

**Empowering Native Youth to Reclaim their Future
United States Senate Committee on Indian Affairs
Oversight Field Hearing
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Testimony of:

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Submitted to:

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**The Honorable Daniel K. Akaka, Chairman, United States Senate Committee
on Indian Affairs**

The Honorable Jon Tester, United States Senate

The National Native Children's Trauma Center and the Institute for Educational Research and Service, both at the University of Montana, thank you for the opportunity to present our information on this issue of vital importance, not just to this community, but throughout Indian Country and to the nation as a whole. Much of what you will hear in overall testimony today will focus on the severity of a single problem --- teen suicide --- here at Fort Peck. While we do not minimize that single problem, we would like to report that through seven years of engagement between our group at the university and this

community, all of us have learned a great deal about some of the broader issues, again, of vital interest throughout Indian Country and to the nation as a whole. One of those lessons is that showing up matters. Throughout our engagement here, working groups both large and small have traveled from the University in Missoula to this community on average every two months. But then we can't help but note and appreciate that the Indian Affairs Committee already knows this rule and proves it by showing up here for field hearings. We believe this community views this as a positive development.

All of what we have learned here with the help of this community cannot be adequately summarized in this short testimony, but in service of the Committee's work, we would like to emphasize two over-arching lessons that we believe ought to guide everyone's efforts in these issues. In addition, we would like to report an encouraging new finding that demonstrates how attention to these two fundamental points succeeds.

In convening this hearing, the Indian Affairs Committee, in fact, demonstrated the first important bit of knowledge by titling it: "Empowering Native Youth to Reclaim their Future." Everyone here today knows the headline-grabbing issue in this very school district has been a cluster of teen suicides, and the understandable urge is to do something now about that specific problem. In fact, our group from the university is engaged in exactly that, in doing something about suicide now. Nonetheless, as urgent as this issue is, the Committee's title urges us to not lose sight of the larger issues, and we agree. This is really about the future of Native youth, all youth. Teen suicide is not a single problem in isolation, but is part of a tangle of challenges that includes drug and alcohol abuse, family, community and gang violence, poor academic performance and a high drop-put rate, teen pregnancy, diabetes and obesity. Pulling a single thread will not untangle the larger Gordian knot of problems.

Likewise, our nation now has a solid body of science compiled by both the Centers for Disease Control and the National Childhood Traumatic Stress Network sanctioned by Congress in 2001. Our National Native Children's Trauma Center is a Category II Center in that national network, charged with addressing these issues on reservations throughout the nation. The overwhelming evidence from those efforts concludes that the knot of problems we face here and in impoverished communities nationwide stem from child abuse, neglect and domestic and community violence, and in

the case of reservation communities, historical trauma. We do have some evidence that some forms of abuse are particularly damaging. For instance, our researchers expect to soon publish data indicating a particularly strong link between childhood sexual abuse and teen suicide. Nonetheless, this does not negate our primary lesson here, that the knot of problems is wound up in a knot of causes, and we make little progress in these issues unless we recognize the complexity of the total picture.

This presents a daunting challenge, but also leads to our second key point: Because the larger issue is a series of complex problems stemming from complex causes, no single agency, institution or bureaucracy can solve this alone. The hydra heads of challenges preventing Native youth from reclaiming their future must be dealt with by tribal health, social services, schools, juvenile justice and by families, especially families. The complexity dictates that all of these diverse elements and interests in the tribal community come together to share information and common strategy. We are all in this together. Federal, state, tribal, school district, and ---yes, even academics from the university ---- must learn to cooperate in a common effort. That may be the most important lesson this community is learning and teaching the rest of us, not just that cooperation is necessary, but exactly how to tear down the barriers to cooperation so we can get to the hard work that faces us. These are not just platitudes; we have concrete examples of real success that stems from real cooperation.

As you know, in response to the widely reported suicide cluster more than a year ago, the Fort Peck and Assiniboine Sioux Tribal Council declared a state of emergency in May of 2010, which triggered a deployment by the Office of Force Readiness of the U.S. Public Health Service and the Indian Health Service. IHS sent twenty-two officers, who rotated through the community in six separate teams, each in two-week deployments. The incident commander of the deployment was James Melbourne, director of Tribal Health Service. This extraordinary effort led to a formal report from IHS, which could have, in a lesser community, been sent to a shelf somewhere to gather dust. Not here. Our group at UM had already begun working with Director Melbourne on these issues, and agreed to cooperate on a way forward, using the IHS report as an information base. We built on their knowledge. Cooperatively, we wrote an application for a \$1.4 million grant from the Substance Abuse and Mental Health Services Administration to pay for suicide

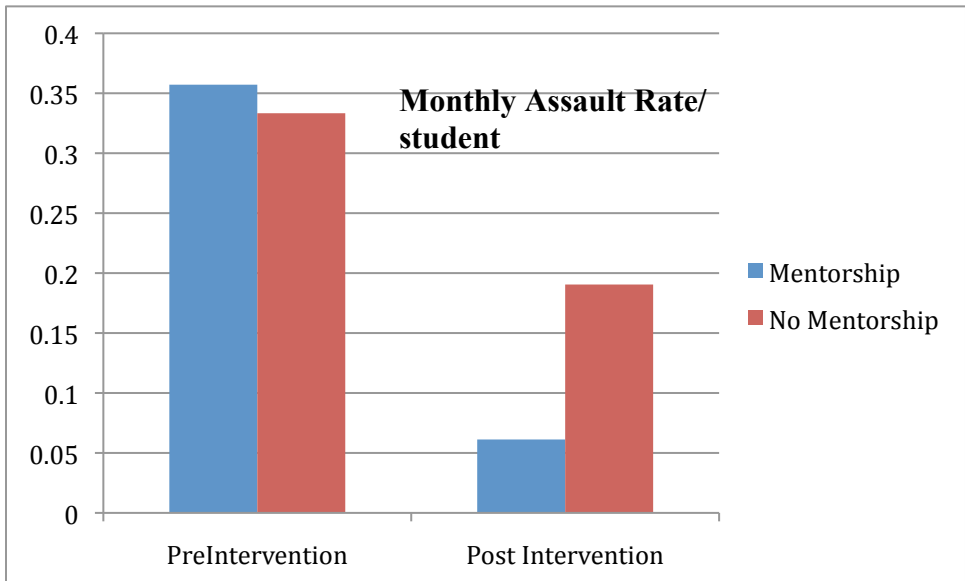
prevention on the Fort Peck reservation. Senator Tester's office supported us and announced that our application was successful on July 28, and now a local agency --- Tribal Health --- a state university and a local school district will go to work fulfilling needs identified by the federal IHS and the tribes. This is what we mean by interagency cooperation and shared information. Further, because of this structure and the spirit of cooperation, our university has agreed to waive any indirect costs, a burden that can run as high as 41 percent on federal grants.

Yet embedded in this is a development there is, we think, an even more revealing and encouraging bit of news. As part of its investigation, IHS took the rare and laudable step of actually interviewing the community's youth to solicit their ideas on how we might better serve them. The students gave us some common and revealing insights, and one of those was identifying a need for more meaningful adult contact, one-on-one relationships we might call mentoring. As part of the university's work at Poplar Schools, we repeated that question with a group of forty-seven students that screening had identified as being at-risk for suicide. We got a similar answer, so took the simple step of taking these children at their word. But in analyzing the data, we also noticed that a significant subset of the forty-seven also showed a pattern of assaulting other students and teachers, of violence. As we said, these problems are entangled, and often one problem like violence stemming from anger is a warning sign of another, like suicide.

Listening closely to what the young people were telling us caused us to do something very simple, but responsive: to begin a mentorship program. Each student identified someone on school staff that he or she could trust -- a pivotal step --- and in every case the identified staffer agreed to check in with the student at least three times during a school year --- just three times. They talked about issues like academic progress and attendance, but more to the point, mentors took an interest in students' well-being. The program effected simple human contact between a student and a caring adult, not someone specially trained or licensed or delivering a particular therapy, just someone the student herself identified as someone she trusted.

The subset of ten students with a history of violence in the school, on average, accounted for 4.5 assaults per month in the two years and several months before teaming up with a mentor. That is, these kids, also at risk for suicide, accounted for a significant

portion of the violence in the school. But more importantly, after these students participated in the simple program of mentoring, their assaults fell from an average of 4.5 per month to 0.71 per month. Conversely, three students identified as "at risk" of suicide and with a history of assault were denied parental permission to participate in the mentorship program. Their assaults decreased also, but not nearly as dramatically as those mentored. Seldom do those of us in this field see such a robust and dramatic result so quickly.



The bonus in all of this is that of the larger group of 47 students identified as "at risk," those who were mentored also showed significant gains in academic achievement. In fact, the difference between the two groups --- mentored and not --- amounted to the difference between earning enough credits to graduate and failing to do so, one of the more significant predictors of a student's future.

This is not to say this is a magic bullet that will solve the community's problems overnight, but there are a couple of points in all this worth emphasizing. The gains shown here occurred as a result of an open exchange of information and knowledge among various agencies, particularly IHS, the Tribal Health Service and Poplar Schools. But they also occurred because Poplar Schools staff has spent many years learning to recognize and deal with at-risk youth. That is to say, the community has built capacity, and it has paid off.

Second, though, this is a cost-effective and simple program that rests on strengthening meaningful relationships between children and adults in this community, and now we have some evidence it works. It's the sort of work that can be easily and immediately replicated in similar communities with similar challenges, so the nation really can learn from Fort Peck. This, we think, helps justify the federal investment in this place and in these young people.