ms. Power testified before this committee on April 13, 2005, about suicide and violence among American Indians and Alaska Natives. Unfortunately, she was unable to testify today, but sends her regards.

Accompanying me today is my colleague, Dr. Denise Middlebrook, Social Science Analyst, who is available to answer questions.

Mr. Chairman, before proceeding with my oral statement, I ask that my written testimony be included in the record.

Thank you for the opportunity to describe how SAMSHA is working to provide effective mental health and substance abuse treatment services along with substance abuse prevention and mental health promotion services in Indian country. It is also a privilege to testify along with Dr. Charles Grim, Director of Indian Health Service, this morning. SAMSHA and IHS have developed a strong partnership, reflected in our current interagency agreement to work efficiently and effectively together to help meet the public health needs of American Indians and Alaska Natives.

My testimony will focus on two issues of great concern for the public health of American Indian and Alaska Native youth. These two issues are suicide and violence. Sorrowfully, there are real-life examples to illustrate the impact of suicide and violence in Indian country. Recently, a suicide cluster occurred on the Standing Rock Reservation in North and South Dakota. Ten young people took their own lives and dozens of other attempted to do so. More young people are continuing to do so.

Tragically, many other reservations have similar stories to tell. Suicide is now the second leading cause of death, behind unintentional injury and accidents, for American Indian and Alaska Native youth ages 15–24. The suicide rate for this population is 2½ times higher than the national average. American Indians have the highest rate of suicide among all ethnic groups in the United States, with a rate of 14.8 per 100,000, as reported in 1998. Rates are highest in the northern plains, Pacific Northwest and Alaska areas, five to seven times higher than the overall U.S. rate. More than one-half of all persons who commit suicide in Indian country have never been seen by a mental health provider.

In studies that examine risk factors among people who have completed suicide, substance abuse occurs more frequently among youth and younger adults, compared to older adults. For particular groups at risk, such as American Indians and Alaska Natives, depression and Substance abuse are the most common risk factors for completed suicide. Mental health and substance abuse disorders are also risk factors for violence.

According to the National Center for Injury and Prevention Control within the Centers for Disease Control and Prevention, injuries and violence account for 75 percent of all deaths among Native Americans ages 1–19. As I mentioned earlier, suicide is the second leading cause of death for Indian youth ages 15–24, followed by homicide, the third leading cause of death for the same age group.

A recent example of violence in Indian country is the tragedy at Red Lake. A 16 year old junior at the Red Lake High School on the Red Lake Reservation in Minnesota took the lives of 9 others and then his own on March 21, 2005. The 16 year old shot and killed his grandfather, his grandfather's partner, 5 students, a teacher, security office, and himself. Since this event, there have been 2 more confirmed suicides and a number of attempts.

The statistical picture on the Red Lake Reservation, home to about 5,000 tribal members, is well below the national average and below that of many other reservations. Red Lake Nation is an impoverished community; 39 percent of the population lives below the poverty line. Four out of five students at Red Lake High School qualify for free or reduced fee lunch. One-third of the teenagers on the reservation are not in school, not working and not looking for work, compared to that of about 20 percent of all reservations.

A survey last year by the Minnesota Department of Health and Education found that young people on the Red Lake Reservation are far more likely to think about suicide, be depressed, worry about drugs and be violent with one another than children across the State. A State survey of 9th graders found that at Red Lake High, 43 percent of the boys and 82 percent of the girls had thoughts about suicide, with 20 percent of the boys and 48 percent

of the girls saying that they had tried it at least once. This event has led to community trauma and turmoil. Unfortunately, this condition is repeated on reservations across the Nation.

SAMHSA focuses attention, programs and funding on improving the lives of people with or at risk for mental and substance abuse disorders. Consistent with President Bush's new Freedom Initiative, SAMHSA's vision is a life in the community for everyone. The agency is achieving that vision through the mission, building resilience and facilitating recovery. SAMHSA's direction and policy program and budget is guided by a matrix of priority programs and cross-cutting principles that include the related issues of cultural competency and eliminating disparities.

To achieve the agency's vision and mission for all Americans, SAMHSA-supported services are provided within the most relevant and meaningful cultural, gender-sensitive and age-appropriate context for people being served. SAMSHA has put this understanding into action for American Indian and Alaska Native communities that it serves. It is important to note also that it is SAMSHA Administrator Charles Curry's policy to level the playing field and to ensure that tribal entities are eligible for all competitive grants for which States are eligible, unless there is a compelling reason to the contrary.

In total, SAMHSA provides about $42 million to American Indian and Alaska Natives annually. SAMHSA's Center for Mental Health Services is transferring $200,000 to IHS to support programming and service contracts, technical assistance and related services for suicide cluster response and suicide prevention among American Indians and Alaska Natives. One example is the development of a community suicide prevention tool kit. This tool kit will include information on suicide prevention, education, screening, intervention and community mobilization, which could be readily available to American Indian and Alaska Native communities via the web or other digitally-based media for off-the-shelf use.

To better assist tribal organizations, SAMSHA funded a $1-million grant that was awarded to the Oregon Health and Science University to establish the One Sky Center, an American Indian and Alaska Native national resource center. The One Sky Center provides technical assistance, training, information dissemination and communication to increase substance abuse prevention and treatment knowledge and skills among service providers, policy makers, tribal communities, funding organizations and consumers.

Today, the One Sky Center is a national resource center that, in addition to its many other services, maintains a comprehensive list of American Indian and Alaska Native programs that are currently funded by SAMSHA. The One Sky Center is currently providing technical assistance to Standing Rock community by providing them with assistance and requesting SAMHSA's emergency response grant for immediate and intermediate emergency funds.

SAMSHA also collaborates with IHS and the National Institute of Mental Health within the National Institutes of Health on the Circles of Care grant program. The Circles of Care grant program supports the implementation of mental health service models designed by American Indian and Alaska Native tribal and urban Indian communities that utilize a system of care, community-based

approach to mental health and other supportive services for American Indian and Alaska Native children with serious emotional disturbances and their families.

SAMHSA's Community Mental Health Services for Children and Their Families grant program provides funding for direct Services to improve systems of care for children and adolescents with serious emotional disturbances and their families. Seven tribal organizations are among the current 63 grantees.

Additionally, SAMSHA, under the authority of the Garrett Lee Smith Memorial Act, has announced funding in 2005 for two programs. The first is the cooperative agreements for State-tribal sponsored youth suicide prevention and early intervention programs, which will provide $5.5 million for 14 awards, with a minimum of one award that will be made to an American Indian or Alaska Native Tribe, tribal organization or urban Indian organization. Second is the campus suicide prevention grants, that will provide $1.5 million for 20 awards. The receipt dates for both of these awards is June 1.

SAMHSA also has an announcement for a cooperative agreement for suicide prevention resource center grant that provides $2.6 million annually for up to 5 years. The receipt date is also June 1.

SAMHSA takes seriously the current challenge in Indian country, which includes few trained service providers, major transportation barriers and multi-generational poverty. SAMHSA is being proactive in addressing these challenges that rob communities of their most valuable resource: Their children and their future. The vital treatment and prevention efforts that I have discussed today are designed to address these problems and are improving services for American Indian and Alaska Native children, youth and their families.

Mr. Chairman and members of the committee, thank you for this opportunity to appear today. I will be pleased to answer any questions you may have.

[Prepared statement of Ms. Shamwell appears in appendix.]

Senator DORGAN. Ms. Shamwell, thank you very much.

Let me ask a few questions. I do want to introduce tribal leaders who are here, let me do that following this panel to introduce who is with us, the elected tribal leaders. Let me ask Dr. Grim and Ms. Shamwell, both of you are talking about grant programs and tool kits and a wide range of issues. In addition, you describe intervention teams. Can you tell me the nature of these intervention teams, the size of the teams, who is putting them together, when are they available? What kinds of uses are being made of these intervention teams?

Mr. GRIM. I'll start out, and then I will ask if Dr. Perez has anything to add on. In the last several years, when we have had suicide clusters that occur in communities, what we have done is send in a team of mental health specialists and/or social workers. They come in and they essentially search capacity, give the community search capacity in mental health for the current crisis that is occurring. They go in and work with the community in a variety of ways. For example, they would set up centners in the hospital or the clinic in the town, they would set up centers, perhaps in other commu-

nities within the reservation, if there are multiple communities, to allow people to just walk in and get that sort of assistance.

More recently, in the Red Lake crisis that occurred, we sent teams out into the community, actually to go home to home, because people did not want to come out to the centers and speak, but they wanted to speak at home with their families all present. So we started doing that. One of the things that the QPR concept works under, or one of the background philosophies, is that people that need the counseling or need help that are considering suicide will not often go to a place that is going to give them help and try to talk them out of it if they are very seriously considering it.

So they worked with the Red Lake community members in that concept, to help make more people aware of the signs and symptoms. The size of the team varies along with the size of the community. We try to put together a team of sufficient size to address the issues. We will send them in for a couple of weeks to a couple of months, depending on the nature of the crisis and how many people are using those teams. We try to leave behind any information and any sorts of tool kits or other advice to the communities.

Senator DORGAN. Dr. Perez, do you have anything to add to that?

Mr. PEREZ. The only thing that I would add is, the teams are invited or requested. It is not something that we are going to immediately send in without being invited. There are lots of places, lots of communities that really much prefer to respond to their crises on their own. But it is a service that is available for them, at their request.

Senator DORGAN. Isn't it the case that we are pretty dramatically underfunded in a lot of these areas? The reason I ask that question is, and when I talked to you about the Avis Little Wind case, one trained psychologist, I believe, and Ms. Shamwell, you mentioned transportation at the end of your testimony. In the circumstances where you go talk to these folks, they say, we are just dramatically understaffed, we do not have the transportation capabilities to move a child some place where they need to be moved to get the help. So when you take a look at the whole system, it appears to me that we just don't have the resources out there.

I told you, Dr. Grim, during the testimony that you provided to our committee in Washington, we have responsibilities for health care for Federal prisoners. Then we have trust responsibility for health care for American Indians. We are talking here about mental health. We spend exactly twice as much money per capita providing health care to Federal prisoners as we do meeting our trust responsibility to provide health care for Native Americans.

Isn't it the case that when you look at this with the transportation, trained professionals and so on, in most cases with most reservations, we do not have the resources? Would you agree with that, Dr. Grim?

Mr. GRIM. I think that over the last decade, that people have come to accept mental health treatment more and more in this country as a whole, not only in our population. So many of our mental health programs, while they may have been satisfactory a number of years ago, when mental health treatment was not sought as often, I think now many of our programs are working at full steam, they have having triaged care, they are dealing only

with some of the most urgent cases. And certainly when a suicide cluster begins to appear in a community, I would hesitate to guess, but I doubt any of our facilities are sufficiently staffed to deal with a suicide cluster crisis when it occurs, which is why we have tried to develop some team search capacity to allow a community to have that help if they so desire.

Senator DORGAN. Ms. Shamwell.

Ms. SHAMWELL. I would defer to Dr. Middlebrook.

Senator DORGAN. Dr. Middlebrook.

Mr. MIDDLEBROOK. On the SAMHSA side of work that we have been doing here with Standing Rock, we deployed myself and Dr. Gale Walker from One Sky Center, it was a couple of months ago, I think it was, 2 or 3 months ago, we came in and conducted needs assessment with the community members. We identified key community members and worked with local IHS folks to determine the extent of the problems, what the needs were for the community, what types of follow-up were done following the suicides.

We clearly heard the issue of transportation as being one of them, the issue of inability, with great distances between the eight communities on the reservation, the inability to really provide adequate follow-up because of the extent of the crisis and the number of people involved, with very few human resources in order to do the follow-up.

We also heard needs around safe housing for kids, places for kids to go when they felt that they could not go home, when they were at risk. And so Dr. Walker developed a resource book and a complete report that he put together for us, that definitely outlines the issues and has recommendations in it. We could certainly make that available to you.

Senator DORGAN. What I would like to get from the Indian Health Service and perhaps your organization, Ms. Shamwell, I would like to get a description of the resources available on each reservation. Because early prevention is what is going to save lives here. If a young child is missing 90 days of school, lying in bed in a fetal position, in desperate condition, somebody needs to be available to provide help. There needs to be early warning to deal with these circumstances. At least my cursory observation is, the resources by and large on a day to day basis, forgetting about clusters here, on a day to day basis, the resources are horribly inadequate to deal with the problem.

So Dr. Grim, could I have your staff get for me some kind of analysis of what kinds of mental health services are available reservation by reservation?

Mr. GRIM. Yes; I can do that, and I also want to thank you and let the people here know that Senator Dorgan helped us get some additional money to deal with the Standing Rock crisis. We very much appreciated that.

Senator DORGAN. I think tool kits, intervention teams, all these things are hopeful I think, and helpful in addressing what is the problem. But I think I also need to understand, what are the larger sets of resources available.

Mr. GRIM. We can do that.

Senator DORGAN. Let me call on Congressman Pomeroy.

Mr. POMEROY. Thank you for your testimony. One thing that disturbs me a little is that I'm not hearing the level of urgency that I think the situation deserves. Maybe it is simply the form of testimony, but there are things in each of your statements that I find a little troubling. Candid, but troubling.

I find Dr. Grim, on page 6 of your testimony, research into suicide in Indian Country is limited, but research is available to suggest suicide in our communities differs in substantial ways from other racial and ethnic groups. Then you talk about a collaborative effort that is leading to a 5-year study, the first conference to be held in September. It seems as though, given the statistics that show suicide is particularly problematic for this population, if we don't really understand it, we ought to have perhaps an accelerated effort beyond what the statement would reflect.

And as to SAMHSA's response, Ms. Shamwell, I am trying to figure out from the statistics you provided here: You provide $42 million to American Indians and Alaska Natives generally, but you then indicate $200,000 has been provided in support of programming and services to deal with suicide cluster response and suicide prevention. This also seems perhaps not proportionate to the problem, as revealed in the statistics. I want to make sure I am fair here, so I would like to hear from each of you concerning what the urgency is within your agency in responding to this crisis, and whether or not there is more Congress needs to do? I don't care what the Administration's budget calls for. What else does Congress need to do to get you the resources you need to make the response you would like to make?

Dr. Grim.

Mr. GRIM. I think that any of our people that work on the ground in our hospitals and clinics realize the crisis level of the situation. There has been substantial progress in the last 1½ years to 2 years of dealing within our programs and tribal programs on a community-wide basis. But also, some of the things we talked about in the testimonies are also looking at a long-term concerted effort and we are trying to coordinate multiple groups of agencies. The Indian Health Service and SAMSHA are working closely already, but our National Institutes of Mental Health and our counterparts in Canada are working with us also. So we are looking at a more long-term research based program.

We are already beginning to put through the One Sky Center, through our Division of Behavioral Health and in concert with SAMSHA a lot of effort into suicide prevention in Indian country. We are trying to address goals that have been laid out in the national strategy for suicide prevention for our communities, and we have tried to make sure that each one of those issues are being addressed. So it is going to take a little bit of a long-term effort, because as I said, it is not really just a clinical problem with an individual. That is the end point of a whole host of multi-factorial issues that are not really just health related within the community. There are social and economic issues, educational issues and things like that. Getting all those groups to work together within one community sometimes is difficult. That is why we are looking at it, we realize there is a crisis, but we are looking at it as a long-term effort that we are going to have to systematically approach.

Ms. SHAMWELL. Actually, the $42 million represents all of the activities that we have in Indian country and in tribal communities. Some of them are treatment, some of them are prevention, some of them are mental health focused, some of them are substance abuse focused.

But really, we see all of them as part of the continuum. The $200,000 that you mentioned is just one activity that addresses suicide. We have several others that I talked about also that are brand new, that we actually have announced on the street right now, which we are very excited about.

What we are hoping to do, though, pretty much along the lines that Dr. Middlebrook spoke about, we are trying to assess what is hampering so that we have a long-term plan, but we also have short-term response where we not only send people directly when there is a tragedy, but we also have these new funds that are available that we are very excited about and eager to get out into the communities.

Mr. POMEROY. Thank you both.

Senator DORGAN. I want to thank both of you for testifying. I hope and expect that you are going to be able to stay for the remainder of the hearing. I want you to hear the remaining testimony.

But I appreciate the fact that both of you have traveled some distance. I think Congressman Pomeroy's question is a question that we continue to ask: Does everyone understand the urgency.

So thank you very much for being here, Dr. Middlebrook, Dr. Perez, Dr. Grim, and Ms. Shamwell.

Let me say that when we began to put this hearing together, we contacted Gene LaFrambois, who is the Superintendent of the school in Fort Yates. He indicated that he really felt we should have some students testify. Tim Krehler, the vice principal at the Standing Rock School, helped us arrange that. I am going to invert the second and third panels. Let me just say to you, we have Dr. Doug McDonald, director of the Indians Into Psychology Program from the University of North Dakota with us; Dr. Paul Dauphinais, the school psychologist at Turtle Mountain Schools; and Cynthia Lindquest-Mala, the president of the Community College in Fort Totten. They are going to be our third panel. I am going to invert the panels and ask the second panel to come forward, which is Michelle Fast Horse, who is a senior at the Standing Rock Community Schools; Vaquita Hines, a junior at the Standing Rock Community Schools; and Elena Eagle Shield, a freshman at the Standing Rock Community Schools. They have all expressed an interest in testifying, and let me thank again the recommendation from Superintendent LaFrambois, and also Mr. Krehler. Thank you for making them available as well, and helping them attend.

Also on this panel Doreen Yellow Bird. Doreen Yellow Bird is a journalist and a family member and a member of the Arikara Nation. Doreen has written on this subject in her professional life.

Before I ask the panel to present, I would like to acknowledge some tribal leaders who are among us today. Charles Murphy, the chairman of the Standing Rock Tribe. Chairman Ken Davis, Turtle Mountain Band of Chippewa. Dontino White, chairman of the Spirit Lake Tribe. Thank you.

Mike Peters, Secretary of the Sisseton-Wapeton Sioux Tribe. Mike is in the back over there. We have Cheryl Coulas, executive director of the North Dakota Indian Affairs Commission with us. And finally, we have Deborah Hall Thompson, who is here representing Chairman Hall of the Three Affiliated Tribes. Deborah, thank you very much for being here.

I want to thank all of you for participating and thank you for your leadership with the respective tribes.

Let me thank this panel for being here, thanks to the students especially. And let me begin by calling on Doreen Yellow Bird. Doreen, if you would begin and then we will hear from the students. Thank you very much for the work that you do, Doreen.

STATEMENT OF DOREEN YELLOW BIRD, JOURNALIST AND FAMILY MEMBER, MEMBER, ARIKARA NATION

Ms. YELLOW BIRD. Thank you very much, Senator Dorgan and Congressman Pomeroy for being here. My name is Doreen Yellow Bird. I am Sahnish from the Three Affiliated Tribes and in White Shield. I am also a journalist and a writer with the Grand Forks Herald, and I am also the aunt of two nephews who have committed suicide and a niece who has made an attempt.

A couple of months ago, I was at the Standing Rock Reservation doing interviews with students and people who were parents of or as students who were involved in suicide. It was an experience that just breaks your heart, to see the young people, our children, leaving us in this manner. I spoke to a woman who had lost her son, and I could see the sorrow on her face that again was heartbreaking, as she told me that she would never, ever get over the loss of her child, and that she would take this loss to her death. She said she would always remember that.

I talked to some of the students who were affected and who felt what was going on. They were frightened by it. I talked to people on the reservation who said that they are also frightened, because there didn't seem to be a pattern, it was not a certain group of children, it was not young people, it was not teens who did poorly in school or who used drugs and alcohol. There was a whole list of children, there were more women, more young women than young men, which was a pattern years ago. So there was a fear among the people.

So 2 or 3 weeks later, I was working at the Grand Forks Herald. About 3:30, we got a call from Red Lake and we were up to Red Lake within 1½ hours. I was there for the next 2 days and involved in the killing and the suicide there. The awful sorrow and sadness and fright that you feel is almost, it was almost overwhelming to see some of the women wailing for their children. I could only take it so long and I had to come back to the Herald and I did my work from there.

But more tragic to me was the loss just recently of my nephew. I talked with my aunt, who is one of the bundle keepers of the Sahnish, our people. This is her grandchild. The children's mother is her sister, and she passed away, so my aunt is now her mother and this is her grandchild. She was really stunned by the suicide, because this was the second one in that family. She told me to tell them that in our way, in the Sahnish way, that they should not

have the wake and the giveaway kind of thing, that they should bury the child in a good way, but that they should not give praise to it, because she said that she is in her eighties and she has lived with diabetes for 49 years. She has had several heart attacks, she has ulcers, she has a whole gamut of diseases that go along with diabetes. And she now has arthritis, so she lives in pain and that kind of thing continuously. But she said that our Creator says that life is a precious gift, and she said we must make sure that our children understand that, that they know that life is a gift that you don't let it go so easily.

She said that, Doreen, I don't think that these kids, these children, my grandchildren understand what dead is. That is our role, she said, as elders and as parents, to teach them. She said, we're not doing that, we need to go back and we need to help them. She cried.

I know that she does not understand all of what is going on. My aunt does not know that methamphetamine is a powerful thing on the reservation. She does not know that some of her other grandchildren are involved with that. Their mother said that they were afraid that they were at risk, because they have real highs from meth, and then when they come off meth, they're suicidal. So they are concerned, meth is a huge problem in North Dakota and on reservations. As I talked to some of the people about suicide, they also mentioned that their children were involved with meth.

Alcohol is also a depressant. So if you are using alcohol, you are also at risk, as the people from IHS also said.

So I tried to explain some of these things to her, and she said that, Doreen, one of the things you need to do is when you get out and you talk to people, when you talk to elders, when you talk to spiritual leaders, she said, ask them to pray for our children. She said, they are our most precious thing. They carry the vessel of our ancestors in them. We need to continue on.

So she said, tell them that. She said, tell them to take care of their children and ask they to pray, pray for their children, pray for our children.

Thank you for allowing me to speak.

Senator DORGAN. Doreen, thank you very much. I appreciate your being here.

Michelle Fast Horse, Vaquita Hines, and Elena Eagle Shield, at your age I had great difficulty speaking to three people at once, let alone a crowded room. But I really appreciate your school recommending you and your willingness to share with us today. Let me ask you to begin, Michelle. You are a senior in high school. Why don't you provide us whatever thoughts you have? If you would pull that microphone close while you speak, we would appreciate it. And again, thank you very much for being with us, Michelle.

STATEMENT OF MICHELLE FAST HORSE, SENIOR, STANDING ROCK COMMUNITY SCHOOL

Ms. FAST HORSE. Honorable Vice Chairman Dorgan and other members of the Committee on Indian Affairs, [greeting in native tongue]. My name is Michelle Fast Horse. I am a senior in the Standing Rock Community School. I will be graduating May 29.

I live in Cannonball, ND, and I have for my entire life. I have been asked to testify to your committee regarding the suicides on the Standing Rock Reservation.

I am humbled to represent the youth of Standing Rock. I do not speak for all youth, but I am only expressing my personal opinions. I believe suicide is a great mystery. There is no way suicide can be predicted. The only way to tell if someone is going to commit suicide is when they actually tell you that they are. Teenagers and young adults make up a majority of the Nation's suicides. I think because we teens are very confused about life and have a lot of stress on pressure on us, we become depressed. Some teenagers have absolutely no trust in anyone, due to the fact that no one is there for them to talk to. That is probably why they don't talk to counselors and get help.

Something that can be hard in a teen's life are boyfriends or girlfriends that break up with them, because sometimes that's practically their only friend or the only person they trust. Many teens go through physical or emotional abuse at home and they often don't know how to cope with all those bad feelings, so they possibly turn to suicide. Sometimes teens tend to suicide because of drugs and alcohol or while they are under the influence of drugs and alcohol.

I personally lost a friend to suicide while she was under the influence and she had, after she had died, we found out that she was being abused. Two of my other friends came to me while they were under the influence of alcohol and they wanted me to help them, because they did not want to live any more, they wanted to commit suicide. They believed that nobody loved them.

Depression among teenagers can be a cause for many things that happen, from early childhood, being either neglected or abused, because of living in poverty or having parents that abuse drugs or alcohol.

There are many ways that adults can help teens. Creating more community awareness on suicide I think is really needed, especially in my community. Teenagers need places where they can hang out, such as arcades and gyms and skate parks, because where I live there really is nothing. Some teens should be able to have like a safe house, in case something, if something is going on at home and they want to go somewhere and they have nowhere to go, they can go to a safe house, if there was one.

Teenagers become depressed because they, some of them do not know what to do after high school. There are people that can help in our schools. They can help them apply for college and help them with their financial aid. That would really work. That would help them so they can become more educated and get greater jobs and prevent the poverty in our communities.

In closing, I believe suicide is very controversial, and I believe there are many ways to prevent it, starting with people that are just wiling to volunteer and listen. Thank you.

Senator DORGAN. Michelle, thank you very much. We appreciate your being here and sharing with us.

Next, Vaquita Hines is a junior at the Standing Rock School. Vaquita?

STATEMENT OF VAQUITA HINES, JUNIOR, STANDING ROCK COMMUNITY SCHOOL

Ms. HINES. Honorable Chairman McCain, Honorable Vice Chairman Dorgan and Honorable Senators of the Committee on Indian Affairs, hello, my name is Vaquita Hines. I am a junior at the Standing Rock Community School. I live in rural Fort Yates.

I recently returned to live in the Fort Yates community and this is my second year of attending Standing Rock High School.

I am also humbled to represent the youth of Standing Rock. As Michelle said, I am only here to express my opinions and how I feel. I cannot speak for the rest of the youth on Standing Rock.

When someone commits suicide, the questions that first come to mind are why, what, how. There are many questions and they all can't be answered. No one knows the real reason why someone chooses to commit suicide. It could be stress, financial problems, sexual or physical abuse, emotional abuse, school, peers. A big factor is drugs and alcohol. There are several factors that lead to suicide, and I could go on and on with a list of things.

I really don't understand why anyone would want to take their life. Yes, there are going to be times in your life that are going to be bad, and you are going to have your troubles. But you will get over them. I guarantee you things will become better. Everyone goes through it all at one time in their life.

I think the reason for some of the suicides on the Standing Rock Reservation is because there is nothing for the kids to do. There isn't very much school programs and activities to keep the kids occupied and out of trouble. Also, it is not very difficult or hard to get alcohol in the hands of a teen, so there is an extremely high rate for underage drinking.

Sometimes teens live in a rough household with no one to talk to or turn to, no mother, no father, no parental figure. They might even feel alone, as if no one loves or cares for them. The majority of Standing Rock's population is kids and teenagers, so there needs to be something for them to do.

There has been a lot of talk about having dorms. Of course, there are benefits and downfalls of having dorms. For one, there could be more kids attending school. Many kids leave Standing Rock to go to other boarding schools around the country. By having dorms, some would stay and other kids from different places could come and stay in them, too.

There could probably be a decrease in tardies and absences in school because the students would be close by. Dorms would make the students feel safer and free from alcohol and drugs. There would also be qualified people around for them to talk to and kids for them to learn from and relate with. Some downfalls are, they wouldn't be with their immediate family members and they wouldn't have a parental figure to teach them their family history and family values. There could be more after school programs. We do have some at Standing Rock, but there could be more school dances, movie nights, game nights, plays, talkers, and even small clubs such as a girls' group, guys' group, chess clubs. There are many ideas that come to mind.

Another idea is having a local teen crisis hot line that would be readily available by answering questions and listening to what you have to tell them.

Basically what I am trying to say is Standing Rock needs to get the youth involved. In some situations, the parents should be held responsible for some children's actions. For example, the parents should be involved as much as possible in the kid's life. They should know what they're doing, when they are doing it and who they are going to do what with. I myself grew up in many different places, I am an Army brat. I have been everywhere. And I wasn't exposed to suicide until I moved to Standing Rock Reservation. I never even thought about it, heard about anybody doing it, I never even witnessed it.

Those are some of the things I feel could be done about the situation, the action that needs to be taken. Don't just say you want to do something and never get it done. Don't give a bunch of, like suggestions, and never do it.

Those are some of the things that could be done about this situation. I would like to leave you with two notes. Why not love and live life and make it better and make it happen? Thank you for listening. Michelle and I will be more than happy to try and answer any of the questions you may have.

Senator DORGAN. Thank you very much, Vaquita.

Next is Elena Eagle Shield. Elena is a freshman at the Standing Rock Community School. Elena, why don't you proceed?

STATEMENT OF ELENA EAGLE SHIELD, FRESHMAN, STANDING ROCK COMMUNITY SCHOOL

Ms. EAGLE SHIELD. Good morning. My name is Elena Eagle Shield, and I would like to thank you, Senator Dorgan and honored guests, for offering me this opportunity to voice my opinion.

Children need a system of well-rounded support. Children cry for help and need attention. Family and friends from far away, other places, forgo events such as weddings, graduations, birthdays, anniversaries, et cetera, but come running when there is a death. I don't think it should have to be like that. We shouldn't have to gather for grief or hard times. We should gather for celebrations and happiness.

Family plays a big role in children's outlook on life. We need someone to love us, to care enough to push us toward our goals and say we can get a Ph.D or be a Senator or be the President of the United States. We need support for the big things.

We need to rekindle cultural values, also, such as prayer, honesty, respect, generosity, wisdom and courage, which in return improves and strengthens family dynamics. Even simple things such as having supper together, watching movies, doing homework, just letting children know that they are special and they are loved.

I am confident that if parents were there and involved, teens would have that well-rounded support and not have to look for an activity in alcohol and drugs, which plays a major part in suicide and fatalities and attempts. Therefore, we need extracurricular activities such as dance classes, cultural activities, karate lessons, gymnastics, other things like swimming pools, arcades and skate parks. We are so isolated, we just need diversional activities,

things to look forward to, like trips to different places. We need to know that there is a big world out there, and there is a wide variety of our outlook on life.

Incentives for certain deeds, regardless of grade point averages or attendance. Because some kids do not have someone to push them toward getting good grades or wake them up in the morning to get them to school on time. Most of the time, the ones who need these things, these incentives and trips the most, can't do it.

We need more conferences, youth gatherings, not just one annual a year. We need to get the chance to speak amongst each other and listen as well.

Teens are already intervening with friends around a lot of issues as well as suicide, drugs and alcohol, sex, without adult knowledge and support. We need to be able to talk to who we feel comfortable with, regardless of whether they are a certified counselor or it's their job. If not, we need to get more certified counselors.

We are learning more and getting involved, because we do understand that these issues are not only facing us now, but all over the world, facing all kinds of teens and races.

When there are problems with drugs and alcohol or an attempt or a gesture of suicide, we need help right now, not put it off until next week or even the next day. It needs to be dealt with right away, not put off because there is a waiting list or no money. One thing is we need more treatment centers. We have one treatment center in our area, which holds a bed for one of our youth, the Aberdeen Area Regional Youth Treatment Center. Don't worry about what happened or what could have happened, worry about what could happen now, what we all could do to help, by working together.

We need more law enforcement officers who can come by and are truly interested in what is going on on the reservation and about the youths' future. We also need to be our own support system. We can start off with positive friends, positive activities, caring adults who really listen and want to have a say and listen to what we have to say also. And again, values and beliefs.

You say there is a shrine of suicide commiters and attempters. Don't you think that blanket is a sign that look, here are all these suiciders and look at all the empty spaces that need to be filled in? Why not a survivor's blanket for the ones who are helping and want to help others get through things like this?

I would like to say thank you for listening to us, to us youth. I know you want to hear what we have to say, but most adults won't listen, because that's all we are is youth, we don't have a Ph.D or other credentials behind our name. I believe you have already decided what you want to hear.

In closing, another thought that came to me was if you are really concerned about the issues going on, on behalf of the youth I extend an invitation to come to the Standing Rock Reservation and personally meet with and hear testimony with other youth, heart to heart, without any publicity.

I would be pleased to answer any questions to the best of my ability. Thank you very much.

Senator DORGAN. Thank you very much.

The three of you are very inspiring, and we appreciate your being here. Who are the folks who are standing? Parents? All right. Thank you very much for being here as well.

Let me ask, and I will certainly accept your invitation, Elena, to come back to Standing Rock as well and have some meetings with the youth at Standing Rock. I have met with classmates of those who have committed suicide. One of the things that some have said is sometimes there is an early warning, sometimes there are signals, sometimes it's clear who is having trouble. Then other times it is not clear at all, it is just a complete surprise, just out of the blue. And you think, well, this is not someone who I ever would have thought would have attempted suicide.

Some say it goes to alcohol and drugs, among other things. There is a wide range of causes, as Dr. Grim suggested. But I think all of you mentioned alcohol. In a school system, at least the site you are familiar with, is it pretty obvious to students where you can obtain alcohol or where you can obtain drugs or from whom you can obtain alcohol and drugs?

Ms. EAGLE SHIELD. Yes; I think it's really easy. Anybody can just walk up to, even a cousin or auntie or uncle, who just wants money, they'll help you get it, whenever you need it.

Ms. HINES. There's also people that hang out outside the bars, and like young, 21 years old. A lot of people hang out with older people and it is very easy. All you have to do is ask, and I guess you'll receive.

Senator DORGAN. What kinds of resources exist at school for somebody who is troubled, let's say someone who is having a lot of difficulties in a lot of different areas and needs to reach out and talk to somebody? What kind of counseling service is available at your school?

Ms. HINES. I think there are a lot of counselors, but a big problem is that we had an issue in our school where someone talked to a counselor and it wasn't confidential. Their information wasn't just with the counselor, and that kind of made a big old thing, people just don't feel safe by telling their business and just letting their guts out to someone that they don't trust.

But there are a lot of counselors that we can talk to, and a lot of our teachers. There are a lot of supporters, but there just needs to be more.

Senator DORGAN. You heard Doreen Yellow Bird talk about methamphetamine. As students, do you hear about methamphetamine, hear people addicted to methamphetamine in the community? Is that a subject you're acquainted with at all? I don't mean personally.

Ms. HINES. I don't hear a lot around the school. I don't really think there is a lot of students that use it around the school. But of course, they are not going to say they use it. But I don't really hear a lot about methamphetamine users. I'm sure there are some.

Senator DORGAN. Doreen, let me ask, you were up at Red Lake and you have two nephews, you said, that took their own lives.

Ms. YELLOW BIRD. Yes.

Senator DORGAN. Were both of the nephews involved with methamphetamine?

Ms. YELLOW BIRD. No; not the one, the latest one actually was a big surprise. Most of the people, all the relatives were astounded that he committed suicide. There didn't seem to be any reason. He was doing well, and he just didn't seem to be a candidate for a suicide. It was a big surprise.

And the other one was back in 1993. I am not sure if alcohol was involved.

Senator DORGAN. Congressman Pomeroy.

Mr. POMEROY. I want to thank this panel. I have heard a lot of panels at a lot of hearings, but I don't recall any being more riveting than the words you brought us this morning. You were so articulate, so insightful, really very, very good.

Doreen, you said something that is going to stick with me for a long time. You were quoting your friend when she said, "I don't think our children understand what dead is." Would you elaborate on what your friend was trying to communicate? I have wondered about this relative to teen suicide, both on and off the reservations.

Ms. YELLOW BIRD. It was my aunt, and she is the grandmother of the children who committed suicide. She was basing that on her many years of experience and her experience with her many, many grandchildren who are teens. It is a cultural thing, also, that when you are this age, you go through a point where you think you are immune from death. You are not, you don't really understand that death is forever and there is no turning around, that once you're gone, you're gone. There is also a cultural aspect of taking your own life that's also Lakota-Dakota and that's also Sahnish, that I don't know whether the young people know those things either.

Mr. POMEROY. I don't know if the students would have a comment on this one or not. Do you think it is fully appreciated by those who consider suicide how completely irreversible, how forever a successful suicide is?

Ms. EAGLE SHIELD. Yes; I recently had a cousin who committed suicide. Me and my family were talking and we don't think that any temporary situation is such a, for a permanent cause—I don't know how to put it.

Ms. FAST HORSE. When there was a suicide, maybe before the last one, there was like a big commotion going on in the whole school where everybody was like, bring in these speakers, bring in these speakers, talk about suicide and all that. They wanted to do so many things, they had all these ideas and I haven't seen anything happen so far. It was like, maybe March or so. And everybody was, why don't people do anything if they feel so strongly about it? It just dies out, all the activities they have in mind just dies out.

Ms. HINES. I'd like to add something, it's just something that was really interesting that my tribal government class was talking about. When someone commits suicide, it's like they have, it's kind of like it's a big old, how can I explain this? When someone commits suicide, they celebrate it differently, they have memorials and tournaments and all that stuff for them. That's all good and stuff, but I'm just saying, who wouldn't want to have all that when you pass away?

It's just that it shouldn't be celebrated so much when someone commits suicide, like that was the thing, we all in our school had

to sign a big card when one of our peers had passed away and I heard someone say, oh, I wish someone, they all do this when I pass away, I heard a sophomore say that. I was like, whoa, that's not the message that we are trying to send. When someone passes away, everyone comes, a lot of people celebrate it and stuff like that. It shouldn't be celebrated. A lot of people look at it different like that. It shouldn't be celebrated, I don't think.

Mr. POMEROY. Thank you. Very interesting answers.

Senator DORGAN. You raised the question that I think Ms. Eagle Shield raised a bit, about is it appropriate to talk about this publicly even. Part of my passion is, I lost a wonderful daughter, to heart surgery, not to suicide. But I know the tragedy of losing a child. That tragedy is simply magnified by suicide for those parents and those families who have experienced that. It is happening far too often. It is just such an enormous tragedy.

Elena, at the end of your testimony you raised the question that I have thought a lot about. I held a meeting at the United Tribes Technical Center with about 40 or 50 people, a non-public meeting, we didn't exclude anybody, we just didn't invite anybody except those that we wanted there to talk about this. The question is always, for those of us on this committee, for example, not just on suicide but other issues as well, what is the appropriateness of having a hearing that will obviously generate attention? Is that positive or is it negative?

The alterative to that is to simply allow what is happening to continue and say nothing, because we are worried that saying something will generate publicity. The fact is, I think the only way we are going to address this issue of teen suicide is to look it square in the eyes and say, here's what's happening, it is a tragedy of enormous proportions and we must address it honestly. And yes, that is hard to do. And yes, it will cause some people some pain, just to address it.

But we really don't have any choice. When young people whose souls are tormented sufficiently that they believe they have to take their life, there is something dreadfully wrong. We must try in every way possible, as parents, as citizens, as loved ones of those who are taking their lives, we must find a way to address it.

So I think your testimony is really very helpful to us. I appreciate very much, Mr. Krehler, thank you for bringing your students. It was very important, when Sara Garland was helping put this hearing together, I said, I don't want to push students into testifying at a hearing like this. But my understanding was that you wanted to come and talk about this issue. I think it is helpful to have you here.

So we thank the three of you, and Doreen, thank you for what you write and what you think and what you share with us on these and many issues. Thank you for being with us today. We appreciate it very much.

The next panel that we will hear from is Dr. Doug McDonald, who is the director of Indians Into Psychology at the University of North Dakota; Dr. Paul Dauphinais, a School Psychologist at the Turtle Mountain Schools; and Cynthia Lindquest-Mala, the president at the Community College at Fort Totten. If you would please

come forward, we would very much appreciate your testimony as well.

Mr. POMEROY. Senator Dorgan, as we had previously discussed, I do have a prior commitment, a speaking engagement. So I have to leave before the third panel can present. Because I know the third panel, I want to express my appreciation for them bringing their experience forward, and adding their comments into the record.

Again, I want to thank you, Senator, for allowing me to participate. I appreciate very much your being here.

Senator DORGAN. Congressman Pomeroy has been a very strong voice in the U.S. House of Representatives on many, many issues, including issues affecting Native Americans. We appreciate your interest and willingness to be here. Thank you very much.

[Applause.]

Senator DORGAN. Let us start with Doug McDonald. Doug is the director of the Indians Into Psychology program at the University of North Dakota.

Dr. McDonald.

STATEMENT OF JUSTIN [DOUG] McDONALD, DIRECTOR, INDIANS INTO PSYCHOLOGY PROGRAM, UNIVERSITY OF NORTH DAKOTA

Mr. MCDONALD. Thank you, Senator Dorgan and Representative Pomeroy, distinguished tribal leaders with us here today. I want to send an apology out to my elders, I am uncomfortable with my back to you. So I ask for your forgiveness.

I am honored to be among this panel today, yet deeply regret its necessity. My name is Doug McDonald, I am a professor of psychology at the University of North Dakota and director of our Indians Into Psychology program, which is funded by the Indian Health Service. I would like to extend a very heart-felt and public acknowledgment and thank you to you, Senator Dorgan, for your unswerving support of the program over the years.

I am a member of the Oglala Lakota Nation of Pine Ridge, SD, and grew up on my family's quarter horse ranch on the Northern Cheyenne Reservation of southeastern Montana. I am a licensed psychologist and have supervised over 100 Indian graduate and undergraduate psychology students. Our program and department has produced over 30 post-graduate graduations for our Native students.

I currently supervise three practicum sites in which our doctoral clinical students work exclusively with troubled American Indian youth on our surrounding reservations. I myself have consulted in Indian Health Service clinics, group homes and reservation school systems since 1992. I also recently led a team of graduate students in responding to the crisis at Red Lake.

With all of that said, I only wish that all of these efforts were enough to do more than dent the surface of the huge and complex problem that brings us here today. Today, a male American Indian adolescent in North Dakota is just as likely to die by his own hand than any other means by the time he turns 25. Although youth suicide prevalence rates across our region vary, they still run from two to five times higher than for their non-Indian counterparts.

Although these numbers are alarming, yet they represent only the tip of a more frightening iceberg, in my opinion. Our reservation youth are being seen and in many cases hospitalized for suicidal behavior, which may range from ideations or threats to an actual attempt at a rate that far exceeds those for any age cohort of any cultural and racial group. In my unique position, I have been able to observe this scenario on seven of our regional reservations over the past two decades.

While I am typically a very optimistic person, which hopefully a psychologist should be, I must say that I see this tide rising with tsunami force, with precious little defenses to stem its might. I do not fear what we know. We know Indian youth suicide in our region is a serious problem. I fear what we do not know. I, along with my colleagues, have spent the greater portion of my professional life trying to help folks realize that American Indians are the least represented American ethnic minority group for which appropriate and reliable mental health research exists, as has been discussed somewhat today.

I have spent the remainder of it trying to contribute to that still inadequate body of literature. We do not know why the problem is so large. We don't even really know how large it is. We may speculate as to the relative contributions of poverty, substance abuse, child abuse and neglect, inter-generational trauma, boarding schools, insufficient health care and education, and certainly these variables are all factors. But we can only guess as to the relative size of their impact and the degree to which they interact with such obviously brutal synergy.

For some reason, or constellation of reasons, our Native youth have come to a place, as we just heard, where the most basic human social skill and interaction, talking about their problems, is not seen as either productive or viable. It is my opinion that this phenomenon forms the Rosetta Stone by which all these other relevant variables may be better understood.

So in simple terms, what needs to be done? I believe the answers, just as the questions, must be complex and powerful. In essence, three components are key. First, clearly, we need more answers. And answers may only be achieved through methodologically sound, yet culturally appropriate and competent research and professional training.

Research requires resources. These resources include time, money, expertise and logistics. Any effort that Federal, State, tribal, or even private entities can produce can be considered in order to increase the knowledge base regarding Indian youth suicide.

The second component is treatment, as again we have heard several times. And this treatment must take many forms and be holistic and as creative as it is consistent. For example, local tribal and community customs must be recognized and followed if there is any hope that they will be embraced and effective. Elders and old ways must be respected to the same degree as evidence-based protocol.

Finally, tribes and communities themselves must embolden themselves toward taking monumental leaps of faith and not only allowing but participating in data gathering and healing. Too often, tribes have been exploited by outside researchers swooping in and out of town, never to be seen or heard from again.

Reopening those doors will not be easy. Yet it may become necessary in order to gain a greater understanding of this monstrous problem that is causing our children to believe that a gun or handful of pills is a more worthwhile option than asking someone to talk.

Thank you.

Senator DORGAN. Dr. McDonald, thank you.

Relative to your comment about respecting the culture and so on, we did, as would be a custom, invite a Hidatsa elder and spiritual leader, Sadie Mann, to testify this morning. She was intending to do that, but called this morning and said she was not able to be here. I just wanted everyone here to know that we had made that invitation, so she was on the list of those who would testify.

Dr. Paul Dauphinais is the school psychologist at Turtle Mountain Schools. Dr. Dauphinais, thank you very much for being here.

STATEMENT OF PAUL DAUPHINAIS, SCHOOL PSYCHOLOGIST, TURTLE MOUNTAIN SCHOOLS

Mr. DAUPHINAIS. Thank you for having me.

I want to express my sorrow, first of all, for all the children who have died tragically and in hopelessness. The pain and loss of a loved one is very real and very great, as we have heard. That pain is unimaginable.

My heart goes out to all those who have lost loved ones so tragically and to the communities who struggle with trying to find answers of why children, especially children, are taken from us. I want to thank you, Senator Dorgan, for affording me the opportunity to let Congress know, to let the public know about the severity of the problem and to provide the impetus to do something to prevent these tragedies.

When invited by my tribal chairman, Mr. Davis, I accepted the responsibility, because I feel I live on the borrowed time of my grandchildren, time that I cannot waste, the time that has been given to me as a gift and I have a responsibility to respect the gift or the gift could be taken back. My grandparents, in the same way, accepted my gift and provided me the opportunities that I have had and hopefully will continue to experience. These experiences do not always bring the things that I would want, but all the experiences have given me new and important information and I would like to think that they have made me wiser.

I have experienced calls in the night telling me that one of my children has attempted suicide. I have experienced depression, I have seen my children in depression and states of hopelessness. I am thankful my child did not, was not successful in committing suicide and continues to live, although continues to battle the demons of mental illness.

I am raising one of my grandsons, and I enjoy him very much. But I know the love he has for his mother and she for him.

My story unfortunately is not unlike that of many parents and grandparents living in our Native American communities. Like many others, the story is not totally one of endless tragedies. We are blessed with children who have weathered their life with less depression and hopelessness and have come to use their borrowed

time well. One has recently birthed a child, and another is awaiting fatherhood this month. These are very joyous occasions.

I was born on Turtle Mountain Chippewa Reservation, grew up in the Yankton Sioux Reservation and have worked on other reservation communities and now work on the Turtle Mountain Reservation as a school psychologist. I worked as a school counselor, human service administrator and I am a licensed psychologist in North Dakota. I am also pathologically optimistic.

I am hopeful we can make our grandchildren's time one that will facilitate their potential and that one will give them the support and strength to have hope. I know that if we really ask our children about themselves and their experiences, they will respond. The science of psychology tell us that we can and should ask children if they need help and they will respond to us. I think the children that were in the panel before us expressed that very clearly.

My first wish is that we need to ask our children about themselves. As a community, we need to support the positive development of all our children. This includes supporting parents' efforts at providing nurturance and safety to their children and supporting teachers to provide the best educational experience possible.

Between 7 and 10 million teenagers suffer from mental health conditions; 90 percent of teens who die by suicide suffer from a diagnosable mental illness at their time of death. In fact, in 63 percent of completed suicides, psychiatric symptoms developed more than 1 year prior to death. It is ironic that by the time they reach adolescence, most young people have been immunized against a wide array of threats to their health and well-being, including measles and mumps, hearing, speech, and vision impairments, but few are screened for depression.

If we screen, we will have children that we must attend to. At the same time, can we ignore asking our children about themselves because we don't want to hear what they have to say? We are also blessed with highly skilled professionals who are native to our community in the Turtle Mountain. We have young professionals that have been part of Dr. McDonald's INPSYDE, psychologist training program, who now want to remain in their community. We have MSW social workers and masters level counselors, school psychologists and a psychiatrist even who want to remain in their community to contribute to a better future, to respect their borrowed time and gift.

We have begun to use the Teen Screen program researched and designed at Columbia University by Dr. Shaffer. Teen Screen is a screening program that uses scientifically designed tools to help identify youth who are suffering from undiagnosed mental illness and who are at risk for suicide.

In our Turtle Mountain Schools, we have identified over one-half of our older children who have used alcohol or drugs and who have used meth; over one-half who could be considered clinically depressed; and one-fourth could meet the criteria for PTSD. PTSD is a very destroying mental illness that just piles on and on and on every time a person is traumatized. Dr. Manson from the Mental Health Research Center in Colorado recently published an article including American Indians living in adverse environments that

placed them at high risk for exposure to trauma and harmful health sequlae.

We have screened those middle school students whose parents gave us permission and who themselves volunteer to take the screening. The percentage of children with possible mental health disorders was higher than the average of the other Teen Screen sites throughout the United States. We also found that when we screened our 1st grade through 5th grade children, 500 or so children, using the dominic computer interactive program, there was an extraordinary number of children at risk there, too.

We have learned from this that we need the collaboration of Indian Health Service mental health teams in our particular community. They have been very, very supportive in that way.

Another wish I have is to provide support and a place for new Native professionals. Many want to stay at home, the ones that I have had experience with, that I supervise in their practicum in our school system are very well trained and express the willingness to stay home. We need to find a place for them.

We need to support efforts to allow mental health in schools. We can do this through third party reimbursement for services within schools, and through relaxing of policies that prohibit such practice by IHS and BIA. We need to support training programs that expand the mentorships of Native psychologists and training, paired with the best in the field of helping those who have been traumatized, the best in the field of helping children with depression and other mental health disorders.

The schools have children for 8 hours a day. We have found through our efforts in Turtle Mountain that having psychologists and social workers and psychiatrists, as well as the established school counselors, nurses, and social workers in the school, it makes a big difference in terms of grade improvement and lessening office referrals and providing prevention programs and life skill development for our children. We have found that by providing skills to children to learn to cope with angry, fearful, worrisome feelings they respond well in using these skills appropriately.

We have available to us Dr. LaFromboise's "American Indian Life Skills Development Curriculum." She is a member of our community and a tenured professor at Stanford University. So there are programs that exist for Native children. We need to find them, they need to be allowed they need support. These kinds of programs need the Government stamp of approval, so we need to have more research in those areas. Some of them are very, very good.

We need to support those prevention programs designed and researched for Native children. We need to support efforts in Native communities with teams of professionals that can respond to tragedies. We need to support efforts for Native communities to have national teams of Native professionals who can provide the expertise in prevention efforts.

Again, I want to thank you, Senator Dorgan. My wish list I suppose has grown with the years I have worked in my Indian communities. But I am hopeful and I know there's a pony in there somewhere. [Laughter.]

I want to thank you personally for the many times you have responded to my family, also. I know you are quite informed about

the issues that plague the youth in our Native communities and issues that create despondency and hopelessness. I am hopeful you will continue to support our efforts in our Indian communities. I want to thank you again.

Senator DORGAN. Dr. Dauphinais, thank you, and thanks for what you do as well. We appreciate very much your being here.

The final witness will be Cynthia Lindquest-Mala. She is the president of the Community College at Fort Totten, but previously executive director of the North Dakota Indian Affairs Commission, director of the Indian Health program at the University of North Dakota Medical School. Ms. Lindquest, thank you very much.

It says you are a Ph.D candidate. Have you received your Ph.D? Okay. If you will turn that microphone on, thank you. Please proceed.

STATEMENT OF CYNTHIA LINDQUIST-MALA, PRESIDENT, CANKDESKA-CIKANA COMMUNITY COLLEGE, FORT TOTTEN

Ms. LINDQUIST-MALA. Thank you, Senator, and thank you very much to the U.S. Senate Committee on Indian Affairs, Ms. Bumpas, Ms. Garland, and Senator Dorgan.

I do appreciate the opportunity to be here. I do not have prepared testimony and I will begin by saying [greeting in native tongue]. My friends, I am called Star Horse Woman, and I come from the Spirit Lake Nation. My professional role is president of Cankdeska-Cikana Community College, Spirit Lake Lakota, Fort Totten, ND.

I need to share with you, in sharing with you my Indian name, that I have a responsibility. I have come to understand in carrying my Indian name, my Dakota name, is to speak from my heart. I speak the truth as I understand it, as I have come to learn. I need to share with you that I have come up through the ranks professionally as my tribe's health director/planner in the early 1980's, a position I held for about 7 years. I have worked for the Indian Health Service at the regional and national level. I am an adjunct assistant professor of community health and rural health for the University of North Dakota School of Medicine and Health Sciences.

Why I share that with you, and I am going to come back to my personal story, because I did grow up on the reservation, the Mission District, St. Michael, ND. When my parents went through a bitter divorce, I was a teenager. I went through what professional people called culture shock. I did not understand it at the time. But one of my reactions and responses to going through culture shock and not understanding my identity in being Dakota and Scandinavian, was that I took to alcohol and subsequently attempted suicide myself two or three times as a child.

In my healing and learning journey, and especially my years as the tribe's health director/planner, the permeation of alcohol and substance abuse on the reservation was just unbelievable. So I made a conscious decision at that point in my life to set that aside. I couldn't be a hypocrite and be my tribe's health director/planner and have that lifestyle.

But alcohol and substance abuse affected everything in our lives and still does. I have been back home as the tribal college presi-

dent for about 18 months. I have been truly blessed in my healing and learning journey and coming to terms with my identity and identifying as Dakota. But coming home after having national experience and getting to see Indian country from a national perspective, it is disheartening because of what is happening to our children.

I had a friend visit with me one time from England. We went to a couple of different reservations here in the Dakotas. After the end of the visit, we were just talking about the visit and getting her impressions. Her impressions were, she loved to be around the children, but at the same time, she was saddened, because our children did not have that spark of life in their eyes. There was almost a sense of despair in young, young kids. And I had never looked at it that way, especially having come off of being a tribal health director/planner and being so enmeshed in dealing with health and health issues. At that point in time, Spirit Lake Nation was dealing with four to five suicide attempts a week. We had one bachelor's level social worker.

The program was a tribal health program. We retroceded it back to the Indian Health Service, and it is still with the Indian Health Service. We had contract psychologists and psychiatrists coming into the reservation. It is still that way. It hasn't changed, in all the years. That's what hurts, that's what breaks my heart.

I love being home, I love being a tribal college president. Because I am seeing optimism and hope in the student body at my college and the changes there.

What I need to share with you all is that this is a very complex and serious issue, as you so eloquently stated in your opening, Senator Dorgan. It is rooted in history. We can never forget that. It reflects broken treaties, broken promises. It is linked to what they call post-traumatic stress, that is so, for me, obvious now in Indian Country. It is linked to how and why we live the way we live. There are many policies passed with good intentions, but that did not work, that tried to change how we live. The essence of those policies was the dismantling of our families and the breakup of the structure of how our families lived and the way we lived.

To me, this suicide epidemic happening in Indian country is just a manifestation of all its history and reflects our community's historical oppression, the assimilationist policies meant to deal with Native people. Our people are wounded. Our people have wounded souls and wounded spirits.

The data from the deaths reflect communities and families in crisis. The healing has to begin by understanding, and understanding means different things to different people. We must understand and perpetuate a public understanding of Indian people in this country and its history. The dynamics of what is going on right now does in fact reflect this history. We need to create learning environments so non-Indian people understand better that history and the trauma that we are dealing with. We must create learning environments so our people have a better understanding also of this trauma and what we need to do to deal with it.

As these young people so eloquently stated, this issue of trust, this personal thing with trust, while most teenagers, it doesn't matter what culture or community you come from, most teenagers

have this issue of trust. But for Native people and Native youth, it is especially compounded, because you have this historical trauma. We are fearful and we are mistrustful because of these broken promises, these broken histories.

At the same time, you look around, you look at the healing that is occurring, the wonderful resilience, survivability of the indigenous people of this country, our compassion, our ability to forgive, our ability to continue to give and to give back. That is the essence of what is helping our people survive and looking forward until tomorrow, for all tomorrows, for the future.

So what can the U.S. Senate Committee on Indian Affairs do to address teen suicide in Indian country? Do what you are doing, Senator Dorgan. Have public forums, official and unofficial. We need to talk about it. We need to have mechanisms to do that in whatever way, whatever level, at different levels of Government, public, private, homes, churches, pow-wows, wherever. Gather that information and data, share it, disseminate it. Demand that the Federal Government, that Congress appropriate adequate resources for our health, our education of our people.

Off the top of my head, the Indian Health Service is funded at about 60, 65 percent of need. That gap is growing. It is not getting smaller. It is not diminishing. When I used to know these numbers, the mental health services and programs of the Indian Health Service were only funded at 20 to 25 percent of need. I don't think that's changed since I used to do Indian Health work. I think those numbers are probably comparable today. Likewise for education and education systems.

As the vice chairman of this committee, Senator, you could go forward and request that all the other Federal agencies open their doors for Indian programming, Indian services, Indian resources. Demand that based on this relationship, this unique relationship our people have with this country, that those promises be fulfilled. Assist in creating learning environments through education, health care programming. Have the faith-based organizations come to the table, be with us, and let's endeavor.

Create better training programs for our youth, for peer counselors, for our people to become mental health, behavioral health aides under the CHR model that is so wonderful relative to being a liaison for health care and health care services. There needs to be setasides marked for tribal governments, tribal colleges, for each and every one of the Federal agencies to address this. It has to be a collaborative partnership. It cannot just be the Indian Health Service or SAMHSA. It has to be all of HHS, the Department of Education, the Department of Justice, Department of Commence, Department of the Interior, again, working together from a Federal, Congressional level down to the local level so it reaches our people.

We do have models. There are many wonderful models out there of community-based partnerships that are culturally appropriate, that are working. One I can just cite off the top of my head is Don Coyhis' Wellbriety program in the White Bison non-profit organization out of Colorado, grass-roots movement addressing alcohol and substance abuse issues. Really literally working in each individual

district and community to bring national momentum toward addressing alcohol substance problems in Indian country.

Overall, there needs to be a sustained infusion of resources, both financial and human, to address this issue, and in a concerted and a partnership way. In closing, the word dakota, hopefully you understand or know it means friend or ally, it comes from a bigger word, wodakota, which means to be in harmony or balance. Indigenous culture has great beauty and understanding in this relationship we have with each other as human beings, the relationships we have with mother earth, and the things that we can bring forward relative to our knowledge of our healing powers, our resiliency that we do have here. It is working in many, many of our communities. It needs to be supported, it needs to be expanded.

We need to do what these young ladies asked us to do. We need to have activities for them, every day, 24/7. And a variety, youth centers, whatever. It is happening, it could happen more.

I thank you very much for having this today, Senator, and for your courage in taking the lead. [Phrase in native tongue.] We are all related.

[Applause.]

Senator DORGAN. Thank you very much.

You talk about areas of despair, there are of course areas of inspiration as well. I mentioned that the three high schoolers who appeared today were very inspiring. You are not nearly as young, the three of you, but in many ways your individual stories are equally inspiring, in so many ways.

I want to thank you very much for your testimony and say to Cynthia, based on what you finished with, this is the first of two hearings. We will hold a second hearing in Washington, DC on June 15. Senator McCain and I have agreed to hold this field hearing and then hold a second hearing. What we are attempting to do is provide some significant focus on a very serious problem.

We will ask anyone who attends today or your acquaintances, anyone who wishes to submit formal testimony for the formal record which will be published of this committee, I would invite all of you to submit that testimony. You can submit it through my office and it will be made a part of this formal hearing record. I want to encourage you and urge you to do that, if you wish to.

I am going to submit questions for this panel. What I would like to do is submit a list of questions to you to solicit from you the complete list of suggestions that you have of how you think our actions ought to address these sets of issues. You all have talked, and so have other witnesses, talked about the larger challenges. And there are many—health care, education, you name it, there are many challenges, no question about that.

But at least providing focus on this issue, what are the specific lists of recommendations you would have for Senator McCain, myself and other members of the committee? I too think that we do not have nearly the funding we need in these areas, and that is a part of it. Then organizing the resources the right way to address these issues is another part.

Let me ask for a show of hands, if I might, of those who have attended this hearing, how many in this room have either had a

relative or an acquaintance of theirs commit or attempt suicide? Let me see some hands.

[Show of hands.]

Senator DORGAN. I think that, perhaps more than anything any of us can say, describes the severity of this and the urgency of this issue. I too have an Indian name, I was honored about 10 years ago by the Standing Rock Sioux Tribe, in a very inspiring ceremony, and they gave me the name Shantay Unweaka, which means Thinks With His Heart. I think that my passion is with all my heart and I hope yours and Senator McCain's and the members of our committee, we have to reach out to those young people whose lives are full of despair and hopelessness and say to them, you are not alone. You are just not alone. There are people who love you and care about you. We want to make the kinds of resources and assistance and help available to you.

So that's what this is all about. Again, I am going to submit questions to this panel. I want to thank all those who have appeared today.

I want to thank Jeanne Bumpus for coming out, representing Senator McCain. She is the Chief of Staff for the Majority and Sara Garland the Chief of Staff for the Minority. But there really isn't much of a majority or a minority in our committee. This is a committee in which all the members take seriously some very significant problems, and we want to work together to solve them.

You have all been very, very patient today. You have sat through a rather lengthy hearing, and this young man is the most patient, what a wonderful way to start the life of a 2-hour hearing and be quite as good as he has been. Let me thank all of you for being here in this hearing is officially adjourned.

[Whereupon, the hearing was adjourned.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF TEX G. HALL, CHAIRMAN, MANDAN, HIDATSA AND ARIKARA NATION

Vice Chairman Dorgan and other members of the committee, thank you for the opportunity to provide testimony today on behalf of the Mandan, Hidatsa and Arikara Nation on a very important issue that continues to plague Indian country, and in particular, youth on the several reservations in the State of North Dakota. I apologize that I cannot be present today to testify personally; unfortunately I have preexisting commitment that would not allow me to be here today. However, I appreciate the invitation to provide my comments and more importantly, I appreciate the efforts that are being made by this committee and Senator Dorgan to address the problem with teen suicide among Native American Youth. I also appreciate and thank you for bringing this hearing here to North Dakota so that our tribal members are able to participate in this important process.

I believe the recent tragedy on the Red Lake Reservation and the rash of suicides on the Standing Rock Reservation have caused all of us to open our eyes and realize that our youth are suffering and are at risk. First and foremost, it is absolutely essential that a comprehensive assessment/survey be conducted to determine why our children would even consider suicide an option. That could then be used to identify our youth who are at risk and develop strategies to address the problems our children are facing.

I would like to begin by providing some background and statistics on suicide in general on the Fort Berthold Indian Reservation. I will also provide you with information regarding the lack of resources which hamper our ability to effectively address this issue and would like to conclude with my recommendations to the committee on how we can better serve the needs of our youth and prevent these tragic events from occurring.

Members of the committee, I do not need to restate the stunning statistic rates for teen suicide among Native youth; you are very aware of these alarming numbers. I will present to you our most recent data regarding suicide on the Fort Berthold Reservation. Fortunately for my reservation, we have not had a successful suicide since 2003; we have however, had increasing numbers of attempts.

1. November 2004 through December 2004: 9 gestures, ideations or attempts reported;
2. January 2005 through April 2005: 18 gestures, ideations or attempts reported;
3. Law enforcement responds to an average of 2–3 attempts per month

Of course, as the case usually is in Indian country, the lack of resources is the major obstacle in preventing teen suicides and attempts. Two of the major components that are directly responsible for the intervention and prevention of suicide, mental health and law enforcement services, continue to face decreased funding. The following data represents a synopsis of those services as they are available on the Fort Berthold Reservation:

1. Mental Health Services:

- $242,565 annual budget for I.H.S. to service a population of approximately 7,000 individuals (roughly $354 per person annually)
- 1 full-time licensed therapist (Director of Mental Health)—approximately 40 percent of time is spent providing direct patient care other time is spent on administration and management
- Full-time Social Services representative—does not provide direct patient care or therapy
- Full-time Clinical Social Worker position was eliminated from the fiscal year 2005 budget due to lack of funding
- 1 Contract Psychiatrist—1 day every other week (6-hour day—sees average of 25 patients—approximately 10 minutes per patient)—primarily provides medication management
- 1 Contract Psychologist—1 day per week (6 hour-day—sees an average of 5–6 patients per day)
- Suicide attempts are referred for hospitalization for up to 72 hours off reservation—patient followup is minimal due to lack of mental health services available locally

2. Law Enforcement:

- Serves 6 tribal communities and over 980,000 acres of land
- 1BIA Chief of Police and 1 lieutenant—primarily administrators
- 6 BIA patrol officers
- 8 tribal polices officers employed under COPS Fast Program
- Since fiscal year 2003 Tribe has experienced loss of 7 tribal police officers due to COPS Fast budget cuts
- Facing continued threat of elimination of COPS Fast funding which would result in a loss of 8 officers and leave a total of 8 officers servicing the entire Reservation to provide 24 hour coverage

It cannot be denied that this lack of essential services has a direct impact on the ability to prevent and intervene in suicides. Another valuable resource for Indian country in the area of health care and mental health care needs that is facing elimination due to budget cuts is the Indians into Medicine (INMED), the Recruitment and Retention of Indian Nurses Program (RAIN) and the Indians into Psychology Program. These program are vital to improving the delivery of health and mental health care services in Indian country. We cannot afford to loose these programs.

With those matters in mind, I make the following recommendations for immediate action:

1. Increase Indian Health Service Budget to provide additional funding for mental health services with emphasis on funds for youth mental health services;

2. Support the Tribal COPS Fast Program;

3. Support continued funding for the INMED, RAIN, and INPSYCH programs; and

4. Assess how public and tribal schools can better serve the mental health needs of children and identify at risk youth.

3. More long range recommendations include:

1. An immediate study/assessment must to be completed to determine why our children are taking or attempting to take their own lives and to provide tools to identify at risk youth;

2. Use the information from the assessment to address youth needs.

Again, I thank you for this opportunity to provide information and hope that you will continue forward with finding solutions to address this problem.

Testimony of Dave Forth
210 Dakota Street, Wing ND 58494

representing Dave Forth

Senator Dorgan, members of the hearing panel:

I failed to break out of a restricted part of English society despite what was thought, 60 years ago, to be enough help. Consequently I have something to add to the discussion that may not be apparent to people intimately affected by current suicide among the young.

From my own youth I remember both a natural wish to help and feelings of an unlimited ability to work wonders that were quickly shattered by a short spell in government and commercial employment. I think this kind of experience is the fate of very many of us.

Without a pertinent message of hope and purpose, the best-intentioned assistance programs are crippled at the start. Instead of having real leadership working to help us all move forward together we live among nations, businesses, governments and movements willing to lie, steal, brutalize, and kill so that the richest among us can go on getting richer.

We need, more than anything, some new heroes. It won't take many, just a few to show that by working for all, by sharing and forgiving, by valuing the dignity of each and everyone of us, we can all be included.

Strident voices get attention whatever message they cry. The change will come not from the ideology and the preaching. It comes from the things we do, the examples we set and, if we dare to say the word, the love we share as we move along.

Attached to these notes are some previous words of mine that illustrate some of the dreadful federal government negatives we face. The examples were chosen for this meeting but the same need is everywhere. This is the load we must set aside. Congress might consider where we will find our new heroes.

December 2000

Pardoning Peltier would hardly lessen might of U.S.

David Roth
Farm/Livestock manager from Wing, column appears alternate Mondays

I'm not sure how big the movement may be that is trying to persuade President Clinton to pardon Leonard Peltier, but it must be considerable. John Lindgren gave a fine outline of the legal questions on Public Radio recently. National and international organizations of several kinds are known to be active. This is my two cents worth.

Leonard Peltier was convicted by a Fargo court of the murder of two FBI agents during a gun battle at Wounded Knee, S.D., almost 30 years ago. He has served considerable time and been denied parole on several occasions. The FBI, presumably with other federal backing, bitterly opposes his release. The case has drawn worldwide attention from civil-rights supporters of all kinds. Their contentions largely are based on critical reviews of the methods used to secure the conviction of Peltier after two others were found not guilty of the same crime at an earlier trial.

Surely there are few people who do not know that law enforcement agencies everywhere work with the intention of being right. I was a very small boy in England when I learned that universal truth and have found no reason to doubt its correctness in Canada, where I lived for 12 years, nor in this country to which I pledged allegiance in 1972, eight years after coming here to work.

Most of us have a lot of respect for law enforcement people, and especially sympathize with families and individuals when death or injury occurs on duty. We feel the same way about the military and a few other public service groups. There are also many Americans who are disturbed when government action against members of society becomes too aggressive and too violent.

It is not easy to say at what point such feelings of distaste for government excess start to change into either anger or fear. There is no way to know for what reason some people will demonstrate and march and noisily complain. Neither can we predict when similar unease will prompt others to the accumulation of guns and the building of bombs. Some of us, of course, will settle for just writing to the newspaper.

I've met one or two people who believe that the law is the law and that anyone who disobeys should have his head blown off. There were some past generations of North Dakota sheriffs who felt that way. Congressmen like Bob Barr and Tom DeLay talk as though they believe it is a good idea. The notion is still with us even though I believe most people in this country and the rest of the civilized world think differently.

We may not all agree about each incident, but most of us have a point where we say "enough is enough." It may be Ruby Ridge or Medina. It may have to do with police action against prisoners or demonstrators. It may be the enforcement of drug laws or accusations of careless handling of information.

To reach a point of disagreement with official enforcement is not the same thing as plotting to overthrow the government. It does not necessarily indicate agreement with the ideas of those whose treatment causes the concern. It comes only from the unease that most of us feel at some point, when authority goes too far.

For many of us the second battle of Wounded Knee is one of those matters where the legal technicalities, whatever they may be, are less compelling than the feeling that the awful power of this country was used in a way that causes widespread distaste. The pardoning of Peltier would be a gesture from the president indicating that authority recognizes that it is not omnipotent.

It is, I think, equally important to this matter, to remember that Peltier was an active leader of the American Indian Movement engaged in the promotion of Indian rights. The gains made by other minority groups under the banner of civil rights in the '60s and '70s inspired new hope among native people. Peltier led one of the groups hoping to free the reservations from the morass of poverty and disease that had, for more than a century, overwhelmed the chance for decent living.

Peltier's story reminds me of tales of other leaders from long ago and far away. He was drawn to places and journeys where others before him had served the same cause. I would not be at all surprised to learn that he felt a bond tying his work to that of the heroes from his people's past.

I do know that, like other sites of enormous historical significance, Wounded Knee is a place of overwhelming sadness.

In this larger context of centuries of persecution, how could the might of the United States be lessened by the pardoning of Leonard Peltier?

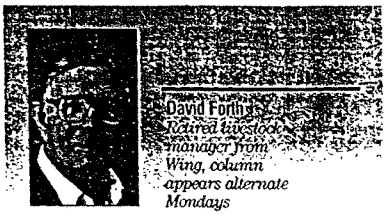
February 2000

Treatment of minorities

Recently ABC News reported some interesting comments on the June 1999 death of Robert Many Horses of Mobridge, S.D. We all surely remember that the 22-year-old, born with fetal alcohol syndrome, died in a trash can in an alley in his home town after a drinking party. Four people, charged by South Dakota authorities, were exonerated because "autopsy showed death by alcohol poisoning." Federal charges, brought under less well understood hate crime proceedings, were also dropped.

What I have to say is not just another knee-jerk reaction to one more American Indian story, as was suggested by an angry letter writer who responded to an earlier column. I admit to bias and anger. After all, if we are going to respect ourselves and each other, how could anyone fail to be outraged by the actions of Many Horses' acquaintances no matter how drunk they were? Equally alarming is the absolutely predictable result of the handling of the affair by the official legal system. I say "predictable" with reference to the treatment of minorities by substantial parts of the American system almost from day one.

ABC News Correspondent Lynn Sherr gathered comments in June that were aired Sept. 22. The events happened between June 30, 1999, when Many Horses' body was found, and September



David Forth is retired livestock manager from Wing, column appears alternate Mondays

1999 when charges against four teen-agers were dropped because "there was insufficient evidence." From Mobridge, the Walworth County state's attorney filed his case with the circuit court in Selby, the county seat. From Selby the case passed to the court headquarters in Aberdeen and was assigned to Judge Tony Portra, also in Aberdeen. This type of court is described in an Associated Press handbook as usually dealing with small claims and the acceptance of guilty pleas in minor affairs.

The script of the ABC piece included a quote from a Walworth county commissioner, Mary Hollenbeck. My guess is that these words were included to represent what Sherr saw as a widely

too often predictable

held community rationalization: "It was a pretty tasteless joke that had a devastating, dire end to it."

No doubt it was a joke to the youngsters who dropped their drinking buddy into a trash can. They said they expected to find him alive and well in the morning. They found themselves facing charges of manslaughter and other minor offenses. South Dakota put the case on the fastest track ever. Portra dismissed the charges less than three months after the event.

It was left to a national news organization to dig for details and bring the case back to public attention. ABC shared that information with Walworth County State's Attorney Dan Todd in June 2000. He is reported to have expressed interest at the time. Last week, after the recent broadcast, he told a reporter from the American News, a Knight-Ridder paper in Aberdeen: "I do not feel like I am rushed for time."

Is this a story that should make us all angry? Yes, it certainly is, and here's why. Change this story in one small way and see what a difference it makes. This is the story of a boy, born with fetal alcohol syndrome, raised by a foster mother until he was 22 years old. He was dumped in a trash can and left to die. The system that brought charges had them swept under the rug in record time.

Now suppose another body is found in a trash can in a similar alley, another boy born with fetal alcohol syndrome. This time he is not 22 years old, only 22 hours. Imagine for yourself how these attorneys and judges and community leaders will act.

How quickly will they condemn and incarcerate a mother and perhaps even a father, already devastated by addiction and overwhelmed by a hopeless situation? How many hours and dollars will a community be willing to spend to bring such unfortunates to "justice?"

We are all part of that system. I was called for jury duty in Bismarck the other winter. Involved were a American Indian man, violence, and alcohol. Judge Patrick Conmy processed possible jurors. "Ah, yes, Mr. Forth, I read your column all the time," and so on.

I did not pay too much attention to the answers to his questions until the process was almost done. Then I began to see how we had been weeded out. I left with an impression that those of us with experience that might have suggested any kind of sympathy for the defendant were eliminated.

Perhaps I misjudged, but the court expected to deal with that serious matter in a day and a half.

Indians, whites must aspire from our common humanity

When historians look back at the late '90s, they will find that Americans owe much to the Clintons. The first family has turned away every attack from rich conservatives who think that they, alone, have any right to govern this country. I hope the president's visit to Pine Ridge will be remembered as another vital link in the battle for real equality.

I've really talked with very few Native Americans. I remember one in Brandon who had a sense of humor. Another I saw make more hay bales with an oil can and an emery cloth than most men could with a whole shop behind them. I met some working with youth alcohol programs. However:

In 1993, I took my English niece first to the Whitestone Battlefield and then through the Black Hills to Pine Ridge. I still think that Wounded Knee is the saddest place I have been. It is hard to say why I feel this way, but the impression remains.

Before that day, I had felt the same way about a place in England. Fifty years ago, Stainmore was isolated, as well as wind-blown and desolate. High on the moor is a stone cross marking the grave of Eric Bloodaxe, who died there in 954. Eric was a Scandinavian, the last Viking king at York and the last man to lead northeastern England as a separate unit. It is likely that he was of the old religion, and believed in Odin and the rewards of Valhalla.

Now, more than a thousand years later, there are still traces of that ancient kingdom of Northumbria. The independent spirit of the people, their disdain for the softness of "southern England," the economic hardship brought on by slowly changing social ideas, as much as by isolation, are as real today as

David Forth
Retired livestock manager from Wing, column appears alternate Mondays

ever. All that remains of Eric Bloodaxe, for most of us, is a lonely stone on a windy hill and an immense sadness over lost dreams and forgotten heroes.

I felt some of that same sadness at Wounded Knee. We had come through the town of Pine Ridge on a hot, dusty afternoon and seen signs of poverty as bad as anything I remembered from my boyhood in northeast England in the thirties. At Wounded Knee, people were heading toward a drumbeat in a central building, and we rested for a while beside a sign. It was, like others in the area, marked by graffiti that cried out for change.

The wide sweep of sky, the hush of wind through short grass and clouds on the horizon took me back to northern England's Pennine hills and the ending of another culture that died beside the grave of Eric Bloodaxe 1,000 years ago.

It's not that we need to get involved. Anyone living in the northern plains is involved. My own interest, as a newcomer, was first stirred by listening to my oldest daughter, Susan, talk about being impressed by the Peltiers, Russell Means and others of the American Indian Movement she had met between the second battle of Wounded Knee and the conviction of Leonard Peltier.

We are all involved, whatever the color of our skin. The question is, will our involvement be for the better or for the worse? Will Native Americans take a meaningful place in the wider society? Are they willing? And will the wider society permit the change?

What message did Clinton leave at Pine Ridge? How will the different groups remember his visit? His "aid" package was nothing more than the exactly similar deal offered to all Dakota residents following the declaration of "disaster" areas. Loan programs and mortgage developments help only people who are well on the way to getting out of real poverty. What will make economic development flow into the reservations any better than it has come to Sheridan County or, for that matter, to rural Burleigh?

Change will come only from individuals. What matters is how we look at one another and how we speak together. What matters is more important than our appearance or our gods. What matters is our common humanity.

One thing I am sure would help is a good history of white-Indian differences. We need an unbiased story that includes the wise Indians like Little Crow and Spotted Tail as well as the brave ones like Crazy Horse. We need to know about promises broken and treaties not ratified by Congress. We need to know about money stolen by agents and fur traders, and we need to know where the money goes today.

There is enough blame to go around many times. Betterment will come only when the wisdom from the past helps us to take risks today so that we can all move forward.

July 1999

To: Senator Dorgan
From Brittany Gipp
P. O. Box 340 Fort Yates, N. D. 58538

Subject: Suicide Testimony 5-2-05

I wish to testify on the suicide issue on Standing Rock.

I am a youth on the Standing Rock Reservation and I have been subjected to seeing my generation slowly fade out do to suicides. So far, I have lost 10 friends and relatives to suicide. This is only a very small amount of people who died from suicides on the reservation. Every district in our county has lost few or more people to suicide.

It's very sad to wake up to the news of someone you know or don't know that has committed suicide. I do not know the statistics of suicides on the reservation but I know there have been a huge amount. It feels like, a chain reaction goes on every time a suicide happens. You know how domino's work? That's how I feel about suicides on the reservation. Once somebody takes his or her life, you know someone else is sure to follow. The first suicide I remember was when I was in the 6th grade and I am graduating from high school this year. That's how long I have known about suicide.

Our youth today are frequently being told not to commit suicide and that there's help for them, that there are people to talk to. The truth is there really isn't anybody or anywhere you can turn to, to receive help and guidance.

I believe that some of the reason's why our youth are committing suicide is because there is nothing you can really do actively. You can hang out with friends, but even young children are doing drugs and drinking alcohol. You can ride a bike if you have one. There is a fitness center provided by the Diabetes Program. There are different broken down basketball courts you can play at. The young children's playground equipment is run

down, broke, or is vandalized. People used to have fun, fishing and swimming at the river but now we can't even do that because the water level is to low. Most families can't afford nice things or to be able to go places with out worrying about money issues. Every place that has something to do is an hour or so away.

On the reservation we the people in the community have to face hardships every day with drugs or alcohol. It seems every weekend our youth are drinking. Some as young as 11 years old are drinking and doing drugs. D. U. I. 's are not taken very seriously; you practically get a slap on the wrist. Same thing goes for drugs. The youth on Standing Rock also face child abuse or neglect from parents drinking or doing drugs. Then that reflects on the children and how the react to such things, most of the time it's negative. Even if you or anybody in this room could see how our youth's lives are you would be sad to see it. We are almost like a third world country trying to survive on or own but keep getting pushed down or stepped on everyday.

Mr. Senator I wish to ask you for help and guidance. Even if it were to address this issue over and over again it would help. Maybe, to even come to the reservation and speak to our communities about suicide would help. Or help our schools get more involved in our lives that to would make a difference. There are many ways to provide solutions to suicide problems but up until this year, have we as a community been able to address this issue on a normal basis. I know money is an issue on funds for police and youth programs on our reservation. But you now know there are people who care about what happens to our youth and that they want to help the community recover from our loses. For we grieve everyday and wish for a new beginning. It is every hard to see our people walking such rough and narrow roads in their life times, but they do not have to be so short. What I am asking you and everyone listening is to help fund our programs. Thank you for your time. Brittany

To: Senator Dorgan
From: Robert Gipp 701-854-3456
P.O. Box 340 Fort Yates, N.D. 58538

Subject: Suicide Testimony 5-2-05

I wish to testify on the suicide issues on Standing Rock Reservation.

On morning of April 7, I saw my young friend and relative as he lay dead on the floor of his bedroom, as a result of his suicide. He was 18 years old. On that day I decided I wanted to do something to change the way life is on Standing Rock.

- **Young people are dying by committing suicide** MEDIAN AGE IS 18yrs
- **People dying from automobile accidents**
- **Drug trafficking, alcohol, speeding, D. U. I. 's and lawlessness**

I made a number of telephone calls and organized and held 3 meetings of which we had 21 agencies represented from Standing Rock.

1. **Standing Rock Community High School**
2. **Regional Prevention Service**
3. **Tribal Council Secretary**
4. **Standing Rock Native Young Life**
5. **Catholic Indian Mission**
6. **I. H. S. Mental Health**
7. **Children's Court Judge**
8. **Sitting Bull College, Pres., V. P. , Dean, Staff**
9. **Students**
10. **Community Citizens**
11. **Diabetes Program**
12. **Episcopal Church**
13. **Sitting Bull Police Science**
14. **Suicide Prevention**
15. **Tribal Health Adm.**
16. **CHR = Community Health Rep**
17. **Student Housing**
18. **Oahe Group Home**
19. **Tribal Hew Comm Rep**
20. **BIA Law Enforcement, Chief, Sp Agent, Officer**

21.

We organized and held our meetings on April 15th, 22nd, and 29th.

Name: Suicide Prevention Coordinating Comm.

Mission: Co – ordinate and grow Programs that affect youth on Standing Rock.

Problem Areas: (see list)
1. **Parent/ family**
2. **Community**
3. **Programs**

Solutions: Listed short and long term solutions. We are currently working on goals and objectives.

Areas that we will work toward are:
1. **Development programs – youth and family, Spirituality/ parents/ family.**
2. **Increase law enforcement on Standing Rock – Department of Justice Application.**
3. **Drug Task Force Agreement with N. D.**
4. **Co ordinate programs on Standing Rock**
    a. **Need a leader**
    b. **All Agencies/ Depts. Need to participate**
    c. **All Reservation Schools need to be involved**
    d. **Youth Tracking System**

At the last meeting the group suggested it was time for me to go to the tribal council. I will be going to the Tribal Health, Education and Welfare Committee and the Judicial Committee. Hopefully, I can present our ideas to the full council and get their authority.

One of the problems is the tribe has no available funds to fund more police and youth development programs.

SUICIDE TASK FORCE MEETING
APRIL 15, 2005
SITTING BULL COLLEGE

PRESENT:

BOB GIPP KOREEN RESSLER LAUREL VERMILLION LYLE ALKIRE
JON EAGLE TIM KRAHLER SHARON TWO BEARS TERRY STAR
LEE JONES DIANE GATES ELLIOTT RHOADES LYDIA DWARF
GEORGE MAUFORT LOLA AGARD MARGARET GATES
RON HIS HORSE IS THUNDER JOHN BUCKLEY ALTHEA WHITE TEMPLE
TRACY MANY WOUNDS BILL REITER SLOANE FLOBERG
ROSELYN BUFFALO BOY CLYDE NAASZ JENNIFER JEWETT

MISSION

COORDINATE ~~THE~~ AND GROW PROGRAMS THAT AFFECT THE YOUTH ON STANDING ROCK

LAKOTA VALUES

GENEROSITY RESPECT HUMILITY BRAVERY

TASKS

PARDON-TRIBAL ISSUES ONLY TRIBAL CODE-RHHIT
STATISTICS-LARRY W

CURRENT ACTIVITIES

NEXT MEETING APRIL 22, 2005

PROBLEM AREAS:

PARENT/FAMILY:

LACK OF SUPERVISION
NO ONE LISTENING
UNRESOLVED TRAUMA-PERSONAL, HISTORIC
LOSS OF IDENTITY
SEXUAL ABUSE
LACK OF PARENTAL INVOLVEMENT
LACK OF VALUE FOR CHILDREN
NOT TAUGHT HOW TO GRIEVE
PERMISSIVENESS
NO CURFEW
LACK OF SPIRITUALITY
PHYSICAL/EMOTIONAL ABUSE
DOMESTIC VIOLENCE
GRIEF ISSUES

~~VANDALISM~~
~~GANG ACTIVITIES~~

COMMUNITY

CHEMICAL ABUSE
VIOLENCE
LACK OF COORDINATION OF YOUTH ACTIVITIES
HISTORY-LOSS OF IDENTITY
DENIAL
RETALIATION
LACK OF LAW ENFORCEMENT
NO JUVENILE CENTER
BULLYING-ISOLATION
LACK OF RESPECT FOR AUTHORITY
LACK OF RESPECT FOR COURT/POLICE
LACK OF ENFORCEMENT

VANDALISM
GANG ACTIVITIES
ALCOHOL ACCESSIBILITY
NO SERVICE IN MCL.

PROGRAMS

LACK OF COORDINATION FOR YOUTH ACTIVITIES
LACK OF PARENTAL INVOLVEMENT
NO INPATIENT PSYCHIATRIC CARE
NO JUVENILE FACILITY
LACK OF FAMILY OUTREACH

Nodway Task force

SHORT TERM SOLUTIONS

PARENT/FAMILY

DEVELOP LEADERS IN FAMILY
SPIRITUALITY
FAMILY VALUES

COMMUNITY

SWEATLODGE INIPI HEALING
CANDLE LIGHT VIGILS
PARENT POINT OF VIEW MEETING
KINSHIP
EDUCATION TO PARENTS

PROGRAMS

YOUNG LIFE
CONTINUAL SUICIDE TRAINING
SCHOOL/STAFF/TEACHER
PUBLIC ANNOUNCEMENT
ADD TO SCHOOL CURRICULUM

LONG TERM SOLUTIONS

JUVENILE CENTER
DORMITORIES
LAW ENFORCEMENT/SECURITY FOR EACH DISTRICT
LIST OF FAMILIES-PARENTS
ONGOING COMMUNITY INVOLVEMENT
SPIRUALITY 12 STEP PROGRAMS
TRIBAL - STATE RELATIONSHIP. (NEED FOR DRUG TASK FORCE)
DOJ Grant application

Charles W. Murphy
Chairman

Tom Iron
Vice Chairman

Sharon Two Bears
Secretary

AT LARGE

Jesse Taken Alive

Mike Claymore

Archie Fool Bear

Matt Lopez

Alma J. Mentz

Jesse McLaughlin

DISTRICTS

Carol White Eagle
Cannonball District

Verna Bailey
Long Soldier District

Milo Cadotte
Wakpala District

Frank White Bull
Kenel District

Avis Little Eagle
Bear Soldier District

Milton Brown Otter
Rock Creek District

Donel Takes The Gun
Running Antelope District

Randal White Sr.
Porcupine District

May 02, 2005

The Honorable Byron Dorgan
Senate Select on Indian Affairs
Washington, D.C. 20510

Dear Senator Dorgan,

I am requesting this statement be included as part of the record for the field hearing by the senate committee of the Indian Affairs regarding the suicides occurring on the Standing Rock Sioux Reservation.

This April 27th and April 28th, 2005 the Tribe sponsored a youth conference here on Standing Rock, during which a survey was conducted with the youth in attendance. We received (250) responses from youth who attend area schools. They were students from grades 7th thru 12th. The questions asked were "why are youth harming themselves" and "what can be done to help youth in crisis". The responses highlighted areas where services are not adequately available here at Standing Rock, areas the Tribe also has concerns of deficient services. Currently, the Indian Health Services Mental Health program is the primary provider of these services and I.H.S. does not have enough qualified staff to meet the needs of families. Assessment of families accurately is critical, there will be a vacancy of one of two who are able to conduct the assessment, leaving (1) psychologist and (3) mental health workers for the entire reservation. The case load of the limited staff exceed (100) per worker which only leave time for crisis management.

The Chemical prevention program is another area of need, as there is (1) youth wellness position to provide services to the entire reservation, evaluation and treatment concerns are critical in addressing mental health issues.

I have attached a synopsis of the (4) major areas of need reflected by the youth survey along with their view of what would assist the families in crisis. The youth have valuable insight and want to be heard. A draft budget is attached with recommendations to improve the mental health services.

On behalf of the Standing Rock Sioux Tribe I would like to express our sincere appreciation of your efforts in helping us address this critical issue.

Sincerely,

Charles W. Murphy, Chairman
Standing Rock Sioux Tribe

Youth Survey Synopsis:

"Why are youth harming themselves?"

1. Youth are not being heard when they need help.
2. Mental health issues included, depression, feeling of hopelessness, and grief
3. Alcohol and Drug Abuse
4. Parent/Child conflicts, no communication

"What are your ideas for assisting youth in crisis"

1. Listen to the youth
2. Counseling for children and families
3. Peer Mentoring
4. Youth activities, involving youth in planning for event.

Funds Request of $500,000 per year for the following:

- Professional services, contract with a psychologist or psychiatrist to provide assessments and/or provide treatment or referral for intensive patient needs.
- Out reach workers, staff who will go into the homes and provide follow up services. This could include transportation to services as this is the main barrier to continuation of treatment needs.
- Additional funds for the Chemical Prevention Program, youth and adult services

Testimony
Before the Committee on Indian Affairs
United States Senate

SAMHSA's Efforts to Provide Mental Health and Substance Abuse Services to American Indians and Alaska Natives

Statement of
Ulonda Shamwell, M.S.W.
Director
Division of Policy Coordination
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

For Release on Delivery
Expected at 10:30 a.m.
Monday, May 2, 2005

Mr. Chairman and Members of the Committee, good morning. I am Ulonda Shamwell, Director, Division of Policy Coordination, Office of Policy, Planning and Budget, at the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS). I am pleased to offer testimony this morning on behalf of A. Kathryn Power, Director of SAMHSA's Center for Mental Health Services (CMHS). Ms. Power testified before this Committee on April 13, 2005, about suicide and violence among American Indians and Alaskan Natives. Unfortunately, she was not able to testify today but sends her regards. Accompanying me today is Dr. Denise Middlebrook, Social Science Analyst, who is available to answer questions.

Thank you for the opportunity to describe how SAMHSA is working to provide effective mental health and substance abuse treatment services along with substance abuse prevention and mental health promotion services in Indian Country.

It is also a privilege to testify along with Dr. Charles Grim, Director of the Indian Health Service (IHS) this morning. SAMHSA and IHS have developed a strong partnership reflected in our current Intra-Agency

Agreement to work efficiently and effectively together to help meet the public health needs of American Indians and Alaska Natives.

My testimony will focus on two issues of great concern to the public health of American Indian and Alaska Native youth. These two issues are suicide and violence. Sorrowfully, there are real-life examples to illustrate the impact of suicide and violence in Indian Country.

Suicide Among American Indian and Alaska Native Youth

Recently, a suicide cluster occurred on the Standing Rock Reservation, in North Dakota and South Dakota. Ten young people took their own lives and dozens more attempted to do so, and more young people are continuing to do so. Tragically, many other reservations have similar stories to tell. Suicide is now the second-leading cause of death (behind unintentional injury and accidents) for American Indian and Alaska Native youth aged 15-24. The suicide rate for this population is 2.5 times higher than the national average. American Indians have the highest rate of suicide among all ethnic groups in the United States, with a rate of 14.8 per 100,000 as reported in 1998. Rates were highest in Northern Plains, Pacific

Northwest, and Alaska Areas — five to seven times higher than the overall U.S. rates. More than one-half of all persons who commit suicide in Indian communities have never been seen by mental health providers.

In studies that examine risk factors among people who have completed suicide, substance abuse occurs more frequently among youth and younger adults, compared to older adults. For particular groups at risk, such as American Indians and Alaska Natives, depression and substance abuse are the most common risk factors for completed suicide. Mental health and substance abuse disorders are also risk factors for violence.

Violence Among American Indian and Alaska Native Youth

According to the National Center for Injury and Prevention Control within the Centers for Disease Control and Prevention (CDC), injuries and violence account for 75% of all deaths among Native Americans ages 1 to 19. As I mentioned earlier, suicide is the second-leading cause of death for Indian youth aged 15-24, followed by homicide, the third-leading cause of death for the same age group.

A recent example of violence in Indian Country is the tragedy at Red Lake. A 16-year-old junior at the Red Lake high school on the Red Lake reservation in Minnesota took the lives of nine others and then his own. On March 21, 2005, the 16-year-old shot and killed his grandfather, his grandfather's partner, five students, a teacher, a security officer, and himself. Since this event, there have been 2 confirmed suicides and a number of attempts.

The statistical picture on the Red Lake reservation, home to about 5,000 Tribal members, is well below the national average, and below that of many other reservation communities. Red Lake Nation is an impoverished community. Thirty-nine percent of the population lives below the poverty line; 4 out of 5 students at Red Lake High school qualify for free or reduced fee lunch. A third of the teenagers on this reservation are not in school, not working, and not looking for work, compared with about 20 percent on all reservations. A survey last year by the Minnesota Departments of Health and Education found that young people on the Red Lake reservation are far more likely to think about suicide, be depressed, worry about drugs, and be violent with one another than children across the State. A state survey of ninth graders found that at Red Lake High, 43 percent of boys and 82

percent of girls had thoughts about suicide, with 20 percent of boys and 48 percent of girls saying that they had tried it at least once. This event has led to community trauma and turmoil.

Unfortunately, this condition is repeated on reservations across the nation.

SAMHSA's Role in Better Serving American Indian and Alaska Native Populations

SAMHSA focuses attention, programs, and funding on improving the lives of people with or at risk for mental or substance use disorders. Consistent with President Bush's New Freedom Initiative, SAMHSA's vision is "a life in the community for everyone." The Agency is achieving that vision through its mission "building resilience and facilitating recovery." SAMHSA's direction in policy, program, and budget is guided by a matrix of priority programs and crosscutting principles that include the related issues of cultural competency and eliminating disparities.

To achieve the Agency's vision and mission for all Americans, SAMHSA-supported services are provided within the most relevant and meaningful

cultural, gender-sensitive, and age-appropriate context for the people being served. SAMHSA has put this understanding into action for the American Indian and Alaska Native communities it serves. It is important to note also that it is SAMHSA Administrator Charles Curie's policy to level the playing field and to ensure that Tribal entities are eligible for all competitive grants for which States are eligible, unless there is a compelling reason to the contrary. In total, SAMHSA provides about $42 million to American Indians and Alaska Natives annually.

CMHS is transferring $200,000 to IHS to support programming and service contracts, technical assistance, and related services for suicide cluster response and suicide prevention among American Indians and Alaska Natives. One example is the development of a community suicide prevention "toolkit". This toolkit will include information on suicide prevention, education, screening, intervention, and community mobilization, which could be readily available to American Indian and Alaska Native communities via the Web and other digitally based media for "off the shelf" use.

To better assist Tribal organizations, SAMHSA funded a $1 million grant that was awarded to the Oregon Health and Science University to establish the One Sky Center - an American Indian and Alaska Native National Resource Center. The One Sky Center (www.oneskycenter.org) provides technical assistance, training, information dissemination, and communication to increase substance abuse prevention and treatment knowledge and skills among service providers, policy makers, Tribal communities, funding organizations, and consumers. Today, the One Sky Center is a National Resource Center that, in addition to its many other services, maintains a comprehensive list of American Indian and Alaska Native programs that are currently funded by SAMHSA. One Sky Center is currently providing technical assistance to the Standing Rock community by providing them with assistance in requesting a SAMHSA Emergency Response Grant (SERG) for immediate and intermediate emergency funds.

SAMHSA's commitment was especially noted in our efforts to encourage American Indian Tribes and Tribal organizations to apply for Access to Recovery (ATR) funds. ATR is a Presidential initiative that provides funding to States and/or American Indian Tribes or Tribal organizations to expand substance abuse treatment capacity, to expand the array of

providers, and to instill accountability into the substance abuse treatment system.

SAMHSA held 4 technical assistance briefings for States, and while many Tribes were free to attend these briefings, a fifth briefing was set up specifically for Tribes and Tribal organizations. As a result, 22 Tribes submitted applications, and a Tribal coalition, the California Rural Indian Health Board, received one of 15 grants awarded in FY 04. The President is asking for an increase of $51 million for this program for FY 06, which should allow for additional awards for which Tribes would be able to apply.

The Screening, Brief Interaction, Referral, and Treatment (SBIRT) program has awarded a grant to the Cook Inlet Tribal Council near Anchorage, Alaska, to provide treatment services for their population. SBIRT is designed to assist in reducing the suicide/violence in Indian Country by treating the underlying substance abuse that contributes to the problem. The FY 06 budget requests a $5.8 million increase in SBIRT funding.

Additionally, SAMHSA's Substance Abuse Treatment Targeted Capacity Expansion (TCE) grant program continues to expand treatment

opportunities and capacity in local communities experiencing serious emerging drug problems. Tribes and Tribal organizations have received over $31 million in TCE funds, either in direct or indirect grant awards, during the past three years.

Regarding mental health services, SAMHSA also collaborates with IHS and the National Institute of Mental Health within the National Institutes of Health (NIH) on the Circles of Care grant program. The Circles of Care program supports the implementation of mental health service models designed by American Indian and Alaska Native Tribal and urban Indian communities that utilize a systems-of-care community-based approach to mental health and other supportive services for American Indian and Alaska Native children with serious emotional disturbances and their families.

SAMHSA's Comprehensive Community Mental Health Services for Children and Their Families Grant Program provides funding for direct services to improve systems of care for children and adolescents with serious emotional disturbance and their families. Seven Tribal organizations are among the current total of 63 grantees.

Additionally, SAMHSA, under the authority of the Garrett Lee Smith Memorial Act (Pub. L. 108-355), announced the availability of FY 05 funds for state-sponsored youth suicide prevention and early intervention programs. (Requests for Application No. SM-05-014, SM-05-015, and SM-05-017)

SAMHSA takes seriously the current challenges in Indian Country, which include few trained service providers, major transportation barriers, and multi-generational poverty. SAMHSA is being proactive in addressing these challenges that rob communities of their most valuable resource: their children and their future. The vital treatment and prevention efforts that I have discussed today are designed to address these problems and are improving services for American Indian and Alaska Native children, youth, and their families.

Mr. Chairman and Members of the Committee, thank you for the opportunity to appear today. I will be pleased to answer any questions you may have.

TESTIMONY OF AUNTIE CAROL TWO EAGLE, Sun Dancer & Presiding Bishop of the Church of the Helping Hand, Inc; 701-426-3769; A_Wise_Spirit@Yahoo.com; weblog: www.DiscoverNDNow.com
BEFORE SEN. BYRON DORGAN; VICE-CHAIR, SENATE COMMITTEE ON INDIAN AFFAIRS
BISMARCK, ND, STATE CAPITOL, BRYNHILD HAUGLAND ROOM, MAY 2, 2005

Hau mitakuyapi. Hello my relatives. For the record, my name is Auntie Carol Two Eagle, and I am speaking to you today on the subject of the suicide rate of our Indn youth, its causes and methods of relief I believe will decrease this problem significantly. AUNTIE IS THE PROPER TITLE FOR A FEMALE PIPE CARRIER

I want to thank you, Senator, for finally beginning to take an active interest in this problem. I & others have spoken out on this matter for decades, but no one in the majority culture took much interest, before the Red Lake nightmare happened. In the Indn Way, we see this lack of interest as racism, so I want to thank you for beginning to correct the situation.

I am a Sun Dancer, and so, a Carrier of a Holy Pipe for our Indn People. My prayer was brought to me by Elders of 7 Nations, who asked me to Sun Dance this prayer. It is called the prayer of The Four Winds. It is a prayer to heal the sacred hoop of the world, so it brings me here before you today.

Since 1993, I have been the head of a 501c3 170c2 chartered as a religious & educational organization. We have been "plugging cracks in the system" since May of 1972 – 33 years this month.

I 'could' keep you here for hours, with my personal knowledge and experiences in dealing with this problem of Indn youth suicide, but I won't. I do make myself available to you for as much more information as you want about the many facets to this problem of American Indn youth suicide, however, as I have dealt with it for many years. My telephone number & email addresses are included here, along with the URL of my weblog site, where I post essays on these kinds of subjects.

I am also a great-grandmother, and in 1998, one of my grandsons suicided. HE WAS 15,

There are many reasons given by our youth for suicide attempts. When we distill all the information we have on this problem, the answer is clearly that the problem is caused by ongoing attacks on our Traditional spiritual & cultural ways. These attacks occur in the schools, they occur through the welfare system that too many of our people are forced to live on, & through organizations that claim to be or promote Traditional ways, while selling Holy entities such as Channunpa, commonly called Prayer Pipes.

I have heard it reported that among the emails from the young man who committed the Red Lake nightmare was at least 1 rant about his inability to find anyone who was authentically Traditional, and that he felt as if he had a hole in his soul from lack of access to Traditional spiritual ways. The cause of our Indn youth suicide rate lies there, in an inability of our youth to access our Traditional spiritualities, while they are hounded day & night by the majority culture to drop our Traditional spiritual & cultural Ways.

I have been hounded about this all of my life, beginning with my birth mother, who was ¼ Indn blood. She started stalking me just before my 3rd birthday, attacking me when I slept, & beating me with her fists, "trying to beat the Indn heart out of me", she said. She said she had a bigger problem because, in her words, I "always had a disgusting tendency to go back to the blanket, just like your birth father did". She never would tell me who he was, except that he is an Indn, & DNA tests have proven this to be so.

Needless to say, this woman who birthed me was not mentally or spiritually sound. My elders – my grandmothers & uncles – stepped in & raised me to be a stand-alone pre-missionary Traditional woman; & in so doing, stopped me from becoming another suicide statistic. People who grew up under the conditions I did usually either become violent people or they try suicide in slow motion, through alcoholism or drug use, OR THEY COMMIT SUICIDE IN THE WAYS THEY DO.

Because my elders stepped in & raised me in the Traditional spiritual & cultural ways of the D/Lakota people, I have had strong faith, through the Traditional ways, to sustain me through my life – which has included several major crises. It is that strong, solid grounding in our Traditional ways that got me through those crises.

Before the coming of Europeans & their missionaries, we did not have suicide here on Turtle Island, except in unusual circumstances. In our Traditional Way, we believe that when a person suicides with no truly good reason, his or her spirit returns here immediately to live a double life – taking up the old one

where it left off, and living the new life that that person had started during the years s/he walked the earth. Needless to say, such a person has life even tougher the second time than s/he did the first.

The majority culture has tried to destroy that perspective of Traditionalism, just as it tries to destroy all of our perspectives. The majority culture & its missionaries have only ranted about how 'bad' suicide is. After first ranting how 'bad' humans are to begin with, & how much more 'bad' Indns are. This sets up a cultural & personal view that there is no hope. Then the majority culture pounds on us Indns with mascots, mythconceptions and stereotypes about our reliability, our abilities in general, and our honesty. Small wonder that our youth suicide at 40 times the rate for white youth.

I say the rate is '40' times the rate for white youth because the last figures I had stated that black youth suicide at 10 times the rate for white youth, and Indn youth suicide at 4 times the rate for black youth. The correct figure then is '40' times the rate for white youth. And until the Red Lake nightmare happened, the majority culture made no inquiry at all, let alone any move to try to reduce the problem.

So, while the Red Lake nightmare will always be a nightmare, I am not of the 'victim' mentality, Senator; & I see that Jeff May's rampage served a useful purpose, in that it brought you here to hear us & do what you can to help us.

I told you that my birth mother began stalking me just before my 3rd birthday & that thanks to my guardian spirits and my elders, she failed.. My grandmothers & uncles who raised me to be a pre-missionary, stand-alone Traditional woman – did so in secret, since that side of my family is blood-related to 6 of the Dakota warriors who were hanged on the day after Christmas, 1862, in Mankato, MN; & that side of my family went into hiding that day. You have not lived, Senator, until you have tried to sing sacred songs in a whisper, on the premise that "if anyone hears us, the government people come & get us & lock us up or kill us". The story of how my mother tried to deny me my heritage, & my elders worked in secret to make sure I knew it, is legion. Even if my birth mother had not stalked me, it has been common throughout Indn world to hide our ceremonies from non-Indns, from common view, & in so doing, from our youth. This has contributed majorly to the suicide rate of our youth.

When I began to speak openly about Traditional spirituality, many elderlies & some younger men came to me & begged me not to, on the premise that, "Either the government people will come & get us & lock us up or kill us" or "The government people will kill you! There is still a Program to kill off our Women of Power!" That was in the early 1990's.

"Women of Power" is a term that refers to spiritually-gifted women such as I am. Before there was a U.S. government, European missionaries who came to our shores targeted our Women of Power, killed them, beheaded them, put their heads on poles, & traveled up & down the East coast, "to send a message to the Indigenous People". We got the message, Senator, & our Women of Power went into hiding, & across Turtle Island, Indns began to lie about the existence of such women. We told the missionaries that women had no spiritual power. We changed our cultures on the surface to protect our spiritually-gifted women - & eventually, the lie became known as the truth throughout our cultures, as the attacks of the missionaries – mainly through the boarding schools – caused our youth to be neither wolf nor dog – not part of the majority culture & unable to function in our Traditional cultures, either, because they didn't know their cultural & spiritual Traditions.

There are many books that detail this activity, Senator – If you wish a list, I will get it to you.

For most of the past 200+ years, since a United States government came to be, there have been in place many programs to: destroy our Traditional spiritual ways; destroy our Traditional cultural ways; destroy our languages. Reservations, boarding schools, and 'correctional schools' are high on the list.

Within just the last 12 months, people came to me for help in dealing with a white teacher on one of our Reservations who made a lot of noise complaining about "filthy heathen practices" when our people smudged in the school each day.

I told them to tell that teacher that she is working in one of our countries; that we are Sovereign Nations; & she is to keep her opinions to herself & stop attacking our Traditional Ways if she wants to keep her job. I told them that if they preferred, I would tell her. That seemed to give them the courage of their convictions, & they told her themselves, & the problem ended. This is not an uncommon occurrence.

When any of our teachers have done this off the Reservations, bigots have claimed we are violating the Doctrine of Separation of Church & State - & then gone ahead with their Christian prayers & such.

Since I have begun going to the ND Legislative Sessions & testifying as a citizen lobbyist, I have been told the following: Our Lt. Governor 'could not' show respect & call me by my proper title, 'because that would be ancestor worship', but he could easily call a Catholic priest 'Father' or an abbess 'Mother Superior'. Another Legislator snarled at me in public, "You don't have a real religion!" when I was requesting an amendment to an anti-tobacco bill so that our Indn youth would not be in violation when they smoked during ceremony, since smoking tobacco is central to our Traditional spiritual practices. This Legislator has since learned a better perspective, I'm happy to say. But it took awhile.. I have been asked "Why Indns seem to have so much trouble assimilating into the majority culture, & didn't I think that if they dropped this Traditional spiritual stuff, they'd progress faster?" My answer to that was, "I Carry a Holy Pipe, & you ask me a question like that?? First, assimilation into the majority culture is a giant step backward, not forward. Second, our Traditions have taught us how to live in a good way for thousands of years. We have only had trouble since your people came here & began trying to force us to drop our ancient ways." There are more examples, but you get the idea. If you want further specifics later, let me know. "I don't see anything racist about the remark (by a ND employer) that all Indns are fat, lazy, & sloppy" (a state worker in the Labor Department); "I don't see what the big thing is with you Indns about mascots – I think they're cute." By no means are these all of the examples.

Senator, the Oxford Standard Dictionary of the English Language defines a mascot as "a pet". Do I strike you as someone who would make a good pet? Does any human? It further defines a mascot as a kind of slave. Last I heard, slavery was outlawed in 1862, with the signing of the Emancipation Proclamation. Outlawing mascots by majority culture entities would go a long way toward decreasing our Indn youth suicide rate. We & our cultures are not quaint, cute, collectible museum pieces. We are living, breathing people; & our cultures are still vibrant & beautiful, even after all these years & attacks.

These attacks on our Ways, with accompanying devastation to our People, began when missionaries & traders began to come here in the 1500's, & brought us 2 things we didn't have before: alcohol & religious division. The original Four Point Plan was devised by Fr. Paul LeJeune, a Jesuit missionary, according to orders sent to him according to a Papal Bull from Pope Gregory XIII. These four points are still in use today - & they are the root reason for suicides by our Indn youth, then & now.

Paul LeJeune's four points for destroying Indigenous Traditional spiritual ways were: (1) Separate the children from their mothers & especially from their grandmothers at an early age; about 5 – 6, because that is where they learn their basic languages, world views, & behavioral norms. (2) Do not allow them to wear their Traditional clothes or hair styles, or speak their mother tongues, since languages are the way cultures & the thought patterns & world views of those cultures are expressed. (3) Forbid them to worship in their Traditional ways. (4) Teach both the men & the boys that women are not spiritually equal, let alone superior. Teach them to beat their wives to teach them humility & subservience to males.

Boarding schools operated precisely according to these 4 points. Males had such atrocities visited on them as: stitching their foreskins closed for up to a week for 'being caught' worshipping in the Traditional ways; tying a string tightly around the boys' penises if they were caught with an erection or trying to be with a girl; being dressed in women's clothes for running away; to name a few. Females were forced to spend long periods of time on their knees on hard surfaces, sometimes while holding a load or carrying one; were called obnoxious names like slut, for showing an interest in boys; were dressed in males' clothes & made to do males' work & derided for it; to name a few. Both males & females were whipped. These practices continued into the 1950's for sure, & instances were reported into the 1960's. I was expelled, for being "incorrigibly heathen". But individuals like me are few & far between.

In 1994, I was held in South Dakota's state hospital for 3 weeks, & had a full Board hearing, for being Traditional. Among the charges the prosecutor made were: "She talks to God, & believes He answers!" To which I replied, "Of course! What do you think – there's a spiritual bulletin board & we hang post-it notes on it?!!" He also claimed that "She prays anywhere & everywhere!" Also true. The Chair of the Board 'caught' me praying during that hearing & asked, "Here?!" To which I replied, "What better place?

My life is hanging in the balance, here." Another charge was that I believe that the Universe is a living being – which is absolutely true; I do. As do all other authentic Traditional people.

In our Lakota Traditional spiritual ways, our Creation belief is that time began when Wakan Tanka, the Great Spirit, decided It wanted to know about Itself in all of Its infinite variety, & It began to give its parts solid form. Of course this process is continuing; or there would be no universe at all. And our phrase, "mitakuye oiasin", which means, "All, (are) my relatives" reflects that reality belief. We are all parts of Wakan Tanka & that is how we are related.

The physical world proof of spirit is air. We can't see it, we can't hold a specific piece of it in our hands, but we can't & don't live without it. Nothing does. If spirit weren't more powerful than physical, we would not only have no reason to pray, we would not know about prayer.

In getting the word out to the Indn community about this hearing today, I made fliers, & took them around Bismarck for posting, on Friday. I got far too many refusals from businesses that we Indns usually patronize a lot. Among the "reasons" I got for refusals to post the fliers were: (1) We only post on the first & 15th of each month. (Cashwise). (2) If we post for you, we'll have to do it for everyone. (A Buck or So, Dan's Supermarket on 3rd Street, Big Lots, Wal-Mart, to name just some). This argument is as ridiculous as it is insulting. This is hardly about yard sales or some such! And these same people cry loud & long about their people's death rates, about the attacks of September 11, 2001; and similar. This is racism, pure & simple. (3) We only post community events that are entertaining. Apparently, suicide prevention, especially among Indns isn't 'entertaining' enough. But my favorite 'reason' for refusing to post a notice was, "Um, we generally limit our postings to craft events." That was the manager of Hancock Fabrics, where our Indn women buy a lot of fabric for making Lakota Star blankets, which are an important cultural entity, & are part of our Traditional spiritual ways.

I told her that the suicide rate of our Indn youth is certainly a lot more important than any craft event! I also pointed out that she was refusing to ***show*** respect for the many Indn women who buy fabric at Hancock Fabrics, and for their children and grandchildren. She still refused to put up the flyer, so today, I bring her to your attention, & that of everyone who is here, as well as posting her & the others' comments on my weblog site, www.DiscoverNDNow.com, where the world can read about such racist views. I also reminded her to be sure to go to church on Sunday, so people could see her there. Then I left.

In short, Senator, a strongly-encouraged return, whole-heartedly supported by strong government programs, including funding, to our Traditional spiritual & cultural ways will stop this epidemic of suicide among our Indn youth. (1) Making sure that our languages are taught to every Indn child in every Reservation school, and made available through special programs to all those Indn children who are living off their Reservations is critical. (2) Making sure that our sweat lodges are insured proper treatment & shown proper respect wherever they are, such as at our ND Youth Correctional Center outside of Mandan, where I currently have quite an argument going on, trying to get those kids & that particular sweat lodge to be ***shown*** proper respect - & every place where Indns are incarcerated in any form or to any degree, nationwide. (3) Making sure that our Traditional spiritual people are accorded the same treatment as is given to Christian ministers, including per diem honoraria when we lead ceremonies for our people who are behind the Iron Doors. (4) Encouraging, promoting, & supporting Traditional spiritual practices with the same fervor that is shown to Christian activities, rather than supposedly "preaching tolerance" of our Ways. This is about ***showing*** respect; not merely paying lip service to our Traditional ways.

In the majority culture, there is a section in the Constitution about the Doctrine of Separation of Church & State. In our Indn Ways, we don't believe our spirituality can be separated from any aspect of our lives.

We have been, & still are, harassed & even persecuted for practicing our Traditional spiritual Ways – called heathens, pagans, & devil-worshippers by ignorant members of the majority culture, & those who have been hornswoggled into walking the Jesus road instead of the Red Road. I have first-person knowledge of police & deputies both, show up at ceremonies, & "demand" to know "what you people are up to here"; or "what you people think you're doing, here", & similar.

I can't tell you how many times I've been asked what we smoke in the Holy Pipe; or asked about "your peoples' drug uses" relative to our Channunpa.

We find these kinds of questions incredibly rude & insulting. I have been threatened with police action for: praying by the side of a road; for doing ceremony in someone's house; to name just a couple of such instances - & so have most of us who Keep Holy Pipes (Channunpa).

To travel by air with a Channunpa is impossible for us who are authentically Traditional, because of the various taboos about women who are on their moons not being allowed near such a Holy entity; & taboos about people who have used alcohol or drugs handling a Pipe; & taboos about merely curious people handling such holy entities as Channunpa "to see what It is", & so on.

There are businesses & organizations that sell Channunpa – which is absolutely forbidden by our Traditional Ways. It is my belief that when such businesses are allowed to operate, & to advertise that the people who sell through them are "real Traditional people", they ***cause*** suicides among our Indn youth. Disallowing such flagrant lies by such businesses/organizations, by law, would go a long way toward decreasing the suicide rate among our Indn youth.

In short, strong promotion of return to Traditional spiritual & cultural ways would massively decrease the suicide rate of our Indn young people. Traditionally, we value work, personal generosity, honor, & strength of character. Programs that enable Indn people to get training to get culturally-appropriate jobs or start culturally-appropriate businesses would be of great value. Changing the way our Indn children are schooled, from Head Start through high school, so that they learn their languages, cultural ways, & Traditional spiritual ways would also help greatly.

Getting rid of any government bias against our Traditional Ways, including in the Bureau of Indian Affairs & in the way the BIA handles any of our 'trust' concerns, would also help greatly. Freeing Leonard Peltier from prison for a crime he didn't commit would go a long way toward encouraging Indn youth, which would decrease the suicide rate among them. Outlawing use of Indns & Indn terms as mascots would be helpful, as well; not necessarily by law, but certainly by policy & practice.

Spiritually aimless people commit suicide, Senator. Suicide is a scream from someone who wants to be shown respect – for his or her spiritual & cultural perspectives & practices. Not treated like some kind of anachronism, cultural oddity or collectible – as if s/he were not real or valuable. In the long run, what this is all about is ***showing*** respect for our Traditional Indn ways – not merely claiming it via lip service, while the actions speak so much more loudly against the words.

Thank you for hearing me in a good way now. Many blessings on you. Mitakuye oiasin. (All {are} my relatives.)

Mitakuye Carol Two Eagle

The North Dakota Adolescent Suicide Prevention Project

Project Director: Mark LoMurray, 701-471-7186, Email outreach@btinet.net
Fiscal Agent: Mental Health Association in North Dakota

A Blended Approach to Prevention

The North Dakota Adolescent Suicide Prevention Project has taken a holistic approach toward suicide prevention blending three overall strategies.

- **Awareness/Education/Stigma Reduction**
- **Increase Treatment Access**
- **Resiliency and Asset Building**

The North Dakota experience has led to a prevention philosophy that believes education, treatment access, and resiliency strategies are interwoven – one impacts the other. Also that increasing strengths and protective factors is as important as being risk focused. This is significant in tribal and rural communities that have experienced risk factor statistics as discouraging rather than empowering.

History

1998 -14 North Dakotans participate in SPAN Conference helping developing 1st national suicide prevention plan

1999 - ND Adolescent Suicide Prevention Task Force formed

- Initial state surveys, data analysis completed
- 1st North Dakota state plan developed with recommendations

2000 - Awareness Phase

- Mental Health Assoc. in North Dakota lead agency in grant project ($75,000 ND CSCC)
- All of North Dakota state regions and tribal areas receive awareness and planning workshops
- 126 workshops to 2600 participants

2001 Action Phase

- Implementation of five core strategies
- 145 workshops to 3200 participants
- $75,000 grant ND CSCC

2002 Capacity Building

- Three regions fund part time suicide prevention coordinators
- Funding $80,000 from five grant sources to continue state coordination efforts

2003 Integration

- 8 rural and tribal mentoring coordinators hired - $180,000 a year Safe and Drug Free School grant through 2005
- Train the trainer sessions continue
- Developing system (rapid community mobilization) of targeted prevention response to suicide contagion or impact areas
- Continue pursuing pilot project for home-base tracking in rural and tribal settings
- ND legislature turns down request for suicide prevention coordinator in ND Health Dept. budget – continue to fund through grants
- 175 workshops/technical assistance sessions to over 4500 participants to date in 2003

2004 Funding – Research – Capacity Building

- Prevention research grant pursued through United Tribes
- ND Suicide Prevention Conference to focus on action efforts
- Expand state suicide prevention plan to include all ages
- Involve stakeholders, survivors in legislative funding effort
- Regional training the trainer around gatekeeper, mentoring, teen-led efforts, support groups, screening efforts, and crisis response through rapid community mobilization.
- Expand infrastructure through partnerships with local, regional, statewide groups.

Outcomes

- A four year trend since the start of the project shows a sustained 47% reduction in ND 10-19 year suicide fatalities, compared to the ten year average in the 1990's.
- North Dakota Youth Risk Behavior Survey's comparing years 1999 to 2003 9th -12th grade responses to suicide questions: 29% reduction in teens having seriously thought about suicide, 20% reduction in teens having made a suicide plan, 20% reduction in teens having made suicide attempt needing medical attention, 7% increase in teens having made suicide attempts.
- Every state and tribal region has initiated at least 2 of 5 recommended strategies.
- 32,000 participants have attended suicide prevention awareness and action workshops
- 6700 key teen leaders have received a Peer Gatekeeper training involving over 90 teen-led prevention projects
- Three phase "peer gatekeeper curriculum" developed, implemented, and dispersed.
- 35 new teen-led prevention projects received start-up training – 15 in tribal communities
- 8000 professionals received updated training on suicide intervention and prevention strategies (physicians, nurses, pastors, law enforcement, EMT's, residential treatment and detention, school staff, recreation programs, and mental health specialists)
- 26 new schools and communities are implementing screening strategies – Prairie Screening Project partnership, National Depression Screening Day, plus targeted screening groups.
- 9 new mentor coordinators have been hired with mentor teams starting in 20 tribal communities and 5 rural communities
- 250 new mentors have been matched with 400 youth at present – 300 youth are Native American with 175 mentors being Native American
- Workshop satisfaction has averaged 8.8 of 10 being very helpful.
- 4 state or tribal regions have hired part-time suicide prevention coordinators working on recommended core strategies
- Over 95 tribal and rural entities have signed coalition agreements and belong to councils working on specified mentoring and suicide prevention activities.
- Over 50 Native American Injury Prevention students have been trained on suicide prevention strategies and are being placed in numerous tribal communities. Suicide prevention is becoming part of their core curriculum.
- 60 third year UND medical students have participated in year long mentoring to teens, received training on science-based substance abuse and suicide prevention, and holistic suicide interventions.
- Adolescents involved in the medical student mentoring project showed a 35% reduction in suicidal ideation and 38% reduction in feelings that their families did not care about them.
- Eight detention centers, attendant care sites, and residential centers have updated their suicide response protocol.

Targeted Populations

Adolescents and young adults became the primary focus for North Dakota's suicide prevention efforts with data indicating suicide fatalities for 10-24 year olds at almost twice the national rate. North Dakotan's of all ages rated 26th nationally and North Dakota suicide fatalities for elderly were significantly under the national average. Males made up 85% of all suicide fatalities and Native American youth and young adults were 35% of the suicide fatalities while representing only 8% of North Dakota's youth. In 2004 the North Dakota Suicide Prevention Task Force will rewrite the state plan to address goals and objectives for all ages related to suicide.

Public Awareness – Education – Stigma Reduction - Gatekeeper Training
Over 32,000 have participated in workshops and technical assistance sessions to implement recommended suicide prevention strategies. Of primary focus for awareness sessions, gatekeeper training, or professional training has been to initiate the following.

- Present audiences with facts and up to date data and research related to North Dakota's suicide.
- Reduce stigma associated with mental health disorders and treatment.
- Expand suicide knowledge beyond depression awareness to include other risk factors and protective factors.
- Expand professionals response to include a multilevel intervention approach based on multiple *Sources of Strength*.
- Present interventionists with research and training on "common errors."
- Provide strategies that encouraged efforts beyond one-shot awareness and move postvention crisis teams toward activating local community mobilization and long term natural helper support.
- Community and peer gatekeeper training should address basic steps of intervention and referral with a significant emphasis on addressing 'codes of silence' for youth/young adult audiences. The project's own Peer Gatekeeper Curriculum, QPR, and Yellow Ribbon are the most commonly used in the state.

Teen-led Efforts in Suicide Prevention
Over 6700 teens have been trained with 35 new teen-led startup efforts involving teens in ongoing prevention efforts. Our focus has encouraged a **three phase effort** – one phase leading to the other.

1. Peer Gatekeeper – an interactive four hour curriculum developed to address "codes of silence" and partnering with adults
2. Peer to peer messages on risk factors, protective factors, codes of silence, and where to get help
3. Long-term teen-led prevention efforts that had five clear benchmarks (training, supervision, planning input, clear mission and role, and recognition.

Screening
Universal and targeted screening strategies have been initiated in 26 new schools, 8 detention or youth facilities, and over 400 faith-based youth leaders, pastors, and spiritual leaders have received training on screening tools. Physicians and medical students have received training on new clinic friendly tools.

- A screening toolkit packet with a variety of screening devices have been regularly distributed.
- Partnership with Colombia Teen Screen and DISC-R – Prairie Screening Project
- Addressing significant stigma issues around screening with comparison to hearing and vision tests.

Mentoring
North Dakota's suicide prevention efforts have linked the very promising research on mentoring for violence and substance abuse with suicide issues. Initial efforts to start rural and tribal mentoring were linked with significant basic infrastructure problems so the North Dakota Mentoring Partnership was formed to provide the core components identified in research on successful mentoring.

- 9 mentor coordinators have been hired for five tribal areas and two rural areas of the state
- Teens, adults, and elders are being actively recruited to mentor in school, community, faith-based, and cultural models.
- From March 2003 – March 2005 over 275 mentors to 400 youth have been matched with 175 of these mentors from tribal communities.

Home-Based Tracking
Approximately 50% of youth and young adults having medical contact due to a suicide attempt in rural and tribal North Dakota receive no services two weeks later. Significant promise has been shown in tribal communities around home-based tracking models for pre and post natal support, asthma, and diabetes. Funding for a pilot program is being pursed.

- On Standing Rock an initial short term project has been funded and initial training of home-based workers has started. (April 2005)

Support Groups
The project through MHAND has provided technical assistance in the startup of a dozen support groups throughout the state. These groups vary from depression, survivor, talking circle groups, and groups addressing trauma. They can be sponsored by community, faith, or schools, but have the primary purpose of provided emotional support and a caring community to support them. These would not be considered therapy groups, but rather support groups. The North Dakota HELPLINE regularly monitors and refers individuals to a variety of support groups throughout the state. We presently have 33 support groups statewide and would like to expand to 50 by the end of the year.

Statewide Hotline (2-1-1) and Resource Center
The Mental Health Association in North Dakota (MHAND) just celebrated it's 50th anniversary and provides a statewide HELPLINE (701-472-2911) answered in person 24 hours per day. The HELPLINE has an extensive data system which provides local referral and resources to individuals needing assistance whether of a crisis or informational nature. The HELPLINE has just been chosen to expand and become North Dakota's 2-1-1 system. The MHAND Resource Center also carries an extensive system of several thousand types of pamphlets or print materials and over 500 videos related to mental health and youth related issues.

Crisis Response – Postvention Focus
We are encouraging schools and community's to have a Crisis Response Plan in place that enables communities to responds to traumatic events and tragic fatalities that impact the school or a community. Sample models of written crisis response plans are available upon request from the Mental Health Association in North Dakota. We are strongly encouraging crisis teams to move beyond a single session critical incident debriefing model and focus on long term support. A model in which medical and mental health experts partner with local natural helpers to provide long term support to impacted individuals and families.

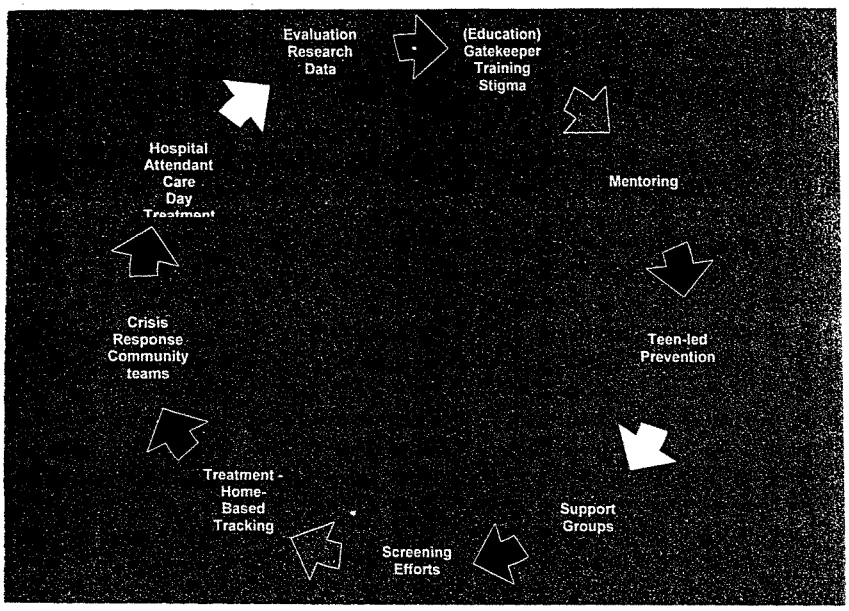
In areas dealing with potential contagion or pandemic suicide situations we strongly encourage a **"rapid community mobilization model"** which encourages whole communities to gather quickly after a second or third "area suicide fatality." This community response moves beyond the traditional mental health and school response and encourages involvement of youth leaders, parents, elders, spiritual communities, 1st responders, health, mental health, media, business, and school. A series of recommendations are mentioned in the *North Dakota Suicide Prevention Newsletter – short term crisis response*. In tribal areas a suicide prevention door to door campaign is encouraged using trained teen and parent leaders from the local community.

Human Service Center's and Indian Health Services have mental health professionals available in all of the regional and tribal areas of the state and are encouraged as an immediate point of contact. The statewide HELP-LINE or 2-1-1 System will provide access to these regional and local support number's 24 hours per day.

Treatment Access – Hospitalization and Jailing vs. Community Support
It is estimated that less than half of individuals that contact our medical systems due to a suicide attempt in rural and tribal communities are still receiving services two weeks later. Millions of dollars are spent hospitalizing individuals in urban centers of the state when other cost efficient community-based efforts go undeveloped. It is not uncommon for suicidal teens to be jailed in our tribal communities due primarily to a lack of other facilities. Some cost efficient alternatives.

- **Attendant Care** – is a cost efficient system to provide a 24-36 hour watch and care system for youth that are not at the highest level of suicide risk. It simply requires a room, couch/bed, and television with one or two trained attendants to sit with youth that are struggling with family issues, non-delinquent behavior, or suicide thoughts.
- **Day Treatment** – partnered with schools, clinics, addiction and mental health programs day treatment can provide more intensive care, treatment, and support without the cost and expense of hospitalization.
- **Addiction and mental health treatment halfway homes** – The lack of addiction counselors and mental health staff in tribal communities is particularly disturbing. Most tribal areas could benefit from a treatment effort that provided a caring supportive community for up to 30-60 days similar to a halfway home. This would allow traditional cultural and faith-based supports to work closely with treatment efforts and help transition individuals back into local natural supports.
- **School/Community Based** – Mental health professionals should be woven into school and community-based settings to reduce many of the transportation and stigma issues associated with mental health and suicide issues. While it is not the school's role to provide mental health treatment, the school provides the most easy access to many youth struggling with suicide issues which impedes their academic success. A partnership between school, mental health, and community supports in which individual, group, and family treatment can be provided in school settings greatly increases the likelihood of individuals receiving needed care.
- **HomeBased Services** – Woven through all of these services should be skilled para-professionals provided home-based support and follow-up working with not only identified patients, but whole family and relation systems. In rural and tribal settings skilled empathetic home-workers can provide much needed care and support to suicidal individuals, but also to parents, brothers and sisters who are struggling with the same issues, and extended kinship systems. These home workers are critical in maximizing the mental health dollars and building bridges between institutional treatment and natural helpers and healers within the communities.

Circle of Support – Suicide Prevention Action Strategies



SUBMITTED TESTIMONY
MINNIE PLENTY CHIEF-BROWN
SIOUX NATION OF STANDING ROCK
BISMARCK, NORTH DAKOTA

May 12, 2005

Dear Honorable Senator Dorgan,

Today I write you in response to your invite to submit testimonials to the hearing held on May 2, 2005.

My name is Minnie Plenty Chief-Brown. I am an enrolled member of the Great Sioux Nation of Standing Rock. My reasons for wanting to submit a letter for testimonial are due to the fact that I, too, have been subjected to suicide, and I want to share my story because we're survivors.

In 1994 my three eldest daughters' father completed suicide and ever since that day I wanted to understand why, but no one will ever understand. We will just look for the possibilities or circumstances surrounding it and I have accepted that. When I was thirteen to sixteen years of age, I attempted suicide. Believe me, I wanted out and my reasons were due to living in an alcoholic, abusive and broken home with no responsible adults to care for us or love us, and I got tired of being wakened in the middle of the night to cook for all the people at the party of my folks and then having to attempt to go to school. Sometimes I would go to school sporting a black eye or a big lip or bruised up, but I went, and believe me, I have the razor cuts from the years back of past attempted suicide.

I was placed in foster homes and put back into the same home of abuse after my folks promised the judge they would sober up and take care of us. You see, there are five of us total in our family and we all have trauma scars from our past; we were never shown how to show emotion, like love, caring, sharing and, yes, trust. Our mother never hugged us or said she loved us; neither did our father. But, we are survivors and back in those days we were told not to tell or talk to anyone or we'd get taken away from our folks, so years passed with this abuse and there never were laws to protect us.

Today, society woke up and took action and protects the children and I'm glad that was taken care of because no child should even have to live this was of life, which is the wrong way. Later on, my folks split up and divorced, which I think was the first good thing they did. They fought over us and my father got to take the two older girls and the oldest boy; my younger brother and I remained with my mother. Then things started to change. Our father came home for a spell and then they got in a horrible fight and things got crazy and he vanished without a trace. We found him ten years later when my eldest sister graduated from high school and things continued to improve. Our parents never got back together, but we all survived the whirlwind of reservation life.

I forgave my parents. I love them and tell my Mom every chance I get, and I hug her every chance I get. But, one thing is that I promised I would never be like them. Every chance I get, I tell my story to younger children and my own children and talk to them, and show them that the reservation is a small place and there's a big world out there for them to see and to never give up no matter how hard life gets once you get past high school, because that is when real life begins. I've kept other children in my home. Many parents ask me to keep their children when things get rough and they are always welcome to stay as long as they want because I know from a grassroots level that life is tough on the reservation. I'm honest with them when they want to talk or if they want to cry. I have more shoulders than they think or if they need a hug I'm there and my children enjoy sharing their mother. I've seen it all: car crashes, suicides, gang fights, alcoholism, and teenage pregnancies. Twice I saved the life of two teenagers – one who attempted suicide by an overdose of meds and the other attempted to hang himself. Those two are alive today and the one who OD'd is a mother and is happy she is alive and thankful, and the other, he's trying to finish school and go to college. Yes, this is the reservation.

As for my parents, my father went through extensive treatment and went to see holy men and because a spiritual leader (he has passed on), and my mother, she worked in the health field and retired. Currently, I am in college the second time around going for my Associates in Office Technology; my first time I received an Associates degree in Injury Prevention. I am a proud mother of seven children and my third to the oldest, Corrina Buffalo, from the father who completed suicide, graduates May 29, 2005 from Bismarck High School.

When I finish, one of my goals is to return to Standing Rock and create a program for intervention and prevention of suicide and create safe homes and find resources for after school activities and evening activities for the children. They are Wakan (sacred) and they are our future. I wrote to our Tribal Chairman, Mr. Murphy, begging him to apply for the Injury Prevention grant offered by HIS so that it will create a position for an Injury Prevention graduate and as of today I have not heard of he has someone to pursue it. This grant would enable that person to create these exact programs that the children of Standing Rock Grant School that you talked about on May 2, 2005 in the hearing.

With all that has been said it is late and I must retire now. I thank you for taking the time to listen to me and read what I have stated here via email. Should you have any further questions, I would be more than honored to answer any questions you may have.

Respectfully Submitted,

Minnie Plenty Chief-Brown

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