Oversight Hearing: Youth Suicide in Indian Country

Testimony of
Senator Harry Reid, Nevada
to
U.S. Senate Committee on Indian Affairs
Washington, DC

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Chairman Dorgan and Vice Chairman Barrasso, it is a pleasure to be with you today and to have the opportunity to testify before this Committee. I appreciate this Committee's interest in the issue and commitment to prevention efforts.

This is a very personal matter for me.

Thirteen years ago, I attended a Special Committee on Aging Committee hearing focused on mental illness among the elderly. At that hearing, Mike Wallace, the anchor for "60 Minutes," came forward to testify about his depression.

I was so impressed by his courage – his ability to speak publicly about a problem he had and the treatment he received. I commended him for speaking about a condition that many people associate with weakness – a stigma which still persists today. It was during this hearing that I learned unmanaged depression can result in suicide. And for the first time, I found the courage within myself, to share with my colleagues in the Senate, that my father had killed himself at age 60.

At a follow-up hearing devoted entirely to the issue of senior suicide, I spoke again about my dad's suicide. By that time, I also realized that suicide was a national problem – and particularly bad in Nevada. My father was not alone – and neither was I.

Following these hearings, I was contacted by a couple from Georgia, Elsie and Jerry Weyrauch, who had lost their adult daughter to suicide and founded the Suicide Prevention Advocacy Network to raise awareness about the issue.

With their encouragement, I proposed Senate Resolution 84 (105th Congress, 1997), which declared suicide to be a national problem, and sought to make suicide prevention a national priority. The resolution passed unanimously and was followed by a similar resolution in the House.

After former Surgeon General David Satcher was confirmed, I invited him to approach suicide as a national public health issue, and he did. In 1998, he convened a conference in Reno. The Reno Conference brought together experts from all over the country to address the problem of suicide. By the time they were finished, they had come up with a national strategy for suicide prevention.

This gave the issue real momentum. In 2001, The U.S Department of Health and Human Services published its National Strategy for Suicide Prevention, which provides a blueprint for suicide prevention in the United States. In 2002, the Institute of Medicine published its report; "Reducing Suicide: A National Imperative."

As a result of these calls to action, we have suicide research centers, suicide hotlines, and the National Suicide Prevention Resource Center. This Center is designed to provide states and communities with evidence-based strategies for suicide prevention. Importantly, the Center collaborates with many organizations, like the One Sky Center represented here today by Dr. Dale Walker, to promote widespread implementation of the National Strategy.

In 2004, under the leadership of former Senator Gordon Smith who lost his 21 year-old son to suicide, the *Garret Lee Smith Memorial Act* become the first law to address youth suicide prevention. (Pub.L. No. 108-355.) Many of us here today, including you, Mr. Chairman, and Senators Akaka, Johnson and Murkowski, sponsored this legislation because of its potential to help communities and families save lives.

During the last session of Congress, we made some significant steps forward as well. We passed the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act.* (Pub. L. No. 110-343, § 512.) We passed legislation that would lower the Medicare coinsurance for outpatient mental health. (*Id.*)

And, under your leadership, Mr. Chairman, the Senate passed the Indian Health Care Improvement Act Reauthorization Amendments. (S. 1200, 110th Cong. (2008).) Our bill would have authorized Indian Health Services, tribes, and tribal health providers to establish a behavioral health prevention and treatment plan and create an Indian youth telemental health program in suicide prevention, intervention and treatment efforts. (*Id.* § 701, 708.) I look forward to working with you and our colleagues to pass this legislation in the 111th Congress.

We have made tremendous progress since that first congressional hearing in 1996 when no one wanted to talk about suicide. We have come a long way. I am amazed at what a few congressional hearings can do to bring needed attention to such an important issue.

But we still need to do more, and we need to focus on populations that are particularly at risk, especially Native Americans and Native American youth.

Mr. Chairman, you know that the suicide rate for Native Americans between 15-34 years old is more than 2 times higher than the national average and is the second leading cause of death for this age group. (Center for Disease Control and Prevention, Web-based Injury Prevention and Control Statistics (2005); *see* www.cdc.gov/ncipc/wisqars/default.htm .) The fact that the rate of suicide among youth on Indian reservations is greater than any other youth population is a real crisis.

While my home state of Nevada has one of the nation's highest rates of suicide among young adults, the data suggests that American Indians and Alaska Natives living in Nevada are even more likely than non-native Nevadans to consider, attempt and die from suicide. (Suicide Prevention Resource Center, State of Nevada, Fact Sheet Online (2007); *see* http://dhhs.nv.gov/Suicide/DOCS/Suicide%20in%20Nevada%20Fact%20Sheet%20Public.pdf .) While some of Nevada's tribes have begun the difficult task of implementing strategies identified in the Indian Health Service's Suicide Prevention Plan, we must help them and our most vulnerable Native people get care and support they need.

To further this goal, I support the efforts of federal agencies, public-private partnerships, tribes and others who develop and provide suicide prevention and treatment programs. The Indian Health Service has individually and in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) at the U.S. Department of Health and Human Services and tribes developed and implemented a Suicide Prevention Initiative. In recent years, SAMHSA's direct funding, grants and partnership opportunities has generated research and supported programs in the field.

I also support programs and places -- like Boys and Girls Clubs, tribal community buildings, native language nests and schools -- that build community, provide after-school programming, and strengthen the social fabric. These programs improve the mental health and esteem of native youth. We have one Boys and Girls Club in Nevada, on the Walker River Paiute Reservation, and we have one youth treatment center, on the Pyramid Lake Paiute Reservation. I suggest we need more of both in Nevada and throughout the country to successfully address the needs of our young people and tribes.

Mr. Chairman and members of the Committee, thank you for your commitment and attention to this epidemic and your dedication to improving and saving the lives of all Native Americans, particularly our youth.